

# California Accountable Communities for Health

## Merced County's ACH Development

**County Health Executives  
Association of California  
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# What is CACHI?

**California Accountable Communities for Health Initiative (CACHI) is:**

- **public/private partnership** between state government and private sector funders;
- developed in response to recommendations from the **State Health Care Innovation Plan** and **Let's Get Healthy Task Force**;
- advocates for a **new model of health system transformation**;
- **Key partners:**
  - The California Endowment,
  - Blue Shield of California Foundation,
  - Kaiser Permanente,
  - Sierra Health Foundation,
  - California Health and Human Services Agency, and
  - California Department of Public Health.

CACHI is supported by **Community Partners**, a nonprofit organization base in LA

# Who are the CACHI Grantees?



# What Does CACHI Do?

The ACH redefines a local health system to extend beyond the traditional health care system of health plans, hospitals, health departments, and clinics.

## What makes the ACH unique?



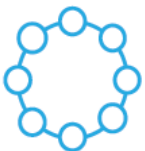
**Infrastructure.** *The ACH provides a formal and structured vehicle for continuous and fruitful partnerships.*



**Collective action.** *The ACH sets a table that catalyzes multiple sectors to work together in designing a “network of solutions” that link together and work in unison to successfully address health challenges and dramatically improve health outcomes.*



**Wellness Fund.** *A key component of the ACH is the creation of a “Wellness Fund,” which is designed to attract and weave funding and resources to support the long-term sustainability of the ACH. The Wellness Fund will also enable the ACH to align and target funding to fill gaps identified in the “network of solutions.”*



**Community Engagement.** *CACHI emphasizes and promotes the participation and inclusion of everyday residents in all aspects of the ACH, so they are actively shaping this new business model for health and, ultimately, determining the health of their communities.*

# Requirements of Catalyst Sites

## Seven Key Elements of an Accountable Community for Health

<b>1. Shared Vision and Goals</b>	Focus on an identified health problem and common goals to address.
<b>2. Partnerships</b>	Multiple organizations, across sectors, that work together for a common goal.
<b>3. Leadership</b>	Identified champions.
<b>4. Backbone</b>	Initiative's convener and administrator.
<b>5. Data Analytics &amp; Sharing Capacity</b>	Capacity to share and aggregate data from disparate clinical and non-clinical organizations.
<b>6. Wellness Fund</b>	Vehicle to attract, blend, braid resources from a variety of organizations and sectors.
<b>7. Portfolio of Interventions</b>	Mutually supportive intervention across five key domains.

# Requirements of Catalyst Sites

## Portfolio Of Interventions – Demonstrated Work in Multiple Sectors

<b>1. Clinical Services</b>	Services delivered by health care systems.
<b>2. Community /Social Services Programs</b>	Outside of the health care system that provide support to patients and community members.
<b>3. Community/Clinical Linkages</b>	Bridging clinical services and community-based programming.
<b>4. Environment (Social &amp; Physical)</b>	Work in neighborhoods and communities that improve opportunity for healthy behaviors.
<b>5. Policy and Systems Change</b>	Public and private practices, rules, ordinance, regulatory changes that address social determinants of health and/or other broad factors impacting health outcomes.

## Merced County – Fast Facts

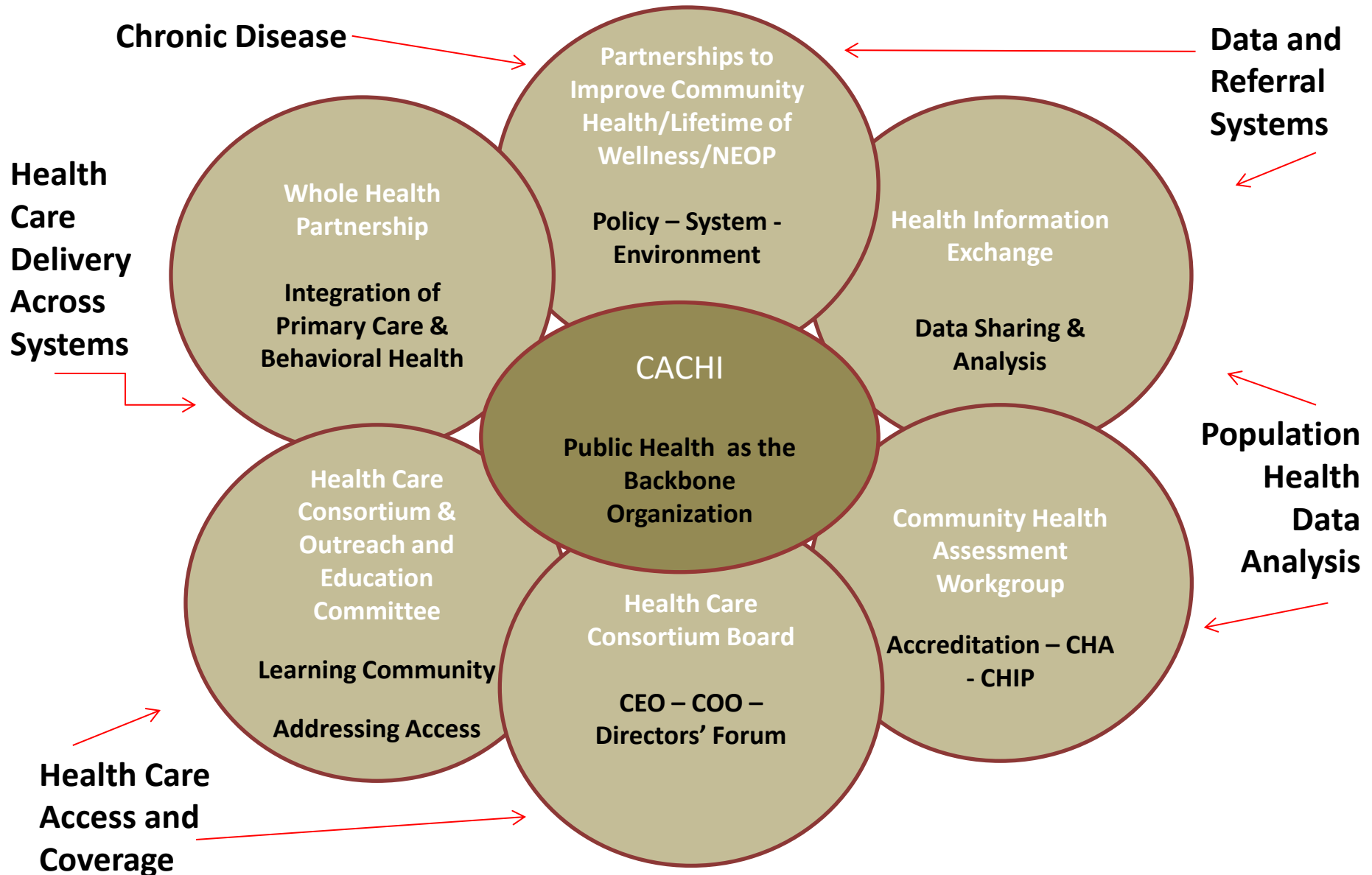
- Merced County Pop – 268,500 *with* 55% Hispanic
- Low income – 50% of pop are Medi-Cal recipients
- Health status - high rates of poor health conditions -  
i.e. heart disease, diabetes, asthma, behavioral health

Federally Qualified Health Centers 3	Hospitals 2 Dignity Health	Medi-Cal Managed Care
Rural Health Centers 2	Sutter Health	County Organized Health System

**No County operated hospital or clinic systems**

- Limited # of Community-based Organizations
- University of California Merced has a public health program

# Shared Vision and Goals, Partnerships, Leadership/Backbone



Supported by federal, state, and foundation funding 2013 to present.



# Examples of Cross-Sector Collaboration

Whole Health Partnership	HIE Roundtable	PICH/LOW/ SNAP-Ed	CHA Workgroup	Consortium
<p>Testing shared <b>Release of Information form</b> between clinic, County Behavioral Health and MCO</p> <p>Pilot in-house and out-of-clinic <b>referrals of high risk patients</b> to CDSMP, Tomando, NDPP</p>	<p>Planning and implementing <b>Health Information Exchange</b> across 7 health care orgs to share data, implement <b>e-referral</b> and contribute to <b>population analytics</b>.</p>	<p>Partnering on <b>PSE strategies</b> in low-income clinic areas to <b>increase physical activity resources</b> (SRTS and Joint Use)</p> <p><i>and</i></p> <p>Increasing <b>healthy food options</b> (local sourcing &amp; Staple Food project)</p>	<p>Contribute data, <b>guide CHA</b> development, participate in <b>CHIP planning</b> including bringing clinic consumers to community strategy mtgs</p>	<p>Member of the <b>Consortium Board</b></p> <p>Participate in the Consortium <b>learning community</b></p> <p>Active in O&amp;E to <b>coordinate outreach and enrollment</b></p>

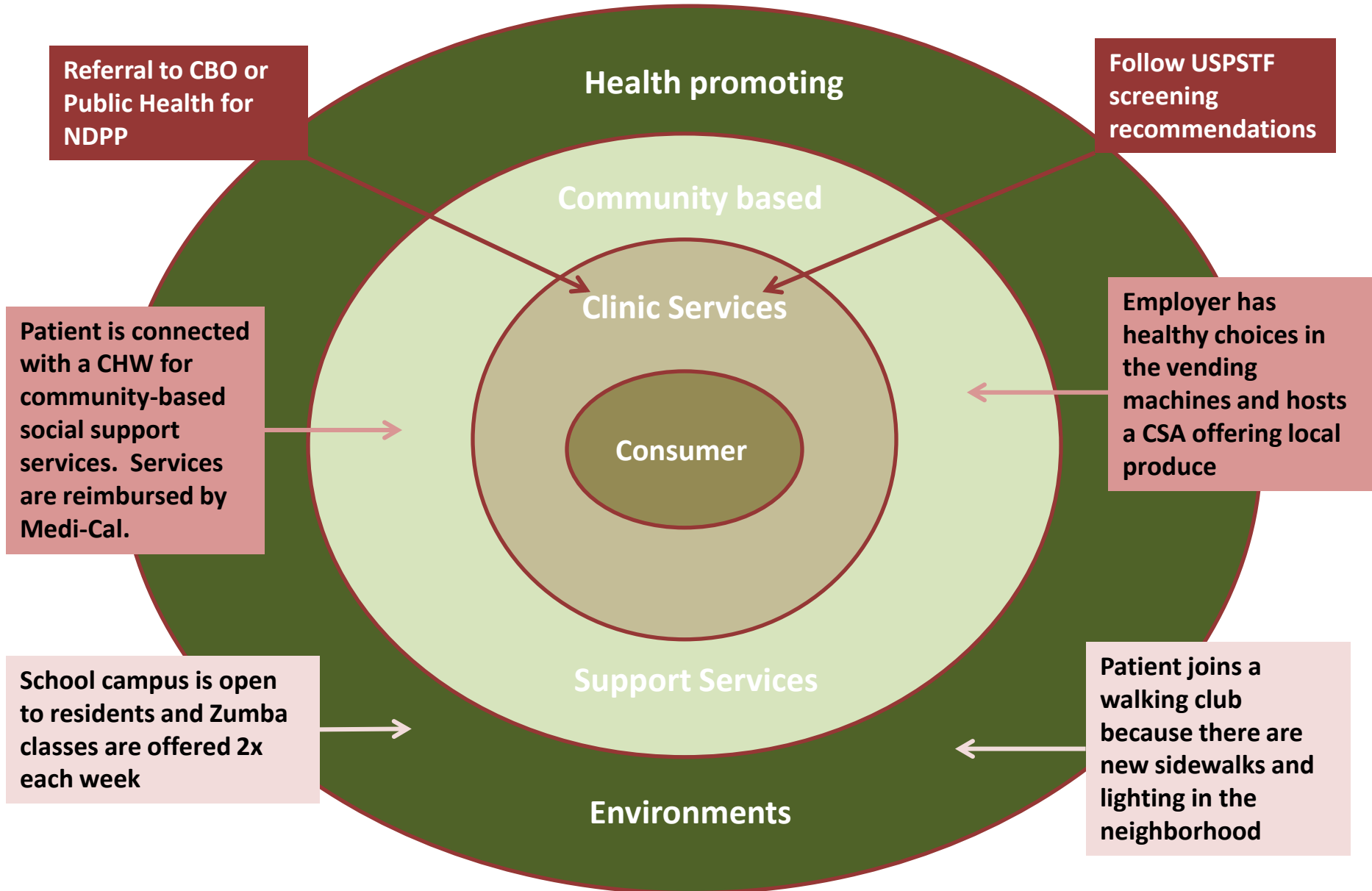
**Public Health serves as the Back Bone across these efforts**

# Portfolio Of Interventions

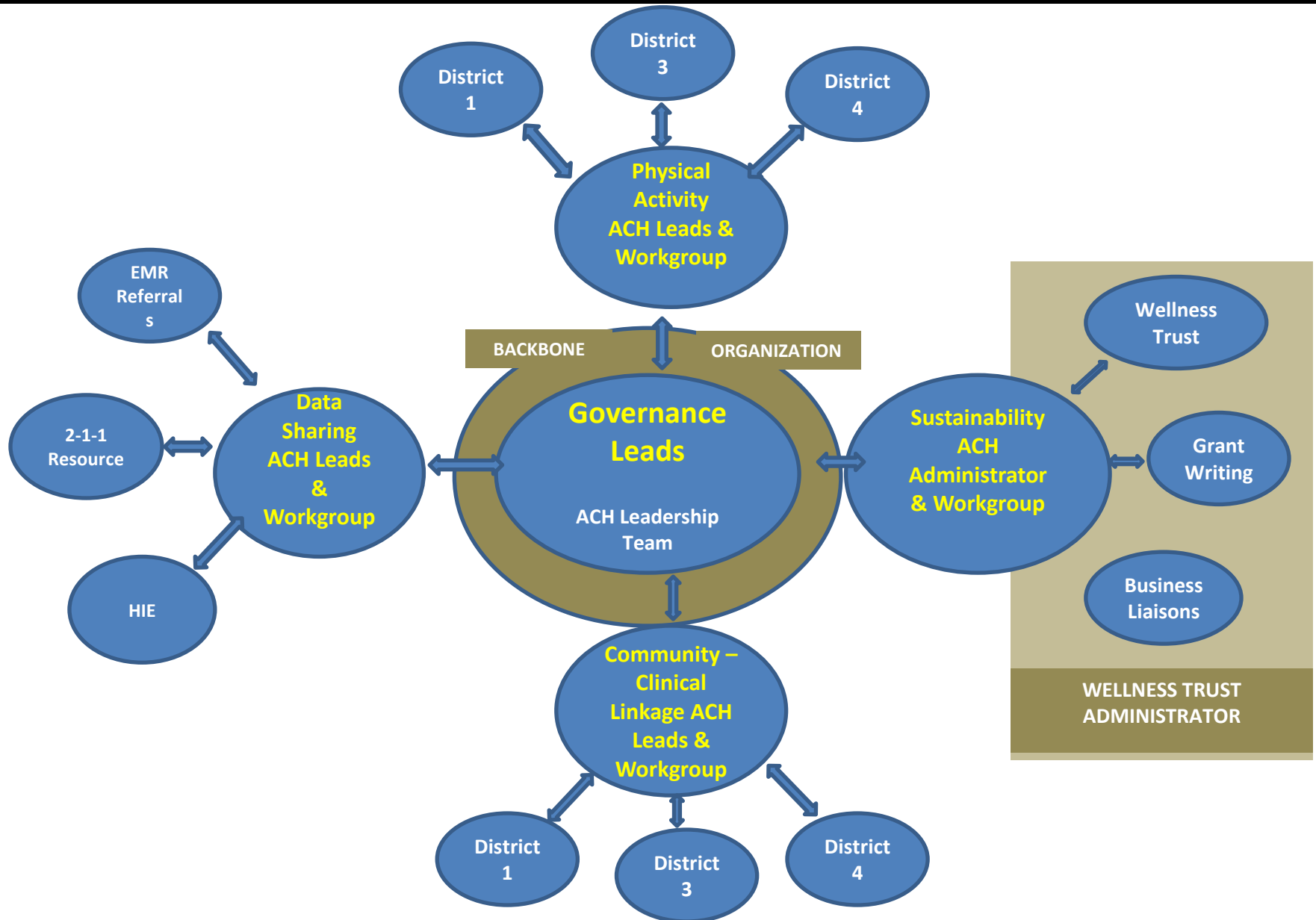
## Merced County ACH Focus: Diabetes, Heart Disease & Associated Depression (mild to moderate)

Referral Pathways	Primary Portfolio Focus	Related Programming	Supportive Interventions
Electronic Health Record Flagging and Referrals	National Diabetes Prevention Programming	CDSMP	Community Health Worker Network
			Primary Care & Behavioral Health Integration
2-1-1 Referrals		Freedom from Smoking	HIE/EMR Systems
		Stress Reduction	Physical Activity Environmental Supports
Workforce Referrals	Other TBD		Reimbursement Strategies
Community-based Referrals			

# Merced's ACH Vision



# Merced ACH Governance Structure



# Wellness Trust

## Financing

- Health plan reimbursement for healthy eating/active living offerings;
- Worksite wellness programming – employers’ return on investments;
- “Health Savings” returned to consumers or to health trusts – “capture and reinvest;”
- Hospital community benefit investments /soda tax/other
- Government “re-budgeting” to focus on underserved areas for PSE improvements.

## Braiding/Blending

- Use Wellness Trust funds to pilot activities; then, spin –off to appropriate sustain programming;
- Partner organizations “commit” funding for specific Portfolio activities. Funds managed by Trust or by implementing organization (as inkind);
- Joint funding applications to support programming, pilots or other ACH activities – Trust as fiscal agent.
- Other ideas welcome!

## Final Thoughts

- **Paradigm shift** in how we do our business and fund our business;
- **Community engagement** key for participation, ownership, and relevancy;
- **Micro-enterprise approaches**, where ever possible;
- **Equity issues** – how/where to direct activities and funds and how to re-focus toward the primary determinants – education, employment, racial/cultural equity.

# THANK YOU

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