

## Phase I Certification Submission Template

ACH Certification Phase I: Submission Contact	
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## Theory of Action and Alignment Strategy

### Description

Each ACH is expected to adopt an alignment strategy for health systems transformation that is shared by ACH partners and staff. The goal is to ensure the work occurring within the region (e.g., clinical services, social services and community-based supports) is aligned and complementary, as opposed to the potential of perpetuating silos, creating disparate programs, or investing resources unwisely.

Provide a narrative and/or visual describing the ACH's regional priorities and how the ACH plans to respond to regional and community priorities, both for the Medicaid population and beyond. Please describe how the ACH will consider health disparities across all populations (including tribal populations), including how the ACH plans to leverage the opportunity of Medicaid Transformation within the context of regional priorities and existing efforts.

*References: ACH 2016 Survey Results (Individual and Compilation), SIM Contract, Medicaid Transformation STC Section II, STC 30*

### Instructions

*Please ensure that your responses address of the questions identified below. Total narrative word-count range for entire section is 400-800 words.*

#### **ACH Strategic Vision and Alignment with Healthier Washington Priorities and Existing Initiatives**

- What are the region's priorities and what strategies are in place to address these priorities across the region?

SW ACH regional priorities:

-  **Health equity through prevention and health promotion**
-  **Whole person and culturally appropriate care delivery**
-  **Adequate access to health systems, operating at full capacity**

Strategies in the Regional Health Improvement Plan (RHIP) portfolio of priorities and interventions are:

-  **Clinical Integration**
-  **Community Care Coordination**
-  **Regional Opioid Response**
-  **Community-based Healthy Living and Prevention**

To best align collective, regional, existing efforts, the last bullet is a key component to our vision. SW ACH's proposed merger with Healthy Living Collaborative of SW WA (HLC) supports the overall mission of SW ACH by ensuring authentic community engagement is a cornerstone to RHIP efforts. The HLC brings community-based prevention strategies built on trust, which provides the foundation to truly partner with the community. In addition, HLC works deeply in high-need neighborhoods developing a

much needed and under-utilized Peer/Community Health Worker (CHW) workforce and over a million dollars in infrastructure and resources focused on community-based prevention efforts.<sup>1</sup>

- Describe how the ACH will consider health disparities to inform regional priorities.

A priority for SW ACH is to improve health equity by focusing on prevention and health promotion. The RHIP will identify the most prevalent areas of disparity. We will convene a multi-sector, multidisciplinary movement that starts with the needs of vulnerable communities and collectively builds approaches from that common starting point.

Our work and partnerships are focused on developing a regional system that combines the power of a collective impact infrastructure with authentic local empowerment. Properly activated and supported, our network of peer-to-peer CHWs brings forth the voices of those in the communities where they live and work which:

- ✚ illuminate root causes;
- ✚ identify local, workable solutions;
- ✚ connect those solutions to a regional collective impact infrastructure to help overcome systemic and policy barriers that impede those solutions, and
- ✚ connect and coordinate the work of all sectors in the community in support of those local efforts.

Our top-down, bottom-up approach will allow for health disparities to be considered in every aspect of our work.

- Describe strategies for aligning existing resources and efforts within the region. How is the work oriented toward an agreed upon mission and vision that reflects community needs, wants and assets?

When organizations and agencies come together in partnership, they commit intellectual, financial, and other resources that are often accompanied with an understandable reluctance to relinquish full control over the resulting course of action. Prescriptive approaches to resource allocation and use can result. SW ACH's structure deploys the collective impact resources in a manner genuinely responsive to community needs, resulting in the development of lasting capacity within communities, and ultimately, real change.

A continual process of learning and improvement, supported by a community-oriented infrastructure comprised of standardized data, measures, and tools that allow a community to describe its needs, forms the basis for ensuring resources and efforts are aligned. This alignment will result in the development and evaluation of program initiatives intended to meet community needs, identify key populations and communities on which to focus outreach and engagement efforts, and measure the impact of those efforts.

The RHIP acts as the centerpiece around which the collective convenes and ensures resources are used for maximum effect, resulting in achievement of the Triple Aim.<sup>2</sup>

- Describe how the ACH will leverage the unique role of DSRIP and consider the needs of Medicaid partners and beneficiaries to further the priorities identified above.

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<sup>1</sup> See Exhibit 1

<sup>2</sup> See Exhibit 2

- Describe how the ACH will leverage the Demonstration to support the ACH’s theory of change and what other opportunities the ACH is considering to provide value-add to the community.

DSRIP design funds will allow SW ACH to build infrastructure and operational capacity to support the work of our collaborative with resources for staff, technology, convening, outreach, and communications. A strong ACH infrastructure will act as the conductor for an orchestra – each partner focused on its individual contribution and the ACH ensuring individual contributions are aligned and coordinated to achieve organization’s goals.

DSRIP funds will be a lever in the overall RHIP implementation. SW ACH will invest DSRIP funds into the community to achieve success on the stated priorities: health equity, culturally appropriate integration of care, and adequate health systems with the capacity to support the transformation. By utilizing up-front dollars on targeted investments to increase provider and system competency to support a shift from fee for service to value based payment and fully integrated managed care, the SW ACH will lay the foundation for future work. Incentive payments will be the glue holding the collective together through the hard work ahead; the reward for meeting outcomes and working to transform the system.

These investments will allow the region to move through the transition period. DSRIP funding will support Medicaid partners and beneficiaries as the region transforms the health care delivery system and promotes prevention and health promotion.<sup>3</sup>

- Describe any in-kind contributions and non-Medicaid resources that have been identified for supporting the ACHs work over the near-term and long-term.

Our partners are providing the participants and commitments to implement the work. With numerous governance bodies and work groups – and more in development – these participants are spending many hours meeting and working on solutions to transform our systems, and we could not do this work without these partnerships. Our partners also provide meeting space, technology, and support staff assistance.

Through our merger with the HLC, we will gain new partners and the benefits of their efforts, along with addition funding streams which will be braided with our DSRIP funding to build a stronger and broader work plan.

**Attachment(s) Required**

Not Applicable

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<sup>3</sup> See Exhibit 3

## Governance and Organizational Structure

### Description

The ACH is a balanced, community-based table where health care, social, educational, and community entities influence health outcomes and align priorities and actions. To support this, the ACH must clarify roles and responsibilities, adopt bylaws that describe where and how decisions will be made, and describe how the ACH will develop and/or leverage the necessary capacity to carry out this large body of work.

*References: ACH Decision-Making Expectations, Medicaid Transformation STC 22 and STC 23, Midpoint Check-Ins for Accountable Communities of Health, DSRIP Planning Protocol*

### Instructions

*Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.*

### **ACH Structure**

- What governance structure is the ACH using (e.g., Board of Directors/Board of Trustees, Leadership Council, Steering Committee, workgroups, committees, etc.)?

The SW ACH governance structure is composed of the following bodies:

**Board of Trustees (Board):** A 13-member body comprised of individuals with a fiduciary duty to the SW ACH. These individuals do not represent an employer or constituency; they have a duty of care, loyalty, and obedience. The membership of the Board meets the guidelines as established in the Medicaid Transformation STCs. The Board is the final decision making body.

**Regional Health Improvement Plan Council (Council):** A 25-member body comprised of members from the health care delivery system, including physical, behavioral, and oral health, MCOs, early childhood, K-12, and post-secondary education, housing, criminal justice, public health, and community stakeholders.

**Data and Learning Team (DLT):** The DLT is comprised of representatives from the health services, payers, local government, consumers, and community based organizations. Develops data capacities and strategies to ensure the SW ACH and its partners can learn, plan, and act collectively to achieve shared goals. The DLT will facilitate data-driven decision making among all SW ACH partners and across all SW ACH work, value data that identifies health inequities among SW ACH region residents, promote collaborative collective processes to collect and analyze data from multiple organizations and sectors, support efforts to use cross-sector data to better understand populations and priorities, Value data integrity and agree to uphold all data standards, privacy laws, and human subject protections as applicable, and support the goals of the triple aim of health care reform and the Healthier Washington initiative, including the Demonstration project.

**Community Voices:** Medicaid recipients and community members provide a “validity” check on the project designs to confirm feasibility and value add. Utilizing the deep connections of the Health Living Collaborative Community Health Worker network, the SW ACH will go to the community where they are already meeting and gathering to solicit feedback and suggestions.

**Behavioral Health Advisory Board (BHAB):** Comprised of a geographic and demographic mix of the service population, with at least 51% of the membership comprised of persons with lived experience, and/or self-identified as a person in recovery from a behavioral health disorder, plus law enforcement, and county representation. This body advises the SW ACH on matters relating to mental health and substance use disorder services in Clark and Skamania Counties. This includes providing input and approving the substance abuse and mental health block grant plans.

**Business Community Advisory:** Currently in development, this group will allow regional employers to share with the SW ACH the gaps in services their employees are experiencing which are having an impact on our business community. We hope to develop an understanding of where employers are filling those gaps for their employees and encourage the business community to use the resources they are committing to filling these needs for their employees to the more global work of the ACH to provide a more consistent and comprehensive social service network using shared resources.

**Clinical Integration Workgroup:** Currently in development, this group, working under the direction of the SW ACH VP for Clinical Integration, will identify the up-front investments required to accelerate the adoption of clinical integration, design the bi-directional integration project required in the Demonstration toolkit, and provide input on the structure of incentives under the Demonstration.

**Community Care Coordination Workgroup:** The SW ACH Council and Board have chosen to pursue the Community Care Coordination project as an optional Demonstration project under the Care Delivery Redesign category. Currently in development, this group, working under the direction of the SW ACH VP of Community Care Coordination, will identify the up-front investments required to develop a Community Care Coordination system in our region, and provide input on the essential partners and funding streams necessary.

**Opioid Workgroup:** Currently in development, this group, working under the direction of the SW ACH VP for Prevention and Health Care Promotion, will begin to identify the resources necessary to design a Demonstration project to address the opioid crisis in the SW ACH region. We anticipate developing workgroups to align with the optional projects selected by the Council and Board.

- Describe the process for how the ACH organized its legal structure.

The ACH is a Washington state nonprofit corporation which has received an IRS designation as a 501 3 (c) charitable corporation. The legal structure pre-dates the Healthier Washington initiative, and it is this legal entity which received ACH designation.

#### Decision-making

- What decisions require the oversight of the decision-making body? How are those decisions made? (E.g. simple majority, consensus, etc.)

The Board has oversight over the following activities:

- Approving SW ACH's annual budget, audit reports, and material business decisions;
- Reviewing outcomes and metrics created by the SW ACH for evaluating its impact and measuring its performance and effectiveness using those metrics;
- Evaluating and setting the compensation for the CEO; and

- Approving new members to the Board.

Decisions are made on a simple majority basis unless otherwise specified by the bylaws.

- How and when was the decision-making body selected? Was this a transparent and inclusive process? Include decision-making body's term limits, nominating committees, and make-up, etc.

The former board of the SW ACH (then known as the SW WA Regional Health Alliance) recognized the organization's original governance structure would not support the needs of the Demonstration project and the composition requirements under the STCs. In November of 2016, the then-Board designed a new governance structure and set about implementing the new structure. An application for the Council and Board, with clear expectations for both bodies was made available publicly. The call for applications was spread through partner networks, the local media, and personal outreach. A nominating committee comprised of three then-board members and two non-board members was established. The nominating committee used a scoring process to ensure wide geographic, sector, and social diversity among the applicants. The nominating committee selected a slate of representatives who were approved by the former board prior to that board dissolving. The new Board and Council were seated on January 19, 2017. Those applicants not seated on the Board or Council were invited to participate in the other workgroups and advisory groups.

- If a board seat is vacant, how will the ACH fill the vacancy?

The Board is forming a nomination committee and will use this committee to address board seat vacancies, consistent with the bylaws.

- How is decision-making informed? What are the documented roles and communication expectations between committees and workgroups to inform decision-making?

The leads of the work groups report to the CEO and the CEO is an *Ex Officio* member of the Board. The CEO shares the work and progress of the various workgroups and advisory groups to the Board at the monthly Board meetings. The CEO and Executive Committee are designing a dashboard to track progress on the Demonstration project as well as other ACH initiatives for the Board.

The Board has provided the Council with guidance on how to approach their work and decisions: maximize the funding to the region through the Demonstration project; look for opportunities to leverage the Demonstration funding to broaden the work of the ACH beyond the Medicaid population; and find sustainable funding sources to continue the work post-demonstration.

The work under the Demonstration project is driven from the advisory and workgroups up to the Board. The advisory and workgroups are comprised of the subject matter and field work experts. The Council and the Board are relying upon these groups to set the structure for the Demonstration projects based upon the regional needs and resources. The Council will ensure the project portfolio meets with the Board's guidance. The Board will ensure the project portfolio is consistent with its guidance and the budget is feasible and appropriate.

- What strategies are in place to provide transparency to the community?

Meeting agendas, materials and minutes will be posted to the SW ACH web site for all Board, Council, and advisory and workgroup meetings. All meetings will be open to the public (Board meetings beginning in June). A monthly newsletter will go out informing the community of the work to date and ahead.

- If the decision-making body makes a decision that is different from recommendations presented by committees and/or workgroups, how does the ACH communicate how and why that decision was made?

As all meetings will be public, and the minutes and materials will be public, discussions and decisions will also be public. The discussions will provide the foundation to understand the decision-making bodies' reason(s) and process for decisions, whether they comport with recommendations or not.

- Describe how flexibility and communication strategies are built into the ACH's decision-making process to accommodate nimble decision-making, course corrections, etc.

The Board has delegated to its Executive Committee authority to review and decide matters that arise with tight timelines between Board meetings. It has empowered the Chair to decide when a decision should be referred to the entire board. The Board has agreed to use email and phone when necessary to make decisions between board meetings, provided email and/or phone decisions comply with Washington law.

- Describe any defined scope, financial accountability or other limits placed on staff or the Executive Director regarding decision-making outside of board approval.

The CEO is authorized to make decisions with respect to the management and operations of the corporation. She is responsible for complying with all federal, state, and local laws, as well as organizational policies and procedures. She is permitted to commit the organization financially pursuant to the approved budget. Formal Board policies and procedures are in development and have not been approved by the Board to date.

#### Executive Director

- Provide the below contact information for the ACH's Executive Director.
- How long has the Executive Director been in that position for the ACH? Provide anticipated start date if the Executive Director has been hired but has not yet started.

<b>Name</b>	Dawn Bonder
<b>Phone Number</b>	503-539-3632
<b>E-mail</b>	dawn.bonder@southwestach.org
<b>Years/Months in Position</b>	5 months

**Data Capacity, Sharing Agreement and Point Person**

- What gaps has the ACH identified related to its capacity for data-driven decision making and formative adjustments? How will these gaps be addressed?

SW ACH has identified the need for data sets not currently available and strong data analytics to support project choice, design, and implementations. We have partnered with Providence CORE for data design and analytics. CORE will support the staff and members of the Data & Learning Team (DLT) to provide data and analytics expertise, and shared learning support to the ACH’s governance committees, projects, and initiatives.

- Has the ACH signed a data sharing agreement (DSA) with the HCA?

Data Sharing Agreement with HCA?			
YES		NO	In Negotiation

- Provide the below contact information for the ACH point person for data related topics.

Data Point Person	
Name	Sarah Bartelmann (Providence CORE)
Phone Number	503-215-3162
E-mail	sarah.bartelmann@providence.org

**Attachment(s) Required**

- A. Visual/chart of the governance structure.
- B. Copy of the ACHs By-laws and Articles of Incorporation.
- C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees and workgroups.
- D. Decision-making flowchart.
- E. Roster of the ACH decision-making body and brief bios for the ACH’s executive director, board chair, and executive committee members.
- F. Organizational chart that outlines current and anticipated staff roles to support the ACH.

## Tribal Engagement and Collaboration

### Description

ACHs are required to adopt either the State's Model ACH Tribal Collaboration and Communication policy or a policy agreed upon in writing by the ACH and every Indian Health Service, tribally operated, or urban Indian health program (ITU) in the ACH's region. In addition, ACH governing boards must make reasonable efforts to receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

Provide a narrative of how ITUs in the ACH region have been engaged to-date as an integral and essential partner in the work of improving population health. Describe and demonstrate how the ACH complies or will come into compliance with the Tribal Engagement expectations, including adoption of the Model ACH Tribal Collaboration and Communication Policy or other unanimously agreed-upon written policy.

*References: Medicaid Transformation STC 24, Model ACH Tribal Engagement and Collaboration Policy, workshops with American Indian Health Commission*

### Instructions

*Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 700-1,300 words.*

### **Participation and Representation**

- Describe the process that the ACH used to fill the seat on the ACH governing board for the ITUs in the ACH region to designate a representative.

The SW ACH originally included only Clark and Skamania Counties and the Cowlitz Tribal Nation. Steven Kutz represented the Cowlitz Nation on the SW ACH predecessor organization's board, the SW WA Regional Health Alliance. Steve continues to represent the Cowlitz Nation on the SW ACH Board.

- Describe whether and how the ACH has reached out to regional ITUs to invite their participation in the ACH.

Until recently, the Cowlitz Nation was the only tribe with strong ties to SW ACH. Now that Klickitat County is a part of our Demonstration geography, we are working with Steve to assess interest from the Yakama tribe.

Steve has volunteered to reach out to the Yakama Tribal Nation to see if they have interest in participating in the governance and work of the SW ACH. Given Steve's position and his knowledge and relationship with the Yakama Tribal Leaders, we believe having Steve make initiate these conversations will be very helpful to the SW ACH. We believe Steve's leadership in this area will ensure a more successful communication and understanding with the Yakama Tribal Leadership.

- Describe, with examples, any accomplishments the ACH has realized in collaborating and communicating with ITUs, including when in the planning and development process the ACH first included or attempted to include ITUs.

The SW ACH has worked closely with the Cowlitz Nation for many years and the relationship with SW ACH's predecessor organization, the SW WA Regional Health Alliance, and the Cowlitz Nation predates the Healthier Washington initiative. The Cowlitz Nation's involvement in the governance of the SW WA Regional Health Alliance, and now the SW ACH demonstrates a long standing working relationship.

The Healthy Living Collaborative of SW Washington (HLC) is also actively involved in working with the Cowlitz Tribal Nation and the SW ACH will benefit for the work and relationships which have been developed. (Please refer to the Community Engagement section for a more detailed explanation of the relationship between HLC and SW ACH.)

For the purposes of the Demonstration, we have begun to understand the gaps in services for Cowlitz Tribal members. As one example, we have identified transportation as an issue for many members, as the public transportation system is not very robust. It is sometimes impossible for Tribal members to find transportation to Clark County for services. This has been noted and we will continue to look for ways to improve transportation options for Tribal members.

- Describe key lessons the ACH has learned in its attempts to engage with ITUs and the next steps the ACH will take to support meaningful ITU engagement and collaboration.

We intend to continue to seek Steve's guidance and leverage his connections throughout Tribal communities to ensure we are communicating with all appropriate Tribal Nations and including the appropriate representatives as warranted. We are currently holding a future Board seat should the Yakama Nation wish to be a part of the governance of SW ACH.

#### **Policy Adoption**

- Describe the process the ACH used to adopt the Model ACH Tribal Collaboration and Communication Policy. If the ACH has not yet adopted the Model ACH Tribal Collaboration and Communication Policy, what are the next steps, including anticipated dates, to implement the requirements?

On April 26, the SW ACH Executive Committee adopted the Model ACH Tribal Collaboration and Communication Policy. The Board will affirm the adoption at its May 18, 2017 meeting.

#### **Board Training**

- Describe how the ACH governing board will receive ongoing training on the Indian health care delivery system with a focus on their local ITUs and on the needs of both tribal and urban Indian populations.

We intend to continue to use our Board representative, Steve Kutz, to guide the Board and SW ACH on the necessary training and plan design to support members of the Native American communities served by the SW ACH. This includes determining the extent to which the Yakama Nation wishes to participate with the SW ACH, as well as the needs of the Cowlitz, Yakama, and other Native Americans within our region.

**Attachment(s) Required:**

A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence or other written documentation.

**Attachment(s) Recommended:**

B. Statements of support for ACH certification from every ITU in the ACH region.

## Community and Stakeholder Engagement

### Description

ACHs are regional and align directly with the Medicaid purchasing boundaries. This intentional approach recognizes that health is local and involves aspects of life and community beyond health care services. The input of community members, including Medicaid beneficiaries, is essential to ensure that ACHs consider the perspectives of those who are the ultimate recipients of services and health improvement efforts.

Provide a narrative that outlines how the ACH will be responsive and accountable to the community.

*References: Medicaid Transformation STC 22 and 23, Midpoint Check-Ins for Accountable Communities of Health, [NoHLA's](#)  
"Washington State's Accountable Communities of Health: Promising Practices for Consumer Engagement in the New Regional Health Collaboratives," DSRIP Planning Protocol*

### Instructions

*Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.*

### **Meaningful Community Engagement**

- Describe the ACH vision for fostering an authentic relationship with the community members, including Medicaid beneficiaries.

To ensure an authentic relationship with community members, and a true community voice in our work, we are in the process of bringing the Healthy Living Collaborative of SW Washington (HLC) within the SW ACH as a full program to ensure authentic community engagement and a policy function within the SW ACH. This merger will allow the SW ACH to build upon the work, trust, and strong partnerships the HLC has nurtured over the past four years. Two core principles guide the work of the HLC: (1) we best serve our most vulnerable communities if we work together; and (2) our work must be done **with** communities, not to or for them. The SW ACH is committed to abiding by these principles and making them a foundation of our work.

The SW ACH will employ a full-time Community Engagement Coordinator (CEC) to ensure appropriate and widespread outreach and engagement can be accomplished. In addition, the SW ACH will work with the following existing groups: Community Health Advocates and Peer Support (CHAPS), the Behavioral Health Advisory Board (BHAB), and the 60+ cross sector partners that make up the HLC, and the Community Health Worker (CHW) teams that work in some of our highest need neighborhoods in Clark County. We intend to expand this work into Skamania and Klickitat Counties as part of our Demonstration project design.

- What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful community and Medicaid beneficiary engagement?

As the lone early adopter for fully integrated managed care (FIMC), the SW ACH has been focused on the behavioral health system and providers to ensure this transition was successful. During this time,

the organization did not have the bandwidth or resources to robustly engage the community more broadly. However, the HLC has been actively engaged in this work and has done a tremendous job of building a strong coalition to further this work. The Demonstration will provide the opportunity to fully engage the community in transforming the delivery system and improving our efforts in prevention and health promotion. Our merger with the HLC and the additional resources the Demonstration will provide will enable the SW ACH to fulfill its vision for robust, authentic community engagement, especially with the Medicaid beneficiary population.

SW ACH will take a variety of approaches to ensure communications are culturally appropriate and effective. SW ACH is currently expanding our reach and capacity for stronger and more effective communications by utilizing HLC's expertise learned through its history of creatively engaging with diverse cultures with cultural humility.

- What opportunities are available for bi-directional communication, so that the community and stakeholders can give input into planning and decisions?
- How is that input then incorporated into decision making and reflected back to the community?

We have adopted the HLC's philosophy of going into the community to meet people where they are already meeting and engaging and this will be a strong tool in improving our success in engaging the community, especially Medicaid beneficiaries. Through the CHWs, CHAPS, and other strong relationships in the community, SW ACH will bring the conversation to our communities for their input and their feedback.

Our CHW and CHAPS networks will be able to ascertain the needs and input of their communities' members and bring that information back to the SW ACH through the advisory and work groups on which they participate, as well as to the Data and Learning Team to be included in the data analysis and assessment. The CHW and CHAPS network participants will be able to return to the communities to share the developments from those advisory and work groups, as well as from the Council and Board.

The SW ACH newly constructed website will provide an opportunity for community members to send feedback and input on our work. The public meetings will allow for public comment. We strive to be transparent and offer many paths to participation in our work.

#### **Partnering Provider Engagement**

- What strategies does the ACH employ, or plan to employ, to provide opportunities for engagement beyond the decision-making body to ensure that community partners are addressing local health needs and priorities?

The SW ACH's strategy is heavily informed by popular education, which promotes community empowerment by increasing individuals' and communities' awareness of their capacity and provides frameworks and strategies through which participants can identify and resolve problems.<sup>4</sup> The SW

<sup>4</sup> Wiggins, Noelle, Johnson, Denise, Avila, María, Farquhar, Stephanie A., Michael, Yvonne L., Rios, Teresa and Lopez, Alicia 'Using popular education for community empowerment: perspectives of Community Health Workers in the Poder es Salud/Power for Health program', Critical Public Health, 19: 1, 11 — 22

ACH will rely on the HLC's proven track record on authentically engaging community members and partnering providers to improve services and health equity.

SW ACH will activate HLC's network of neighborhood-based CHWs who work directly with their neighbors to address the consequences of multi-generational racial, economic, social, and health inequities. They help identify and address basic needs, connect neighbors to one another and to partnering providers, and improve community health by activating capacity and empowering local action. They amplify the voices of their vulnerable and marginalized neighbors and participate as part of HLC's leadership to ensure that systems' strategies are being informed by the communities that they intend to serve.

This work is done in partnership with the 60+, cross sector partners who provide services and support to the community. By joining those utilizing services with those providing services, we can better address the needs with a more efficient, effective use of resources.

For example, this deep community work has activated community voices and resulted in systems changes like Vancouver Housing Authority changing their Section 8 waitlist policy to prioritize housing homeless families with school-aged children and Vancouver City Council changing local housing ordinances making it easier for low income people to be housed.

Additionally, HLC brings capacity to SW ACH by funding a Social Justice and Equity Training. The health disparities that exist among diverse populations are not always apparent to and understood by those working to assist in reducing these disparities. The SW ACH intends to continue and grow these trainings and to ensure our leadership, partners, and stakeholders attend. These trainings continue to grow an understanding of how to engage with vulnerable community members in a way that empowers and strengthens relationships as well as models non-traditional, creative, and authentic means of communication.

- What barriers/challenges has the ACH experienced or anticipate experiencing toward meaningful engagement of a broad spectrum of partnering providers?  
What opportunities are available for bi-directional communication to ensure that partnering providers can give input into planning and decisions?

As the lone early adopter for fully integrated managed care (FIMC), the SW ACH has been focused on the behavioral health system and providers to ensure this transition was successful. During this time, the organization did not have the bandwidth or resources to robustly engage partnering providers beyond the behavioral health system. However, the HLC has been actively engaged in this work and has done a tremendous job of building a strong coalition to further this work. The Demonstration will provide the opportunity to fully engage the community and partnering providers in transforming the health care delivery system and improving our efforts on prevention and health promotion. Our merger with the HLC, coupled with the opportunities presented by the Demonstration, has brought many partners to the collaboration with great enthusiasm and energy.

There is strong overlap with HLC and SW ACH partnering providers and our union will ensure a streamlined approach to incorporating feedback and input into all our work. All partners wishing to participate in the Demonstration project work have been invited to join an advisory or work group, and often these partners are represented on most/all of our decision-making bodies. The SW ACH is

cognizant of the amount of work ahead of us, and we are happy to work with all willing to share a piece of the burden.

Our advisory and work group participants, as well as Council members are continuously reporting back to their organizations and constituencies and we rely upon them to bring issues, concerns, and ideas to our more formal bodies.

### **Transparency and Communications**

- Describe how the ACH does or will fulfill the requirement for open and transparent decision-making body meetings. Please include how transparency will be handled if a decision is needed between public meetings.

Most advisory and work groups, as well as Council meetings will be open to the public. Board meetings will be open to the public beginning with our June meeting. Each body will develop and agree to abide by its charter, which will include process for decision making at and between meetings. There will be opportunity for public comment at all meetings.

- What communication tools does the ACH use? Describe the intended audience for any communication tools.

SW ACH will take a variety of approaches to ensure communications are culturally appropriate and effective. SW ACH is currently expanding our reach and capacity for stronger and more effective communications. The HLC brings expertise through its history of creatively engaging with diverse cultures with cultural humility. A large portion of SW ACH's communication will mirror HLC's efforts - through word of mouth via CHWs and Peer workers, whether at church lunches, community meetings, or the local elementary school. SW ACH will continue to hold HLC quarterly meetings with all partners to share resources and strategies and bring capacity to all the organizations and community members that attend the meetings. Additionally, we will continue the HLC Cross-Sector Policy Committee, which meets monthly to prioritize strategies.

The SW ACH will begin monthly newsletters to complement HLC's monthly newsletters and advocacy alerts. Additionally, the SW ACH will have a website calendar listing the meetings, materials, agendas, and minutes. Both SW ACH and HLC will utilize social media as appropriate for our audiences.

Email listserves will be established and utilized to communicate as appropriate with each group.

### **Attachment(s) Required:**

A. Document with links to webpages where the public can access meeting schedules and other engagement opportunities, meeting materials, and contact information.

## Budget and Funds Flow

### Description

ACHs will oversee decisions on the disbursement of Demonstration incentive funds to partnering providers within the region. This requires a transparent and thoughtful budgeting process. Demonstration funds will be earned based on the objectives and outcomes that the state and CMS have agreed upon. Demonstration funds and funds from other federal sources (e.g., State Innovation Model sub-awards) should be aligned but ACHs cannot duplicate or supplant funding streams.

Provide a description of how Project Design funding will support Project Plan development.

*References: Medicaid Transformation STC 31 and STC 35, DSRIP Planning Protocol*

### Instructions

*Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 800-1,500 words.*

### **Project Design Funds**

- Describe how the ACH plans to use the Project Design funds to support Project Plan development and other capacities or infrastructure.

The SW ACH will use the first distribution of Project Design funds for organizational and community infrastructure. As our high-level budget shows, we will be investing in several areas to build capacity and expertise.

- ✚ Appropriate staff to ensure the work required can be done on the timeline specified
- ✚ Vendor partners to work with the SW ACH staff, partners, and the community to provide subject matter expertise and support
- ✚ Office space, equipment, and supplies
- ✚ Travel to ensure relationships are built within all three communities and all statewide meetings are attended
- ✚ Communications to ensure all partners can find a way to participate and stay informed at varied levels of engagement
- ✚ Reserves to ensure the financial health of the organization

### **Fiscal Integrity**

- Provide a description of budget and accounting support, including any related committees or workgroups.

The Board of Trustees has authorized a Finance Committee (FC) to focus on the financial operations of the SW ACH. The FC will be responsible for approving policies, budgets and financial statements prior to presentation to the full Board. The CFO will support the FC in its work to establish policies and procedures that provide a review of accountability for all financial transactions. The FC will review monthly financial statements, including budget variance analysis, with transaction details and reconciliation support. The FC will review information to support budget preparation and be the first level of review for unbudgeted expenditures.

- Define the levels of expenditure authority held by the Executive Director, specific committees (e.g., Executive Committee), and the decision-making body.

For budgeted expenditures, the current approval limits are \$20,000 for CEO, \$10,000 for CFO, and \$100,000 for the CEO and CFO combined. All unbudgeted expenditures above \$5,000 require Board approval.

Now that a FC and an Executive Committee (EC) have been constituted, the Board is considering what threshold amount to authorize the EC and/or FC to approve on unbudgeted expenses in lieu of full Board approval.

- Provide a description of the tracking mechanisms to account for various funding streams (e.g., SIM and Demonstration).

The SW ACH has implemented accounting software with functionality to allow specific classes, and to designate both the inflows and outflows associated with specific projects. This allows a statement of income and expenses to be run by class with budget variance. Under the current fiscal plan for the Demonstration, the SW ACH CFO has concluded the current accounting software will provide appropriate functionality to allow for the tracking of multiple funding streams across multiple projects.

- Describe how capacities for data, clinical, financial, community and program management, and strategic development (specified in STC 22) will be met through staffing, vendors or in-kind support from board/community members.

The SW ACH is projected to be leanly staffed, with highly qualified individuals, supported by strong vendor partners with subject matter expertise. The CEO will provide organizational leadership based upon the mission, vision, and goals, as articulated by the Board. The CFO, with support from the FC, will see to financial planning and strict financial compliance and oversight. The COO will manage the day to day operations to ensure staff has appropriate direction and tools, and she will oversee the community engagement strategy for the organization. The VPs will ensure the Demonstration design work is progressing in a timely manner and will be responsible for timely completion of project design for review by the RHIP Council. The HLC team will ensure appropriate outreach and engagement for all our partners. The Admin and Logistics Coordinator will ensure smooth meetings and support for our partners.

Our trusted partners, Uncommon Solutions, Providence CORE, William D. Ruckelshaus Center, and High Five Communications provide infrastructure support and subject matter expertise.

Specifically, SW ACH's capacity in the areas of inquiry:

#### DATA

SW ACH has convened a Data & Learning Team (DLT) to provide data and analytic expertise, and shared learning support to the ACH's governance committees, projects, and initiatives. The DLT is comprised of key partners, including providers, health systems, MCOs, behavioral health, public health, social services, and community groups representing multiple sectors. The DLT supports data

driven decision-making by reviewing and interpreting existing data and reports, identifying data gaps and data sharing needs, and making recommendations to SW ACH staff and governance committees regarding project focus areas and target populations, data collection, and analysis.

The DLT will leverage multiple data sources to assess community health needs, select and implement projects, monitor progress, and evaluate impact. These may include: RHNI data, Medicaid beneficiary data, and other reports from HCA; data from transformation projects, including community care coordination, bi-directional integration, and opioid use; public health data from Clark, Skamania, and Klickitat counties; county social services data; data from cross-sector partners, such as housing, education, and criminal justice. To address the data needs of the community care coordination project, SW ACH plans to contract with a vendor to develop and implement a data platform to manage and facilitate care coordination, collect data, and track payment.

### CLINICAL

SW ACH's CEO is currently recruiting and providers for the Clinical Integration Workgroup, which will provide clinical direction and engagement into the SW ACH. Beginning June 5, 2017, the SW ACH VP of Clinical Integration will begin his work in convening and supporting this group. The group will be led by the clinical providers who have been working with the SW ACH during the financial integration and SIM projects, and the SW ACH will benefit from the stature and respect these providers hold with their colleagues in the region.

### FINANCIAL

A CFO is in place to manage budget preparation, day to day financial functions, compliance with all regulatory requirements and financial policies, monitoring of budget performance and reporting to Board and regulators, as needed. The FC will assist with the financial review process. The Board of Trustees will make final decisions on projects and financial scope of projects.

### COMMUNITY

The SW ACH has a robust community engagement and involvement plan which includes both individual members of the community, Tribal members, Medicaid beneficiaries, health care delivery systems, physical health providers, behavioral health providers, business, full-spectrum education, criminal justice, government agencies, local government, and others. By activating the partners who have worked with the SW ACH over the past 4 years, and the largely overlapping 60+ partners of the HLC, the SW ACH has deep connections to all sectors of the SW WA region. Our pledge of open and transparent decision-making, and a commitment to being as inclusive as space and time allow, is intended to bring diverse opinions and ideas to our work. Our project workgroups will make recommendations to the RHIP Council, the Council will evolve those recommendations into a project portfolio, and the Board will approve the project portfolio for submission to the HCA. The SW ACH is currently hiring staff to support these groups in their work and to ensure timely and thorough review of opportunities and designs. SW ACH will incorporate the work and input gained in the field from our CHW and CHAPS Network, as well as from the HLC policy committee.

The SW ACH will employ a Community Engagement Coordinator, two CHW coaches, and an Operations Coordinator to ensure we have appropriate staffing levels to meet the needs and

expectations of our community partners.

The SW ACH will also have a VP of Community Care Coordination to work with all community partners on the needs and resources available to build a Community Care Coordination system pursuant to the requirements in the Demonstration project toolkit.

#### PROJECT MANAGEMENT AND STRATEGY DEVELOPMENT

The SW ACH VPs will project manage their workgroups and the project design process. They will be aided by administrative and logistics support staff. Strategy development is a collaborative process between the CEO and the Board, the CEO and her staff, and the CEO/staff and the advisory and work groups.

The Board has established three over-arching goals for the work of the SW ACH:

1. Maximize the funding to the region through the Demonstration;
2. Look for opportunities to leverage Demonstration and other funding to address populations in addition to Medicaid; and
3. Strive for building a sustainable operation and organization which can survive after the 5-year Demonstration.

The strategies for the Demonstration, as for all SW ACH work, will comport with these goals. These goals have been shared with advisory and work groups, and will guide the work these bodies undertake.

#### **Attachment(s) Required:**

A. High-level budget plan (e.g., chart or excel document) for Project Design funds to accompany narrative required above.

## Clinical Capacity and Engagement

### Description

The demonstration is based on a Delivery System Reform Incentive Payment (DSRIP) program. As such, there needs to be engagement and input from clinical providers, including but not limited to MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers such as therapists and counselors.

*References: Medicaid Transformation STC 36, DSRIP Planning Protocol*

### Instructions

*Please ensure that your responses address all of the questions identified below. Total narrative word-count range is 500-1,000 words.*

#### **Provider Engagement**

- Provide a summary of current work or plans the ACH is developing to engage clinical providers. Include a summary of input the ACH has already received from clinical providers or subject matter experts regarding the mechanisms and strategies to engage providers.
- Describe how the ACH is approaching provider engagement, as well as identification of provider champions within the ACH. Include any targeted committees, panels or workgroups.

#### **Partnerships**

- Demonstrate how the ACH is partnering with local and state clinical provider organizations (e.g., local medical societies, statewide associations, and prospective partnering providers).

The SW ACH recognizes the critical role clinical providers will play in the overall success of the Demonstration in our region. We are also aware of the history of the clinical provider population in this region. In order to assess the areas of common interest as well as the areas where collaboration may be more difficult, we have retained the William D. Ruckelshaus Center to provide a neutral assessment of the organizational interests and collaborative potential between providers, payers and other community leaders in Clark, Skamania and Klickitat counties, as we all move forward.

Our timeline through this coming fall is aggressive, and requires true collaboration to reach consensus decisions around mandatory and optional projects. We believe the success of this implementation can benefit from a principled process, using a genuinely neutral organization to help everyone collectively reach a high degree of group efficiency.

The Ruckelshaus Center is a known and highly respected university-based organization that has no stake in this process; their neutral practitioners are skilled at assessing the commonalities and differences between organizations' goals, visions and interests around complex public policy issues and decisions— in this case, how that relates to the participation and consensus we hope to achieve between all of us to make transformation a success. Depending on the results of their assessment, they will recommend a design for a collaborative process, and can facilitate that process, as appropriate, to help us strive for multi-party consensus.

Additionally, we are in the process of forming a Clinical Integration Workgroup which will consist of clinical providers throughout our region. This panel is open to participation for MDs, RNs, ARNPs, CHWs, SUD providers, and mental health providers. This group, led by the SW ACH's VP of Clinical Integration, will provide subject matter and field expertise to the Council, as well as design the

framework for the Demonstration integration project and the distribution of incentive dollars.

The SW ACH believes strongly that we need clinical providers to assist in the design of the project if we truly want their participation and best efforts. Similarly, we know we need their assistance in developing a meaningful incentive program.

The SW ACH CEO has been meeting with individual providers, provider groups, and hospital systems throughout the region to build relationships and learn the concerns and needs of the clinicians serving the Medicaid population. She has attended and presented at medical group conferences and meetings.

One challenge has been expressed regarding the lack of clear information available to providers. There is so many initiatives, with so many communications, it is difficult for providers to track effectively, and as a result, many do not engage.

To address this challenge, the SW ACH is working with a list of entities which support clinical providers in an attempt to coordinate and streamline communications with providers to prevent confusion or communication overload.

The SW ACH will be the communications hub for the Demonstration and is working with Washington State Hospitals Association, the Washington State Medical Association, the state Practice Transformation Hub, Qualis, state Department of Health, and the MCOs to ensure appropriate, consistent, meaningful communication with clinical providers regarding the Demonstration as well as on other initiatives such as TCPI and MACRA.

The WSHA is working with ACHs to ensure common project design for areas that affect clinical providers in multiple ACH regions, and the SW ACH is actively participating in that process. The SW ACH and Cascade Pacific Action Alliance (CPAA) have discussed the need to coordinate closely on projects that will require the participation of our shared clinical and community providers to ensure we do not place an undue burden on these providers.

Another challenge that is echoed throughout the provider community is a lack of both primary care and behavioral health providers serving the Medicaid population. SW ACH's CEO has spearheaded a group of providers interested in looking at specific ways to address this issue in SW Washington, with an eye on how the Demonstration projects may be a key to alleviating some of the pressures in this area.

Clinical providers, and the associations representing these providers, have been aligned in asking to be engaged once there is a vision for what they will be asked to do and what resources will be available to assist them in meeting new requirements. The SW ACH is working with the statewide organizations to address alignment for what we will be asking of providers and we are working to understand the funds flow model under the Demonstration so we can be clear with providers how incentives will be earned and distributed. We expect the Clinical Integration Workgroup to assist in identifying needs for infrastructure builds and for ways to mitigate a lack of interoperability.<sup>5</sup>

Once the Clinical Integration Workgroup has identified an approach, we will be able to more broadly engage clinical providers with a vision of what we are asking them to do and how the ACH will be able to assist these providers to shift their practices to value based care and integration.

SW ACH has strong relationships with the key providers in the region: PeaceHealth, Legacy, Kaiser,

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<sup>5</sup> See Exhibit 4

Providence, Vancouver Clinic, and SeaMar, Columbia River Mental Health Services, Community Services, NW, the Provider Alliance, and more. SW ACH will continue to build relationships and encourage robust participation in the Demonstration work.

**Attachment(s) Required:**

A. Bios or resumes for identified clinical subject matter experts or provider champions

**Attachments Checklist**

Application Section	Required Attachments	Recommended Attachments
<b>Theory of Action &amp; Alignment Strategy</b>	None	None
<b>Governance &amp; Organizational Structure</b>	<ul style="list-style-type: none"> <li>A. Visual/chart of the governance structure</li> <li>B. Copy of the ACH's By-laws and Articles of Incorporation</li> <li>C. Other documents that reflect decision-making roles, including level of authority, and communication expectations for the Board, committees, and workgroups</li> <li>D. Decision-making flowchart</li> <li>E. Roster of the ACH decision-making body and brief bios for the ACH's executive director, board chair, and executive committee members</li> <li>F. Organizational chart that outlines current and anticipated staff roles to support the ACH</li> </ul>	None
<b>Tribal Engagement Expectations</b>	<ul style="list-style-type: none"> <li>A. Demonstration of adoption of Model ACH Tribal Collaboration and Communication Policy, either through bylaws, meeting minutes, correspondence, or other written documentation</li> </ul>	<ul style="list-style-type: none"> <li>B. Statements of support for ACH certification from every ITU in the ACH region</li> </ul>
<b>Community &amp; Stakeholder Engagement</b>	<ul style="list-style-type: none"> <li>A. Document with links to webpages where the public can</li> </ul>	None

Application Section	Required Attachments	Recommended Attachments
	access meeting schedules and other engagement opportunities, meeting materials, and contact information	
<b>Budget &amp; Funds Flow</b>	A. High-level budget plan (e.g. chart or excel document) for Project Design funds to accompany narrative required above.	None
<b>Clinical Capacity &amp; Engagement</b>	A. Bios or resumes for identified clinical subject matter experts or provider champions	None