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Understanding Experiences of Getting Care Across Jefferson County Systems



healthy**JEFFCO**
ALLIANCE

Approved by the Healthy Jeffco
Alliance Technology Action Team



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The Healthy Jeffco Alliance



The Healthy Jeffco Alliance is an emerging and growing partnership in Jefferson County, Colorado committed to a thriving, connected community where health and opportunity are possible for all. Partners of the Alliance believe community is rooted in connection and collaboration, and we all have value to contribute. The Alliance facilitates conversation, connection and collaboration throughout our community and is supported through a fund from the Colorado Gives Foundation. The Healthy Jeffco Alliance leads Action Teams comprising individuals within the county, including organizational representatives and members of the community, who share similar passions and goals for the health of our communities. The current Action Teams focus their work in five different areas: Assessment and Planning, Center in Community, Culture of Connection, Collaborative Funding and Technology.

The Technology Action Team

In the Alliance Action Teams, partners work toward impacting positive change in Jefferson County communities. The Technology Action Team's specific purpose is to improve client experience and well-being by reviewing and when applicable collaborating with technological efforts supporting data sharing and increasing access to community resources. The Interview Project detailed in this document came to fruition from the efforts of the Technology Action Team and the needs identified and outlined below in the Project Summary section.

Project Summary



Community members accessing services and support are often required to provide the same personal information to numerous programs and organizations through difficult storytelling and large amounts of paperwork. The experience of sharing personal information with multiple providers or organizations can be traumatic and inefficient.

With a shared interest in this topic, the participants in the Technology Action Team agreed they would work together to improve people's experiences getting care and services in Jefferson County by reducing repetitive information sharing. To begin this process, the team sought to gain more insight into the experiences of parents and caregivers. This involved conducting one-on-one and group interviews with clients and providers to capture their perspectives on receiving and delivering care. The findings of this project are intended to be used to identify options for improving people's experience receiving services across systems. The long-term outcomes of this project include that clients experience less trauma as they receive services across multiple providers or organizations during the same time period and that organizations implement more efficient intake processes.

Methods

From November 2023 to February 2024, the team contracted with Colorado Community Managed Care Network (CCMCN) who interviewed 12 clients and 12 staff from organizations and programs in Jeffco to learn about their experiences. ¹

Service Organization Staff Interviews

The aim of the staff interviews was to understand from a service organization staff's perspective what needs to be known to reduce repetitive storytelling among the clients they serve. Interviews were completed with staff who have experience working with clients whose roles include direct client interactions with parents or caretakers of youth who are multi-system involved. Multi-system involvement can include any system such as schools, health care, mental health care, the justice system and human services among others. CCMCN interviewed staff from Jefferson County Human Services, Jefferson Center for Mental Health and Stride Community Health Center.

Client Interviews

The objective of the client interviews was to understand from a client's perspective how their experience can be improved by reducing the repetitive storytelling they are required to provide to numerous programs and organizations while seeking or receiving services. These interviews included members of families who receive services in Jefferson County who have children that have been involved with multiple systems including schools, health care, mental health care, the justice system and human services among others. Jefferson County Prosperity Partners, Jefferson Center for Mental Health Person and Family Advisory Board, Developmental Disabilities Resource Center, and Circle of Parents helped connect CCMCN with people interested in being interviewed.

Data Analysis and Interpretation

After the interviews were conducted, CCMCN compiled the findings. Members of the Action Team reviewed the initial findings with clients and staff to ensure the results were accurate and gather additional feedback on the proposed solutions. Five staff members and 18 clients participated in the feedback sessions, referred to as “data walks” in this report.

From a Parent's Perspective: Navigating Obstacles in Care Coordination

A story on the complexity of coordinating care across providers, agencies and systems

A fictitious name has been used in the following story, which is a composite of the themes and situations described by people interviewed for this project.

Jane, a mother with limited resources living with her two children in Jefferson County, is overwhelmed navigating multiple systems of care for her and her children. At this time, she is seeking care for each of her children and oftentimes feels a lack of support and follow through from the providers she works with. In one instance, Jane had to wait four weeks for a referral to a specialist for her daughter. While she generally has positive experiences with the provider who gave the referral, she found electronic referrals sometimes go missing. Can you imagine arriving to your medical appointment after waiting several weeks to discover the referral was never received and you have to reschedule for their next available option, which might be weeks away? In many cases, Jane wishes she had a physical copy of the referral to hand-deliver so she could guarantee it would end up in the right hands.



In addition to challenges with referrals, transportation and time are also barriers to accessing services for Jane and her children. Most of the time, Jane has to coordinate and travel between multiple service providers for each of her children. If Jane could access multiple services in one place, it would make the process of accessing and navigating care for her and her family less overwhelming and time consuming. In an ideal world, Jane would schedule multiple appointments with different providers in the same location, reducing the transportation costs and time needed to access care.

In the midst of navigating referrals for her children, Jane and her family also lived through a traumatic experience that led them to seek mental health care. As Jane seeks support from multiple providers for her and her children, she finds herself repeating her story and reliving the trauma her family experienced. Jane knows the providers have the best intentions, but they don't seem to understand her experience outside their office. Each time Jane meets with a new provider, she dreads the process of describing the trauma, her children's responses and current challenges. If working with the first provider Jane met with does not work out or she is referred to another specialist, she endures repeating this process again with the next provider.

For Jane, it has been one exhausting complexity after the other, leaving her to doubt her ability to trust anyone to coordinate or manage her family's care. While she carries the responsibility of navigating this system to the best of her ability, she longs for processes that are reliable and staff and providers who are supportive and advocate for their clients. Sometimes, Jane imagines how it would feel to only have to share her story once. What if the providers Jane worked with had a system in place to work as a team to share pertinent information, that clients permit them to share, to reduce the number of times they must describe their situation? If this were the case, Jane and her children might access necessary care more easily, allowing them to heal and thrive in various aspects of their lives.

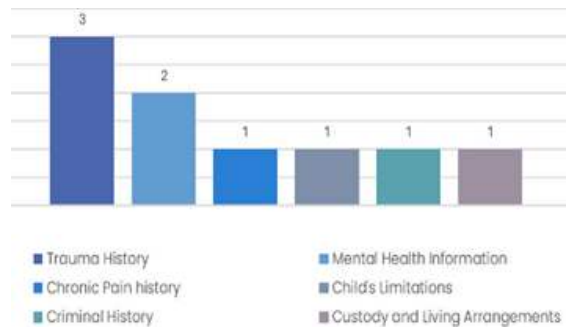


Result 1

Information that is Difficult to Share Repeatedly

Mental health and **trauma history** were the most frequently identified types of information that are difficult to share repeatedly. Other types of information that are difficult to share include chronic pain history, child's limitations, criminal history and custody and living arrangements. Due to the challenging nature of having to repeat this type of information, a common preference among clients was to have the ability to consent to allow providers or care team members to more readily share information in one place to support the best course of treatment for themselves or their children.

What Type of Information is Difficult to Share Repeatedly?



“Active listening and empathy go a long way in helping parents.”

-Data Walk Participant

Result 2

People Trusted to Coordinate Care

The people clients trust most to coordinate their/their family's care are their **service coordinator, therapist, parent or other family member, nobody, or themselves**. These trusting relationships are based on reliable consistent communication that lead to closed-loop referrals and care for the whole person or family. This type of a relationship takes time to establish. Clients want to know providers are committed to their long-term health and wellbeing. Providers can work towards building this trust by understanding their role in the care system their clients receive, rather than being a one-time check-in for care.

Who do families trust to coordinate care?



Service
Coordinator



Therapist



Parent or
other family



Nobody



Themselves

*“What is important in deciding who to trust would be someone who has **consistently shown genuine interest and concern for the well being of myself and my children**. An interest in figuring things out.”*

-Data Walk Participant



Result 3

Challenges in Coordinating Care with Community Partners

Consent Forms: 75% of service provider staff interview participants mentioned consent forms or releases of information as a pain point when coordinating care with community partners. This could include the need for the consent form to be signed before discussing shared patients and the challenges associated with getting the consent form signed.

*“...it may be difficult to obtain an ROI from patients due to factors such as a lack of transportation or **other difficulties that affect their ability to come back in and sign the physical release.**” - Service provider staff member*

Time to receive services: 58% of service provider interview participants mentioned the lengthy time or process it takes to get clients enrolled in services is a pain point. This includes the time after a referral has been sent for a program or service or after a referral has been accepted and an appointment has been made.

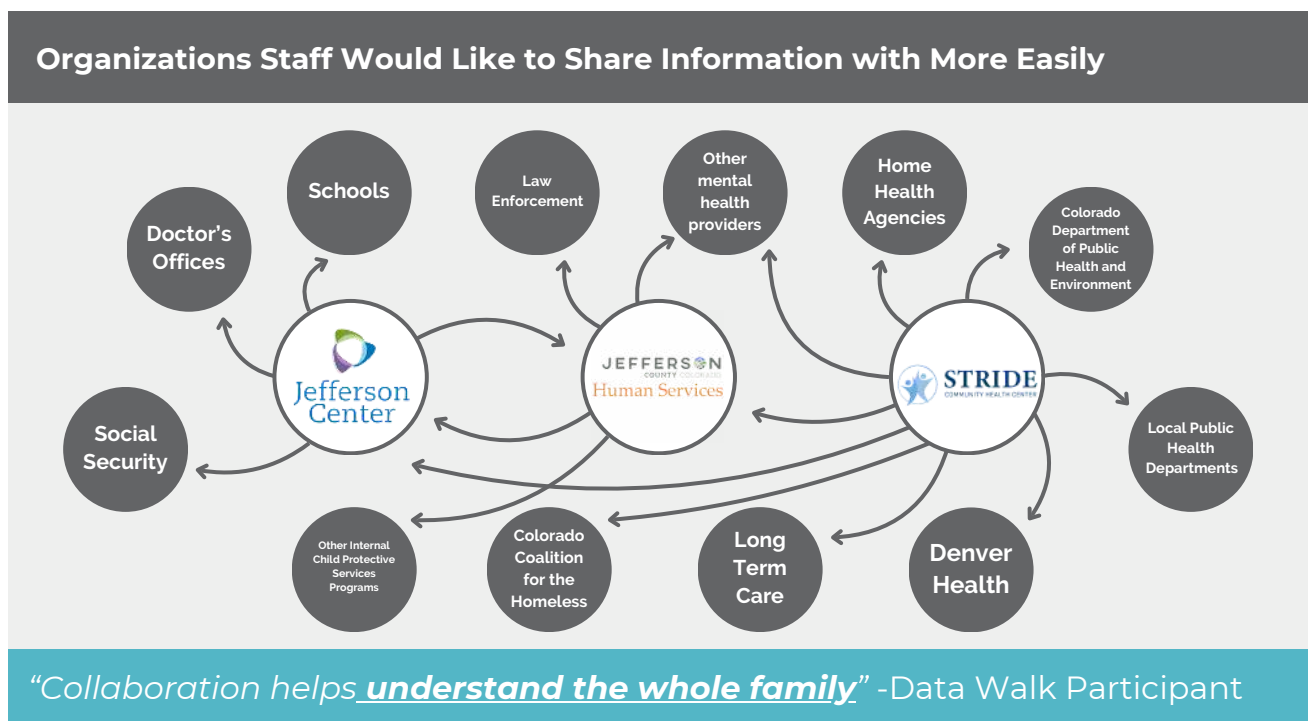
Information sharing: 58% of interview participants mentioned issues related to information sharing as barriers. This includes legal knowledge related to what type of information can be shared with a release of information in place, confusion around information sharing for treatment purposes or continuity of care, and organization-specific policies that inhibit information sharing.

Duplicating services: 58% of interview participants mentioned issues related to the duplication of services were a pain point for coordinating care with community partners for shared clients. This includes knowledge related to organizations or services clients have accessed in the past or are currently engaged in.

Result 4

Desired Information Sharing Across Community Partners

The majority of project participants noted **sharing information between primary care and behavioral health care**, with consent, was important to them. The most frequently named organizations for whom staff would like better care coordination between were Jefferson Center, Stride Community Health Center, and Jefferson County Human Services. Across the interviews with staff from Jefferson Center, there was interest in better coordination with schools, Human Services, doctor's offices and Social Security. In the interviews with staff from Human Services, there was interest in better coordination with Jefferson Center, law enforcement, other mental health professionals and other internal programs such as child protective services. In interviews with Stride Community Health Center, staff indicated interest in improved coordination with the state and local health departments, home health agencies, Jefferson Center, other mental health professionals, Human Services, long term care, Denver Health and Colorado Coalition for the Homeless.



Solutions

This project highlighted the need for strategies and solutions to improve the way organizations access and share client information in order to enhance patient experience and streamline processes. Throughout the interviews and data walk, innovative solutions were identified by clients and service providers. Some of those solutions can be found below. By implementing solutions generated in this project, the team expects to minimize administrative burdens for both clients and service providers, allowing more time and resources to be dedicated to providing (and getting) care and support.

Navigators continue to be essential to helping people navigate to care. Peer navigators/case managers with lived experience could be especially helpful to navigating complex systems in Jeffco.

Reduce unnecessary information collection through

- education,
- refinement of data collection protocols,
- assuring providers have bandwidth to review case files in advance of appointments, and
- data sharing when appropriate and necessary.



Implement cross-organization on-going quality improvement (i.e. continuous feedback from clients to staff with the intention of making improvements)

Use technology to share information, assure ongoing consent and improve referrals across agencies (e.g universal consent, My Chart, consent app).

Shift provider focus from role-specific to patient-centered, recognizing that all staff have a role in improving people's experience getting care and services across Jeffco.

Key Takeaways

People would like information pertinent to their care shared across providers. Pertinent or relevant information include strengths and progress notes related to a health and treatment plan, trauma history and eligibility/income information. It is important to note that sharing information to people or organizations that do not need to know can cause harm. For example, clients expressed concerns around sharing information with schools and law enforcement in certain situations. This included the oversharing of detailed Child Protective Services case information with schools that can lead to bias and families being treated negatively, sensitive information related to substance use history, information related to domestic violence cases, and financial details. In general, a “minimum necessary” rule should be followed, meaning sharing the least amount of information about a person as necessary to support their treatment needs. Additionally, people’s preferences with whom to share information may change over time, so the consent process should be dynamic.

Lastly, data sharing itself will not improve people's experience getting care and services. It must be accompanied by staff training, improved workflows and changes to organizational processes, data collection requirements and cross-system culture. Engaging clients in discussions about data sharing and obtaining informed consent can help them feel more comfortable with the process. Additionally, fostering a culture of continuous improvement and feedback within organizations can help identify areas where data handling processes can be refined. By prioritizing these practices, organizations can better navigate the complexities of data sharing while maintaining the trust and confidence of those they serve.

"It comes down to three things: **Convenience, Communication and Human Connection/Care.**"

-Data Walk Participant

Acknowledgements

Interview Team

Rachel Artz-Steinberg, Colorado Community Managed Care Network
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Community Input

In addition to the interviewers, over 30 clients from Jeffco Prosperity Partners, Circle of Parents, Jeffco Home Visitation Collaborative and Jefferson Center shared their knowledge and experience to help us better understand people's experience getting care and services in Jeffco.

Technology Action Team of the Healthy Jeffco Alliance

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Resources

1. Artz-Steinberg R. [Project Outline and Key Findings Report Healthy Jeffco Alliance Interview Project.](#)