CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE

Core Element Assessment Tool

The California Accountable Community for Health (CACHI) core element assessment tool was designed to help local collaboratives develop a shared understanding of their strengths, capacities, and gaps across multiple dimensions, which we define as readiness to launch an Accountable Community for Health (ACH). The tool also enables CACHI funders and program staff to conduct initiative-wide planning, including identifying technical assistance priorities and implementing learning communities.

The tool is organized into seven sections that follow the core elements of an ACH. For further description of each element, please refer to the CACHI RFP.

- **Shared vision and goals:** A transformational vision and common set of goals, based on a shared understanding of the health issues facing the community.
- **Partnerships:** Meaningful collaboration among the health care, social services, and various community agencies and sectors dedicated to achieving the vision and goals.
- **Leadership:** At least one, but ideally several, champions from individuals and organizations among the core entities of an ACH.
- **Backbone:** The agreed upon entity that will serve as the collaborative facilitator and convener.
- **Data analytics and capacity:** Infrastructure, capacity and agreements for collecting, analyzing and sharing financial, community and population-level data among providers and organizations.
- **Wellness Fund:** A vehicle for attracting resources from a variety of sources to support the infrastructure, goals, priorities and strategies developed by the ACH, with particular attention to upstream prevention.
- **Portfolio of Interventions:** A set of coherent, mutually-supportive interventions that address a particular health need, chronic condition, set of related conditions, or community condition across five key domains: clinical care, community programs and social services, community-clinical linkages, environment, and policy and systems changes.

For each section, the tool defines high readiness (to the extent that can be gauged at this early stage) to set an aspirational bar. The tool also provides a discussion guide of key issues and questions for consideration. It is not expected that collaboratives will discuss each question individually; rather, collaboratives should ensure that these topics are covered in conducting the assessment.

We strongly encourage conducting the assessments through a collaborative-wide dialogue so that readiness strengths and gaps, along with potential solutions to overcome challenges, are discussed candidly and understood consistently by all members of the collaborative. That said, it may be useful for collaborative members to complete the assessment individually in preparation for the group discussion.

Following the discussion, collaborative partners should collectively answer the following questions:

1. What are the strengths of our approach?
2. What are the gaps, deficits, or challenges in our approach?
3. What are the steps we will take locally to address the gaps?
4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Based on the discussion, the tool asks the collaborative to assign a stage of readiness for each element. We recognize that some capacities are important to achieve in the first year, while others pertain to capacities that a mature ACH should achieve over time. ***There is no expectation that communities will report overall "high readiness" during the first year.*** Collaboratives may wish to repeat the process every 1–2 years to document progress and identify areas where progress has been more limited.

There is no right sequence or starting place to build ACH capacity and infrastructure. Most communities begin with an existing collaboration and local assets that vary across communities and neighborhoods to form an ACH. Whatever the starting place, some early stage milestones to consider are listed below:

- Create the infrastructure of the ACH, including the Backbone organization, Wellness Fund, and the ACH Collaborative partners.
- Establish governance structure, agreements, and a leadership team.
- Agree on the selected health issue and development of a comprehensive plan that includes a coherent portfolio of interventions with significant reach and strength.
- Document data capacity among the ACH Collaborative members and develop strategies for data sharing.
- Identify outcomes, indicators, and relevant baseline data.
- Identify financing and sustainability sources to support ACH infrastructure and priority activities.

READINESS ASSESSMENT: SUMMARY

This summary page is intended to provide a snapshot of the assessments done regarding each definitional element. For quick reference please indicate the stage of readiness as well as brief answers to the four questions for each section:

Individuals/Organizations participating in the assessment:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

ACH Element	Not Started	Early/In Progress	Mostly in Place	High Readiness
Shared Vision and Goals Attach current vision and goals; brief answers to questions in the tool	○	○	○	○
Partnerships Attach full collaborative partnership list with names, organization and contact information; brief answers to the four questions in the tool	○	○	○	○
Leadership and Governance Attach governance structure visual depiction and identify the leadership team; brief answers to the four questions in the tool	○	○	○	○
Backbone Attach brief answers to the four questions in the tool	○	○	○	○
Data analytics and capacity Attach completed technology infrastructure assessment or plan to assess, if available; brief answers to the four questions in the tool	○	○	○	○
Wellness Fund Attach MOU if available; brief answers to the four questions in the tool	○	○	○	○
Portfolio of Interventions Attach current portfolio of interventions; brief answers to the four questions listed in the tool	○	○	○	○

READINESS ASSESSMENT: Shared Vision and Goals

Description:

A primary mission of an ACH Collaborative is for a range of organizations, stakeholders, and residents to come together around a common set of goals. A shared vision, based on an agreed-upon understanding of the nature of the health problem, is a critical first step to ensure that all participants have a clear understanding of the purpose and expectations of the ACH Collaborative and to promote collective accountability for achieving its goals.

High Readiness:

An active community collaborative with multi-sector partners adopts a long-term vision and comprehensive goals for the ACH based on community assessment and resident input. The vision prioritizes population health improvement, relies on genuine community engagement and addresses equity.

Discussion Guide:

- Do you have a vision and goals endorsed by the collaborative?
- Were the vision and goals developed and adopted through exploration of community needs and with community input?
- Is the vision long term (beyond the funding period)?
- Do the goals:
  1) articulate priorities and a selected condition of immediate focus;
  2) identify the neighborhood or geography to be targeted for program interventions;
  3) include a comprehensive approach to the selected condition that engages residents; and
  4) incorporate accountability to measure success?
- Do the vision and goals include equity as a core principle and priority?
- Is there a plan to periodically review your shared vision and goals to ensure the ACH Collaborative stays on track?

Questions:

1. What are the strengths of our approach?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Shared Vision and Goals — Current Readiness:

- ○ Not Started
- ○ Early; In Progress
- ○ Mostly in Place
- ○ High Readiness

READINESS ASSESSMENT: Partnerships

Description:

Collaboration is at the heart of a successful ACH. No single entity or single intervention can, on its own, improve the health of an entire community. Rather, it takes many organizations that are aligned toward a common set of goals to make real progress. Health care entities—health plans, hospitals, clinics, etc.—that collectively can reach the majority of the population within the designated geographic area should be active members of an ACH Collaborative along with other key organizations and individuals.

High Readiness:

The ACH Collaborative includes a diverse set of partners and organizational leadership from clinical, community health, services and consumer organizations as well as residents and builds on a history of key partners working together effectively. Memberships represent a broad set of stakeholders relevant to the selected health issue and may include: public health, parks and recreation, land use planning, education, housing, policy, researchers, private and safety net providers, hospitals, health systems, health plans, ACOs, alcohol and substance use treatment providers, mental health providers, faith organizations, community residents, nonprofit service providers, law enforcement and business.

Discussion Guide:

- Does the ACH Collaborative include the organizations' appropriate level of leadership? Residents? Are community health, health care, and social service organizations represented?
- Are consumer organizations and grassroots organizations represented?
- Is the ACH Collaborative building on a history of trusted relationships among key partners? What are some indicators of trust among ACH Collaborative partners?
- Are the organizational partner commitments articulated and documented?
- Are there financial commitments from partners?
- Has the ACH Collaborative assessed its partnerships such as through a member survey to gain input about the depth of current partnerships?

Questions:

1. What are the strengths of our ACH Collaborative Partnerships?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Partnerships — Current Readiness:

- ○ Not Started
- ○ Early; In Progress
- ○ Mostly in Place
- ○ High Readiness

READINESS ASSESSMENT: Leadership and Governance

Description:

An ACH Collaborative must establish a sound governance structure that ensures effective decision-making, accountability to the community, representation of stakeholders' interests and proper fiduciary and fiscal responsibilities. The ACH Collaborative and its leadership sets priorities, develops a plan and monitors progress toward the goals and outcomes of the ACH. The governance structure should identify roles and responsibilities for the ACH Collaborative, Backbone organization, and Wellness Fund. An ACH Collaborative must have one, preferably several, champions within partner organizations, senior leadership from such organizations, and count among its members' residents from the community. Governance team should embrace collaborative leadership and accountability.

High Readiness:

The ACH Collaborative includes champions from a variety of partners and senior representation from partner organizations. Governance structures and roles are acknowledged by the larger ACH Collaborative body. Governance roles incorporate a variety of leaders from across sectors. The governance structure operates with transparency, accountability and fiduciary responsibility. Effective governance enables the ACH Collaborative to:

- Have decision-makers at the table who can make/obtain commitment from their organizations to the ACH
- Maintain trust between partners, stakeholders and the community
- Operate with accountability to community engagement and improvement goals
- Agree on program implementation design, specify interventions/approaches to be included in the portfolio, choose measures of success to be monitored, create a financing plan to achieve full implementation
- Develop a plan for data tracking and sharing
- Monitor progress and identify course corrections to achieve the goals
- Develop financial models for sustainability
- Develop, monitor and report on the ACH Collaborative budget and finances
- Incorporate sufficient flexibility to respond to new opportunities and seek joint funding
- Learn together

Discussion Guide:

- Is there an active leadership/governance entity with multi-sector and community representation that is acknowledged by the larger ACH Collaborative? Are there missing constituencies?
- Does a governance structure delineate clear roles and responsibilities between the ACH Collaborative, the Backbone organization and the Wellness Fund?
- To what extent does governance address the functions listed above?
- Is a budget established that identifies funding to implement the portfolio of interventions and sustain infrastructure such as the backbone organization, data capacity, etc.? Does the budget identify both existing available funds/sources and needed additional funds/potential sources?

- Are communications transparent and sufficiently frequent to advance a collective impact philosophy? Is there ongoing community engagement?
- Are governance priorities responsive to input from the full ACH Collaborative and the community?
- Does the ACH Collaborative operate with high attendance?
- Is there a clear decision-making process?
- Does the leadership identify and resolve conflicts in a collegial manner?
- Is there a process to monitor progress on goals and strategic objectives?

Questions:

1. What are the strengths of our leadership and governance?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Leadership and Governance — Current Readiness:

○ Not Started ○ Early; In Progress ○ Mostly in Place ○ High Readiness

READINESS ASSESSMENT: Backbone

Description:

Effective community-wide initiatives, such as those seeking to improve population health include an identified entity to function as the ACH Collaborative facilitator and convener—the Backbone Organization. Although governance is led by the ACH Collaborative, the Backbone Organization is a key facilitator to convene and connect broad community stakeholders and the formal ACH Collaborative structures.

High Readiness:

A backbone organization is in place that is a trusted and skillful facilitator with capacity to:

- Guide development of a common vision, goals and strategy
- Ensure the engagement of community agencies and residents in all aspects of the process
- Facilitate development of agreements across ACH Collaborative partners
- Coordinate and support implementation of aligned activities
- Manage the budget of the ACH
- Develop or participate in developing the sustainability plan
- Serve as convener, including facilitating conflict resolution and problem solving and maintaining a culture of learning and collaboration
- Facilitate data collection, quality assurance, analysis and evaluation
- Mobilize funding through the Wellness Fund
- Ensure transparency of goals, activities and outcomes and maintain a culture of accountability to the community for its process and success

Discussion Guide:

- Does a single backbone organization have authority and wide support from the collaborative to conduct all key functions? If not, what functions are performed by the backbone vs other partner organizations?
- Are expectations for the backbone organization well-articulated and monitored?
- Does the backbone maintain good relationships with all partner organizations?
- Does the ACH Collaborative receive frequent enough communication to remain engaged?
- Does the backbone demonstrate capacity to run well-planned meetings resulting in a sense of progress?
- Does the Backbone demonstrate capacity to manage budgets, participate with Wellness Fund to develop financial models of sustainability, partner to recruit diverse sources of funding?
- To what degree has the backbone organization successfully demonstrated capacity to facilitate planning activities to date?

Questions:

1. What are the strengths of our Backbone?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Backbone — Current Readiness:

- ○ Not Started
- ○ Early; In Progress
- ○ Mostly in Place
- ○ High Readiness

READINESS ASSESSMENT: Data Analytics and Sharing Capacity

Description:

Measuring population health improvement in an ACH requires data collection, data sharing and aggregation of health and financial data from disparate clinical and non-clinical services and programs. Individual, community and population-level data must be collected and reported across a variety of providers and organizations. Data infrastructure and sharing is needed at all stages of ACH development and implementation and is necessary to inform service delivery and payment innovations. Given that this is an innovative initiative, few, if any communities, are likely have a comprehensive data infrastructure and platform in place initially for all data sharing capacities. There may, however, be assets that can serve as starting points, such as a community or health information organization designed to securely exchange health information.

High Readiness:

Local consensus exists about data infrastructure requirements, metrics and indicators, and data sharing requirements to demonstrate success, including:

- A data infrastructure and data sharing assessment to document that organizations have sufficient technology infrastructure for full participation (community service organizations as well as clinical providers)
- Data collection expertise and capacity
- Information sharing capability that operates in almost-real-time and includes all stages of engagement such as referral/enrollment, service delivery and coordination activities
- Defined metrics and indicators for the selected issue
- Robust data reporting to assess progress across all domains of the portfolio and aligned to strategies for sustainability and ongoing financing

Plans are in place to finance and implement gaps in data infrastructure and sharing as well as to produce required data in the interim as full readiness is achieved.

Discussion Guide:

- Is there a roadmap or planning process in place to identify data measures, data collection and data sharing that will be required to monitor success?
- Has the ACH Collaborative inventoried and assessed the technology capabilities within/across key partner organizations? Is there a plan to address missing capacities?
- Are there existing data sharing structures or agreements to build upon?
- Has the ACH Collaborative identified the data elements necessary to monitor implementation of the portfolio of interventions and evaluate success?
- Is there a data sharing and infrastructure plan that will address immediate data collection needs within existing capacity? If not, is there a process to develop a plan?
- Does the ACH Collaborative data and technology plan include secure systems to collect, track and report cost, utilization and health improvement information at the individual level for health care and community services?
- Is there reporting capability specific to the defined population, geography, and condition to monitor progress?

Questions:

1. What are the strengths of our data infrastructure and data sharing?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Data Analytics and Sharing Capacity — Current Readiness:

- ○ Not Started
- ○ Early; In Progress
- ○ Mostly in Place
- ○ High Readiness

READINESS ASSESSMENT: Wellness Fund

Description:

One of the unique features of an ACH is the implementation of a local Wellness Fund to act as a vehicle for attracting, braiding, and blending resources from a variety of organizations and sectors, in alignment with the goals, priorities and strategies developed by the ACH Collaborative. The Wellness Fund supports three key functions:

1) Provide critical resources for the ACH infrastructure, including the Backbone Organization.

2) Support interventions that the ACH Collaborative prioritizes for which there are no other funding sources. Community prevention and upstream approaches are often under-resourced and one goal of the Fund is to provide ongoing resources for those endeavors.

3) Develop or partner to develop a sustainability plan.

Transparency and clarity about the roles and decision-making authority between the Wellness Fund, the ACH Collaborative and the Backbone Organization are critical to maintain trust and accountability to the community.

High Readiness:

A Wellness Fund is identified and established that:

- Operates with a pool of funding and a governance structure, separate or part of the ACH, that is accountable to the ACH;
- Has the capacity and commitment to attract, blend and braid resources for service delivery and actively seeks funding for activities not traditionally financed; and
- Is an active partner in the ACH Collaborative to develop a financing and funding plan that identifies priorities for expanding resources over time for required capacities and interventions.

Discussion Guide:

- Is a Wellness Fund established or planned that will accept funds from multiple sources?
- Does the Wellness Fund have a governance structure that is accountable to the ACH and includes key contributors and stakeholders of the ACH?
- Is a plan established that identifies priorities for funding to implement the portfolio of interventions and sustain infrastructure such as the Backbone Organization, data capacity, etc.?
- Do financial models include diverse sources of funding useful across the portfolio domains?
- Is a plan in place to attract and braid and blend funding for services and program approaches from sources such as federal, state or foundation grants?
- Does the WF have the skills, capacities and financial systems to braid funding and meet reporting requirements to funders?

Questions:

1. What are the strengths of our Wellness Fund?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Wellness Fund — Current Readiness:

- ○ Not Started
- ○ Early; In Progress
- ○ Mostly in Place
- ○ High Readiness

READINESS ASSESSMENT: Porfolio of Interventions

Description:

The ACH model is predicated on the idea that a set of coherent mutually supportive interventions across five key domains (clinical services, community and social service programs, community-clinical linkages, environment and policy and systems change) is necessary to accelerate improvements in population health. By aligning, connecting, and, where appropriate, integrating the interventions, they reinforce each other and drive toward a common set of goals and outcomes at both the individual and systems levels.

High Readiness:

Consensus about a defined portfolio of interventions exists such that it:

- Is designed across the five domains in a way that drives toward a limited number of common outcomes that can be monitored with established metrics, is mutually reinforcing, and couples local capacity and services with information about best practices for the selected issue and population group;
- Incorporates varying stages of the selected issue, addresses short to long-term timeframes, includes upstream and downstream factors, and ensures sufficient capacity to achieve impact; and
- Utilizes a community engagement process to assess health and community needs and identify existing programs and services as part of choosing the ACH target population, geography, and selected health or community condition;
- Promotes a vision of interdependency of interventions to achieve population health outcomes and the need for system changes to better align interventions, financing, and population health outcomes.

Discussion Guide:

- Does the portfolio of priority interventions include interventions in all five domains and for all populations affected by the health issue?
- Does the portfolio include interventions with a spectrum of timeframes in which the outcomes may manifest? Are there some interventions that can produce short-term impacts in order to establish credibility?
- Does the overall portfolio represent a continuum of reinforcing interventions with sufficient reach to accomplish the outcomes? Has there been an assessment of existing and required capacity to meet the expected need?
- Are a limited set of common outcomes with measures and metrics identified to demonstrate progress? Is there a plan in place to collect the data and report on progress?
- How will grassroots organizations and residents be meaningfully engaged in the interventions?
- In what ways do the priority interventions explicitly address equity?
- Does the portfolio provide a foundation for broader system change (e.g., engage multiple partners, incorporate a prevention orientation, etc.) and build capacity and skills associated with system transformation (e.g., collaboration and collective accountability)?

Questions:

1. What are the strengths of our Portfolio of Interventions?

2. What are the gaps, deficits, or challenges in our approach?

3. What are the steps we will take locally to address the gaps?

4. Is technical assistance (TA) needed to support success with this element; if so, what kind of TA?

Porfolio of Interventions — Current Readiness:

- ○ Not Started
- ○ Early; In Progress
- ○ Mostly in Place
- ○ High Readiness