Boulder Community Health

Hospital Community Benefit Accountability Report – Additional Information
Submitted August 31, 2020

For the first submittal of HCBA, Boulder Community Health is presenting its 2018 990 as it is the most recent filed with the IRS.

In addition to its submission of required documentation, Boulder Community Health wishes to submit this document to further elaborate on three areas of community benefit not included within the 2020 HCBA Annual Report Template and not necessarily thoroughly represented within the BCH 2018 990:

Programs that Address the Social Determinants of Health
Programs that Address Health Behaviors or Risk
Free or Discounted Health Care Services

The Boulder Community Health CHNA process identified the greatest needs within our community.

1. Chronic disease management and traumatic injury
2. Mental health including chronic pain management and substance abuse
3. Wellness and preventative health including aging of the population and access to care
4. Community education

The Community Collaboration Fund

In support of Boulder Community Health's vision of partnering to create and care for the healthiest community in the nation, in 2018 the BCH Foundation established the Community Collaboration Fund. Whether it's partnering in support of mental health, playing a role in caring for underserved populations, improving patient experience, or educating our community, there are dozens of BCH partnership opportunities that arise on an annual basis to enhance the treatment and care of our community in the areas of social determinants of care and free or discounted health services. Through the Community Collaboration Fund, the BCH Foundation is redefining the power of partnership to improve the quality of life for all in our community.

The BCH Foundation supports the Community Collaboration partnerships by funding over $300,000 annually to ignite the programs mentioned below. These programs are also referenced to BCH CHNA identified need and HCBA:

Name of program	**Description**
Boulder County AIDS project and BCH's Beacon Center for Infectious Disease *(Chronic Disease Management – BCH CHNA)*	Together, Beacon and the Boulder County AIDS Project (BCAP) have earned high regard in the state of Colorado for exceptional wrap around care for people living with HIV. Based on the concept of Treatment as Prevention (TasP), this working partnership has helped to reduce HIV transmission in the service area shared by Beacon and BCAP. The grant supports expanded programming of: HIV Homeless Care

	Continuation Program, HCV linkage to Care Program, and Medical Intervention for People Who Inject.
Blue Sky Bridge *(Traumatic Injury – BCH CHNA)*	Partnership to support and promote the new Pediatric Victim Services Medical Program. This program makes it possible for those children to receive an on-site medical examination. By offering clients a continuum of care that includes medical treatment, during and after the investigative process, Blue Sky Bridge and BCHF are working together to ensure that children are receiving the best possible care in allegations of child abuse.
Bridge House – See Case Study Below *(Social Determinants of Care - HCBA)*	Working to better serve those experiencing homelessness in the Boulder community through BCH integration into the Coordinated Entry Program. BCH's goal in participating is to treat patients where they are and avoid unnecessary emergency room visits.
Community Medical School *(Community Education - HCBA)*	This project will provide training for community participants in the following areas: compressions only CPR, hemorrhage control (Stop the Bleed), and navigation of active harmer/shooter situations. By providing education in these three areas, participants will learn safe techniques to transform from "bystanders" to "immediate responders" during emergencies before public safety agencies arrive.
Community Outreach Coordinator *(Community Education – BCH CHNA)*	A two-year grant supporting incremental hours for a coordinator to provide strategic direction, coordination and expertise to multiple existing BCH community education programs in order to expand their impact on community health, improve their strategic focus and increase related patient revenue.
DIATIA *(Chronic Disease Management – BCH CHNA)*	The Boulder Valley Care Network (BVCN) Lifestyle as Medicine Program (LAMP) is an evidence-based Intensive Lifestyle Intervention (ILI) program aimed at enhancing the overall health of Boulder Community Health (BCH) employees. The physician-led program leveraged current thinking on cognitive-mindfulness therapy as the transformative element in the battle against lifestyle diseases. The 9-month program was led and proctored by community healthcare professionals, and comprised of both group and

	individual one-on-one evaluation, training and education sessions.
Feed the Frontlines Boulder *(Emergency Response)*	Community coming together to donate meals from local independent restaurants to health workers on the frontlines. Health workers get a nourishing meal, and local restaurants get badly needed business to keep running and keep staff employed.
Growing Up Boulder *(Community Education – BCH CHNA)*	Sponsored Growing Up Boulder (GUB), Boulder's non-profit child- and youth-friendly city initiative, produced the nation's first printed, bilingual child-friendly city map in Spring 2019.
Helmet program – trauma outreach/injury prevention *(Community Education and Traumatic Injury- BCH CHNA)*	Increase knowledge and awareness on basic safety measures through the use of proper fitting helmets, etc. By supplying helmets and education, BCH will decrease injury or the severity of injury caused by preventable occurrences.
Love for Lily *(Mental Health and Chronic Disease Management- BCH CHNA)*	The Love for Lily grant will go to develop and implement an ongoing in-unit support program for families with children hospitalized in the neonatal intensive care unit of Boulder Community Hospital's Family Birth Center (Birth Center). The program will provide an in-unit weekly group support meeting open to all parents of NICU babies at the Birth Center. During meetings, parents will be coached in coping and relationship skills in a welcoming and safe space to share and process their birth experience, NICU journey, and all of the many challenges and hurdles that families may experience in the NICU.
Queer Asterisk *(Community Education and Social Determinants of Care – BCH CHNA and HCBA)*	Provide didactic, interactive education for frontline staff and the leadership team about the care and concerns of LGBTQ patients and their families. The training will also give staff the skills and tools needed for comprehensive support for LGBTQ patients.
Rise Against Suicide *(Mental Health, Health Behaviors, and Risk – BCH CHNA)*	Provides free therapy sessions to uninsured or underinsured at-risk youth suffering from depression and suicidal ideation at BCH Primary Care clinics.
There with Care *(Social Determinants of Care - HCBA)*	Providing referred BCH patient families with babysitting services, grocery deliveries, prepared meals, housecleaning, and more to help lighten the family's load to help them focus more time and energy on their loved ones.

Walk with a Doc *(Community Education – BCH CHNA)*	Community Health and the City of Boulder partner together to walk with a doc and take a step toward better health. This is a FREE community program to see how easy it is to get healthy and prevent disease.

Free or Discounted Health Care Services (Uncompensated Care)

The Boulder Community Health Foundation supports Boulder Community Health through various programs to help cover services that do not get reimbursed when a patient does not have insurance and cannot afford to pay the cost of care. In the last year, the BCH Foundation has supported this type of care in a large way by contributing over $500,000 in support of the hospital system through the following programs:

Program name:	**Description:**
Anchor Point Mental Health Endowment *(Mental Health – BCH CHNA)*	Offers grants that will enable individuals to receive mental health care and support services that would otherwise not be available to them. These grants are being made across four core priority areas: transitions, treatment, health and wellness and education.
Breast Cancer Treatment Fund *(Chronic Disease Management- BCH CHNA)*	The Breast Cancer Treatment Fund assists breast cancer patients undergoing treatment. Patients like Mercedes Alvarez: "They told us that the financial side of things should be the least of our considerations. We needed to worry about treating the cancer and not worry about what was going to happen to us financially because of the cancer," says Greg Bowles, Mercedes' husband.
Pediatric Rehab Scholarships *(Chronic Disease Management- BCH CHNA)*	Helps families that are unable to afford treatment at the BCH pediatric rehabilitation center.
Red Lipstick Fund *(Chronic Disease Management- BCH CHNA)*	Offer financial assistance to those in need while receiving treatment for cancer at the Cancer Center at Tebo Family Medical Building and BCH.
We Care – Behavioral Health support *(Mental Health – BCH CHNA)*	Supporting BCH in covering uncompensated care (patients that do not have insurance and cannot afford to pay the cost of care) specifically for behavioral health.

Programs that Address Health Behaviors or Risk

COVID-19 Response – See additional attached document for detail: BCHF Summer Newsletter 2020

The BCHF is an excellent summary of BCH COVID-19 preparation and response. Additionally, BCH has performed community COVID-19 Testing with over 7,090 individuals tested through August 20, 2020 and has send sent 11 Coronavirus Update email messages to our community from March 6 through May 26 to a mailing list of 68,000+ individuals throughout Boulder County. BCH CEO Dr. Robert Vissers appeared at multiple Boulder City Council meetings to provide updates on the local impact of the virus and BCH livestreamed a Town Hall meeting to the community featuring key leaders and physicians providing Coronavirus updates and answering questions. 990 individuals have watched this update video to date.

Community Education

As of August 25th, 2020, 24 community health talks have been held by BCH and its medical staff with attendance totaling over 7,500 attendees. With COVID-19, the community health talks had to switch from an in-person lecture format to online meetings. Specific areas or community health talks included:

- Diet
- Chronic disease
- Mental Health
- Addiction
- New Technology

This year BCH introduced survey questions that included the result of the topic.

Community Health Events

- Walk with a Doc – community health and exercise
- Cancer Support
- CPR and Stop the Bleed
- New Parent
- Trauma prevention

Programs that address The Social Determinants of Health

Case Study: Bridge House

The grant funded a BCH RN Case Manager to work on-site at Bridge House, a local shelter specializing in navigation services, to perform clinical and psychosocial assessments, medical triage, health education, chronic disease care planning, patient advocacy, and navigation between community care settings. Initial screenings were conducted to establish Bridge House clients with primary care providers, medical specialists, and mental health professionals. The goal of the project was to enhance the quality and availability of healthcare services for Bridge House clients experiencing homelessness in Boulder County and reduce utilization of BCH emergency services. The RN Case Managers' knowledge of healthcare system navigation and medical community resources filled a void within the Case Management team at Bridge House. Together, the partnership focused on the most medically vulnerable and complex

homeless clients at Bridge House, as well as high-utilizer patients discharging from BCH to Bridge House, to identify long-term care solutions resulting in improved health outcomes.

Staffing resources, a mix of an RN Case Manager and a business support role, accounted for 24 hours per week toward Bridge House homeless clients. During the 18-month partnership, the RN Case Manager provided care coordination services to 220 homeless residents in Boulder County. Many of these patients require multiple interventions to establish community healthcare services, hand-off care to community providers, and arrange long-term care services. The more challenging clients were often physically or cognitively impaired, chronic substance abusers, and had an untreated mental diagnosis.

The majority of BCH staff resources were spent engaging with Bridge House clients and performing on-site assessments to decipher what community resources would be appropriate and available for the individual clients' needs. This intervention lead to 71 homeless clients becoming newly established with primary care providers for routine care, wellness check-ups, and medication management. The on-site assessments identified 22 homeless individuals who warranted referrals to walk-in behavioral health clinics for psychiatric care planning. The *On-Site Needs Assessment* intervention alone resulted in a 52% reduction to Emergency Department visits and a 40% reduction to hospitalizations for this specific group 12 months after the initial intervention.

RN Care Management services including financial counseling and benefit enrollment, establishment with housing partners for long-term care services, and coordination between care providers in the community, resulted in a 40% reduction to ED visits and 76% reduction to hospitalizations for this population at 12 months after the intervention.

Toward the middle of our partnership with Bridge House, we refocused our project to also target the high-cost, high-utilizer population discharging from BCH and engaged community entities that focus on similar goals of identifying housing solutions for homeless Boulder County residence. This expansion established a working partnership with the Boulder Shelter for the Homeless, another shelter in Boulder County that provides services for long-term homeless residence, and other community partners including the City of Boulder and Boulder Counties Homeless Solutions team. By providing a continuum of care from hospital discharge to the shelter system and having a larger team focused on individualized end-goals, we were able to increase compliance with discharge instructions and continually monitor care plans for our most vulnerable and high-risk homeless population. This refocus of resources resulted in the greatest impact to BCH - 75% reduction to Emergency Department visits and 93% decrease to hospitalizations 12 months after the intervention.

Nearly 9% of interventions required temporary relief services such as transportation vouchers to primary care providers, mental health centers, or the Emergency Department. Respite stays are also included in this relief service to promote a healthier healing environment for sick individuals. This intervention resulted in an increase in BCH care service utilization, but it was determined that this level of acute care was required and could not have been avoided.

All interventions combined resulted in an overall 40% decrease to BCH Emergency Department visits and a 65% decrease to admission for this homeless population.

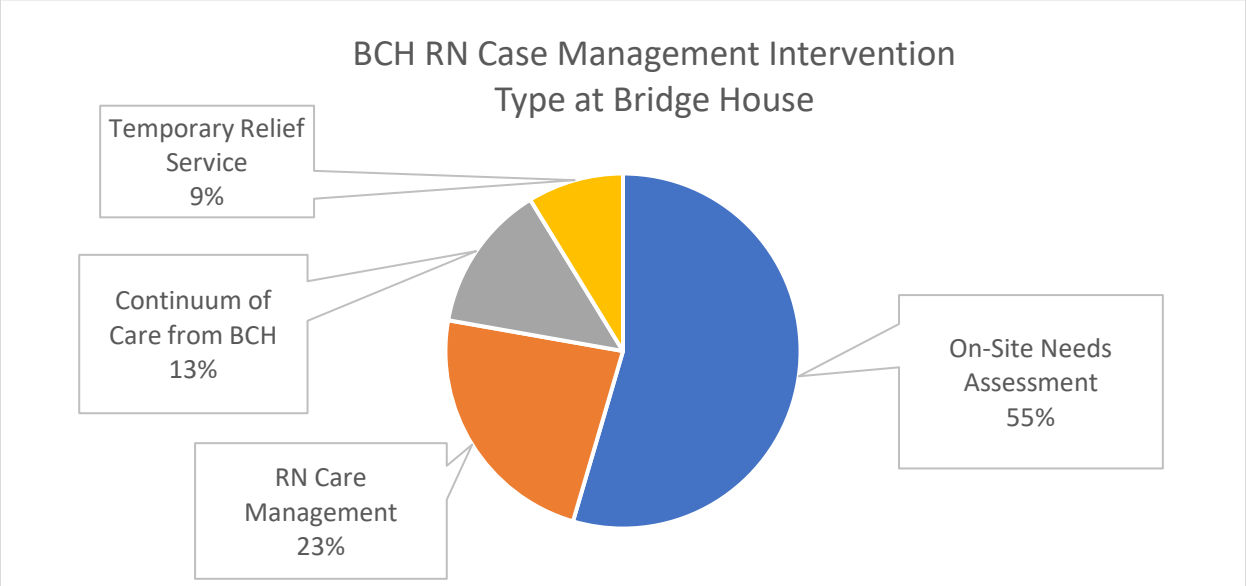
Story of Bridge House Patient Impact

One patient in particular was the driving factor to refocus our pilot toward a Continuum of Care model. This gentleman is 63 years-old and became newly homeless at the age of 61. He relates this to a turning point in his life after his father passed. He had a rocky relationship with other family members and

found himself homeless in Boulder County during the winter of 2017. He frequented BCHs Emergency Department for weakness, heart related issues, hypothermia, sepsis, and psychosis on 14 occasions and was admitted to BCH or IP Behavioral Health 8 times within a 2-year timeframe.

To inpatient Case Managers, this patient was unique in the fact that he never presented to the Emergency Department for substance abuse or criminal behaviors, solely reasons related to medical issues and mental illness. Due to his homelessness and less than ideal insurance, our community was not willing to accept him at any Skilled Nursing or Long-Term Care facilities in Boulder County, which was the level of care recommended by healthcare professionals. His mental illness was severe enough that he would often be found down laying in the snow, shoeless and wildly vulnerable. Without a continued medication regime, his mental illness was preventing him from self-management and overall insight. This gentleman was once a highly educated and respected engineer, now cognitively disabled and without any support systems.

He was repeatedly discharged to the shelter until we determined his care needed an intensive Case Management focus to break his failure to thrive cycle. During his next admissions for sepsis, we partnered with one community Long-Term Care facility to accept his care with the caveat of support from our RN Case Manager. After this encounter, the patient was established with stable and appropriate long-term housing that monitors his daily medications and supports his overall continued care. Since this discharge, he has only returned to BCH for a planned surgery for prior frostbite related



issues from his homeless stent. His success as an outpatient can be directly correlated to the extensive Case Management community support made possible by the Foundations grant funding.

Bridge House Community Table Kitchen Cafe – Do Good by Eating Well at the CTK Café and Marketplace

The CTK Café is the latest step in an expanding partnership between Bridge House, Boulder Community Health and the BCH Foundation. In 2018, BCH staff began making regular rounds at Bridge House facilities to provide medical case management to their clients experiencing homelessness through funding from BCH Foundation's Community Collaboration Fund. In addition, BCH has hired graduates of

Bridge House's Ready to Work program for full-time positions in the organization and the Foundation have used the CTK catering service for multiple events.

Guided by our vision of partnering to create and care for the healthiest community in the nation, we recognize that it's crucial to address homelessness. Although there's no easy solution to this complex problem, we believe we can have a real impact through thoughtful strategic partnerships such as the one with Bridge House.

Link to BCH Community Partnership: Bridge House video:
https://www.youtube.com/watch?v=DJmVRPrcXmE&feature=youtu.be