



# Human Services Organizations: Partnering for Better Community Health

Actionable advice from the Healthy Outcomes Initiative



Nonprofit  
Finance Fund®

# Contents

About the Healthy Outcomes Initiative.....	1
Formerly siloed sectors are working together in new ways.....	2
Collaboration demands adaptation from both human services and healthcare organizations .....	3
While the field continues to pilot new approaches, many leaders are looking to institutionalize collaborative models .....	4
Addressing challenges to collaboration will accelerate progress .....	5
Next steps to building transformative relationships across community-based human services organizations and government, health systems, and insurance payors .....	7
Healthy Outcomes Initiative Network Organizations and Members.....	9

Support for this project was generously provided by

**THE KRESGE FOUNDATION**

**NFF CONTRIBUTORS**

Sophia Raday, Lead Author

Nima Krodel

Alexandra Chan

MAY 2018

## About the Healthy Outcomes Initiative

The Healthy Outcomes Initiative (HOI) explored how community-based human services organizations partnering and integrating with health systems, insurers, and government, can propel large-scale improvements in the health of America's communities. Supported by [The Kresge Foundation](#), this multi-year project centered on the paramount role of "social determinants of health"—economic stability, education, social connection, housing, safe neighborhoods, and food access—as fundamental drivers of health. When these factors are lacking, nonprofits and other community-based human services organizations are needed to provide the basic building blocks for health.

Through greater collaboration and integration, the synergy between the work of human services organizations and healthcare can be realized. "Seamless coordination between human services and healthcare organizations greatly increases well-being and opportunity for people, especially those with low-incomes," says David Fukuzawa, Managing Director of The Kresge Foundation's Health and Human Services Programs. "This is why the work of the Healthy Outcomes Initiative is essential for helping the health and human services sectors move beyond collaboration to integration."

HOI built on NFF's decades of experience financing and advising nonprofit organizations and leadership in driving the country's broader shift toward an outcomes-oriented social sector. In the Initiative, NFF:

- Fostered cross-sector dialogue through a Learning Network and Advisory Group that shared ideas and challenges from health collaborations nationwide
- Built capacity through cohort-based group trainings and intensive, one-on-one consulting with leaders of human services organizations embarking on health partnerships, particularly those centering on [outcomes](#)
- Developed and shared a readiness assessment tool to help human services organizations prepare to engage in partnerships with healthcare organizations
- Created and shared knowledge on this dynamic issue through briefings with cross-sector stakeholders, conference presentations, and blogs, articles, and case studies

### Human services organizations play a vital role in health

Healthcare in the United States is rife with patient dissatisfaction, soaring costs, and poor outcomes, all of which are particularly acute in low-income communities. Amid these challenges, a collective understanding has emerged that housing, employment, economic stability, education, neighborhood safety, nutrition/food security, and social connection shape a person's well-being far more than medical care alone. As the experts in providing social support in community settings, it is imperative that human services organizations play a critical role in achieving healthy outcomes. Unifying the formerly distinct sectors of human services and healthcare is key to transforming health outcomes in the United States.



A health system that can figure out how to work collaboratively with community-based organizations will most definitely see improved health status of the people that they serve."

— JEREMY MOORE, DIRECTOR OF COMMUNITY HEALTH INNOVATIONS, SPECTRUM HEALTH

## Formerly siloed sectors are working together in new ways

Pioneering human services organizations are working with hospitals, insurers, and government agencies to provide integrated whole-person care. While initially accelerated by the Affordable Care Act, the shift from “volume-based” to “value-based” care varies according to state and local policies and leadership, waivers and pilot programs, and the unique needs of communities. Changing incentives, coupled with poor health outcomes and rising costs, have spurred a wave of partnerships between human services and healthcare organizations to address pressing issues, such as the opioid crisis, homelessness, chronic disease, infant mortality, “super-use” of emergency rooms, recidivism, and others.

A spectrum of integration exists among human services organizations/healthcare partnerships. Sometimes, partners are simply sharing information or making referrals. In deeper partnerships, providers are coordinating their services to serve people more holistically. Some go yet further and share staff, space, and/or resources. At the most integrated end of the continuum, multiple partners are forming new approaches with cohesive programs, planning, and funding.

Two illustrative examples are Sonoma County’s multi-stakeholder Project Nightingale, and [Lutheran Social Services of Northern California’s](#) partnership with Dignity Health in Sacramento. Both programs address the needs of homeless patients leaving the hospital, providing respite care—a safe and clean place where patients can continue healing after they leave the hospital—along with care coordination, transportation, reminders related to appointments and medicine, and human connection and encouragement.

These projects—like all efforts at greater integration of human services and healthcare—aim to [harness data on both outcomes and cost to demonstrate the power of collaborative approaches](#).



*A patient checks in with a peer counselor at The Welcoming Center, a collaboration between Lutheran Social Services of Illinois and a Chicago-area hospital. Photo credit: Allen Bourgeois.*

Over the course of a year, a Chicago man suffering from alcoholism and chronic mental health issues went to a Chicago-area hospital emergency department for serious alcohol withdrawals eight times. He was admitted to the hospital seven times, and three times was transferred to the specialized psychiatric unit. His one-year hospital bills totaled over \$166,000. He was later referred to the 24-hour Welcoming Center located at the hospital, managed by [Lutheran Social Services of Illinois](#) through a collaborative partnership. The Welcoming Center offers an open-access behavioral health program to address addiction and other mental health issues. Over the next year, he had 72 outpatient sessions where he learned strategies to cope with his illness without turning to alcohol. Most importantly, his well-being improved. And the cost? \$8,815 for the year—vastly less than the approach of relying on the emergency department.

## Collaboration demands adaptation from both human services and healthcare organizations

For their part, human services organizations offer expertise, innovative service delivery, and deep community roots—the assets now recognized as transformative drivers for health. However, because many human services organizations are chronically under-resourced, investments in capacity and capital are necessary to support effective partnership:

- **Financial management** consulting to assist in mapping the growth and change implications of collaboration will equip leaders to negotiate fair and sustainable contracts.
- **Reserves** to help human services organizations mitigate risk and weather the ups and downs of exploring new approaches and partnerships in a changing funding environment.
- **Data collection and analysis** to measure outcomes and full cost associated with new approaches and provide the evidence to propel these models into the mainstream.

As part of HOI, NFF developed the [Nonprofit Readiness for Health Partnership tool](#), a free, downloadable resource for human services organizations to help evaluate what investments they may need to be ready to explore partnership opportunities.



Members of Greater Portland (Maine) Addiction Collaborative meet to discuss vision and planning for the collaborative.

The Greater Portland (Maine) Addiction Collaborative (GPAC) is developing a place-based holistic response to the opioid crisis. Its 12 members represent traditional healthcare, government, law enforcement, employment and housing services, faith-based providers, and mental health, recovery, and other community and social services. The collaborative aims to increase the availability of high-quality treatment, identify and fill gaps in services, and ultimately reduce the toll of opioids in Portland. Through HOI, NFF helped leaders identify critical next steps in GPAC's implementation:

- Build consensus on vision, including agreeing on a target population, to effectively communicate financial and programmatic needs of the collaborative.
- Establish a governance structure to formalize decision-making within the collaborative.
- Plan for the collaborative business model by mapping how money will be earned and spent in service of the collaborative's mission, including the key financial drivers, partner contributions, investment needs, and risks/mitigation strategies.
- Establish processes for the collection and analysis of data to determine common metrics and how data will be collected, shared, and used.



To prepare for a partnership, organizations must self-assess to revamp their model. A focus on mission, the mechanics of contracting and billing, administrative and financial burdens, and program delivery models are crucial.”

— ALISSA WASSUNG, DIRECTOR OF POLICY AND PLANNING, GOD’S LOVE WE DELIVER

Partnership also demands operational and cultural shifts on the healthcare side, to allow for joint decision-making and planning (with human services organizations), and to measure and bill for overall health outcomes as opposed to treatments and services. Collaborations with human services organizations require jointly identifying metrics for desired results, coordinating activities to maximize those outcomes, and measuring and billing based on them – which in turn require operational changes at many levels. Like human services organizations, healthcare partners often need to bolster their capacity and infrastructure for collection, sharing, and analyzing data. The sharing of data can, in particular, be a new and sometimes uneasy prospect for traditional healthcare, as data has often been regarded as constrained by privacy regulations, proprietary, and a source of competitive advantage.

And finally, both sides need to understand and talk about the partnership in a new shared language. Human services organizations must articulate their value in dollars as well as mission; and healthcare must shift from seeing human service partners as “do-gooders” to recognizing them as strategic partners that drive improved health. Both sides must begin to see a “Food is Medicine” provider, for example, as not simply a mission-driven meal delivery service, but rather an important link in the overall continuum of care.

## While the field continues to pilot new approaches, many leaders are looking to institutionalize collaborative models

HOI identified a wave of efforts to build from successful pilots by transitioning them into regular contracting practices or expanding them into broader arenas, to provide stable long-term funding for essential human services.



Gathering of leaders working on three-year pilot to integrate CA FIMC (consortium of six local food is medicine providers) into healthcare funded by DHCS.

The California Food Is Medicine Coalition ([CA FIMC](#)), a consortium of six nonprofits, is partnering with the State of California Department of Health Care Services (CA DHCS) on a [three-year pilot](#) to deliver medically tailored meals combined with community-based medical nutrition therapy to chronically ill patients to support healing while reducing healthcare costs. CA FIMC seeks to take local programming statewide, and ultimately codify the pilot into regular state contracting. In planning the pilot, CA FIMC needed to fully explore the financial



The most important thing I learned from working with NFF is the importance of drawing out the financial value of what we do. It's all the little things our agencies do that make our work innovative. We are now in a better position to articulate our actual costs and the value we bring to the health care system.”

— MARK RYLE, CEO, PROJECT OPEN HAND; MEMBER, CALIFORNIA FOOD IS MEDICINE COALITION

impact on each member, as well as the consortium as a whole—factoring in the costs of communications, billing, and other infrastructure needed to manage more clients and coordinate with numerous partners and the state. Intensive financial consultation with NFF led CA FIMC to assess full costs and integrate other funding streams to lay the best foundation for a successful launch, and a potential ongoing contract.

## Addressing challenges to collaboration will accelerate progress

- I. Differences are vast.** A long history of human services organizations and healthcare working separately and differently has led to challenges for partnership.
- *Cultural differences:* There is a natural tension between the mission-driven role of human services organizations to address complex socioeconomic barriers and the traditional role of healthcare to address acute medical needs. These diverse orientations have led to differences in priorities, language, and decision-making processes that can inhibit effective partnership.
  - *Funding:* Human services organizations and healthcare are traditionally funded through very different mechanisms. Many healthcare organizations—hospitals in particular—are still reimbursed largely based on the volume of services they provide, not on improving health outcomes. Funding streams for both human services organizations and healthcare tend to be in siloes. So just as clinical care is often delivered and funded by medical specialty, human services organizations have been funded (and therefore fragmented) by issue area: housing, workforce development, behavioral health, etc.
  - *Data:* Governments, hospitals, insurers, and managed care organizations hold critical data that is vital for tracking population health outcomes. But access to that data and aligning across sectors is challenging, for both client privacy and competitive reasons. For many human services organizations, chronic underinvestment has hindered the development of infrastructure and capacity to collect and analyze the right kinds of data to evaluate outcomes. For all the sectors involved, much of the data captured historically has been for compliance rather than to demonstrate the benefit of a collaborative approach.



I don't think we've ever been in a time of more uncertainty in terms of federal resources. We're worried about the budget, Medicaid, and programs that affect vulnerable people, and we've never seen this level of proposed change. There is a real roller coaster you're riding as you look at programs and change. You have to be real flexible to see those curves in the road, because they are out there."

— SHIRLEY DYKSHOORN, VICE PRESIDENT FOR SENIOR AND HUMANITARIAN SERVICES,  
LUTHERAN SOCIAL SERVICES OF NORTH DAKOTA

**II. The policy environment continues to be uncertain.** At the federal level, health policy is a subject of heated debate. As changes occur, states and local communities will need to adapt, and how local laws will manifest in response is an open question. At the same time, it's clear that policy context matters, as certain locations have seen more rapid acceleration toward integrated approaches than others. Given variability across jurisdictions, and uncertainty about the future, the human services and healthcare sectors find themselves torn between investing in tomorrow's promising innovations or continuing to maintain the essential safety net for today. Visionary leaders across the country understand they must somehow continue to do both.

**III. The early work of integration is time consuming and under-funded.** Systems integration is challenging, and funding for exploration and planning is limited. Relationship-building—while vital to success—takes time, and the short-term payoff can be hard to measure. Contract reform at the payor level is complex and slow work. The planning phases of collaboration—agreeing on governance, service integration, alignment of data systems—is laborious, and “getting the ball rolling” requires a lot of up-front pushing.

McLean County, Illinois's [Behavioral Health Coordinating Council](#) (BHCC) was formed in 2016 with the aim of addressing identified needs in behavioral health care services, including reducing “super-utilization” of both the criminal justice system and the ER by those with behavioral illnesses. The BHCC includes housing, education, family support, and workforce-training nonprofits along with local hospitals, mental health and substance abuse treatment providers, municipalities and county government agencies. As part of HOI and through the Corporation for Supportive Housing's Pay for Success efforts funded by the Corporation for National and Community Service, NFF provided training and coaching to place-based cohorts of service providers pursuing greater integration, including McLean County.

BHCC described their situation this way: “McLean County's providers have historically faced challenges including funding restrictions and segmented approaches that undermine their ability to effectively do what is in the best interest of the community; payments that do not cover full costs; limited or no investment in capacity and infrastructure; and reporting requirements based upon performance versus outcomes that do not assist continuous improvement. Today, BHCC has provided a vehicle to allow for expanded interaction and collaboration by providers who have had very little integration within delivery of services, sharing of data, or outcomes.”

# Next steps to building transformative relationships across community-based human services organizations and government, health systems, and insurance payors to improve the social, economic, health, and well-being in our communities

## **Build a pipeline of partnership-ready community-based human services organizations to increase the pace of integration.**

Human services organizations are driving forces for improved social, economic, and health outcomes in the United States. With deep local connections, these organizations best understand how to address the social determinants of health unique to specific communities and deliver tailored whole-person, outcomes-driven care. Most providers, however, have been disincentivized from developing a clear understanding of the full costs of their outcomes. As the ultimate “doers,” they need to be strong voices in the development of integrative partnerships, and therefore must be equipped with knowledge of the true cost of social change.

By supporting and building the capacity of human services organizations, health payors, government, and the philanthropic sector can address historical structural inequalities in the social sector and realize a more inclusive future ecosystem. As Jen Lewis, Special Projects Director at the Sonoma County Department of Health Services, and a leader in the Project Nightingale collaboration, observed, “We need to understand the full cost of meeting outcomes, including things like major investments in backbone support, data systems, and evaluations, all the things various players need to put into place to show outcomes that will reinforce the type of sustainable financing systems we want to put into place.”

## **Accelerate the momentum of integration efforts and policy reform through learning and knowledge sharing.**

While some level of collaboration between human services organizations and healthcare has been happening for decades, new service and payment models are rapidly evolving. Working in new ways requires continual knowledge-sharing to provide potential partners information about funding arrangements, data and outcomes measures, timelines, cost approaches, contract terms, and service models. Cohorts, cross-sector learning networks, and geographically-focused consortia can amplify the lessons, challenges, and successes of partnership. Continued coalition-building among human services organizations, state and local governments, hospitals, and insurers will also unify the many players into a stronger voice for policy reform.



The challenges of bringing many players to a common table to agree on goals, share data, measure results, institute operating principles, and, ultimately, to fund only what works, are daunting. But continuing with the status quo is not an option. We are losing a generation. We need courageous leadership with new rules for engagement that emphasize true collaboration.”

— MELISSA SKAHAN, VICE PRESIDENT OF MISSION INTEGRATION AT MERCY HOSPITAL,  
AND FOUNDER OF THE GREATER PORTLAND ADDICTION COLLABORATIVE

## **Fuel transformation with innovative, flexible capital.**

Investment in relationship-building and partnership-planning across sectors and over longer time horizons is critical, as systems change occurs over generations, not yearly budget cycles. In addition to addressing the persistent underinvestment in community-based human services, funders can invest in changing incentives to accelerate and motivate payors to shift toward collaboration. Finally, funding and financing for data infrastructure and overall improvements in interoperability across different sectors builds the evidence for the wisdom of integrated models.

Ultimately, the right investments can build the case to institutionalize shorter-term pilots into long-term stable funding arrangements so that integrated approaches can gain broad traction.

## **Conclusion**

People in the United States have long strived for a society where every child can achieve his or her full potential. Yet in many communities, the obstacles to realizing this vision remain deep and complex, resulting in tragic inequities in opportunity, health, and life outcomes. Today, a deeper understanding of the role of social factors in health outcomes is spurring deeper integration across sectors. NFF believes we must invest in partnerships that address critical preventative social and economic factors like employment, housing, nutritious food, education, and safe neighborhoods. New models of collaboration between healthcare and human services can improve the quality of life for children and families across the country and advance us toward our shared ideals.



It isn't just about investors saving money, or hospitals making more, or governments having excess funds—it's that people get better."

— **MARK RYLE, CEO OF PROJECT OPEN HAND**

# Healthy Outcomes Initiative Network Organizations and Members

## **Greater Portland Addiction Collaborative**

Amistad  
Catholic Charities  
City of Portland  
Community Housing of Maine  
Greater Portland Health  
Maine Health  
Maine Medical Center  
Mercy Hospital  
Milestone Foundation  
Portland Police Department  
Portland Recovery Community Center  
Preble Street  
The Opportunity Alliance

## **Lutheran Services in America**

Lutheran Services of Georgia  
Lutheran Social Services of Illinois  
Lutheran Social Services of Indiana  
Lutheran Social Service of Minnesota  
Lutheran Social Services of the National Capital Area  
Lutheran Social Services of North Dakota\*  
Lutheran Social Services of Northern California\*  
Lutheran Social Services of the Southwest\*

## **Food is Medicine Coalition (FIMC)**

Community Servings  
Food & Friends  
God's Love We Deliver\*  
Mama's Kitchen  
Metropolitan Area Neighborhood Nutrition Alliance  
Moveable Feast  
Open Arms of Minnesota  
Open Hand  
Project Open Hand, CA FIMC\*  
Project Angel Food  
Project Angel Heart

## **Corporation for Supportive Housing Incubator: McLean County, Illinois**

Advocate Health Care Network  
The Baby Fold  
Center for Youth & Family Solutions (CYFS)  
Chestnut Health Systems  
Marcfirst  
McLean County Center for Human Services (CHS)  
McLean County Health Department  
Personal Assistance Telephone Help, Inc. (PATH)  
Project Oz

## **Corporation for Supportive Housing Incubator: Oklahoma**

The Opportunity Youth Pay for Success  
Project design team

## **NFF thanks the following HOI Advisory Group members for sharing their experience and contributing to the learning of the broader HOI network:**

Molly Baldwin, Roca  
Angela Bovill, Ascentria Care Alliance  
Paul Castro, Jewish Family Service of Los Angeles  
Linda Dunbar, Johns Hopkins HealthCare  
Vitka Eisen, HealthRIGHT 360  
Lili Elkins, Roca  
Ken Fawcett, Spectrum Health  
Susan Getman, Walker Care  
Steve Hahn, NFI Massachusetts  
Sharon Jordan, Cuyahoga County  
Jen Lewis, Sonoma County Department of Health Services  
David Merriman, Cuyahoga County  
Jeremy Moore, Spectrum Health  
Dan Schurman, St. Joseph Health—Sonoma County  
Jenny Symons, Sonoma County Department of Health Services

\* Denotes organizations that engaged in intensive consulting with NFF. Please see [project descriptions](#) for additional detail.



**NEW YORK AND  
NATIONAL  
HEADQUARTERS**

5 Hanover Square  
9th Floor  
New York, NY 10004  
  
212.868.6710 tel  
212.268.8653 fax

**BOSTON**

89 South Street  
Suite 402  
Boston, MA 02111  
  
617.204.9772 tel  
617.204.9773 fax

**PHILADELPHIA**

1528 Walnut Street  
Suite 310  
Philadelphia, PA 19102  
  
215.546.9426 tel  
215.546.9427 fax

**OAKLAND**

405 14th Street  
Suite 850  
Oakland, CA 94612  
  
415.255.4849 tel  
415.576.1090 fax

**LOS ANGELES**

626 Wilshire Blvd.  
Suite 510  
Los Angeles, CA 90017  
  
213.623.7001 tel  
213.623.7002 fax