Aligning in Action:
HealthierHere, the King County Accountable Community of Health

- Lead organization: HealthierHere, the King County Accountable Community of Health
- Lead sector: Neutral, backbone organization
- Location: King County, Washington
- Year founded: 2017
- Interview with: Susan McLaughlin, executive director, HealthierHere

Health is impacted by factors outside of the health care delivery system, including housing, education, poverty, employment, food availability, transportation, and safety. Recognizing that addressing these socioeconomic determinants of health is needed to meaningfully impact health inequities, a national policy shift is taking place.

Government agencies, payers, and providers are all adopting a social determinants perspective. To effectively address these nonclinical needs, partners must work across sectors. Now, the question is how — what are the best practices for effectively aligning systems?

Aligning Systems for Health: Health Care + Public Health + Social Services, sponsored by the Robert Wood Johnson Foundation (RWJF) and managed by the Georgia Health Policy Center (GHPC), is focused on learning from stakeholders across the nation about effective ways to align these three sectors to better meet people's goals and needs.

Given variance in the local context, there is no single model or formula to align systems. However, Aligning Systems for Health seeks to understand commonalities that drive successful efforts to align sectors. This series examines how communities that describe their work as aligning systems are doing it around four core components of a theory of change that RWJF and GHPC are testing: purpose, governance, data, and sustainable financing mechanisms.

As the Accountable Community of Health (ACH) for King County, Wash., HealthierHere works across sectors to build an accessible and integrated delivery system that fosters health and wellness for all. By addressing social determinants of health and building strong partnerships between the health care, behavioral health, public health, and social service sectors, HealthierHere has begun implementing large-scale improvements in the delivery system, with the ultimate goals of reducing health disparities, improving health outcomes, improving client experience, and reducing per capita costs.

Local Context

While officially established in 2017, HealthierHere's roots date back to early local health and human services transformation efforts, predating Washington's statewide efforts. In 2013, following passage of the Affordable Care Act, the King County Council passed a motion requiring formation of a panel of community and clinical representatives to develop a regional plan for health and human services transformation. The 30-member, multisector panel produced a report called the King County Health and Human Services Integration Plan to address population health and integration efforts within the King County region. When Washington received its $65 million State Innovation Model (SIM) grant, a portion of those funds were used to provide seed funding for nine regional ACHs. The King County Health and Human Services Transformation Panel transitioned to become the informal governing body of the ACH, called the interim leadership council, which was managed within local government by Public Health — Seattle & King County. However, when the state received its Medicaid 1115 Waiver, there were stipulations that required ACHs to be stand-alone, nonprofit organizations. Thus, HealthierHere was spun out of

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county government in March 2017 and became a limited liability corporation under the fiscal sponsorship of Seattle Foundation, and the transformation panel evolved to a 26-member multisector Governing Board of the King County ACH.

Purpose

HealthierHere's vision is that people in King County will experience significant gains in health and well-being because the entire community is working collectively to make the shift from costly, crisis-oriented responses to health and social problems to a connected system of whole-person care that focuses on prevention, embraces recovery, and eliminates disparities. To improve the system of care, HealthierHere, with its partners, has begun to strategically strengthen infrastructure and capacity, build partnerships, develop skills, share knowledge and information, collaborate on systemwide tools, and spark innovation, including incentive-based payment models — all with a shared focus on equity. This is done through codesign, development, testing, and implementing innovations in the target areas of integrating physical and behavioral health; providing safe and successful transitions (from acute and specialty care, step-down, jail, and behavioral health); preventing and managing chronic conditions; and reducing opioid use.

HealthierHere supports community members and community-based organizations with resources to ensure they have the capacity to be at the table. One of HealthierHere's significant efforts was to resource 18 community organizations to conduct surveys and focus groups to capture the voice of more than 900 consumers in 33 different communities and 13 different languages to help inform the ACH's investment strategies and transformation efforts.

Data



The local public health department has significant data infrastructure and negotiated data-sharing agreements with the state, and HealthierHere has a contract with them to support the data needs of the ACH. Additionally, since HealthierHere is a single-county ACH, through its partnership with the county, it has access to broader data from the behavioral health and justice systems, the homeless information management system, and other data sources that HealthierHere can match at the individual client level to assess impact. A major gap in data access that remains is individual-level data related to social services.

HealthierHere, in partnership with Public Health — Seattle & King County, has established a performance data dashboard to examine waiver-specific metrics selected by the Health Care Authority (HCA) and the Centers for Medicare & Medicaid Services. While these metrics are health oriented, they do enable examination by race and place, and HealthierHere hopes to broaden the metrics to include things that are important to the region and communities. For example, the HealthierHere Governing Board recently approved a set of equity metrics that was codeveloped in partnership with representatives from across the four committees of the board.

HealthierHere is leading efforts to bring community information exchange (CIE) technology to the region. The CIE is in the planning stages but is envisioned as a communitywide resource that would be funded ongoing through a public utility model with HealthierHere, for the near term, being the coordinating entity. The CIE effort serves as a concrete example of the long-term value brought from the waiver investment. It will be an ongoing resource that can identify access and capacity gaps at the individual client level that can be pulled and matched to Medicaid data.

Financing

The bulk of HealthierHere's funding is through the state's 1115 Medicaid Waiver.

HealthierHere structures its budget to ensure that its resources address the social determinants of health and health disparities. Of its project dollars distributed to provider organizations, 50% of funds are allocated to the health

care delivery system, 42% to community-based organizations that provide social services, and 8% to tribal partners. Within its administrative budget, almost $500,000 is directed to community and consumer engagement and voice.

However, by the end of 2019 HealthierHere will have earned close to 80% of available waiver dollars, with a fraction more available through 2023. The organization, as well as other ACHs in the state, is pondering how it will continue transformation efforts and sustain the ACH infrastructure that has been built over the last few years once waiver funds are completely gone.

"Will the ACHs exist post-waiver, or do we exist solely to administer the waiver and then we will go away? Every community is handling that conversation a little bit differently," says Susan McLaughlin, executive director, HealthierHere. "We have learned a lot about the needs of our region. We think HealthierHere provides a value, and our Governing Board and partners are really talking about what kind of gaps we could continue to fill."

While not mandated in Washington, some of the ACHs, including HealthierHere, chose to set aside some of their waiver dollars for a wellness fund. HealthierHere's board allocated 6% of its overall waiver dollars (about $6 million) to seed its Equity and Wellness Fund. The vision is that this fund could be used to leverage other partners in this resource-rich region to put in funding and grow the fund into a vehicle that would allow transformation efforts to continue under the ongoing administration of HealthierHere. However, these wellness fund efforts are currently paused while the ACH's program implementation progresses and evidence is generated to demonstrate the value of transformation efforts. The fund, though, remains part of larger strategic and sustainability planning discussions.

Governance

HealthierHere is governed by a 26-member cross-sector board with about one-third of seats dedicated to community members, social service agencies, and tribal partners; one-third represented by the health care system, including hospital systems, community health centers, and community behavioral health agencies; and the final third representing government, payers, philanthropy, and other stakeholders. Certain of the sector seats are reserved to that sector's association or other local organization to bring forth nominations of who should represent that sector. Other seats are open and filled through an application process.

Members of the board represent their sector, not their organization. So, prior to votes, they have a responsibility to report back to their sectors and get input as to how the sector wants to vote on decisions. This encourages broad engagement, as does the practice of having open board meetings, which are usually attended by as many as 30 people depending on the meeting topic.

All work goes through four formal working committees (community and consumer voice, finance, transformation, and performance measurement and data), which bring recommendations to the governing board. Committee representation mirrors the cross-sector representation on the board, although not necessarily the same in size.

Insights From the Collaborative

McLaughlin credits HealthierHere's neutrality — that it is not tied to a single sector or organization — as a secret ingredient to its ability to work across sectors. "Because we are not tied to any single organization or sector, we can truly represent the consumer and needs of the region. It allows us to push innovations in a way that a single sector or organization may not be able."

Having the resources and time to do authentic community engagement and build trusted relationship is serving HealthierHere well. While it slowed deployment of resources and program implementation, it enabled the ACH to listen and learn and to ensure their efforts are truly community-driven.

"We've got to figure out how to set up payment structures that shift resources to the right places," explains McLaughlin. "In these early phases we are finding that most of the social service agencies are significantly underresourced and do not have the infrastructure and the capacity they need to even begin the discussions, let alone develop new partnerships with the health care system. We have been really fortunate to use some of

our waiver dollars to build the necessary infrastructure and capacity within the social service agencies to really participate in building the relationships with the health care delivery system that ultimately may be pushing or contracting with them to buy social services in the future."

Insights For Aligning

- The catalyst for HealthierHere was in a SIM grant that provided seed funding for the ACH.
- The ACH supports community codesign by providing community members and community-based organizations with resources to ensure they have the capacity to be at the table.
- The ACH has stable financing through its Medicaid waiver but must plan for sustainability once the waiver ends.

Aligning in Action



Public Health — Seattle & King County has a long history of collaborating with the local housing authorities. In 2016, under the umbrella of the ACH, the King County Housing Authority, Seattle Housing Authority, and Public Health — Seattle & King County joined together and received a grant from Data Across Sectors for Health. The grant enabled development of an integrated data system — linking Medicaid enrollment and claims data and public housing data — in order to get a better understanding of the health issues and health care utilization of residents of public housing. Better aligning housing and health data could inform and measure impact of policy, outreach, and programming interventions to improve the health of low-income residents.

The longitudinal dataset (2012 to 2016) identified population overlaps between the Medicaid and public housing authority service systems:

- The number of public housing authority residents enrolled in Medicaid increased from 74% in 2012 to 83% in 2016, driven by Medicaid expansion.
- In 2016, public housing authority residents accounted for more than one in 10 of all Medicaid enrollees in King County.

Given this magnitude and the unique and ongoing relationships public housing authorities have with residents, there is significant potential for cross-sector efforts to improve population health and lower health care costs by targeting education, resources, and support to public housing authority residents.

"Housing and homelessness is a really complicated issue in King County, as well as other big cities, so from a HealthierHere perspective we are looking at that data to help us think about the intersection of health and housing and identify innovations that we can test under the waiver," says McLaughlin. "Prior to the waiver, the state provided some SIM grant funding for a pilot. In King County we piloted the use of community health workers to work in public housing settings to provide health literacy, disease self-management support, and exercise and wellness programs. We are continuing to facilitate conversations at the intersection of health and housing and incubating ideas around where we might, as a system, do things differently."