



# CHASE

Colorado Healthcare Affordability and  
Sustainability Enterprise

## Hospital Transformation Program (HTP) Community Advisory Committee (CAC) Meeting Notes

January 24, 2022 from 3:00pm to 4:30pm

Via [Zoom](#)

### Attendance

From HTP CAC: Allison Neswood, AJ Diamontopoulos, Dede De Percin, Isabel Cruz, Mark Levine, and Mattie Brister.

From the Department: Nancy Dolson, Joe Sekiya and Karola Cochran.

1. Call to order and introductions - Allison Neswood - 3:00-3:03pm
2. Approve meeting notes from October 18, 2021, - 3:03-3:05pm  
Meeting notes approved.
3. Report of Results of the Community-Based Organization (CBO) Capacity Survey -  
AJ Diamontopoulos - 3:05pm to 3:45pm

There were 79 CBO's that responded to the survey. There were eight (8) statewide agencies, and about 50% of the respondents were from rural areas and 50% from urban areas, including the urban corridor along Interstate 25.

Many of the organizations serve all age ranges, from infants to more than 60 years of age. 92% of the organizations serve ages 60 and older.

The racial categories of the clients that the organizations serve match the demographics in the areas.

The average number of clients that were served in each of the following categories are as follows:

- Food/Nutrition - nearly 6,000 clients
- Utility Assistance - approximately 4,400 clients
- Housing Security - approximately 4,000 clients
- Transportation - approximately 2,200 clients
- Safety - approximately 1,200 clients

Some other significant categories served were:

- Workforce Training - approximately 6,700 clients
- Public Benefit Navigation - nearly 7,500 clients
- Information and Assistance - approximately 4,300 clients
- Combining Child Care, Companion Care and Respite - approximately 5,000 clients

Other areas of assistance:

- Socialization - approximately 2,300 clients
- Reassurance - approximately 2,300 clients
- Legal Assistance - approximately 1,500 clients
- Housing Quality - approximately 1,800 clients

The question about how long clients wait for services once they qualify.

- Less than one week - over 50% in the rural areas and about 58% in urban areas
- One week to less than two weeks - approximately 18% in the rural areas and 15% in the urban areas.
- Two weeks to less than a month - about 15% in the rural areas and 12% in the urban areas.

When asked if the organization was aware of the Hospital Transformation Program, over 70% in the rural areas and over 60% in the urban areas, responded that they were not aware of it prior to this survey. This is surprising, although many rural hospitals and CBOs are working together already.

There is a significant gap in this area. Hospitals need to communicate more. Invitations to meetings aren't enough.

When asked about what services the organizations anticipated their clients would need in the next 12 months, overall, the most significant categories are (in order of most needed to less needed):

- Housing Security - identified a 34% gap between needed and provided
- Food/Nutrition - identified a 9% gap
- Information/Resource Referral - More is provided now than is anticipated to be needed.
- Transportation - identified a 11% gap
- Utility Assistance - identified a 15% gap
- Safety - no gap identified between needed and provided

In rural communities, the most significant shortfalls are anticipated in the housing security category, followed by utility assistance.

In urban areas, there are anticipated shortfalls in housing security, transportation, food/nutrition, utility assistance and safety.

**De Percin** - The Colorado Pulse Poll - there are some preconceived ideas about what is needed versus what is asked for.

**Diamontopoulos** - Food security is the easiest problem to address. Housing and safety take longer.

When asked about collaboration with hospitals or health care providers to meet clients' social needs, 43% of urban hospitals and 84.8% of rural hospitals responded that they are currently doing this.

When asked what support the CBO would need from a hospital to serve more clients, the most significant area is in communication, where 68% of the CBO's responded that was the most important support. Additional areas of support needed are in service the client needs, financial resources, and technology resources categories.

The most support from hospitals, according to the CBOs, is communication about the services that they provide in all areas.

When asked about their capacity to sustain services to clients when the requests are increased:

- 85% of CBOs responded "Yes," if a 10% increase in requests were made in the next month.
- 45% of CBOs responded "Yes," if a 20% increase in requests were made in the next three months.
- 16% of CBOs responded "Yes," and 50% said "No" if an increase of 30% in requests were made in the next three months.

**Neswood** - Interesting. What our next steps? Can we get hospitals and CBOs in a meeting to support a learning community? There is a lot of service need that isn't there. What is the number that these represent?

**De Percin** - The eviction moratorium is over, so many people aren't going to have that protection anymore. People buy insurance, have to pay rent, and may have food insecurity again. It can get a lot worse.

**Diamontopoulos** - This is a rosy view.

**Neswood** - The overall capacity needs to be higher. Will a hospital know that an organization has reached its limit?

**Diamontopoulos** - A hub and spoke model has been suggested for rural communities.

Suggestions are a deeper engagement between hospitals and CBOs.

There is a confusion about what CBOs are. The Department needs to define it.

**De Percin** - What about intermediaries as a link between CBOs and hospitals?

**Diamontopoulos** - Suggest one organization to unite us all, to create more structure within CBOs. With Regional Accountable Entities (RAE) to represent hospitals. Structure is needed.

- Define CBO - Provide and deliver the service to the five needs as in HTP.
- Find representatives in each community to organize things.
- Include CBOs in planning including public health programs.
- Welcome other comments.

**De Percin** - Concern there are a lot of CBOs that serve specific groups in a niche. Don't want to exclude the smaller CBOs.

**Diamontopoulos** - Cross tabs. I can share the survey results data with whoever needs it.

**Dolson** - Thanks to Diamontopoulos and Neswood.

4. HCPF Hospital Community Benefit Accountability Recommendations - Nancy Dolson - 4:15pm to 4:34pm

The Hospital Community Benefit Accountability Report was just released last week. It is based on specific information from hospitals, including the annual meetings that they hold, their financial reports and Form 990 information, free or reduced services that they offer, and social determinants of health.

Key findings are that approximately 6% goes back to the community, with 3% going to social determinants.

The Department has made some recommendations to the General Assembly. Hospitals are not fully compliant. Non-profit hospitals don't pay taxes, so the state doesn't get that revenue from the hospitals. Recommended the State

Auditor should work with tax professionals to determine what taxes would have been paid. Specific investments are not clear. Suggest the General Assembly to determine. There is no consistent national standard about what community-based organizations are. Hospitals need to be accountable to the communities that they serve.

**Levine** - There isn't mention of or reference to last year's recommendations. That would be something that would be beneficial to include.

**Dolson** - Good point. We don't mention them. The hospital reports are released at the same time and point to similar conclusions.

**De Percin** - Did any hospitals fail to report?

**Dolson** - All hospitals did report. No Banner Hospitals had public meetings. Some hospitals didn't invite the Department to their meetings.

**De Percin** - Some of them are cooperating and being strategic.

**Neswood** - Thank you everyone. This has been a successful meeting. In respect for everyone's time, we should adjourn.

5. Adjournment - 4:35pm

6. Next meeting scheduled for February 14, 2022 at 3:00pm