



# State Levers to Advance Accountable Communities for Health

## California State Profile

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## Overview

California chose to pursue an Accountable Communities for Health (ACH) model as one of four initiatives of its State Health Care Innovation Plan designed to achieve the Triple Aim. This plan stemmed from the 2012 Let's Get Healthy California Task Force, designed to improve health and achieve greater health equity. The California Health and Human Services Agency (CHHS) received funding to design this model through two State Innovation Model (SIM) Design Grants. A multi-sector work group of stake-

holders developed recommendations for an ACH model. The work group outlined five key domains that the participating ACHs will focus on: clinical services, community programs, clinical-community linkages, public policy and system change, and environments. Subsequent to the CHHS-sponsored design process, a group of California funders built on the recommendations of the work group to develop to the California Accountable Communities for Health Initiative (CACHI). As part of CACHI, Community Partners, the lead implementation entity, with support from the funders – The California Endowment, Blue Shield Foundation of California, and Kaiser Permanente – have released a Request for Proposals (RFP) to support up to six ACHs in California in carrying out interventions across these five domains.

## Governance

ACHs selected through the RFP will be responsible for assembling their own governance structures comprised of partners from health care, health and social services, and community organizations. Each ACH is required to engage certain key partners including health plans, hospitals, medical providers serving the ACH population, local health and human services agencies, public health departments, and community and social services organizations that work on the ACH's selected health issue. Each ACH can choose a health need, chronic condition, community or set of related health conditions to focus its efforts on. Examples of additional potential partners include housing agencies, food systems, behavioral health providers, schools, transportation agencies, and dental providers. Each ACH is required to establish a leadership team that includes representation at both the individual and organizational level, and develop a process for collaborative decision-making. Finally, each ACH must feature an organization to convene partners, guide the development of goals,

### California ACH Fast Facts

**Number of ACH demonstration sites:** up to 6

**Funding allocated to each ACH:**

Year 1: \$250,000

Years 2-3: \$300,000

**Implementation Dates:** Grants start July 1, 2016

facilitate and coordinate activities, manage the budget, and evaluate overall outcomes of the work.

## Targeted Populations and Conditions

Communities responding to CACHI's RFP are encouraged to choose a health issue on which to focus their interventions. The only criteria for the selection of such health issues is they must have broad support within the community, be amenable to evidence-based interventions across the five domains listed above, and any intervention must target a wide variety of populations and stages of the health condition (e.g. already present, at risk, not yet developed), not just the high need and high cost population.

## Financing Model

Successful ACH applicants will receive a grant of up to \$250,000 for one year, with an optional 6-month extension period to achieve program milestones. ACHs that meet year one milestones will then be eligible to receive an additional \$300,000 per year for two years, amounting to a maximum of \$850,000 per ACH in grant funding through CACHI. This grant funding is largely intended to support start-up activities such as staffing the collaborative and governance structure, coordinating community systems to identify or refer intervention participants, and developing plans for sustainability and data sharing. Beyond grant funding, ACHs are required to implement a wellness fund that may braid and/or blend funding from a variety of other sectors and community organizations. Wellness funds will support essential ACH infrastructure and finance certain priority ACH interventions that have no other available funding sources. Wellness funds are an important vehicle for ACH sustainability; the work group envisions savings that ACH initiatives generate from cost avoidance being reinvested in wellness funds to support ACHs long-term.

## Resources offered to ACHs

CACHI has committed to providing technical assistance to the grantees to aid in the development of a governance structure, data analytics and sharing mechanisms, the development of a plan for financial sustainability including wellness funds, and the alignment of various ACH interventions. In addition to this technical assistance, CACHI also plans to sponsor a learning community for grantees to share successes, challenges, and best practices. This will involve annual convenings of all grantees, as well as smaller meetings with specific stakeholders from each ACH. Additionally, the SIM design grant is funding the development of an ACH evaluation framework, the identification of data sharing needs and the development of a toolkit for ACH partner organizations.

## Next Steps

Selected grantees will have a list of milestones to accomplish in their first year in order to ensure that ACH activities in the second and third years are successful. These include the creation of the ACH's infrastructure and governance model; agreement on the selected health issues for intervention focus and alignment of interventions to at least three of the five key domains; demonstration of capacity for data sharing among members of an ACH; coordination with the evaluator to identify key outcomes, indicators, and baseline data to track; and progress towards a plan for achieving financial sustainability.