Resource Connect Annual Report

2019–2020

Children's Hospital Colorado

Overview of Resource Connect

According to the American Journal of Public Health, 50% of the variables we can modify to impact community health outcomes are either social or environmental – including factors such as housing stability and the relative level of safety in a community. Behaviors, such as diet and exercise, make up another 30% of modifiable health factors. That means removing common obstacles to practicing healthy habits can make a big difference in making communities healthier and happier.

In the 2019 National Academies of Science Engineering and Medicine Report, A Roadmap to Reducing Childhood Poverty summarized the impact of poverty on child well-being and identified evidenced-based programs and policies to reduce childhood poverty in the US by 50% in 10 years.[1] Recommendations included modifications or expansion of safety net programs, such as Supplemental Nutrition Assistance Program (SNAP), Medicaid and housing subsidies, or programs and policies tied to work and financial stability, such as tax credits. Overall, the report found that no single policy or program would meet the goal of reducing childhood poverty by half, but packages of policy and programs focused on food, benefits, housing and financial stability could.

In August 2019, Children's Hospital Colorado opened its new Health Pavilion. On the first three floors are medical clinics with providers, dentists and mental health therapists to treat patients. Patients and families seen in the Health Pavilion who indicate an unmet social need – such as accessing regular meals or uninterrupted electricity at home – are referred to the facility's fourth floor, **Resource Connect,** where a network of community health navigators and partners are ready to provide wraparound care and support.

Resource Connect comprehensively addresses social needs, including food security, energy assistance, benefits eligibility, legal services, community resource navigation and more. The services provided through Resource Connect promote equitable access to the resources that all families, including families of color and families with low incomes, need to improve their comprehensive picture of health and well-being. This is all accomplished through robust partnerships between Children's Hospital Colorado and community-based organizations.

Any patient who is seen at the Children's Colorado Health Pavilion—which had approximately 140,000 visits in its first year of operations—can be referred to Resource Connect by their provider. With the opening of Resource Connect, navigators and clinical social workers take the lead to identify and refer families to partners who are co-located in the Health Pavilion. Patients and families can access Resource Connect the same day and in the same building after their clinic visit. Since opening in October 2019, 2,140 families were referred to Resource Connect. Among the families referred to Resource Connect, 77% successfully connected and received the help they needed from one or more Resource Connect partners.[2]

Resource Connect anchors the Children's Colorado's strategy for population health—delivering healthcare that lasts beyond a clinic visit and enhances care for patient and families by creating a centralized place to access their most common social needs. Resource Connect represents Children's Colorado's contribution to an ongoing, nationwide shift towards whole child health.

[1]National Academies of Sciences, Engineering, and Medicine 2019. A Roadmap to Reducing Child Poverty. Washington, DC: The National Academies Press. https://doi.org/10.17226/25246

[2]Time period: October 7, 2019 – Sept 30, 2020.

How Families Are Referred to Resource Connect

Any family who is seen in the Health Pavilion can be referred to Resource Connect. Most families go through the following process to go to Resource Connect:

1. Clinic visit

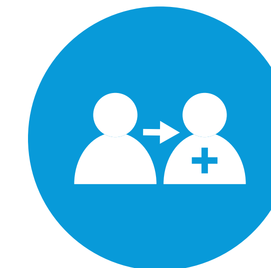
Family comes in for a clinic visit.

Example: Family comes to the Health Pavilion for a clinical visit.

2. Screener

Family completes a universal psychosocial screener, which includes 8 resource needs questions.

Example: Family completes a psychological screener and screens positive for food and benefits.



3. Referral

Families who screen positive for a resource need meet with a community health worker who works with the family to understand their needs and can refer them to Resource Connect.

Example: Family meets with a community health navigator who refers family to Resource Connect.

4. Addressing needs

Once families complete their clinic visit, they can go to the 4th floor to visit Resource Connect and connect with the appropriate partner.

Example: Family goes to Resource Connect after visit to meet in-person with Eligibility Technician who processes a Medicaid and SNAP application for family. Family then goes to the Healthy Roots Food Clinic to pick up food from a menu of items of their choice and that meets their family's taste and nutritional needs.

5. Follow-up

Once a family completes their visit at Resource Connect, they can return for follow-up assistance.

Example: Family is eligible to return to Resource Connect to meet with any partner and to fulfill their food as medicine prescription up to 12 times in a year.

An Introduction to our Partners

Healthy Roots Food Clinic

The Healthy Roots Food Clinic is based on the principle of Food as Medicine and the belief that hunger is a health issue. To promote and support the health of patients and their families, the Healthy Roots Food Clinic provides nutritious food, guidance on community resources and basic nutrition, and safe food education support to the Children's Colorado Health Pavilion patients and their families.

In October 2019, the Healthy Roots Food Clinic was launched in Resource Connect. It is the first pediatric food clinic in the Rocky Mountain West. At Healthy Roots Food Clinic, families can stock up on healthy and nutritious foods at no extra cost, including shelf-stable staples such as beans and grains, meat and dairy products, and fresh produce—some of which is sourced from the hospital's very own Healthy Roots Garden located on the Anschutz Medical Campus. Families can also receive nutrition advice and cooking lessons.

Over the past year, the Healthy Roots Food Clinic received 1,561 referrals primarily focused on food insecurity.

In June 2020, Dr. Maya Bunik, Medical Director of the Child Health Clinic, was featured in the New York Times discussing the clinic's response to families' needs in the early months of Covid-19.

Source: nytimes.com/interactive/2020/world/coronavirus-health-care-workers.html#item-maya-bunik

"The Healthy Roots Food Clinic became a vital source of support for many families facing challenges to provide nutritious and reliable meals. The clinic ensures that not only the patient receives sufficient food, but support is provided to ensure food security for each family."

CAROLINA RAMIREZ, PREVENTION, EDUCATION & OUTREACH COORDINATOR, HEALTHY ROOTS FOOD CLINIC

In early 2020, during the initial months of Covid-19, partners in Resource Connect had to quickly shift to serve families remotely. Given the immediate impact of stay-at-home orders for families, the Healthy Roots Food Clinic expanded its model to continue serving the Health Pavilion while going out to the community, and specifically school parking lots. As Covid-19 exploited weaknesses in many systems of care, especially for families of color, the Healthy Roots team used innovation to ensure that critical support in the form of healthy food was still made available to one of the most diverse communities in Colorado. Between March and September, Children's distributed food to 14,481 families: 13,006 in the community (primarily Aurora Public Schools) and 1,475 to families in the Health Pavilion. An average of 211 Health Pavilion families were referred to Healthy Roots each month during this time. In total, Children's Colorado distributed more than 313 tons of food between March and September.

Denver Human Services Eligibility Technician

Denver Human Services envisions a healthy community where people are connected, supported, safe and well.

The Public Benefits Eligibility Technician helps children, older adults, families and individuals with applying for Health First Colorado (Colorado Medicaid), Supplemental Nutrition Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) in Denver, Arapahoe and Adams county. The Benefits Technician assists families with completing and submitting applications to the statewide benefit system. Over the past year, the Benefits Technician received 742 referrals primarily focused on SNAP, Medicaid and TANF. More than $270,000 in SNAP benefits were issued during this time period for the clients' 6-month certification period.

"I believe the success of Resource Connect is the ability to meet our clients where they go frequently (like their well-child check) and provide long-term support with SNAP, medical assistance, benefits assistance and more, with immediate resources, like the Healthy Roots Food Clinic."

- MICHELE HENDERSON, ELIGIBILITY SPECIALIST, DENVER HUMAN SERVICES

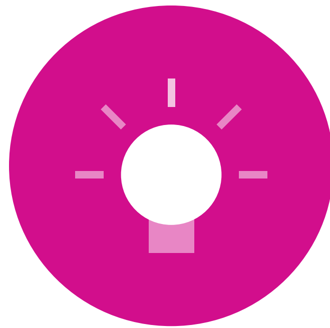
Special Supplemental Nutrition Program for Women, Infants, and Children (WIC)

The mission of WIC is to safeguard the health of low-income women, infants and children up to age five who are at nutrition risk.

Staffed by dietitians from the Tri-County Health Department, WIC provides critical nutritional support to pregnant women, breastfeeding women, postpartum women and children under the age of 5 years. WIC services include enrollment, re-enrollment and breast pump distribution. WIC assists families with nutrition education, access to healthy foods, breastfeeding support and referrals to community organizations. Over the past year, WIC received 360 referrals primarily focused on WIC benefits and breast pumps.

"Being located at Resource Connect has been beneficial because I am able to easily refer clients to other resources at Resource Connect and know that they will get the help they need. Also, if a client needs a breast pump or special formula from WIC, the doctor can easily send that information to me, which expedites the process for the client."

MELANIE MORRISON, REGISTERED DIETITIAN, TRI-COUNTY HEALTH DEPARTMENT



Energy Outreach Colorado (EOC)

Energy Outreach Colorado leads a network of industry, state and local partners to support, stabilize and sustain Coloradans to afford their energy needs. Through Resource Connect, EOC provides the opportunity for families to access emergency bill payment assistance, Low-Income Energy Assistance Program (LEAP) support and home weatherization assistance. Over the past year, Energy Outreach Colorado received 201 referrals primarily focused on past due bills, LEAP applications and the Colorado's Affordable Residential Energy (CARE) Program. EOC provided more than $39,000 in assistance to patients and families, which paid for nearly 80 energy bills.

"The Resource Connect model is so successful and valuable because families are able to access wraparound servings in one location. Families get support in one building versus spending time going to different food banks, nonprofits and government agencies for their needs. Partners are connected and communicating to provide the best support and outcomes for the children and families."

LAUREN MCCLANAHAN, CHIEF OPERATIONS OFFICER, ENERGY OUTREACH COLORADO

Colorado Medical Legal Partnership (CMLP)

The mission of the Colorado Medical-Legal Partnership is to create better health and welfare outcomes for children and their families served by Children's Hospital Colorado through meaningful access to legal services and social advocacy.

CMLP assists families with legal issues that impact child health. These legal issues range from adult guardianship to housing concerns to educational issues and beyond. In addition, CMLP has partners in the legal community to refer employment, discrimination, eviction, immigration, and trust and estates matters. Over the past year, CMLP received 87 referrals primarily focused on housing, family and individual rights.

"Many families are hesitant to advocate for themselves or don't know where to start. After meeting with CMLP, families have all the tools they need to go forward either on their own or with the help of a legal partner."

JULIE SELSBERG, ATTORNEY, COLORADO MEDICAL LEGAL PARTNERSHIP

Early Childhood Partnership of Adams County (ECPAC)

At Early Childhood Partnership of Adams County, their mission is building a community where every child and their family can reach their full potential.

The Early Childhood Partnership of Adams County (ECPAC) is made up of over 70 Adams County organizations and family partners building a system of early childhood education, health, mental health and family support so every child is healthy and ready for school. ECPAC brings together multiple agencies to ensure that young children's early learning and development is supported in the community and in the home. ECPAC works to identify and reduce barriers to services through strong partnerships with community service organizations, families and other key stakeholders. During the six months ECPAC was at Resource Connect from October 2019 to March 2020, ECPAC received 42 referrals primarily focused on the Child Care Assistance Program (CCAP) and child development resources.

"Having multiple services in one location for families is an ideal model. It helps to reduce the barriers for families in accessing what they need to raise healthy, happy kids! It reduces one of the most taxing barriers — which is the barrier of the time it takes to get connected to and then access services in multiple locations. Additionally, when referrals are made to various types of programs by organizations who are collaborative partners, using "warm-handoffs," referrals are often more likely to be successful and families in turn get what they need."

LISA JANSEN THOMPSON, CHILD AND FAMILY ADVISOR, ECPAC

Housing Navigation

In August 2020, as a response to the growing needs for families surrounding housing, Resource Connect brought on a Housing Navigator to support families with emergency housing, re-housing, eviction prevention, and low-income housing. Between August and September 2020, the housing navigator has received 24 referrals.

Community Health Navigation

The community health navigation (CHN) team, formed in 2016, plays a critical role in addressing social needs for patients and families in a variety of clinical and community settings. CHNs work closely with patients and families to reduce barriers that keep them from achieving optimal health. Barriers may be related to transportation, childcare, language or ability to effectively navigate the health care system. They work in clinic or hospital settings and provide the bridge between the healthcare system and community resources that address social needs.

Over the past four years, CHNs have helped thousands of families in a variety of ways which include helping to navigate complex systems, obtain public benefits and services, assist with immediate food or baby supply needs, find transportation to and from appointments, and tackle housing challenges ranging from rent or utilities assistance to finding more stable housing.

Resource Connect also has its own navigator who works closely with referring departments and each partner to ensure a warm hand-off and closed referral loops in a timely manner. The Resource Connect Navigator serves as a liaison between families and Resource Connect partners to facilitate a seamless referral process and ensure families receive the resources needed to reduce barriers and improve health outcomes.

In 2019, navigators served more than 5,000 families whose most common resource needs were financial support, public benefits navigation, food insecurity, and connecting caregivers to a primary care provider.

Data and Evaluation

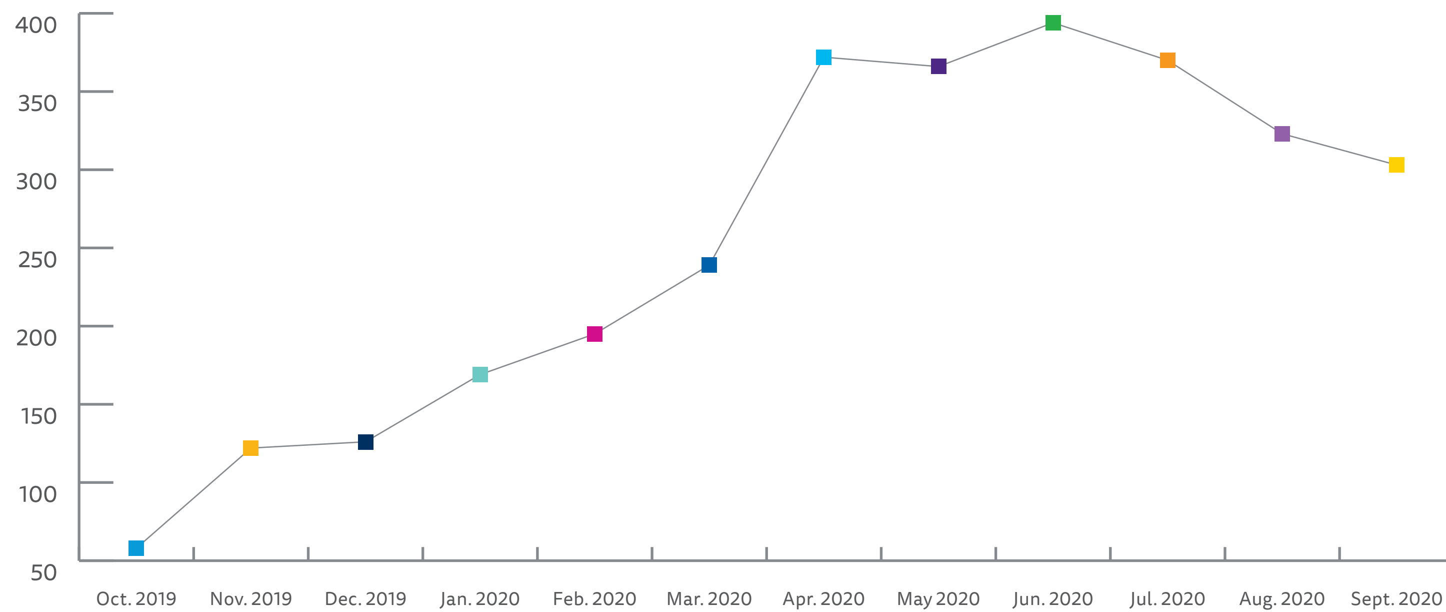
As part of ongoing monitoring of the effectiveness and efficiency of Resource Connect, the team is following an evaluation framework know as RE-AIM, which measures Reach, Effectiveness, Adoption, Implementation and Maintenance.[3] The evaluation involves understanding who is referred to Resource Connect, what their resource needs are and what their experience is like once referred. It also involves understanding what the most common resource needs are from the psychosocial screener and how families also connect with the navigation team to complement supports that are provided within Resource Connect. Lastly, the evaluation will explore what the longer-term impacts are, including how their health outcomes and healthcare utilization changes over time. The evaluation will be continuously monitored and improved upon as the team gains new insights into this work.

Results

Most families who were referred to Resource Connect had completed a psychosocial screener. Overall, approximately 87% of the positive screens for the psychosocial screener are for a resource need. Of those who screened positive, 46% identified financial needs, 43% identified benefit needs and 29% identified food needs.[4]

Since opening in October 2019, Resource Connect has served approximately 2,140 patients. The most common referrals are for Healthy Roots Food Clinic, Public Benefits Eligibility Technician and WIC. About 77% of referrals have been successful, meaning the family received help with all their referred needs.[5] Weekly referral volumes ranged from 5 in October 2019 to 121 in May 2020. The surge in referrals during this time were primarily for food.

RESOURCE CONNECT REFERRALS BY MONTH

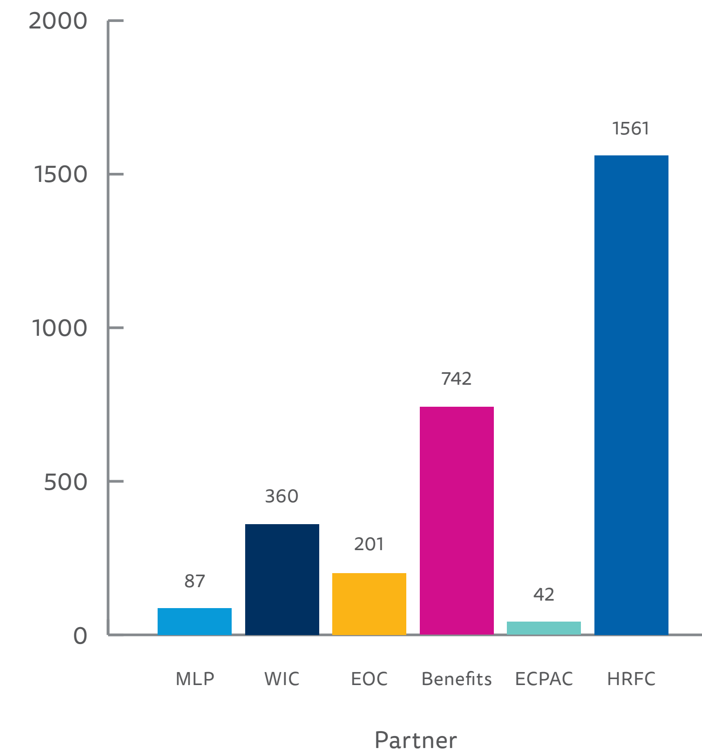


[3]http://www.re-aim.org/

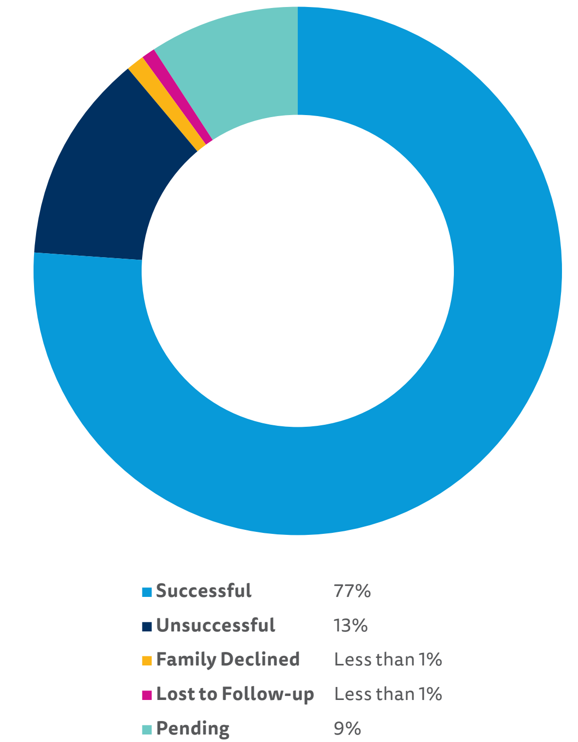
[4]Psychosocial screening results from the Child Health Clinic between October 1, 2019 and September 30, 2020.

[5]Time period: October 7, 2019 – September 30, 2020.

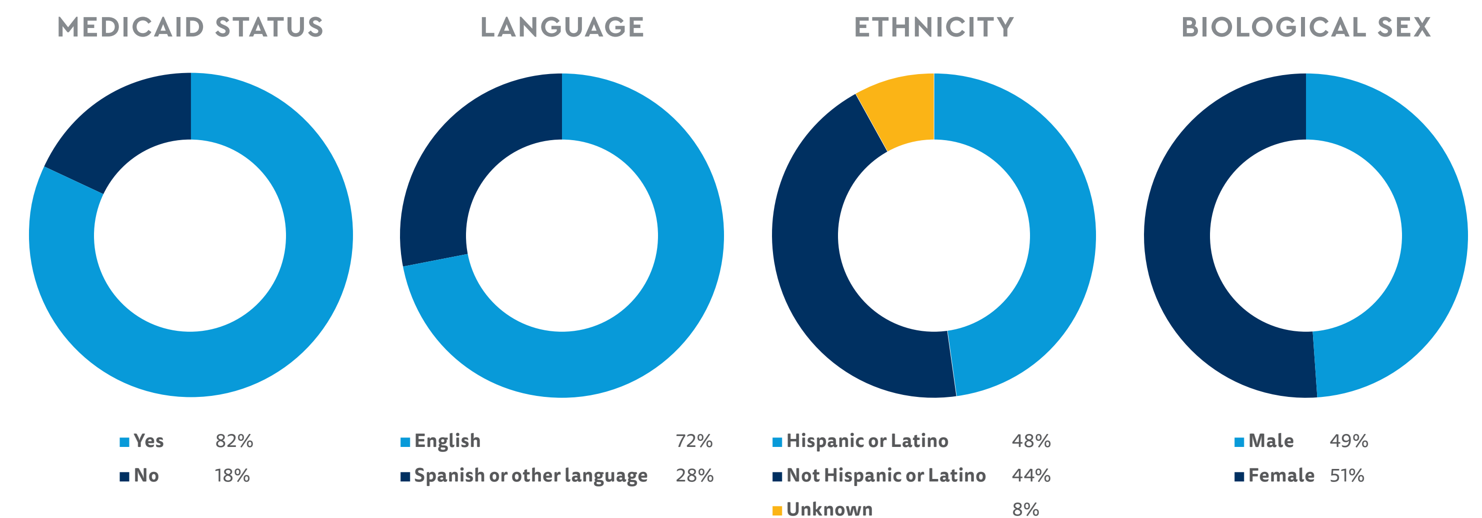
NUMBER OF FAMILIES REFERRED TO RESOURCE CONNECT BY PARTNER



REFERRAL OUTCOMES



Most of the families seen at Resource Connect have Medicaid (82%) and are referred from Children's primary care clinic, the Child Health Clinic. About 28% of families speak Spanish or another non-English language and about half (48%) identify as Latinx or Hispanic. The median age for patients referred to Resource Connect is 2 years and about half of patients referred were female.



Family Impact

A Family's Story

For the past four years, Lopiso and his family have visited Children's Hospital Colorado to receive primary care and several other health services for their three children, ages 5, 3 and 1 years old. Their care includes everything from well-child checks and vaccinations to therapy, sick visits, lab appointments and visits to the emergency, cardiology and radiology departments.

While Lopiso was familiar with the exceptional clinical care Children's Colorado provided to his children, he was surprised to find the host of other services newly offered through Resource Connect in 2019. Upon his visit to the Children's Colorado Health Pavilion in October of that year, he was referred to benefits assistance and energy assistance after indicating that his family of five was struggling to pay the energy bill and had difficulty in accessing programs that could provide health insurance and food stamps.

Having moved to Denver four years ago from Ethiopia, Lopiso primarily speaks Amharic. Unfortunately, one of the biggest challenges he faced in accessing these programs was the language barrier and communication challenge when he called agencies or filled out applications. When the partners in Resource Connect heard more about this, they went above and beyond to help Lopiso's family get the services they needed.

Energy Outreach Colorado assisted Lopiso with an application for the Low-income Energy Assistance Program (LEAP) and helped with payments for past-due utility bills. Denver Human Services helped Lopiso apply for Medicaid, Supplemental Nutrition Assistance Program (SNAP), and Tri-County Health Department helped apply for WIC benefits so that his family could purchase food for their children.

To ensure Lopiso and the Resource Connect partners could communicate effectively, Lopiso would relay what his needs were in the language he felt most comfortable, Amharic. Video interpretation, with 99 language capabilities, would then translate between the Resource Connect partner and Lopiso. Patient clinics have access to the video and telephonic interpretation as well.

The Resource Connect partners would then show Lopiso the process for completing applications, check completed forms for errors and provide contact information for additional resources where needed.

Lopiso says their family plans to continue going back to Children's Colorado, so they can receive clinical care for their kids and, when they may need a little extra help, support for non-medical resources as well-- all in the same building.

"I want to thank everyone on the 4th floor for the services and resources they helped us with—starting from the receptionist all the way up. I would like to say that we appreciate what you're doing, and I hope other patients can receive help the way we did."

Policy

The American healthcare landscape is replete with efforts attempting to meaningfully address the social determinants of health that profoundly impact the health and well-being of patients and families. Social determinants of health are defined as conditions in the environments in which people are born, live, learn, work, play, worship and age, and affect a wide range of health, functioning, and quality-of-life outcomes and risks.[6] These conditions have increasingly become a focus for health care systems aiming to improve the health outcomes of their patient populations.

Although the attention to social determinants of health is an encouraging signal that healthcare systems are beginning to understand the critical relationships that govern how or whether individuals and families address health care needs, the work required to address patient needs beyond the traditional boundaries of health care bring significant challenges. For one, health care organizations must determine how to integrate approaches to addressing the social needs of their patients to make connections between social determinants and health care goals. For another, identifying and securing resources that effectively address social needs often requires constant pursuit of funding.

Integration of Resource Connect within the Children's Colorado Health Pavilion is key to our model of optimizing how social determinants of health are addressed to improve health outcomes for children and families. From consistent use of the psychosocial screener to sending referrals to Resource Connect through the electronic health record, developing a comprehensive, holistic approach to addressing health challenges is fundamental to the Resource Connect model.

This integration also provides consistency and stability for the partners in Resource Connect, internal team members and importantly, the data necessary to paint as clear a picture as possible regarding the results and health outcomes that are facilitated by Resource Connect. By adding to the evidence base that supports addressing social determinants of health in health care settings, the Children's Colorado team is better positioned to advocate for changes in health care payment arrangements. In particular, highlighting Resource Connect's work with the State Medicaid agency, which has aimed to offer support to Medicaid providers that address Medicaid patients' social needs, is an essential step to create sustainability for models like Resource Connect.

Not only are health outcomes impacted as access to resources that address social determinants of health improve, studies show that healthcare costs decrease.[7] Given the challenges state budgets face with the rising costs of health care, introducing care models that decrease costs while also improving patient experience and health outcomes is an imperative.

Initial discussions with Colorado Medicaid, known as Health First Colorado, as well as the Regional Accountable Entities that are responsible for the care coordination for Health First Colorado members, have been promising, and have led to opportunities to explore more sustainable funding to support the work in Resource Connect. As the data collected and experience gained in Resource Connect demonstrate cost savings and improved health outcomes, there is great potential to spread the model while securing more sustainable funding from payers like Medicaid.

Lessons Learned and Moving Forward

Resource Connect provides an opportunity for families to connect more seamlessly with community resources in the same building as their clinic visit. The Community Health Navigation team serves as the "glue" that connects clinical care to community resources. The Resource Connect partners are collaborative, innovative and share common goals to meet families where they are at and provide services respectfully and with dignity. There are ongoing opportunities to improve how Resource Connect operates and serves families, including offering more flexible hours, follow-up visits and approaches that promote safe connections during the Covid-19 era. In the coming year, Resource Connect will continue to explore other partnerships in areas such as financial literacy, tax preparation and workforce development.

[6] Definition from the Centers of Disease Control and Prevention: cdc.gov/socialdeterminants/

[7] Pruitt, Zachary et al. "Expenditure Reductions Associated with a Social Service Referral Program." Population Health Management, vol 21, no. 6, 2018, liebertpub.com/doi/10.1089/pop.2017.0199

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