

## Story of the Greenwood Commons

September 2022

The Greenwood Commons began as a community effort to help the local aging population and grew rapidly into a formally organized local coalition with stable funding dedicated to improving the lives of its member individuals and families, while contributing to this vibrant and thriving Colorado community.

The Commons began as a local program with neighbors working to keep aging people active members of the community (using the national “Village” model). Yard work, nutrition, personal cleanliness, transportation, home modification, financial/legal issues, and similar matters were addressed. Informal partnerships with local agencies, organizations, and clinics were added as it expanded. The benefits of coordinating social services at the community level became apparent. It expanded to helping single and new parents and the newly homeless. Others wanted to join. But it became obvious that a volunteer program was not enough; a dedicated staff of paid coordinators with resources was needed. Financial support from local philanthropists, agencies, organizations, and businesses was helpful, but insufficient. And the full array of supports needed for people to thrive were not addressed. Conversations about creating a comprehensive support program for underserved people in Greenwood commenced, bringing leaders of additional organizations to the table. These included leaders of public, primary, behavioral, and oral health; schools; and government social service and public safety agencies.

The Commons joined similar programs by seeking the support of the Colorado Collaborative Community Response (C<sub>3</sub>R) initiative, a state level federation of Commons providing common services, fundraising, finance, and operational support. They adopted the CCR model of a “companion” employed by the Commons developing a “success plan” with each member and their family to promote thriving and then coordinating its implementation/adjustment with participating providers.

The financial justification was clear. The leaders agreed (and the data they produced showed) that a successful, wrap around thriving program would reduce expensive institutionalization, incarceration, prolonged disability, and hospitalization. Managing chronic conditions at home is far cheaper than acute care. The group was successful in obtaining grants to fund the extra costs of this new model of collaboration. The initial results were promising. With wellbeing of members increasing, the predicted downstream savings began to emerge. But how would the program be sustainable when the grants ended? How could some of those financial benefits be rerouted to the proposed Greenwood Commons?

Parts of the long-term solution began to appear. Medicare launched a new primary care payment plan providing extra upfront funding for some social services and featured a sharing of resulting medical savings with the primary care providers (some of which was passed through to the Commons). The Commons leaders signed up for the similar pay-for-success arrangements that had been negotiated with state and local social service and law enforcement agencies and other organizations that would benefit from Commons’ members thriving. Bank loans for upfront investment were guaranteed by philanthropies testing out the new model. Plans were being made to expand the membership.

Through its collaboration with C<sub>3</sub>R, the Greenwood Commons benefited from a common state level IT platform, a set of thriving outcomes measures, and a continuous evaluation and accountability system that documented each Commons’ performance in operations and in improving their members’ thriving.

The Greenwood Commons was on its way.