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An Inside Look at Partnerships between Community-Based Organizations and Health Care Providers

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As recognition of the critical role that social determinants play in health and quality of life has grown, partnerships between health care and human service organizations to address them are proliferating. Little is known, however, about the factors that contribute to the success of those partnerships, or their prevailing challenges — important insights for organizations considering whether and how to collaborate.

With support from the Robert Wood Johnson Foundation, the *Partnership for Healthy Outcomes: Bridging Community-Based Human Services and Health Care* is shedding light on this area of opportunity. Led by Nonprofit Finance Fund, the Center for Health Care Strategies (CHCS), and the Alliance for Strong Families and Communities, this initiative examined lessons from 200 cross-se collaborations that serve low-income and other vulnerable populations, identified through a nat Request for Information.

From among these 200, CHCS interviewed health care and human service organization leaders of four successful partnerships — *Eastern Virginia Care Transitions Partnership (EVCTP)* (southeastern Virginia), *Ruth Ellis Health & Wellness Center* (Detroit, MI), *Jefferson County Health Access Nurturing Development Services (HANDS)* (Louisville, KY), and *Transitional Respite Care Program* (Spokane, WA) — to learn more about what makes them tick.

Findings from these interviews informed case studies for the field, which highlight themes and factors driving the partnerships' success and challenges.

What contributed to each partnership's success?

- **Aligned missions and common values.** Across the partnerships, mission alignment laid the foundation for mutually beneficial collaborations, with footholds in such areas as shared priority populations, health issues, or religious missions. For example, the organizations leading *HANDS* — the Louisville Metro Department of Health and Family & Children's Place — both aim to improve the lives of at-risk children and address health and social service needs from pregnancy through birth. *HANDS* provides voluntary home

visitation to new or expectant parents with services that align with each organization's mission.

- **Complementary areas of expertise and balanced collaboration.** Collaboration at any level of the partnership – planning, operations, funding, or service delivery — is most successful when it leverages each partner's core competencies. The Ruth Ellis Center and Henry Ford Health System deliver services through the *Ruth Ellis Health & Wellness Center* by drawing on the former's expertise serving lesbian, gay, bisexual, transgender, and questioning (LGBTQ) youth, strong community relationships, and effective outreach channels, and the latter's clinical and logistical care expertise for this population. Neither could reach the community to deliver comprehensive services without the other.
- **A well-structured referral process**. Across the partnerships, referrals among the partners and to external service providers are firmly in place, reflecting agreed-upon participation criteria. Examples of referral processes include: (1) referrals from Women, Infants, and Children (WIC) programs and FQHCs in the *HANDS* project; (2) an electronic referral process in *EVCTP*; and (3) something as simple as faxing paper referrals in the *Transitional Respite Care Program.*
- **Open communication among partners.** Mechanisms for communicating key patient and programmatic information on a regular basis are essential for successful partnerships. As modeled by the *Ruth Ellis Health & Wellness Center,* this may include regular, scheduled face-to-face meetings to review specific patients; periodic meetings to discuss higher-level operational and financial issues; and ad-hoc e-mails and phone calls to address time-sensitive needs. Communicating more broadly with key stakeholders about the partnership's progress is also important for gaining and maintaining external support.

What challenges did the partnerships encounter?

- **Building capacity of staff skillsets and bandwidth**. This may result from high or growing demand for services, staff members' needs to play new roles, and the information technology needed to support the collaboration of separate organizations. Human service organizations, in particular, have needed to develop new skill sets — such as marketing, communicating, and negotiating, as noted by *EVCTP*, a partnership led by Bay Aging, four other Area Agencies on Aging, and four health systems to reduce hospital/nursing home readmissions and improve care for older adults.
- **Accurately estimating resource needs and costs.** As an example, Catholic Charities of Spokane had initially underestimated its true program costs for *Transitional Respite Care*, which provides housing and social services to homeless patients following hospital discharge to reduce readmissions and emergency department visits. It subsequently had to increase its price per bed for partner Providence Health Care, driving home the lesson

that conducting comprehensive and transparent cost analyses at the onset of a program is critical to building and maintaining trust among partners.

- **Developing and tracking cross-partner analytics and performance metrics**. Organizations noted the challenge of identifying, agreeing to, accessing, and analyzing program and patient data that resonate across the partners, with some, including *Transitional Respite Care, taking* a "learn as you go" approach. Analytics for the partnerships ranged from straightforward measures of utilization and the number of patients served to more-nuanced patient satisfaction and quality of life measures to complex measures such as cost savings. *EVCTP*'s Bay Aging learned about the importance of simplifying analytical reports, particularly to engage executives at each partner organization.
- **Identifying and securing sustainable funding**. While foundation grants, capital campaigns, or time-limited budget lines may support start-up costs and initial operations, transitioning to long-term, sustainable funding arrangements is challenging and may require a mix of funders. For example, the Ruth Ellis Health & Wellness Center might consider a blend of Medicaid reimbursement, contracts with the Michigan Department of Health and Human Services to provide services, and support from managed care organizations to sustain the services it provides.

As the nation's health care system, including Medicaid, continues to evolve, breaking down silos between clinical care and social service delivery through cross-sector partnership can be an effe model for serving the most vulnerable populations. Organizations considering embarking on this course — and state Medicaid agencies, other health care payers, and foundations looking to support them — may find the above takeaways and forthcoming tools to be a useful compass for their journey.