CALIFORNIA ACCOUNTABLE COMMUNITIES FOR HEALTH INITIATIVE
CACHI
...The Next Generation of Health System Transformation

Prepared by: Desert Vista Consulting
Center for Outcomes Research and Education
AGD Consulting

JANUARY 2022

ISSUE BRIEF

Accountable Communities for Health 2017-21 Interim Report

A Record of Catalyzing Alignment, Leveraging Infrastructure and Elevating Community Voice

INTRODUCTION

California's Accountable Communities for Health (ACHs) have made tremendous gains over the past four years—solidifying their leadership roles in their communities, developing tailored portfolios of interventions, and demonstrating significant value to their partners and communities. This report presents interim evaluation findings of the California Accountable Communities for Health Initiative (CACHI) after four years of implementation (2017–2021) in 13 communities.

Reflective of a learning evaluation approach, the aim of this report is to describe progress in establishing ACHs in sites across California, explore the various ways ACHs design and implement their portfolio of interventions and highlight the value ACHs bring to communities. A final evaluation report will be shared in the summer of 2022.

BRINGING VALUE TO THEIR COMMUNITIES

An ACH is more than the sum of its parts—it is designed for action. In seeking to answer the question, "What is the value of the ACH to a community, its organizational partners and its residents?" this evaluation identified three primary ways ACHs add value to their communities:

1. **Catalyzing alignment between health care systems, payers and communities**
2. **Leveraging infrastructure to encourage collaboration and secure funding**
3. **Advancing equity and elevating the community voice**

CACHI

About the California Accountable Communities for Health Initiative (CACHI)

The California Accountable Communities for Health Initiative (CACHI) is a five-year, $17 million initiative jointly funded by the California Endowment, the Blue Shield of California Foundation, Kaiser Permanente, the Sierra Health Foundation, the California Wellness Foundation, the Social Impact Exchange, and the Wellbeing Trust.

CACHI was established to lead efforts to modernize the health system and build a healthier California.

By bringing together community institutions such as hospitals, public health, schools, public safety agencies, parks, and local businesses, along with local residents, CACHI's goal is to create a health system that is capable of fundamentally changing health outcomes by aligning interventions for maximum impact, promoting prevention, ensuring equity, and organizing resources to focus on the most effective strategies.

Through this effort, CACHI aims to move closer to making health equity a reality in California.

BRINGING VALUE TO THEIR COMMUNITIES

1) Catalyzing alignment between health care systems, payers and communities.

ACHs address social determinants of health by working upstream to improve health equity and outcomes. In addition to bringing cross-sector partners to the same table for collaboration, ACHs create clinical-community linkages to improve access to services and strengthen the continuum of care in a community.

EXAMPLE

The **Fresno County Health Improvement Project (FCHIP)** attributes their success to the alignment with two preexisting networks: Fresno D.R.I.V.E. (Developing the Region's Inclusive and Vibrant Economy), a regionwide community investment plan involving multiple civic, community and business leaders, and Fresno Cradle to Career, a community-based partnership that brings together leaders from ten sectors to collaboratively improve educational and health outcomes for all children in Fresno County.

FCHIP aligned work across these initiatives by working with leaders to "connect the dots," link partners to reduce duplication and bridge hospitals, health plans and CBOs. All three networks rely on authentic engagement with community residents. Leaders across the three networks recognize that success in one area contributes directly to improved outcomes in another, reinforcing the value of a collective impact approach rather than isolated efforts.

2) Leveraging infrastructure to encourage collaboration and secure funding.

ACHs identify funding opportunities that align with ACH goals for community health improvement and build on existing partner collaboration. Leveraging ACH infrastructure and demonstrating a fruitful history of collaboration attracts funders that want to make broad, cross-sector impacts.

EXAMPLE

Staff from the **Health Education Council**, the backbone of the West Sacramento ACH, provide direct support to community partners seeking grant funding by participating in strategic planning, offering grant writing assistance, providing letters of support to partners and incorporating specific implementation roles for the ACH. As one survey respondent noted, "The ACH is a space where our collaborative members can come together to discuss and work towards important community issues."

In response to the COVID-19 pandemic, two ACHs – West Sacramento and East San Jose made mini-grants to residents in their respective communities to support outreach and educational activities for hard-to-reach and underserved

BRINGING VALUE TO THEIR COMMUNITIES

populations. The Humboldt Community Health Trust awarded three 3-month COVID-19 mini-grants of $1,000 to organizations providing direct services to people who were impacted by COVID-19 and who were at high risk for SUD.

3) Advancing equity and elevating the community voice.

ACHs are deepening their work around health equity by incorporating community residents into the governance structure, examining the root causes of inequities, and creating frameworks and tools for advancing equity work across sectors. The longer ACHs work within their communities, the more trust they build with community members, leading them to be relied upon for the many roles they play. This work leads to greater, more equitable achievements.

EXAMPLE

The **PEACE Partnership in East San Jose** has the goal of reducing violence by seeking greater equity. To this end, they have evolved the governance structure of the ACH to enable more resident/community direction. From the start, PEACE partnership made it a priority to develop youth leadership, establishing a Youth Leadership and "Place-Making" workgroup. Members of the workgroup (27 youth and 8 mentors) received funding from the wellness fund to participate in leadership training and organizing. Over time, this workgroup has elevated the role of youth voice in establishing priorities and engaging the community.

PROGRESS ON KEY ELEMENTS OF THE MODEL

The evaluation continues to reveal that the key elements of the CACHI model are *iterative, interrelated and mutually reinforcing*. Development in one area tends to inform and help propel work on other key elements. For example, community engagement informs vision, partnerships, and the Portfolio of Interventions (POI). Conversely, it is difficult for ACHs to be successful with one key element (e.g. the wellness fund) without at least a foundation of progress in several others (e.g. POI and data).

Overall, ACHs and their partners are demonstrating significant progress establishing and advancing key model elements, with data system development and wellness fund/sustainability advancing secondarily behind the others. This finding signals that data and wellness funds are less critical to establishing the identity and recognition of the ACH and its work in the community, although they are important to the ongoing sustainability of the ACH and are key to demonstrating the long-term impact of the ACH.

PROGRESS ON KEY ELEMENTS OF THE MODEL

The POI is particularly intertwined with other key elements and is a major distinguishing feature of CACHI ACHs when compared to less action-oriented collaboratives or cross-sector groups focused on single projects. Below is an outline of progress made on each element of the model:

Health Equity: Consistent with the Funders Forum on Accountable Health framework, equity is a cross-cutting essential element across the CACHI sites. ACHs have demonstrated their commitment to equity within their backbone organizations and governance structures using strategies such as distributed leadership, as well as through the development and implementation of their POIs and wellness funds.

Shared Vision and Goals: All CACHI sites have established a vision and/or mission statement, and nearly all have articulated long-term goals. During the COVID-19 pandemic, most ACHs found that their vision statement accommodated the changing circumstances, although some did adjust their goals to hone their pandemic response.

Backbone Staff: Partners view ACH backbone staff as the essential binding that integrates and holds the ACH partners and activities together. Backbone capacity and staff continuity were challenges for many ACHs, even before the COVID-19 pandemic. When an ACH backbone has limited capacity or lacks critical skills, progress can slow or stall. This could be seen when county or city public health departments that serve as backbones became more focused on pandemic response. Some previously planned strategies and activities were put on hold in these communities while backbone staff served as conveners/critical partners to address pandemic emergency needs. This flexibility improved pandemic response, albeit at the expense of long-term strategies.

Governance, Partnerships and Leadership: Many sites are refining governance structures to amplify community and resident voice and expand partnerships. In addition, sites have modified their governance arrangements to ensure the structure serves ACH goals. ACH partnerships continue to be viewed by many as the primary value the ACH brings to the community. Several ACHs report that their infrastructure and partnerships have prepared them to engage more actively in Medicaid system transformation in California under initiatives like Whole Person Care or California Advancing & Innovating Medi-Cal (CalAIM). Many CACHI sites were able to leverage their workgroups and partners to respond rapidly to COVID-19.

> *While it is hard to measure the value of relationships and connections and collaborative work that breaks down silos between sectors, it has been incredibly helpful specifically in times like COVID to better coordinate services, assess and meet community needs, determine community will, and harness their agency.*
>
> **— San Gabriel Valley ACH**

PROGRESS ON KEY ELEMENTS OF THE MODEL

Community and Resident Voice: Most CACHI sites have some degree of resident involvement and are currently focusing on how to deepen or diversify that engagement and embed it structurally into the ACH. Active engagement of residents and community members helps steer ACH decisions and POI activities toward community needs and priorities.

Data Sharing and Analytics: The ACHs use data to understand population health and ascertain community needs but have experienced some challenges tracking outcomes and impacts due to data lags, lack of relevant measures, and lack of staff capacity to manage data and reporting.

Sustainability Plan: With CACHI funding slated to end within the year, sites are actively developing sustainability plans and securing financing for backbone staff and portfolio of intervention (POI) activities. Approximately 80 percent of committed and projected funding to date has been for ACH activities rather than for backbone staff or general operations. Types of external funding sources include: health plan contracts, direct contributions from health plans, hospitals or other entities, events and sponsorships, and membership assessments. Except for Imperial County (whose wellness fund predates the ACH) and the East San Jose PEACE Partnership, ACHs have not been able to establish external wellness funds, although several have precursor internal wellness funds.

Portfolio of Interventions: Designing, implementing, and refining POIs—a set of coherent, mutually-supportive programs or actions—has evolved into an ongoing process for most of the ACHs as they respond to the priorities and expressed needs of the communities they serve. Changing conditions either internally (governance and partnerships) or externally (community priorities, funding opportunities, political context or the pandemic) have affected the feasibility, urgency, and implementation of the POIs. Nevertheless, the sites acknowledge the value of the POI as a framework for transforming how partners work together to achieve more impactful outcomes in the community.

> *"Revising the Portfolio of Interventions [paved] a clear path forward to measure progress and keep members accountable."*
>
> **— Sonoma ACH**

PORTFOLIOS OF INTERVENTIONS IN ACTION

The evaluation highlighted three examples of how ACHs are implementing their Portfolios of Interventions to catalyze systems changes in their communities. The common thread featured in these case studies is a documented POI created with significant stakeholder input that identifies goals, strategies and metrics, which are currently being carried out by designated groups or individuals.

Activities support a shared vision and take place in a coordinated way under the ACH umbrella to create momentum toward improving health and wellness in their communities. In each community, the POIs have moved through the cycle from planning to implementation to refinement and will continue to evolve as new alignment opportunities and needs are identified. All three ACHs collect program data, and two of the three (Humboldt and San Diego) have broader data collection strategies.

The POIs are not a constellation of activities that happen to be funded recently in a community, or a document circulated as an administrative exercise to update a backbone on certain activities. Instead, they are comprised of meaningful strategies and activities, both existing and new, that are aligned to achieve certain goals and have been implemented for some time.

Two elements distinguish a true POI from a simple list of activities or interventions:

1. Connection of the POI to a clearly articulated goal, one that is focused enough to lend coherence to what is and is not included in the portfolio; and
2. Material coordination or alignment of the interventions so they have the potential for greater impact.

EXAMPLES

Humboldt Community Health Trust (HCHT), with backbone support from the North Coast Health Improvement and Information Network (NCHIIN), facilitated a clear sequence of steps to create their portfolio of interventions addressing substance use disorder (SUD) and cultivating a safer, healthier and more socially connected community. The result was a substantive, well-coordinated portfolio that is being actively implemented by multiple partners. HCHT developed their POI relatively quickly by using existing programs as the foundation and moving immediately into implementation. They describe three programs being carried out under their POI that have been especially effective: continued development of the Community Information Exchange; facilitation of *Drug Medi-Cal Huddles*, a monthly meeting between providers, navigators and the local health plan; and implementation of strategies to improve services to SUD clients during the time of COVID-19.

PORTFOLIOS OF INTERVENTIONS IN ACTION

One important outcome of these efforts is that Humboldt Community Health Trust has created new partnerships with the court system. The drug court navigator joined the Drug Medi-Cal Huddle, creating a cross-sector linkage between the court and the DMC case manager and other partners. These relationships have the potential to benefit DMC clients and improve systems and processes. According to a backbone team member, this connection wouldn't have happened without the huddle.

San Diego Accountable Community for Health's (SD ACH's) initial aim was to create a POI for ideal cardiovascular health, but their activities have since expanded to create a wellness system more broadly. In their flagship program, *Neighborhood Networks*, Medi-Cal managed care health plans identify members who are at risk for poor health outcomes or behind on preventive services and refer them to the program. The SD ACH contracts with community-based organizations (CBOs) who utilize neighborhood navigators to assess clients' health-related social needs, provide support and connect them with services. The SD ACH provides "hub" services—including contract management, outreach and enrollment—training, quality assurance, a centralized online case management system and reporting. Neighborhood Networks is a revenue-generating social enterprise that eventually could sustain the backbone functions of the SD ACH and help support other interventions that meet their goals.

With specific regard to cardiovascular health, the ACH focused on a particular geography in San Diego County, creating the North Inland Nutrition Security POI, a critical protective factor for cardiovascular disease. The nutrition security POI is responsive to community needs and works to improve systems that serve individuals experiencing food insecurity. Most recently, with funding from the state ACES AWARE program, the ACH facilitated the creation of a multi-sector, trauma-informed network of care to address the needs of families and children experiencing Adverse Childhood Experiences (ACEs). This effort aligns with the need to address underlying trauma to enhance protective factors for cardiovascular health.

Long Beach ACH, All Children Thrive (ACT) initially developed a POI focused on improving the health and wellbeing of children at birth through age 8. Once the pandemic hit, they put their planned activities on hold, and shifted to a COVID-19 recovery POI. Out of $11 million of CARES Act Provider Relief funding received by the City of Long Beach's Department of Health and Human Services (DHHS), approximately $400,000 was allocated to ACT's response effort. Building on efforts begun prior to COVID-19 to ensure the POI was community-driven, ACT engaged in community conversations to understand their community's most immediate needs related to COVID-19. Program staff heard from families with babies and toddlers that they needed help with basic needs, such as diapers, baby wipes and formula. Because of the shortages in stores early in the pandemic, ACT worked to secure the items wholesale and distribute them to individuals in need and continued to do so through the pandemic. Recently, ACT has been able to re-engage partners and return to its original POI, having strengthened its relationships with the community during the COVID-19 response.

CONCLUSION

As described in this interim evaluation report, ACHs are continuing to evolve, mature, and provide value to their communities in myriad ways. Additionally, they survived and emerged stronger from the stress test faced during the pandemic. Most are now recognized entities in communities for engagement, alignment, and integration of activities, serving as a conduit for elevating community voice and advancing health equity priorities. These are the key ingredients necessary to create systems change and achieve their communities' vision.

One indicator of the ACH's public recognition and sustainability is how they have successfully utilized their clout and experience to convene partners, share information and develop collective work plans to address a number of emerging community priorities and opportunities, including COVID response or the state's ACEs Aware and Medi-Cal Cal AIM programs.

Going forward, ACH infrastructure promises to be the singular table where communities and stakeholders gather as new priorities arise.

NOTE: *This report, which is part of the ongoing evaluation of CACHI that is being conducted by Desert Vista Consulting, Center for Outcomes Research and Education, and AGD Consulting, examines the progress and accomplishments of 12 out of 13 ACHs through June 2021. One ACH, Merced All in for Health had to pause their activities and reset their table.*

BRIEF AUTHORED BY:

Desert Vista Consulting

Karen Linkins
Jennifer Brya

AGD Consulting

Alaina Dall, MA

Center for Outcomes Research and Education

Bill Wright
Lisa Angus
Natalie Royal Kenton
Sarah Bartelmann
Jennifer Rountree
Kayla McMenamin

CACHI IS SUPPORTED BY: