

Accountable Communities of Health Evaluation

ACH Participant Survey 2017

Center for Community Health and Evaluation

February 2018



Survey Highlights

CCHE conducts an annual survey of regional stakeholders engaged in the ACHs. The survey data provide a snapshot of ACH participants' opinions and perspectives about how the ACHs are developing and functioning, including their areas of strength and opportunities for growth. Survey data is intended to support ACH strategic learning and continuous improvement. Key findings from the 2017 survey agenda include:

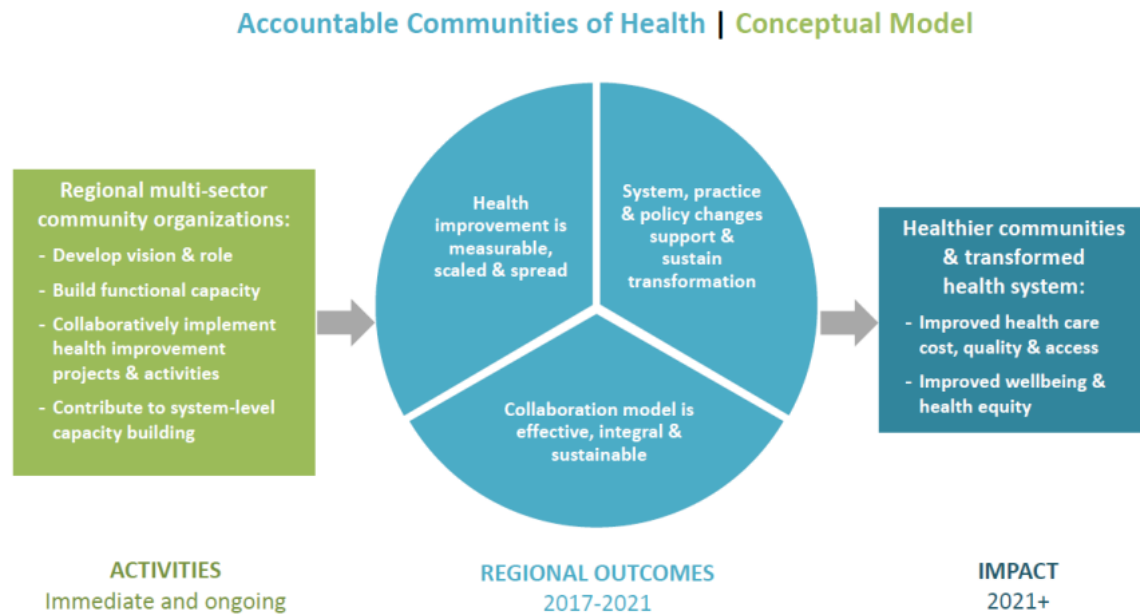
- **Respondents reported high levels of satisfaction.** More than two-thirds are *satisfied* (44%) or *very satisfied* (24%) with how their ACH is operating.
- Overall, there was not large variation in ratings across the six survey domains. **Ratings indicate that ACHs are generally performing well but there are opportunities for improvement.**
 - **Areas of strength** across ACHs included: **organizational function**, such as how ACH staff and leaders further the agenda of the collective; and **governance**, such as having an effective board.
 - **Opportunities for growth** included: **engaging diverse communities**, providing opportunities for **public comment/participation**, and **effective communication** with the broader community.
- The majority of survey respondents agreed that **ACHs are making a positive impact** on health system transformation, cross-sector collaboration, and regional health.
- Open-ended response themes indicated that survey respondents see the **submission of Medicaid Transformation project proposals** and the **collaborative planning** that contributed to meeting that milestone, as major successes. **Beginning implementation of those projects** was frequently identified as something respondents hope is accomplished in the coming year. **Communication, transparency, and stakeholder/community engagement** were often raised as areas for improvement, and **funding concerns** were identified as a significant anticipated challenge.

Background

An Accountable Community of Health (ACH) is a regional organization consisting of representatives from a variety of sectors, working together to improve population health. ACHs were established with funding from a State Innovation Model (SIM) federal grant and now receive funding from multiple sources, including SIM and the state's Medicaid Transformation initiative. Nine ACHs have formally organized across Washington as part of the state's Healthier Washington initiative to strengthen collaboration

across a range of sectors, develop and implement regional health improvement efforts, and provide feedback to state agencies about their regions' health needs and priorities.

As part of the evaluation of the ACH initiative, the Center for Community Health and Evaluation (CCHE) worked with the Health Care Authority (HCA) and the ACHs to develop a model for how Healthier Washington envisions the ACHs will achieve their impact (see figure below).



During their first two years (2015-16), ACHs focused on establishing operational and governance infrastructure to function effectively as coalitions. The ACHs started by engaging stakeholders from many sectors and community perspectives across their regions, many of whom had never worked together before. They also began to develop regional health needs inventories to understand the health priorities of their regions. In 2016, ACHs began considering transitions to nonprofit status and selected their first health improvement projects to address one of their region's population health priorities.

ACH development continued to evolve in 2017, driven in part by the developing Medicaid Transformation opportunities that designated specific coordination, leadership roles, and funding opportunities for ACHs to support the state's health system transformation efforts. By the end of the year, all nine ACHs had formally organized as 501(c) (3) nonprofits or limited liability companies (LLCs), including instituting changes to meet Medicaid Transformation requirements. This required them to refine governance structures with formal boards and more clearly defined committees, roles, and decision-making processes. Many ACHs also hired executive leadership and staff in a variety of new roles to support the developing portfolio of health improvement work. Throughout the year, ACHs engaged stakeholders and the broader community around the Medicaid Transformation projects. All nine successfully achieved designation to participate in the Medicaid Transformation and collaboratively developed complex project plans that were submitted for approval and funding in November.

For more information about each of the nine ACHs, including their websites and contact information, see Appendix A.

Since 2015, CCHHE has conducted an annual survey of regional stakeholders engaged in the ACHs to understand their perceptions of ACH progress over time. The survey data provide a snapshot of individual ACH participants' opinions and perspectives about how the ACHs are developing and functioning, including their areas of strength and opportunities for growth. Survey data are also being used to validate findings from other evaluation data sources, including interviews, meeting observations, site visits, and document review. Individual ACH survey results are shared with each ACH and HCA to inform ACH continuous improvement efforts and ongoing development of the initiative.

Methods

ACH participants were asked to complete an online survey, which is part of a suite of data collection methods for the ACH evaluation. The survey asked participants to rate their ACH on 23 key components of organizational functioning on a scale of: 4 = *Outstanding*, 3 = *Good*, 2 = *Adequate*, 1 = *Needs improvement*, and N/A = *Don't know*. These components are organized into the following six domains:

- Member participation
- Mission & goals
- Governance
- Organizational function
- Community engagement
- Regional health improvement projects & activities

The survey also asked participants their level of agreement with eight statements about the impact of their ACH, as well as four open-ended questions about successes, suggestions for improvement, hopes for future accomplishments, and anticipated challenges.

This year, there was a 40% statewide response rate for the ACH survey (826/2075). The survey was sent to more than twice as many ACH participants in 2017 compared to past years, due to the increased size and scope of ACHs' work. Because of the differences in the survey sample, and the differences in ACH activities and purpose as the initiative evolved over the last three years, this report focuses on results from 2017 only. Comparison to 2016 data is included in Appendix B. See Appendix C for more on survey methods, Appendix D for survey questions, and Appendices E and F for complete data tables.

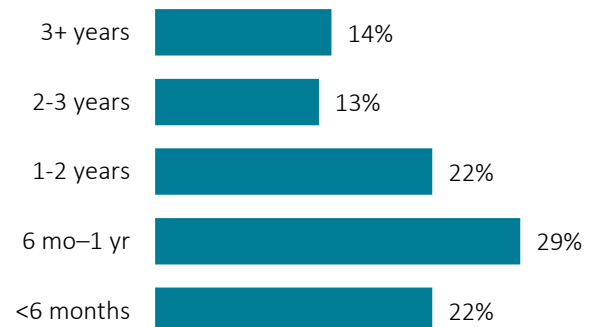
Characteristics of ACH participants

Length of participation

Half of respondents have participated in their ACHs for one year or less, which may be a result of new members joining because of work related to the Medicaid Transformation. A quarter have participated for two or more years.

Respondents who are newer to ACHs (reporting participation for one year or less) rated ACH functioning higher across all domains compared to those who have been participating for more than one year, with a statistically significant higher rating for the community engagement and regional

Half of participants reported being involved for less than 1 year



impact domains.

Governing board

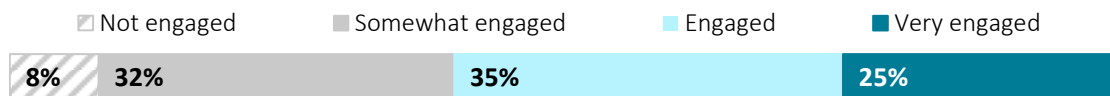
Approximately one-fifth (18%) of survey respondents were members of an ACH's governing board. For aggregate data across all ACHs, board members rated ACH functioning more highly than non-board members. This trend was statistically significant for all domains except for the mission & goals and community engagement domains.

Level of engagement

Survey respondents' self-reported level of engagement in their ACHs was split relatively evenly between three of the response options (*very engaged*, *engaged*, *somewhat engaged*), with 25-35% in each. The remaining 8% of respondents said they were not engaged.

Respondents who indicated they were more engaged also rated ACHs higher; there was a statistically significant higher rating of ACH overall functioning from *engaged* or *very engaged* respondents, compared with those who are less engaged (*somewhat* or *not engaged*).

A majority of participants are engaged or very engaged in the ACHs' work.



Sector participation

Respondents were asked to identify which sector(s) they represent in their participation in their ACH. Respondents could select all sectors that applied to them from a list of 14 sectors primarily based on the Medicaid Transformation sector requirements. Respondents could also write in a response.

The sectors most frequently selected by respondents across all ACHs were similar to the sectors more frequently selected at the individual ACH level. The top five were, in order of frequency:

- Behavioral health provider or organization
- Community-based organization (which included transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, and legal assistance)
- Hospital/health system
- Primary care (including community health centers)
- Local public health departments

More than two-thirds of survey respondents (69%) selected at least one of these sectors.

Overview of ACH strengths and opportunities for improvement

Participant satisfaction

Overall, respondents were satisfied with the performance of their ACH, with most indicating they were *satisfied* (45%) or *very satisfied* (24%) with the way their ACH was operating. There was a statistically

significant higher rating of ACH overall functioning from those who were satisfied or very satisfied compared to those who reported being somewhat or not satisfied. This held true for each domain.

ACH functioning in 2017

The annual survey asked participants to rate their ACH on six domains related to ACHs’ functioning and activities. Overall, there was not much variation in average ratings across the domains, indicating that respondents feel ACHs are generally performing well with some opportunities for growth. Respondents rated ACHs highest in **organizational function**, with a domain average of 2.9, followed by **governance** and **regional health improvement projects and activities**, both of which had a domain average of 2.8. These correspond to a rating close to *good* on the survey rating scale (4=*Outstanding*, 3=*Good*, 2=*Adequate*, 1=*Needs improvement*).

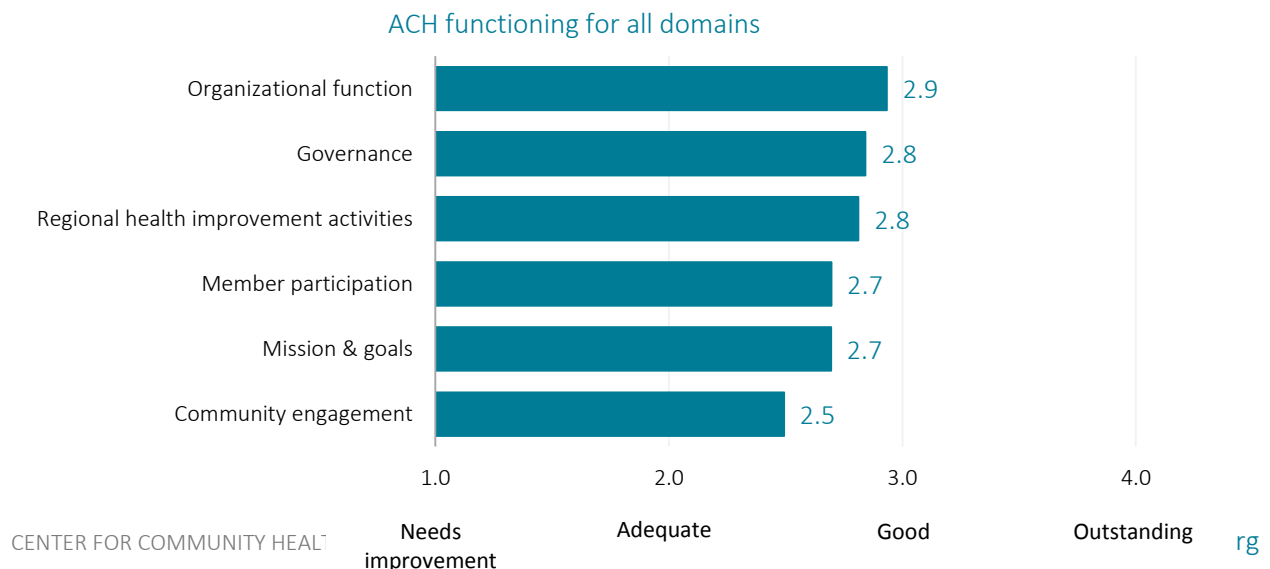
“There were many successes (this year) including coming up with a strong governance structure and highly capable administrative team. The ACH swiftly developed a thoughtful, targeted project plan portfolio in a collaborative partnership with stakeholders, most importantly those who the work is designed to help.”

Across all domains, the highest rated survey components overall were part of the organizational function and governance domains. The components for which the highest proportion of respondents answered outstanding were:

- Has leadership and staff that work to further the agenda of the collective ACH
- Has leaders who bring the skills and resources that the ACH most needs
- Board effectively governs ACH
- Board communicates information clearly among members

Community engagement was the lowest rated domain, with a statewide average of 2.5. Three of the four lowest-rated individual components across all domains were related to community engagement, and received a needs improvement rating from approximately 25% of survey respondents:

- Communicates effectively with the broader community about ACH mission and activities
- Engages the broader community with opportunities for public comment or participation
- Engages ethnically and racially diverse communities



ACH ratings by domain

Each of the six domains include a set of 3-4 components that collectively provide insight into how any ACH respondent perceived an ACH's function in that area. The following section walks through each domain, starting with the domains most highly rated by respondents in 2017. While there are some differences in how components within each domain were rated, there generally were not significant outliers within the domains. The highest and lowest rated components in each domain are called out to illustrate potential strengths or opportunities for improvement from an ongoing learning perspective. The average ratings for all survey questions are included in Appendix E.

Organizational function: Structure supports collaboration and provides the needed skills and resources

Organizational function was the highest rated domain, with a statewide average rating of 2.9 across its four components. More than 60% of respondents rated all four of the domain components as *good* or *outstanding*. The component with the most *outstanding* ratings related to the ACH having leadership and staff

that work to further the agenda of the collective ACH. An area for improvement in this domain is how the ACHs provide organizational and administrative support needed to maintain ACH operations and activities. Across the state, 21% of respondents rated this area as *adequate* and 16% as *needs improvement*.

This result suggests respondents think the organizational structure and leadership of their ACHs effectively support collaboration, but in some cases, they may be challenged to manage the breadth and depth of ACH operations and activities. The ratings align with comments from the open-ended questions that indicate respondents see the organizational development from this past year as a key success, but also have suggestions for continued growth in this area.

ACH organizational functioning

- Effectively provides support for collaboration among ACH member organizations.
- Provides the organization and administrative support needed to maintain ACH operations and activities.
- Has leaders who bring the skills and resources that the ACH most needs.
- Has leadership and staff that work to further the agenda of the collective ACH.

Governance: Effective board governance and structure for planning

The statewide average rating for the governance domain was 2.8 across the four components in this domain. Most respondents rated these components *good* or *outstanding*, and the highest rated statement was about effective governance by the board.

An opportunity for improvement relates to communication between governance groups and members, and involvement of all members in decision-making processes; 23% of respondents rated these areas as *adequate* and 13-15% rated as

ACH governance

- Involves all members in the decision-making process
- Has an effective governance structure to make decisions and plan activities
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)
- Has a board that effectively governs the ACH

needs improvement. These responses align with comments from the open-ended questions, where clarity and timeliness of communication, as well engagement and participation of all community stakeholders, were frequently raised as challenges or suggestions for ACH improvement.

Regional health improvement projects and activities: Good processes for selecting projects that will achieve ACH vision and goals

This domain relates to the design, selection, and coordination of regional projects, including the Medicaid Transformation projects, and had a statewide average rating of 2.7 across four components.

The majority of respondents rated all components as *good* or *outstanding*, and the highest rated components related to whether the ACH is focusing on projects or activities that will help achieve its goals, and whether the selected Transformation projects will address regional health needs.

The lowest rated component in this domain related to the ACH providing adequate support for coordinating the implementation of regional projects (13% rated *needs improvement*, and 24% as *adequate*), suggesting that this is an area for improvement, particularly as ACHs begin to implement Medicaid Transformation projects. These ratings align with themes about successes and challenges in the open-ended questions; many respondents described the process for planning and selecting Transformation projects as a success at their ACH, while anticipating that managing multiple, complex projects would be a challenge.

Regional health improvement projects & activities

- Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects.
- Selected the Medicaid Transformation projects that will address your region's health needs.
- Focuses on regional projects or activities that will achieve the vision and goals of the ACH.
- Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.

Member participation: Key stakeholders engaged, working towards a collective interest

The statewide average rating for this domain was 2.7 across the four included components, with respondents rating their ACHs particularly well in active engagement from multisector stakeholders.

The component that the most respondents rated as *needs improvement* relates to having clearly defined roles and responsibilities among ACH members (19% rated *needs improvement*).

Member participation

- Active engagement from key stakeholders from multiple sectors
- Clearly defined roles and responsibilities for ACH members
- Trust among members
- Members operating in the shared interest of the ACH versus their own personal/organization interest

Mission & goals: Strong shared mission; less agreement on how to continue collaboration post-Transformation

This domain had a statewide average of 2.7 across the three components. ACH respondents generally agreed that there is a strong collective vision and mission, and sense of health priorities at their ACH, rating these two components highly.

However, most respondents felt their ACH currently does not have agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation – less than half of respondents rated this component as *good* or *outstanding*, and 32% rated it *needs improvement*.

Mission & goals

- A shared vision and mission
- Agreed on health priorities based on identified regional health needs
- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.

Community engagement: Opportunities to better engage and communicate with diverse communities

This domain was rated the lowest, with a statewide average rating of 2.5 across the four components.

While most respondents felt that their ACH has support from key community leaders (68% rated *good* or *outstanding*), other indicators of community engagement, such as effective communication to the broader community and providing opportunities for community comment and participation, were not rated as highly (26% rated both these components *needs improvement*, and only 14% rated each of these two components as *outstanding*).

Community engagement

- Has support from key community leaders for the ACH's mission and activities.
- Communicates effectively with the broader community about the ACH mission and activities.
- Engages the broader community with opportunities for public comment or participation.
- Engages ethnically and racially diverse communities in ACH activities.

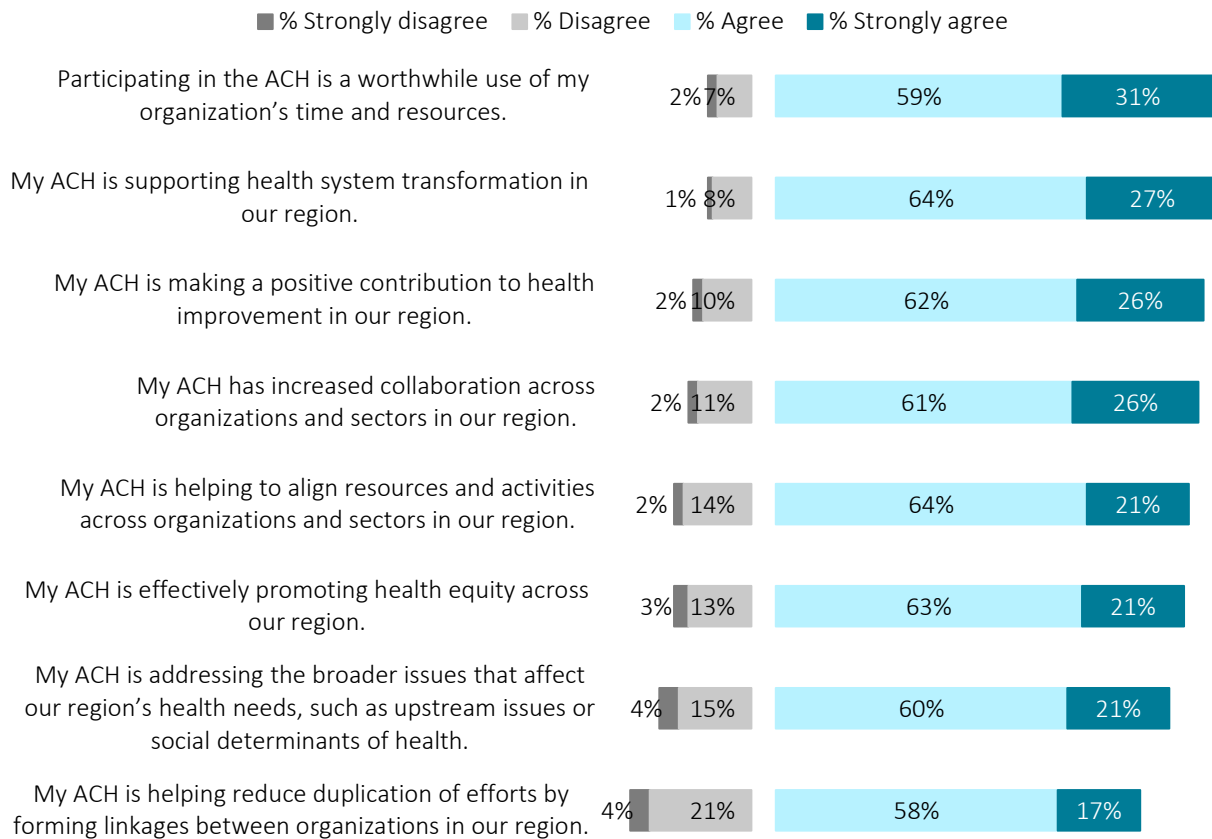
Results in this domain highlight a continued opportunity for improvement, such as strengthening relationships between stakeholders, and enhancing outreach and communications within their communities.

Respondents agree ACHs are contributing to regional health improvement

The survey also asked respondents to rate their agreement with statements related to the impact their ACH's approach and activities are having on their region. Overall, respondents were in strong agreement that ACHs are making a positive impact on health system transformation, cross-sector collaboration, and regional health improvement. At least 75% of respondents across the state *agreed* or *strongly agreed* with all components related to regional impact (see figure on next page).

There was slightly less agreement that ACHs are helping reduce duplication of efforts by forming linkages between organizations within a region.

Strength of agreement with statements on the ACHs' regional impact



ACH respondents identify successes, hopes, concerns & opportunities

Respondents were asked four open-ended questions about their ACH's successes in 2017, suggestions for improving their ACH, hopes for future accomplishments, and challenges they are concerned about in the upcoming year. This format allowed participants to provide more detailed information on next steps and areas for growth to support ACH development.

Communication, transparency, and opportunity for stakeholder and community input and participation emerged as themes across several of the open-ended questions. Many respondents felt that stakeholder participation was a success for their ACH this year, but that there is still great opportunity for improvement in how ACHs communicate to the broader community, and engage specific partners or sectors. The Medicaid Transformation was also elevated across the open-ended questions. Meeting the project plan submission deadline in November was a major accomplishment, and many respondents said implementing projects will be a challenge in 2018, but they hope to accomplish a variety of project-specific milestones.

The following summary includes overarching themes from respondents across the state for each question. While there was some variation and nuance in these responses by region, the overall themes were consistent across ACHs.

Successes in 2017

Across all nine ACHs, survey respondents called out meeting initiative requirements (certification and Medicaid Transformation project plan proposals) as major successes for their ACHs in the past year. Sometimes, respondents talked specifically about the process for planning and selecting Transformation projects as a success for their ACHs, in addition to meeting the deadlines.

“The fact that they were able to meet the deadlines/milestones to receive operating funds...complete the application process and get excellent reviews on the plan was impressive.”

The convening and engagement of multisector partners and diverse perspectives was also frequently mentioned as a success, with survey respondents highlighting the importance of engaging a broad group of stakeholders in the work.

“Bringing together diverse stakeholders for regional health transformation; setting up a structure for a very complex process, communicating to stakeholders and valuing input.”

ACH organizational development and capacity growth over the year was also called out as a success. For some ACHs, these comments focused on hiring leadership and staff, often citing the key capacities that this brought to the ACHs ability to function successfully in 2017. In other cases, comments emphasized the continuing development of governance structure, often citing how the new decision-making structures, committees and engagement mechanisms were significant steps forward in how the ACH collaborated effectively together.

“This year we have really gotten organized as an effective and efficient organization.”

Opportunities for improvement

Although they were sometimes cited as successes, the need for clearer communication, transparency, and broader engagement and participation also emerged as themes when respondents were asked for suggestions for how to improve their ACH. Respondents across the state described the need for greater accessibility of ACH meetings and clearer, more timely communication as opportunities for improvement at their ACHs.

“Briefer and clearer reports about what's going on and how to get involved. It's not clear who should be involved or how to get involved if you want to, and, whether or not it's worth your while. The scope seems so broad that it is hard to figure out where one fits in, especially for a smaller organization.”

While many survey respondents called the involvement of multisector partners a success for their ACH, more inclusive engagement and outreach to key perspectives or sectors was also cited as an area for continued improvement. Engagement of consumers/community members was commonly mentioned. Other potentially missing perspectives or stakeholders from the ACHs included tribes, people of color and other underrepresented groups, behavioral or mental health providers, and non-hospital healthcare representatives.

“More efforts to promote the efforts of the ACH in the communities it serves, outside of providers, to reach Medicaid participants. Most community members have no clue what the ACH is or what it does.”

Hopes and challenges in the upcoming year

Survey respondents were asked to think ahead to the next year, and describe what they hope their ACH will accomplish as well as what challenges it might encounter. Respondents overwhelmingly talked about their hopes for the implementation of Medicaid Transformation projects and that regions will begin to see outcomes. For some ACHs, respondents frequently mentioned progress in specific projects (e.g., behavioral health integration, opioid projects, and Pathways).

“Really begin to move forward with our project work, begin to make changes in the community to impact community health, and complete the development of our internal organization.”

Communication and transparency appeared again as a theme in the responses for this question; respondents hope that there will be better communication and opportunity for broad community participation in the coming year.

“Administer a regional community process that will increase transparency and truly prepare the valued partners for their roles in the implementation of the identified project areas.”

When asked about potential challenges, respondents frequently raised concerns around funding. Some concerns focused on Medicaid Transformation funding being inadequate and/or uncertain, and some respondents described the challenges that may emerge once decisions are made about funding.

“The influx of funding will provide political/turf challenges so it will be extremely important to continue transparency in decision making...”

Another challenge mentioned by many respondents related to the complexity of implementing the range of Medicaid Transformation projects and coordinating efforts across so many organizations. This challenge was articulated in a range of different ways. Sometimes this challenge was related to transparency and trust across partners, and other times to the challenge of alignment of efforts across projects. Other respondents elevated the challenges of accomplishing systems change either within or beyond the health system.

“Will the groups continue to see a common interest in working together? Will there be alignment of priorities from the national to state to regional level?”

Conclusion

The participant survey provides insight into how participants feel about the functioning and impact of their ACH at a point in time, and allows for a statewide look at commonalities and differences. Survey findings indicate there are key areas where ACHs are strong as a cohort, particularly in organizational capacity and governance, and some opportunities for improvement, notably in the areas of outreach, engagement, and communication. The majority of survey respondents feel that ACHs are positively impacting population health and contributing to health system transformation in their regions.

Respondents identified the major accomplishments and successes from the past year, and gave concrete suggestions for improvement as ACHs prepare to implement the Medicaid Transformation projects. These findings will be used along with other evaluation insights to inform ACH continuous improvement efforts and support ongoing ACH initiative development.

Accountable Communities of Health Evaluation
 ACHs at-a-glance: 2018



ACH	Counties	Governance groups open to public (selection, may not be exhaustive)
<p><u>Better Health Together</u></p> <p>Executive Director: Alison Carl White admin@betterhealthtogether.org</p> <p>501(c)(3)</p>	<p>Adams, Ferry, Lincoln, Pend Oreille, Stevens, Spokane</p>	<p>Board of Directors: Multisector decision making body. Meets monthly.</p> <p>Leadership Council: Informs regional health priorities and aligns strategies of health improvement across the region. Open membership structure. Meets monthly.</p>
<p><u>Cascade Pacific Action Alliance</u></p> <p>Executive Director: Winfried Danke info@cpaa.org</p> <p>LLC (sole member: CHOICE Regional Health Network)</p>	<p>Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum</p>	<p>Board of Directors: Multisector decision making body. Meets monthly.</p> <p>CPAA Council: Multisector body which identifies and implements shared regional priorities, and compiles and analyzes data to inform choices and guide action. Meets monthly before Board of Directors meetings.</p>
<p><u>Greater Columbia ACH</u></p> <p>Executive Director: Carol Moser cmoser@greatercolumbiaach.org</p> <p>501(c)(3)</p>	<p>Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima</p>	<p>Board of Directors: Multisector decision making body. Meets monthly.</p> <p>Leadership Council: Project planning and advisory group, providing subject matter expertise to Board. Membership is open to anyone interested in participating. Meets monthly before Board of Directors meetings.</p>
<p><u>HealthierHere</u></p> <p>Executive Director: Susan McLaughlin kcach@kingcountyach.org</p> <p>LLC (sole member: Seattle Foundation)</p>	<p>King</p>	<p>Governing Board: Multisector decision making body. Meets monthly.</p> <p>Community/Consumer Voice Committee: Includes ACH members and other interested members of the community, focused on fostering authentic community engagement at all stages of HealthierHere’s work.</p>
<p><u>North Central ACH</u></p> <p>Executive Director: Senator Linda Evans Parlette linda.parlette@cdhd.wa.gov</p> <p>Washington State Nonprofit (501(c)(3) pending)</p>	<p>Chelan, Douglas, Grant, Okanogan</p>	<p>Governing Board: Multisector decision making body. Meets monthly.</p> <p>Whole Person Care Collaborative: Workgroup tasked to provide oversight the process for partnering providers to collaborate on and receive funding to support Demonstration projects. Meets monthly.</p>

ACH	Counties	Governance groups open to public (selection, may not be exhaustive)
<p>North Sound ACH</p> <p>Executive Director: Liz Baxter teams@northsoundach.org</p> <p>501(c)(3)</p>	<p>Island, San Juan, Skagit, Snohomish, Whatcom</p>	<p>Board of Directors: Multisector decision making body. Meets every other month.</p> <p>Program Council: Is responsible for making program and project priority recommendations to the Board for consideration, and recommending policies and guidelines to the Board. Meets every other month.</p> <p>Community Leadership Council: Consisting of community members from the North Sound region, the Community Leadership Council guides the North Sound ACH's community engagement strategies and activities. Members provide feedback and insight to influence and inform the North Sound ACH, and help embed the perspective of Medicaid enrollees in governance and project decisions. Meets every other month.</p>
<p>Olympic Community of Health</p> <p>Facebook Instagram Twitter</p> <p>Director: Elya Moore support@olympicch.org</p> <p>501(c)(3)</p>	<p>Clallam, Jefferson, Kitsap</p>	<p>Board of Directors: Multisector decision making body. Meets monthly.</p> <p>Partner Group: Open community meeting for any stakeholder or individual who wants to participate. Meets quarterly.</p>
<p>Pierce County ACH</p> <p>Executive Director: Alisha Fehrenbacher admin@piercecountyach.org</p> <p>501(c)(3)</p>	<p>Pierce</p>	<p>Board of Trustees: Multisector decision making body. Meets monthly.</p> <p>Regional Health Improvement Plan (RHIP) Council: Sets strategy, outcome measures, and value-based performance metrics to address systemic and/or policy barriers, and implements strategies to impact health and stability. Meets monthly.</p> <p>Community Voice Council: Council of community members and healthcare consumers; collaborates with RHIP Council to make project recommendations and evaluate the ACH's accountability to the community. Meets monthly.</p>
<p>SWACH</p> <p>LinkedIn Facebook Twitter</p> <p>CEO: Dawn Bonder info@southwestach.org</p> <p>501(c)(3)</p>	<p>Clark, Klickitat, Skamania</p>	<p>Board of Trustees: Multisector decision making body. Meets monthly.</p> <p>Regional Health Improvement Plan (RHIP) Council: Multisector group responsible for project planning and development. Acts as advisory body to the Board. Meets monthly.</p> <p>Behavioral Health Advisory Board (BHAB): Advises SWACH on matters related to mental health and substance use disorder services in Clark and Skamania Counties. 51% of members must be consumers with personal experience with behavioral health treatment.</p>

Appendix B: Selected comparison of 2017 data to comparable 2016 components for the Board



Because of the differences in ACH membership, structure, and activities as the initiative has evolved over the last three years, and changes made to some survey domain components, not all survey data could be compared across years. Below is a summary comparison of 2016 survey data to 2017, with the following limitations:

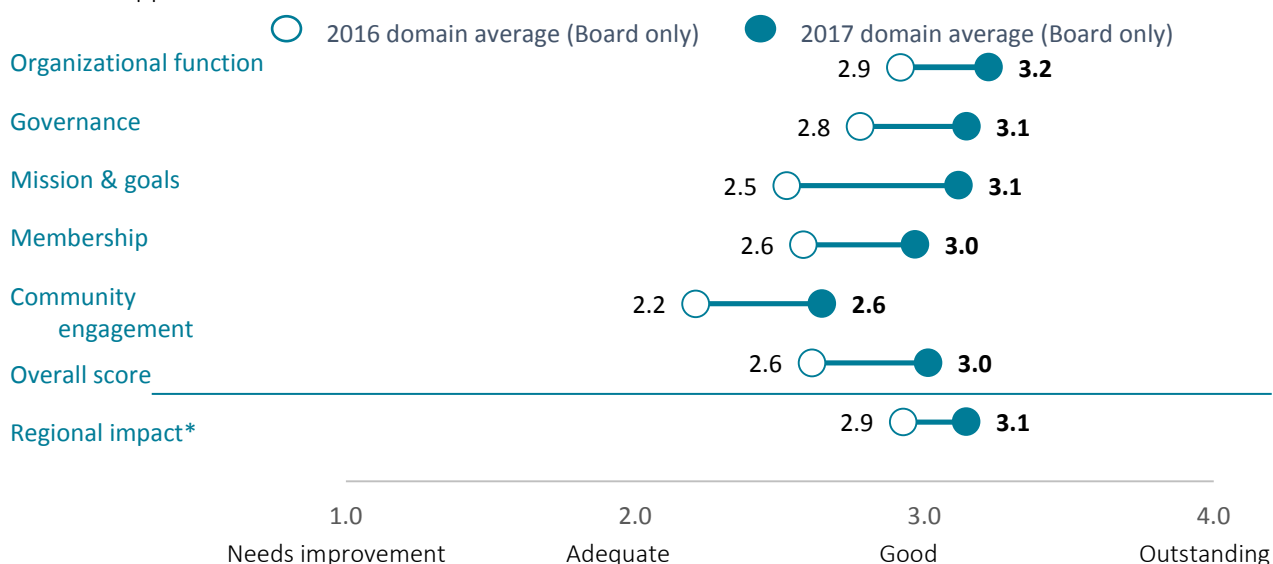
- The comparison only includes the respondents who were members of the ACHs’ governing boards. ACHs experienced significant changes to their membership and structure in 2017. For most ACHs, the governing board was the most consistent membership that could be compared year to year.
- This comparison only includes data for the components which remained the same in 2016 and 2017. This affected the domains related to ACH functioning (membership, mission & goals, governance, organizational function) and the regional impact domain. The regional health improvement projects domain was only in the 2017 survey so cannot be included in the analysis.

Sample

This year, 2075 surveys were sent to participants across nine ACHs. Of the 826 respondents, about one-fifth were members of their ACH’s board. The overall response rate for Board members was 64%. The size of ACHs’ boards ranged from 13 to 38, and the board response rates ranged from 54% to 74%. In 2016, about one-third of respondents were members of their ACH’s board or governing body. The size of the governing bodies ranged from 13 to 38, and had response rates ranging from 53% to 93%.

ACH functioning and regional impact

To compare 2016 and 2017 average ratings for the ACH functioning and regional impact domains, we looked at indicators within each domain that were consistent across the two years, and only for respondents who were part of an ACH governing board. In this subset of survey respondents, average ratings for all domains were higher in 2017 than 2016. To see domain component responses year-to-year, see Appendix F.



*Regional impact domain is on a scale of strongly disagree, disagree, agree, and strongly agree

Appendix C: Methods and response rates

Survey design

Survey questions were drawn from validated tools and existing surveys that assess coalition functioning. The evaluation team revised the questions to fit the context of ACHs, their role within Healthier Washington, and the evaluation's Theory of Change—a framework for how the ACHs will grow into functioning and sustainable coalitions.

In 2017, adjustments were made to some domains and indicators, based on the evolving work of the ACHs. The survey instrument, indicating which domains and indicators changed in 2017, is included in Appendix D.

The survey included questions in the following sections:

- **Respondent characteristics.** Role in ACH, sector represented, length of participation, level of engagement, and satisfaction rating. ACH membership role categories were tailored to each ACH's governance structure.
- **ACH functioning.** 23 components categorized into six domains, including: ACH member participation; mission & goals; governance; organizational function; community engagement; regional health improvement projects & activities. Components were rated on a scale of 4 = *Outstanding*, 3 = *Good*, 2 = *Adequate*, 1 = *Needs improvement*, and N/A = *Don't know*.
- **Overall feedback.** Eight questions on regional impact of the ACH, rated on a scale of 1 = *Strongly disagree*, 2 = *Disagree*, 3 = *Agree*, and 4 = *Strongly agree*. The survey concluded with four open-ended questions about successes, suggestions for improvement, hopes for future accomplishments, and anticipated challenges.

Data collection

The survey was administered using SurveyMonkey and invitations to the survey were distributed to ACH participants via email. Distribution lists were provided by each ACHs' staff; inclusion in the list was at the discretion of each ACH, but ACHs were encouraged to identify decision-makers (i.e. governing board) and key council, committee, or workgroup members.

Responses were collected from December 4 – December 18, 2017, with regular reminder emails sent from SurveyMonkey and ACH staff.

Response rates

A total of 2075 ACH participants were included in this year's sample. Survey sample by ACH ranged from 95-428. A total of 826 responses were received for a 40% response rate, with individual ACH response rates ranging from 29%-59%. ACHs with the largest sample sizes also had the lowest response rates.

The list of governing board members provided by ACH staff was cross-checked with the list of respondents who indicated governing board membership in the survey. The list from the ACH was considered the gold standard; at the time of survey administration, those lists were the most current rosters of the governing boards. Most ACHs had a few respondents who reported being on the board, though they weren't on the list of board members provided by the ACHs; these responses were not included in board-specific analyses.

Analysis

Average scores were computed for each of the six domains of ACH coalition functioning, both overall and by ACH. These domain scores provide an overall picture of areas of strength and weakness for the ACHs. For each component within a domain, the percentages of respondents in each category (*needs improvement*, *adequate*, *good*, and *outstanding*) were calculated along with the component average. If a respondent chose *don't know*, they were not included in the component's average. For an individual respondent to be able to have a domain average, they need to have answered a threshold number of questions for each domain; *don't know* responses counted towards a non-answer.

Domain	# of questions in the domain	# of questions within domain that they need to have answered to have a domain average calculated
Membership	4	3
Mission & goals	3	2
Governance	4	3
Organizational function	4	3
Community engagement	4	3
Regional health improvement project	4	3
Regional impact	8	5

The overall score of ACH functioning was a combination of all the domains except for regional impact. Regional impact has a different scale than the other domains; it uses an agreement scale.

As mentioned in Appendix B, a comparison from year to year was done using just the common components in the 2016 and 2017 surveys, for just the governing board members. Average domain scores were compared between 2016 and 2017, with t-tests used to determine statistically significant change between years.

Chi-squared analyses were used to understand trends in ratings by participant characteristics (level of engagement, length of participation, level of satisfaction). Each of those participant characteristics were dichotomized for the analysis. An Analysis of Variance (ANOVA) was done to understand differences between how board members rated domains compared to a group of each ACHs' choosing and to the rest of the ACHs' membership. If someone selected that they were on the board as well as other membership groups, they were considered board members.

Comments from the open-ended questions were coded and analyzed to identify themes, including statewide themes for each survey question and regional themes for each ACH.

Appendix D: Survey questions

What is your role in the ACH? (select all that apply)

(Response options tailored to match each ACH's governance structure)

Please select the sector(s) that best describes the sector you represent in your role/participation in your ACH?

- Behavioral health provider or organization
- Commercial health plan
- Community-based organizations (e.g., transportation, housing, employment services, financial assistance, childcare, veteran services, community supports, legal assistance, etc.)
- Consumer representative/consumer advocacy organizations
- Dental/oral health
- Education (e.g., early learning, K-12, community colleges, universities, etc.)
- First responders (e.g., Fire, EMS)
- Hospital/health system
- Law enforcement and criminal justice
- Local government (including municipal services and elected officials)
- Local public health departments
- Medicaid Managed Care Organization
- Primary care (including community health centers)
- Tribes/Tribal or Urban Indian health representative
- COMMENT BOX: Any comments about your sector? (optional)

How long have you participated in ACH activities (including Community of Health planning grants in 2014, if applicable)?

- Less than 6 months
- 6 months – 1 year
- 1-2 years
- 2-3 years
- More than 3 years

How would you rate your engagement in the ACH in the last year?

- Very engaged
- Engaged
- Somewhat engaged
- Not engaged

** indicates domain component included in 2016 survey*

ACH functioning domain scale: Outstanding, Good, Adequate, Needs improvement, Don't know

ACH Member Participation

Please rate the extent to which your ACH currently has...

- Active engagement from key stakeholders from multiple sectors*
- Clearly defined roles and responsibilities for ACH members*
- Trust among members*
- Members operating in the shared interest of the ACH versus their own personal/organization interest*

ACH Mission & Goals

Please rate the extent to which your ACH currently has...

- A shared vision and mission*
- Agreed on health priorities based on identified regional health needs*
- Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation

ACH Governance

Please rate the extent to which your ACH currently...

- Involves all members in the decision-making process*
- Has an effective governance structure to make decisions and plan activities*
- Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)*
- Has a Board that effectively governs the ACH

ACH Organizational Function

Please rate the extent to which your ACH currently...

- Effectively provides support for collaboration among ACH member organizations*
- Provides the organization and administrative support needed to maintain ACH operations and activities*
- Has leaders who bring the skills and resources that the ACH most needs
- Has leadership and staff that work to further the agenda of the collective ACH

ACH Community Engagement

Please rate the extent to which your ACH currently...

- Has support from key community leaders for the ACH's mission and activities*
- Communicates effectively with the broader community about the ACH mission and activities*
- Engages the broader community with opportunities for public comment or participation*
- Engages ethnically and racially diverse communities in ACH activities*

ACH Regional Health Improvement Projects & Activities

Please rate the extent to which your ACH currently...

- Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects
- Selected the Medicaid Transformation projects that will address your region's health needs
- Focuses on regional projects or activities that will achieve the vision and goals of the ACH
- Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.

** indicates domain component included in 2016 survey*

ACH Regional Impact domain scale: Strongly agree, Agree, Disagree, Strongly disagree, Don't know

ACH Regional Impact

Please indicate how much you agree or disagree with each statement.

- My ACH has increased collaboration across organizations and sectors in our region*
- My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region*
- My ACH is helping to align resources and activities across organizations and sectors in our region*
- My ACH is making a positive contribution to health improvement in our region*
- My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants of health*
- My ACH is effectively promoting health equity across our region*
- My ACH is supporting health system transformation in our region
- Participating in the ACH is a worthwhile use of my organization's time and resources*

Please indicate your overall level of satisfaction with how your ACH is currently operating:

- Very satisfied
- Satisfied
- Somewhat satisfied
- Not satisfied

What were your ACH's greatest successes this year?

Do you have suggestions about how to improve your ACH?

What do you hope the ACH will accomplish in your region in the next year?

Are there any challenges you are worried the ACH will encounter in the next year?

Appendix E: Domain component responses for all ACHs combined

Notes: averages exclude *don't know* responses. In the report, percentages of each of the response options (*needs improvement, adequate, good, and outstanding*) were calculated excluding the *don't know* responses. NI = Needs improvement. A = Adequate. G = Good. O = Outstanding. DK = Don't know. SD = Strongly disagree. D = Disagree. Ag = Agree. SA = Strongly agree.

Member participation	N excluding DK responses	% NI	% A	% G	% O	Average	N answering question	% DK
Active engagement from key stakeholders from multiple sectors	718	11%	16%	46%	27%	2.9	780	8%
Clearly defined roles and responsibilities for ACH members	702	19%	23%	42%	17%	2.6	779	10%
Trust among members	667	14%	22%	46%	18%	2.7	770	13%
Members operating in the shared interest of the ACH versus their own personal/organization interest	675	16%	23%	43%	18%	2.6	778	13%
Mission and goals	N excluding DK responses	% NI	% A	% G	% O	Average	N answering question	% DK
A shared vision and mission	710	8%	17%	47%	28%	3.0	769	8%
Agreed on health priorities based on identified regional health needs	707	10%	20%	46%	24%	2.8	768	8%
Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.	645	32%	24%	32%	13%	2.3	769	16%
Governance	N excluding DK responses	% NI	% A	% G	% O	Average	N answering question	% DK
Involves all members in the decision-making process	699	15%	23%	38%	24%	2.7	762	8%
Has an effective governance structure to make decisions and plan activities	669	10%	21%	41%	28%	2.9	759	12%
Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)	721	13%	23%	35%	29%	2.8	761	5%
Has a Board that effectively governs the ACH	606	6%	22%	43%	29%	3.0	762	21%
Organizational function	N excluding DK responses	% NI	% A	% G	% O	Average	N answering question	% DK
Effectively provides support for collaboration among ACH member organizations.	654	16%	21%	44%	18%	2.6	746	12%

Provides the organization and administrative support needed to maintain ACH operations and activities.	643	6%	21%	47%	26%	2.9	746	14%
Has leaders who bring the skills and resources that the ACH most needs.	684	7%	18%	40%	34%	3.0	747	8%
Has leadership and staff that work to further the agenda of the collective ACH.	687	6%	16%	40%	38%	3.1	748	8%
Community engagement	N excluding DK responses	% NI	% A	% G	% O	Average	N answering question	% DK
Has support from key community leaders for the ACH's mission and activities.	657	13%	19%	47%	21%	2.8	741	11%
Communicates effectively with the broader community about the ACH mission and activities.	662	26%	28%	33%	14%	2.4	741	11%
Engages the broader community with opportunities for public comment or participation.	657	26%	27%	33%	14%	2.4	738	11%
Engages ethnically and racially diverse communities in ACH activities.	604	22%	25%	33%	20%	2.5	738	18%
Regional Health Improvement Projects & Activities	N excluding DK responses	% NI	% A	% G	% O	Average	N answering question	% DK
Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects.	664	12%	21%	42%	26%	2.8	734	10%
Selected the Medicaid Transformation projects that will address your region's health needs.	666	9%	23%	41%	27%	2.9	735	9%
Focuses on regional projects or activities that will achieve the vision and goals of the ACH.	661	8%	23%	43%	27%	2.9	734	10%
Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.	608	14%	24%	43%	19%	2.7	733	17%
Regional Impact	N excluding DK responses	% SD	% D	% Ag	% SA	Average	N answering question	% DK
My ACH has increased collaboration across organizations and sectors in our region.	628	2%	11%	62%	26%	3.1	718	13%
My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.	558	4%	21%	58%	17%	2.9	718	22%

My ACH is helping to align resources and activities across organizations and sectors in our region.	604	2%	14%	64%	21%	3.1	719	16%
My ACH is making a positive contribution to health improvement in our region.	583	2%	10%	62%	26%	3.1	716	19%
My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants of health.	624	4%	15%	60%	21%	3.0	715	13%
My ACH is effectively promoting health equity across our region.	589	3%	13%	63%	21%	3.0	714	18%
My ACH is supporting health system transformation in our region.	637	1%	8%	64%	27%	3.2	714	11%
Participating in the ACH is a worthwhile use of my organization's time and resources.	627	2%	7%	59%	31%	3.2	717	13%

Appendix F: Domain component averages in 2016 and 2017

Note: For components that were not asked in both years, no change could be calculated. The percent difference is calculated as $((2017 \text{ mean} - 2016 \text{ mean}) / 2016 \text{ mean}) * 100$. See Appendix B for limitations of this analysis.

Member participation	Mean of component in 2016	Mean of component in 2017	% Difference
Active engagement from key stakeholders from multiple sectors	2.9	3.2	10%
Clearly defined roles and responsibilities for ACH members	2.3	2.9	26%
Trust among members	2.6	2.9	10%
Members operating in the shared interest of the ACH versus their own personal/organization interest	2.5	2.9	10%
Mission and goals	Mean of component in 2016	Mean of component in 2017	% Difference
A shared vision and mission	2.6	3.2	23%
Agreed on health priorities based on identified regional health needs	2.5	3.1	24%
Agreement on how to continue regional collaboration beyond the period of the Medicaid Transformation.	N/A	Not in 2016	10%
Governance	Mean of component in 2016	Mean of component in 2017	% Difference
Involves all members in the decision-making process	2.8	3.1	11%
Has an effective governance structure to make decisions and plan activities	2.6	3.2	23%
Communicates information clearly among members to help achieve ACH goals (via meetings, emails, calls, etc.)	2.9	3.2	10%
Has a Board that effectively governs the ACH	N/A	Not in 2016	N/A
Organizational function	Mean of component in 2016	Mean of component in 2017	% Difference
Effectively provides support for collaboration among ACH member organizations.	2.9	3.0	3%
Provides the organization and administrative support needed to maintain ACH operations and activities.	3.0	3.3	10%
Has leaders who bring the skills and resources that the ACH most needs.	2.9	3.4	10%
Has leadership and staff that work to further the agenda of the collective ACH.	N/A	Not in 2016	N/A

Community engagement	Mean of component in 2016	Mean of component in 2017	% Difference
Has support from key community leaders for the ACH's mission and activities.	2.5	3.0	20%
Communicates effectively with the broader community about the ACH mission and activities.	2.1	2.5	19%
Engages the broader community with opportunities for public comment or participation.	2.1	2.5	10%
Engages ethnically and racially diverse communities in ACH activities.	2.0	2.6	10%
Regional Health Improvement Projects & Activities	Mean of component in 2016	Mean of component in 2017	% Difference
Uses a transparent and collaborative process to design regional projects, including the Medicaid Transformation projects.	N/A	Not in 2016	N/A
Selected the Medicaid Transformation projects that will address your region's health needs.	N/A	Not in 2016	N/A
Focuses on regional projects or activities that will achieve the vision and goals of the ACH.	N/A	Not in 2016	N/A
Provides adequate support to coordinate the implementation of projects, including the Medicaid Transformation projects.	N/A	Not in 2016	N/A
Regional Impact	Mean of component in 2016	Mean of component in 2017	% Difference
My ACH has increased collaboration across organizations and sectors in our region.	3.1	3.3	6%
My ACH is helping reduce duplication of efforts by forming linkages between organizations in our region.	2.7	3.0	11%
My ACH is helping to align resources and activities across organizations and sectors in our region.	2.9	3.2	10%
My ACH is making a positive contribution to health improvement in our region.	2.9	3.2	10%
My ACH is addressing the broader issues that affect our region's health needs, such as upstream issues or social determinants of health.	2.9	3.0	3%
My ACH is effectively promoting health equity across our region.	2.8	3.1	11%
My ACH is supporting health system transformation in our region.	N/A	Not in 2016	N/A
Participating in the ACH is a worthwhile use of my organization's time and resources.	3.2	3.3	10%