The California Accountable Communities for Health Initiative (CACHI) was established to spearhead efforts to modernize our health system and build a healthier California. To realize this vision, CACHI utilizes a model known as Accountable Communities for Health (ACH), where multiple sectors align goals and collaborate to address the leading health issues facing our communities.

PROBLEM: System Fragmentation and Silos Make Addressing Complex Issues a Challenge

Humboldt County, tucked away in the northwest corner of California, is a rural community that has high rates of drug and alcohol use. Substance Use Disorder (SUD) is a complicated epidemic to address—it sits at the intersection of childhood trauma, mental health and system challenges that impede an individual’s trajectory toward recovery. Addressing this entrenched problem requires well-aligned cross-sector collaboration between diverse community groups and organizations.

SOLUTION: Forming a United Response to Substance Use Disorder

In 2016, community leaders partnered with CACHI to launch the Humboldt Community Health Trust (HCHT), an ACH. The HCHT constructed a core governance committee that brought together key stakeholders responsible for tackling the SUD epidemic, including a member of the county’s Board of Supervisors, Department of Health & Human Services, and First Five Humboldt, along with local health care providers, community-based organizations, and non-profits.

These organizations, with very different perspectives on the issue, are working to align strategies, engage the community’s residents and build capacity to confront the diverse factors that contribute to addiction.

This is achieved by keeping their respective organizations informed of collaborative progress, actively seeking feedback, committing to consistent participation in work groups and working together to develop long-term plans. This allows partners to focus on collective results.

ACH IN ACTION: Working Toward a Comprehensive, Wraparound Response

Humboldt’s ACH has established four key goals: 1) reduce substance use injury and overdose; 2) increase access to prevention and treatment for families; 3) improve policies and systems; and 4) enhance system integration and coordination. Collectively, these changes help fill gaps and work toward the best possible outcomes for all residents.

The HCHT has outlined a Portfolio of Interventions (POI) that reflects the existing work of community resources (First 5 playgroups), deploys clinical tools (SUD screening) and develops tight-knit clinical-community data sharing partnerships (the Community Health Information Exchange project).

To provide partners with a space to collectively problem solve, HCHT also created monthly “huddles” among partners to address SUD. Partnership Health Plan (PHC), the local Medicaid health plan, agreed to co-host the meetings. Agendas are designed jointly between PHC and the HCHT. The Huddle allows for treatment providers and community navigators to come together regularly to clarify system needs, identify gaps and lift up best practices.

NEXT STEPS: Meaningful Systems Change

HCHT is now a strong collaborative with shared resources and goals. It continues to explore new grant opportunities, all while maintaining a Wellness Fund that provides long-term funding for SUD prevention and education, as well as programs to address future community health needs. These funds permit even more comprehensive, effective and sustainable interventions to improve community health.

Learn more at www.nchiin.org.