Georgia Health Policy Center

Financial Sustainability

Workbook

Financial Sustainability Workbook

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Table of Contents

Introduction

Sustainability is neither accidental nor last-minute. It requires thoughtful, purposeful, and timely planning.

This workbook is intended to provide insights and activities for collaboratives to think about sustaining their health improvement efforts.

This workbook can generally be divided into two sections — understanding the money in the system and moving to action. It covers:

- Sources of funding to support local initiatives aimed at improving population health or addressing social determinants of health.

- Innovations in policy, health care delivery, and financing mechanisms that can be used to improve population health by increasing access to quality care and addressing social determinants of health. This includes examples of innovations, who is participating, and practical takeaways to replicate or adapt in other communities.

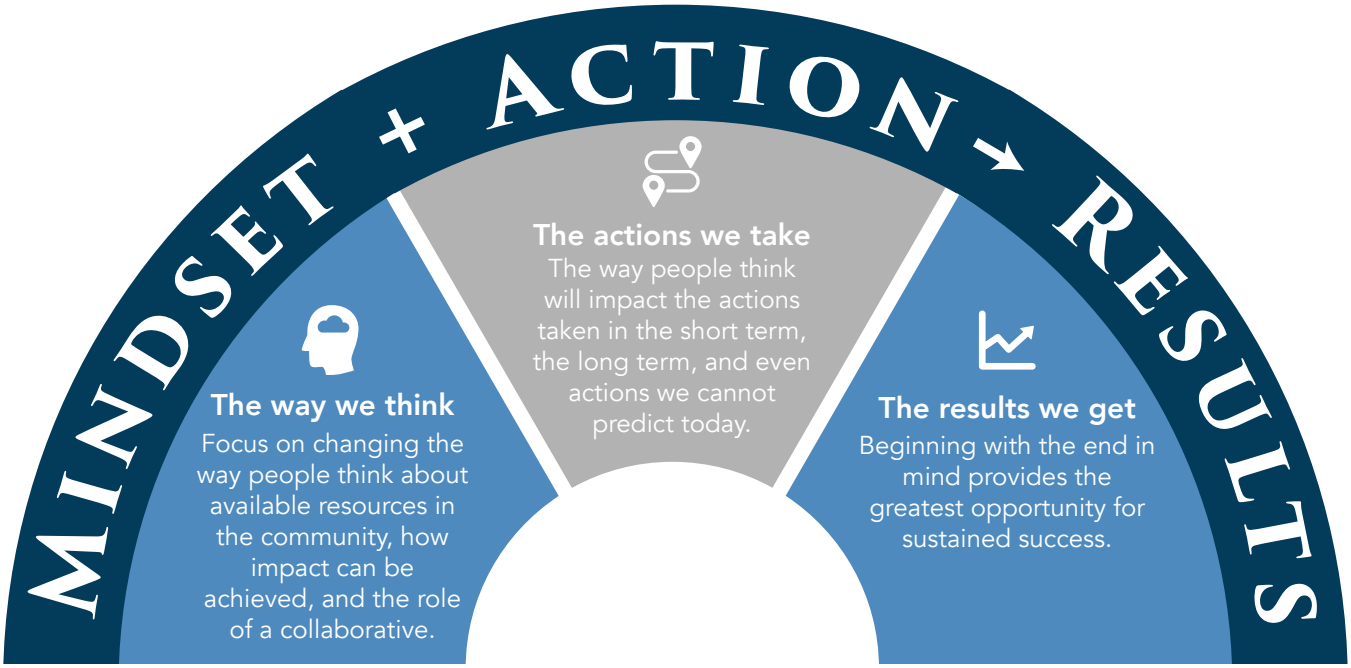
- Ideas for how to engage payers when developing sustainable financing models, including how to build relationships with payers, with a particular emphasis on Medicaid, who to talk to at state Medicaid offices, and how to code for social determinants of health screening.

While this workbook was developed for Health Resources and Services Administration grantees who attended the 2021 Financial Sustainability Workshop Series, developed by the Georgia Health Policy Center, it will be useful to other organizations and collaboratives focused on sustaining health improvement efforts.

An Overview of Sustainability

What is sustainability?

Sustainability means that programs, services, and collaboratives continue because they are valued and draw support and resources.



The Sustainability Framework identifies the components that contribute to organizational and programmatic sustainability. This includes how to:

- *Position for sustainability.* There are common attributes that organizations and collaboratives with the highest potential for sustainability keep their focus on. These eight attributes include developing a strategic vision, collaboration, leadership, program relevance and practicality, evaluation, communication, efficiency and effectiveness, and capacity. This workbook focuses on funding and assumes that these attributes are in place or actively being developed.

- *Diversify funding for sustainability.* Grants run out. The funding environment evolves. Building diversified funding streams is critical to sustainability. This workbook focuses on identifying these opportunities and building the capacity to execute a strategy.

🔑 ***Key Takeaways About Sustainability***

- It is never too early to think about planning for sustainability.

- Diversifying funding streams is a key component of long-term sustainability.

Assessing Readiness for Financial Sustainability

Take inventory of your organization's or collaborative's capacity and readiness to diversify funding streams.

Who: Do the people at the table —

- Have the authority or power to make commitments and decisions on behalf of their organizations?
- Have a track record of attracting support and financial resources?
- Reflect the full spectrum of affected sectors and potential funding sources?

What: Does your strategy —

- Address a pressing community need?
- Reflect input from staff, partners, and broader community members?
- Align with the missions of partner organizations?

When: Is your current work —

- Limited to a grant funding period?
- Valuable to the community beyond the grant funding period?
- Inclusive of measures for both short- and long-term success?

Why: Does your plan include —

- Evaluation measures and results that document progress, outcomes, and value?
- An easily understandable value proposition?

How: Does your plan include —

- A map of the local funding landscape and other potential resources available to you?
- A business model?
- A strategy to communicate and market this plan to partners, funders, and other key stakeholders?

Notes:

Local System

Identifying the Financial Resources in your Local System

Diversifying funding for sustainability assumes the strategies that require funding are effective and are valuable to the community and worthy of being sustained. Implementing diversified funding streams requires an understanding of where the money is and how it moves in your local system. It also involves developing an innovative mindset to weave resources together. This is part of the funding navigation skillset.

Broad health improvement efforts that strive to build healthy, equitable communities often involve multiple sectors. This recognizes that no one organization or sector has the capacity to tackle complex challenges like ending health disparities and addressing social determinants of health. Aligning across sectors emphasizes coordination that extends beyond working together on a single, short-term project.

Examining the money and the systems of resources in your local context through structured frameworks can help with understanding sources and how the money moves within and across sectors.

Aligning Systems for Health

Aligned systems require that sectors think and work together in fundamentally new ways to improve the health and well-being of the people and communities they serve — in ways that are built to last. Aligning across sectors is one strategy to build sustainability for health improvement efforts.

The Framework for Aligning Sectors offers organizations and collaboratives a way to work together to address core components of aligned systems.

A Framework for Aligning Sectors

Key Takeaways For Aligning Across Sectors

- Aligning is a process, not a destination.
- The Framework for Aligning Sectors can help develop a financial sustainability mindset.
- You cannot look at money in isolation.
- All the other core components (shared purpose, data, and governance) and adaptive factors (incorporating community voices, equity, power sharing, and trust) must be present and are necessary to enable sustainable financing. The box at the center of the framework helps to orient how these factors relate to being prepared for sustainability.

How is the Framework for Aligning Sectors applicable in your work?

Take inventory of your organization's or collaborative's capacity and readiness to diversify funding streams.

- What are the communities' goals and needs that your program is working to achieve? How did you learn this?
- Are the multiple sectors (e.g., health care, public health, social services, and business) represented in your plan? Are there any other sectors that impact progress toward your desired outcomes?
- What about community members and those most impacted by your work?
- What assets in your community position you well for success? Think particularly about the core components of aligning across sectors (e.g., shared purpose, data, governance, and financing) and adaptive factors (e.g., incorporating community voices, equity, power sharing, and trust) depicted in the framework.

- Where are there gaps in community assets and capacity, partners, services, and funding support for your program?

- How does financing impact your program's ability to attract partners, implement services, and sustain progress toward its goals?

Notes:

Understanding the Money in the Local System

Leveraging funding across sectors is a core component of how aligned organizations, collaboratives, and systems can create long-term impact. Just as the need for coordinatic been greater for population health initiatives, so t coordinate various funding streams to sustainably community.

To understand where there is money available for understand who is currently paying for health care services.

Government Sources of Funding in 2020

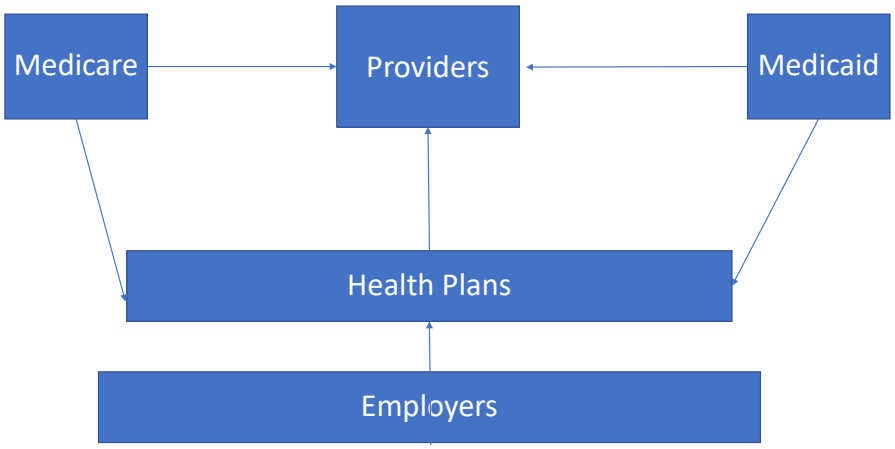
Graphic based proportionally on fiscal year 2020 data

Paying for Health Care

Health care payers are often viewed as a source of health improvement efforts. But to successfully engage health care payers, service providers or community collaboratives must make a compelling business case and demonstrate the monetary value to public and private payers (e.g., health plans) and those who fund them (e.g., government, businesses, and individuals) of addressing the social determinants of health or other population health efforts. Individuals under age 65 years typically receive health care coverage through

health plans offered by their employer. The benefits offered in those plans, combined with out-of-pocket payments by individuals, cover the cost of care for health care providers. For individuals who are low-income (eligibility varies by state) or over the age of 65 years, health care costs are covered by government payers, Medicaid and Medicare, respectively. Health plans (often called payers) are generally intermediaries for the ultimate payers, which are employers (for the privately insured) and federal and state governments for those covered by public programs. In some cases, public programs pay providers directly without using health plans as intermediaries.

Who Pays for Health Care?



🔑 ***Key Takeaways About Health Care Funding***

- The three primary payers for health care services (Medicare, Medicaid, and private health insurance) are distinct in terms of the characteristics of their enrollees, the breadth and depth of their coverage, and their level of reimbursement.
- They are aligned in their concern about health care cost inflation and the need to constrain growth in spending.
- Many of the causes of growing spending are outside the control of health care payers, and service providers who can partner with multiple payers to begin to address the drivers of inflation will be able to demonstrate value.

Paying for Public Health

Public health systems focus on prevention, preparedness, and surveillance programs but have been chronically underfunded. State and local public health departments are funded through both federal and state financing. On average, public health spending in America was $116 per person in 2019-2020, but varied from a high in Alaska of $449 per person to $72 per person in Nevada and Wisconsin.[1]

Traditionally, the federal agencies that fund public health are the Centers for Disease Control and Prevention, the Office of the Assistant Secretary for Preparedness and Response, and the Health Resources and Services Administration, with most of this federal funding targeted for specific public health programs (e.g., emergency preparedness and diabetes prevention). These federal funds are often given as grants to states and large cities with some autonomy to tackle local needs (e.g., Preventive Health and Health Services Block Grant).

State and county-level funding also goes to local health departments, but both structure and level of support vary by state. Local health departments may also receive Medicaid reimbursement and sliding fees for the provision of direct care, as well as other grants.

🔑 ***Key Takeaways About Public Health***

- Public health funds come from a range of sources, with the bulk coming from federal and state government, but funding has traditionally been siloed and complex.

- Public Health 3.0[2] envisions a new role for public health departments in the 21st century and calls on public health leaders to serve as chief health strategists for their communities by engaging in cross-sector partnerships and monitoring through updates to data systems with an emphasis on hyperlocal data.

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[1] United Healthcare Foundation. America's Health Rankings. 2021 Annual Report: Public Health Funding. Accessed at https://www.americashealthrankings.org/explore/annual/measure/PH_funding/state/ALL

[2] DeSalvo, KB., Wang, Y.C., Harris, A., Auerbach, J., Koo, D., O'Carroll, P. (2017). Public Health 3.0 A call to action for public health to meet the challenges of the 21st century. Preventing Chronic Diseases. Accessed at https://www.cdc.gov/pcd/issues/2017/17_0017.htm

Paying for Social Services

Federal support to states for social services primarily comes from the Temporary Assistance for Needy Families; Supplemental Nutrition Assistance Program (SNAP); and Women, Infants, and Children programs, which provide funds to states and territories to provide families with financial assistance and related support services. State-administered programs may include food and nutrition, housing, child care assistance, and work assistance. Federal funding for social services typically increases during recessions or other crises to keep up with increasing demand.

Benefits and eligibility for many social services vary by state, while some benefits, like SNAP, are set by national rules. Local context matters, as even the name of the state agency responsible for social services can vary by state.

Across payers, funders, and sectors, there is widespread recognition of the connection between health and socioeconomic drivers of well-being. Philanthropic organizations are aware of the need for capacity building of social services organizations to participate in cross-sector initiatives.

It is important to note that social services organizations do not want to participate in collaboratives just to receive referrals for services. They want to be viewed as full partners — involved in the collaboratives' development, strategy, and sustainability decision-making.

Potential Social and Human Service Partners

Key Takeaways About Social Services

- New models like Accountable Communities of/for Health highlight efforts to provide whole-person care and more closely align social services and health care providers to meet patients' social needs (e.g., housing and food).

- Investment in social services capacity is needed to ensure community-based organizations can be full partners in cross-sector initiatives.

Identifying Financial Opportunities to Sustain Programs and Partnerships

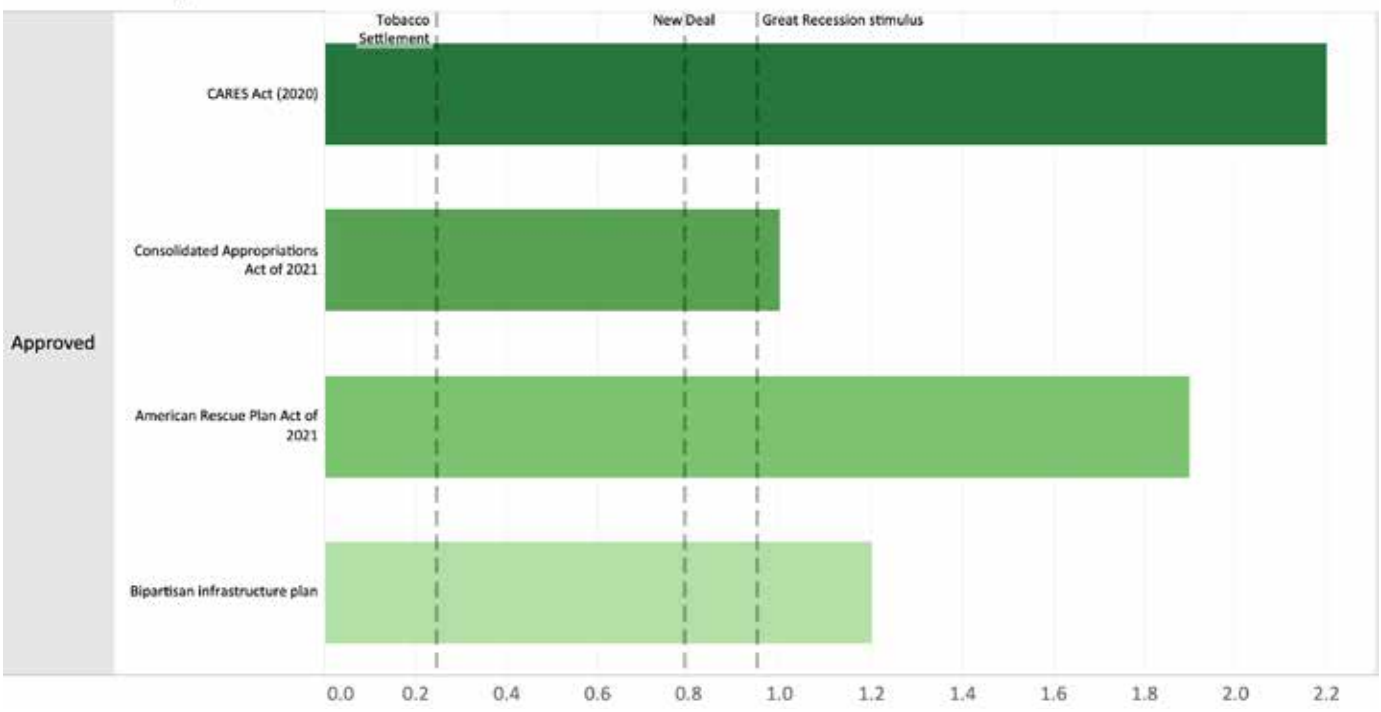
- Does your current strategy include funding streams from different sectors? If so, which ones?
- Does your current strategy leverage federal, state, and local public funding? If so, which ones?
- Where might resources be available to help fill identified gaps?

Notes:

Federal COVID-19 Funding

The COVID-19 pandemic and the resulting economic struggles highlighted long-standing health and societal inequities. Trillions of dollars in federal relief and recovery funds are flowing into states and cities, and present unprecedented opportunities to recover from the impacts of the COVID-19 pandemic, to rebuild the economy, and to purposefully address systemic inequities.

Federal Funding in Context



Federal COVID-19 funding has had distinct impacts across the sectors.

Health care:

- Federal funding mitigated providers' financial exposures during the pandemic by partially compensating them for a lack of business during certain periods of the pandemic and provided compensation for COVID-related services like testing, vaccination, and treatment.

- Federal funding also enabled expansion of provision of some health care services by loosening regulations and expanding coverage and reimbursement (e.g., telehealth and Medicaid services for postpartum women and infants).

Public health:

- Public health is emerging from the COVID-19 pandemic with increased visibility, funding, and calls for broader participation in community engagement.

- Public health has unprecedented funding to address issues such as workforce, equity, and data infrastructure, in addition to providing traditional, core public health capabilities.

- Collaboratives can take advantage of this higher visibility of public health and engage the sector in new, strategic, and forward-thinking ways.

Social services:

- Policy and guidance that specifies how federal pandemic recovery funding can be utilized is flexible, which creates a space for new services, adaptations to existing service delivery, and new partnerships with social service agencies and organizations.
- Social services funding is targeting areas that were highlighted and exacerbated by the pandemic. Examples include social disconnection; nutrition and food insecurity; shortage of affordable and accessible housing; shortage/instability of the direct care workforce; and inadequate broadband infrastructure.

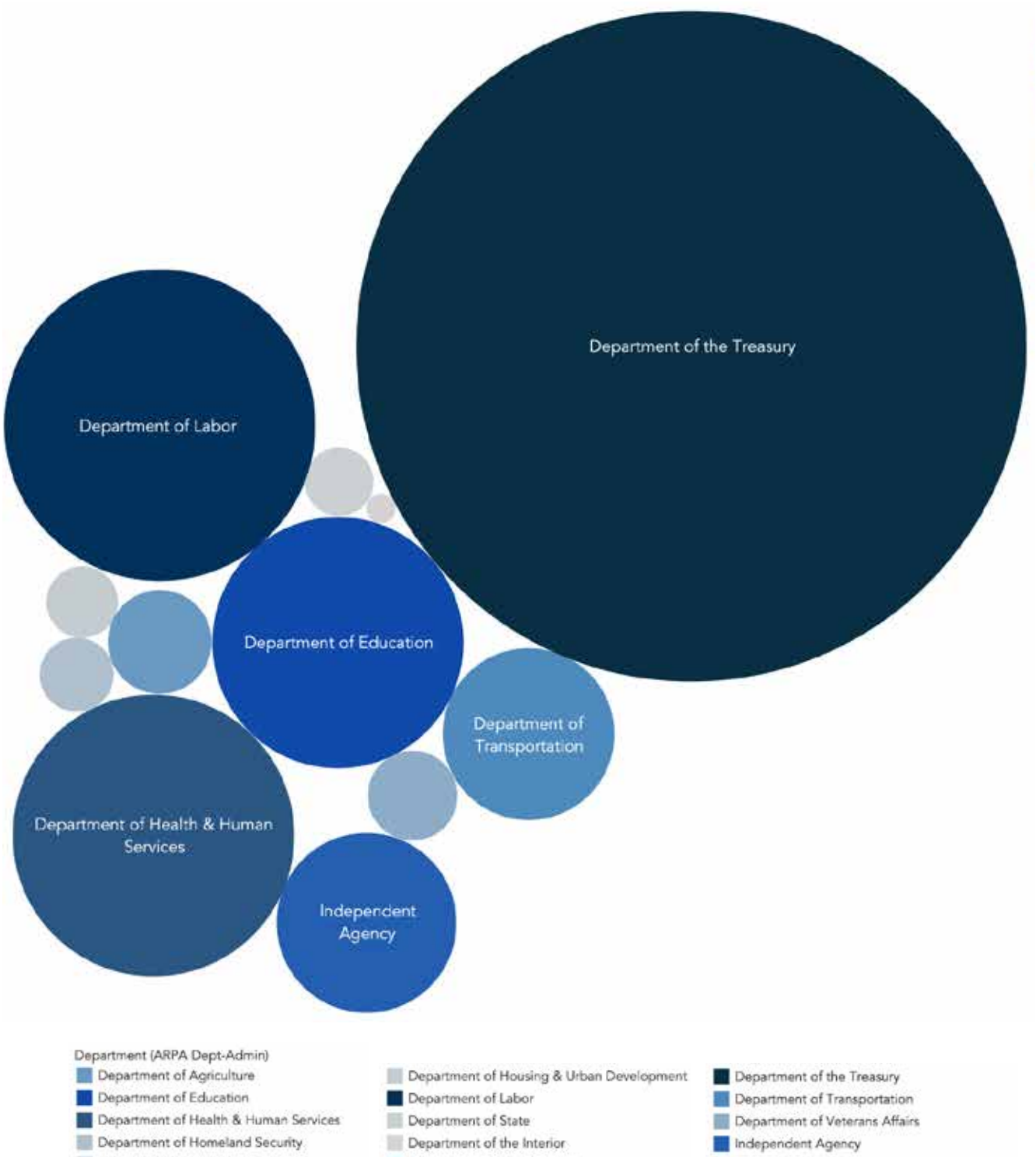
Funding + Strategy ➔ Resilient, Equitable Communities

A strategic mindset can ensure these investments meet urgent needs resulting from the triple crises of the COVID-19 pandemic, resulting economic struggles, and ongoing systemic inequities, while also laying the foundation for an equitable and resilient response.

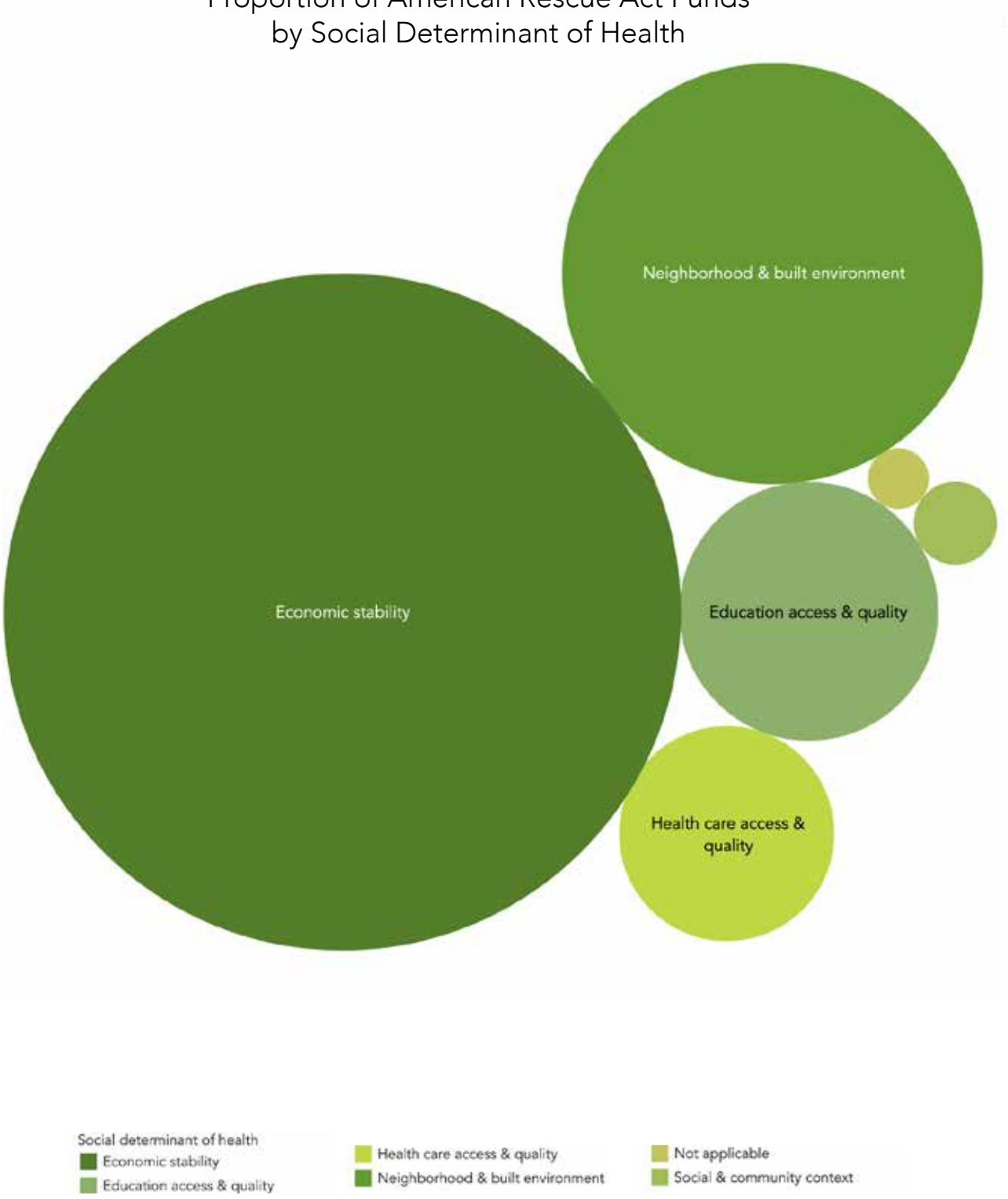
The Georgia Health Policy Center developed Funding Resilience: Advancing Multisector Investments for Equity, an interactive dashboard that allows those interested in taking advantage of this unprecedented funding opportunity to identify relevant and available funds for their initiative. The dashboard encourages users to explore ways of using federal funds across sectors with the ability to filter by social determinants of health labels, as defined in Healthy People 2030: (1) economic stability, (2) neighborhood and built environment, (3) education access and quality, (4) health care access and quality, and (5) social and community context. The diagram below shows the breakdown of ARPA funds by each social determinant of health.

The diagrams below show the relative proportion of American Rescue Plan Act (ARPA) funding administered by each federal department and by social determinant of health.

Proportion of American Rescue Act Funds
by Federal Department



Proportion of American Rescue Act Funds
by Social Determinant of Health



Putting Federal Recovery Funds to Work in Communities

Local communities, counties, and states are looking for information that can be used to guide them in how to best leverage the COVID-19 relief and recovery resources in a way that balances immediate needs with the desire to be transformative and address root causes of inequities.

As part of its Aligning in Crisis work, the Georgia Health Policy Center, in partnership with George Washington University and with support from the Robert Wood Johnson Foundation, identified four principles that government agencies and local fiscal intermediaries, like health-oriented community collaboratives, can use to guide planning for use of COVID-19 recovery funds.

Key Principles for a Resilient and Equitable Recovery

🔑 ***Key Takeaways About Covid-19 Funding***

- Collaboratives should work with community-based organizations and community residents to balance immediate needs with the desire to be transformative and address root causes of inequities.

- Look across all recent federal legislation (ARPA; budget reconciliation; Coronavirus Aid, Relief, and Economic Security Act; and the bipartisan infrastructure bill) to identify sources of federal funding and to find opportunities to blend and braid this funding with other sources.

- Don't go at it alone. Leverage other partners for the most impact.

🔑 ***Key Takeaways for Identifying Sources of New Funding***

- Zoom out initially to consider all potential sources of funds before zooming in on those most relevant or more probable.

- Think beyond the obvious government and philanthropic funds. Consider employers, schools, and reinvestment of shared savings, as well as blending and braiding or using matched funds for demonstration initiatives.

- Build champions by being strategic about who is in your collaborative in terms of their knowledge (including lived experience) and influence.

- Have a communications plan that keeps key influencers, media, elected officials (local, state, and federal), and funders aware of your efforts. opportunities to blend and braid this funding with other sources.

- Set up evaluations to capture data and stories that can demonstrate impact and savings that can be important for potential scaling of initiatives.

Implementing the Four Principles for a Resilient, Equitable Recovery

Below are some practical questions that will help apply the overarching principles to planning for using COVID-19 recovery funds.

Aligning Sectors and Efforts for Equity

- What are the key priorities for each sector? How can use of linked data advance these priorities and create a united vision across sectors?
- How can existing community health and investment strategies be leveraged for transformation?
- How would investments in integrated data advance equity goals?
- What capacity issues need to be addressed to bring community-based organizations to the table?

Coordinating Strategies

- Who is already advocating or guiding how the money will be spent at the state, county, and city levels?
- How can community organizations coordinate agendas and work toward a shared vision?
- How can funds be leveraged for greater impact?
- What other systems are impacted by identified community priorities? Is there an opportunity to work across sectors?

Harnessing the Power of Intermediaries

- What local intermediary organizations are ready and able to assist? Examples may include Accountable Health Communities, local wellness funds, community foundations, conversion foundations, certified Pathways HUBs, Area Agencies on Aging, health systems' community benefit offices, and health-oriented community collaboratives.

- How can intermediaries address both the immediate and long-term needs of a community?

- What collective strengths and relationships can be leveraged to advocate for transformation?

- Who can be convened that can help articulate clear needs and plans for the investments?

- How can anchor organizations accelerate the current work of local intermediaries or health-oriented collaboratives?

Leading with Community

- How can equity be incorporated into planning and implementation?

- How is an equity lens being applied to this opportunity?

- What will community engagement look like at all stages of planning and implementation?

- How will transparency and accountability to community be built into the process?

- What metrics of impact will be reported and how will they be communicated?

Notes:

Mapping the Money

Understanding who has the money locally, as well as at the state and federal level, is an essential first step to diversifying funding. Look across sectors to identify partners that have financial resources or interests that align with shared goals and priorities. These high-leverage areas of opportunity often exist at the intersection of health care, public health, and social services.

This exercise will help to create an inventory of funders by mapping the local funding landscape and potentially uncovering new and innovative sources of funding. See page 88 for mapping template.

Putting the Puzzle Pieces Together

Finding the money in the system is an important piece to implementing a financial sustainability strategy, and it is complemented by building the relationships with the right people, organizations, and sectors in order to move from programmatic thinking to results-based, systems change.

Here are some questions to consider when starting to put the funding puzzle pieces together:

- What are all the systems that touch the people and community you serve?
- What goals do you share with these other organizations, funders, and sectors?
- Have you connected with them as either potential funders, potential connectors, or potential influencers?
- Which sectors may indirectly benefit from your success? Where is money saved in the system?

Notes: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Equip
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Backpack
Camp

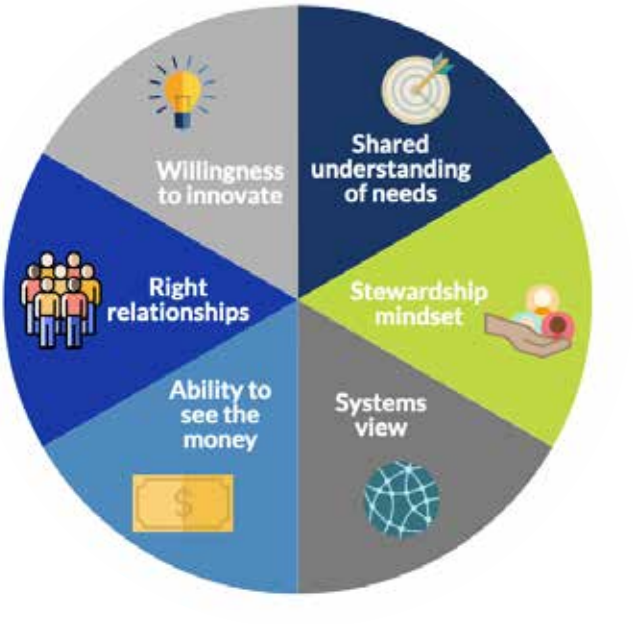
Innovation

Community Approaches to Financing Innovation

Now that you have thought about where new funding opportunities might exist (e.g., through cross-sector partnerships and the influx of federal funds to your state or local community), it is time get creative in how to apply these diverse funding streams toward meeting community needs and to leverage existing community assets. This requires some innovation and engineering based on local needs, capacity, and available resources.

By definition, innovating involves new methods and new ideas — there is no precise recipe for how to do it. In the case of financing upstream drivers of health, innovations may include implementing a known financing innovation in a new setting, combining sources or financing mechanisms in new ways, or creating entirely new financing vehicles.

What It Takes to Diversify Funding



Innovation also often requires iterative efforts with incremental modifications to address unique local needs or lessons learned. These highlighted innovations may not serve the needs of all communities or collaboratives, but components can be modified or interchanged with other elements to match a variety of local contexts.

Financing innovations in and of themselves are not magic bullets. No one funding mechanism can single-handedly tackle inequities and transform population health. Innovations in financing are only part of the answer. Innovators must also complement novel financing methods with the right partners sharing a common vision, matching existing energy with the external environment and capacity, stewardship, effective strategies that meet local needs, and, of course, a sustainable mindset.

How to Innovate

While there is no precise recipe, there are actionable steps that advance the process of innovating or effectively influencing the flow of funds in your community to drive impact.

Funding navigation is a skillset that enables finding the money in a system or across disparate systems, and leveraging existing funds to create new opportunities across sectors. Funding navigation includes applying a systems perspective, a willingness to innovate, and expertise to help local collaboratives and states conceptualize, design, and financially support equity-advancing, cross-sector initiatives.

For training and tools that enhance funding navigation skills to design and sustain equity-advancing investments visit https://fundingnavigatorguide.org.

The Innovation Cycle

The innovation cycle is based on building both intangible capacity such as stewardship, trust for partners and the process, and adaptive leadership, as well as tangible milestones and outputs. Progress can be achieved through fast but continuous learning, building a case, and creating champions of the cause.

The five stages of innovation encompass:

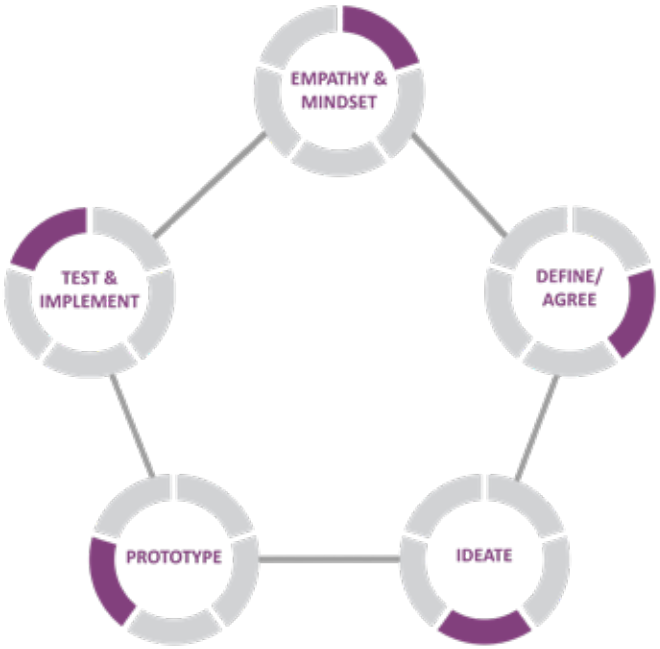
- Empathy and mindset: Shifting mindsets to embrace stewardship, health equity, and systems thinking, as well as cultivating relationships and identifying community need.

- Define and agree: Building a shared vision of the innovation-to-action plan through an innovation agreement between partners.

- Ideate: Generating ideas that fit the sweet spot of a high-leverage strategy — the intersection of a community's needs, funding opportunities, and evidence-based strategies.

- Prototype: Pitching a draft of the chosen idea to gain feedback from stakeholders.

- Test and implement: Using the philosophy of "investing a little to learn a lot," testing a small-scale version of the innovation helps to prove or disprove key assumptions.



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Moving from an Innovation Mindset to Action

When exploring how to diversify funding sources and innovate financing mechanisms to fund population health, look to other communities for models that may be adaptable to your local context. Sustainable solutions often are located at the intersection of community needs, available funding, and evidence-based strategies.

Finding High-Leverage Opportunities

Community Health Needs and Priorities

- What are your community's greatest health needs?
- What other potential partner organizations are working to address these needs?

Strategies that Improve Health and Well-Being

- What strategies would have the biggest impact on the identified health needs? Consider impact in terms of the number of people reached, dollars saved, and program outcomes.
- What constraints or barriers are preventing the implementation, scalability, or sustainability of these strategies?

Available Funding

- Based on the Mapping the Money exercise (p. 32), who is funding these high-leverage strategies in your community? Where else might this funding be found?

Moving to Action

- What short-term actions are needed to implement this innovation or to realize this new funding stream?
- What actions are needed over the long term to sustain this new innovation or funding stream?

Innovation Agreement

By combing results from the Finding High-Leverage Opportunities (p. 39) and Mapping the Money exercises (p. 32), collaboratives should be able to generate a succinct innovation agreement.

Our team in _____
_____is developing _____
to address _____.

We are initially targeting _____. This approach is unique because _____
_____

Make Your Case for Innovation

This innovation agreement can serve as your elevator speech or quick pitch, but in presenting this innovation to potential payers (like Medicaid), funders, and partners (think broadly who else cares about this!), you will need to develop a more robust story.

Consider the following questions in your presentation:

- Who are you?
    - Give a brief overview of your organization or collaborative and the community context, including needs, assets, and resources.
- What is your innovation?
    - What community problem or need is being addressed?
    - What solution are you undertaking?
    - What are the features of the funding mechanism to be used?

- How will you create impact?
    - What are the results of a pilot or demonstration project?
    - Incorporate data and capture real-world stories of impact.

Notes:

Incorporating Feedback

Not every presentation will result in new funding or new partnership deals, but use these presentations as learning opportunities to further refine your model and your pitch.

+ What Worked	▲What Could Be Improved
• What do you like best about the idea?	• Where are you getting stuck? • Where can the logic and thinking be improved?

? Questions	! Ideas
• Is this a good fit with your organization? • Who else would be interested?	• What should we explore further?

Notes:

🔑 ***Key Takeaways for Financial Innovation***

With intention and practice you can become an innovative “money whisperer”:

- See the money in the system and look beyond just the obvious sources.
- Create relationships that bring money to support your work.
- Innovate by applying, combining, and creating financing tools, methods, and models.
- Iterate, learn, tweak, and test, again and again.

Examples of Innovation

While innovation can involve the creation of entirely new models, innovations may also include implementing a known financing mechanism in a new way or a new setting. Examples of innovation that may provide inspiration for local adaptations or adoption can be found on p. 56.

Engaging Payers

Engaging and Building Relationships with Payers to Create New Funding Streams

Through new innovative payment models, payers are exploring ways to invest in upstream drivers of health and, in doing so, keep their covered population healthier. Key to participating in these models is understanding the concept of value and developing payer relationships.

Understanding How to Create Value for Payers

One way to partner with payers is to improve value in the purchasing of health care. Public and private payers alike are increasingly focusing on value through efforts to:

- Improve the relationship between quality and costs
- Coordinate care across settings
- Share risks for care outcomes
- Invest upstream to improve health status

Examples of payment models that emphasize value-based care include arrangement such as:

- Readmission penalties for hospitals (quality)
- Patient-centered medical homes and bundled payments for providers (coordination)
- Accountable care organizations (risk-bearing)
- Social needs screenings by managed care organizations (upstream)

Key Takeaway for Creating Value for Payers

- Health plans and their funders (e.g., Medicare, Medicaid, employers) are increasingly prioritizing value-based models rather than simply trying to cut costs.
- The nature of the population served by a health plan and the priorities of the public or private payer will determine the value strategies for managed care payers.
- A collaborative's activities and competencies can contribute to value for payers.
- Make the case that patients move on and off coverage and between health plans. Upstream investments that address broad populations may reduce future risks for payers.

Value Assessment

- What are my organization's core competencies?
- Where does or can my organization contribute added value?
  - Focus on quality
  - Support coordination/integration
  - Assume risk
  - Invest upstream
- Could my organization partner with providers or health plans serving Medicaid, Medicare, or the private sector to add value?
- Can I make my value case to employers or public payers that engage managed care plans?

Notes:

Creating a Funding Stream Around Addressing Social Determinants of Health in Medicaid

There are three main ways that service providers can create a funding stream for addressing social determinants of health.

1. Coding: Billing for services such as screenings as an approved Medicaid service.

    - Work with your state's Medicaid agency to use care coordination Healthcare Common Procedure codes to reimburse for services that address social determinants of health

    - Medicaid's Early and Periodic Screening, Diagnostic and Treatment benefit can be used for children

2. Administrative payments: Managed care organizations can contract with other entities to cover administrative services, such as screening enrollees for social needs, providing referrals to social services, and employing community health workers.

3. Contracting: A managed care organization can contract with community-based organizations as a designated entity to provide care coordination or value-added services for its enrollees.

Building Relationships With Payers

🔑 ***Key Takeaway for Finding the Right Person to Talk To***

- Finding the right decision-makers will vary state to state.
- Do your homework and then network.

Questions to Consider

- What state agency has responsibility for oversight of the Medicaid program?
- Does your state Medicaid program use managed care to deliver services?
- Who are the key people for each program at the managed care organization?
    - Hint: Primary prevention and upstream issues may fall under outreach, care management, or quality improvement.
    - It may be helpful to speak to field staff or care managers to identify programs and who is in charge of them.
- If I partner with Medicaid in a value-based strategy, what is the best avenue for funding?
    - Bill for services
    - Administrative payments
    - Contracts

Make Your Case

- Why is this important for state priorities?
- Why are you the right organization to do this?
- What is your program? Describe exactly are you doing.
- Results! Share data on your outcomes.
- What it costs you, on average, to get to your outcome and why you can do better than whatever program they may use.
- Remember: Your service should do more or better than they can do and/or save money for state or managed care organization.

Notes:

🔑 ***Key Takeaway for Sustaining Relationships with Payers***

- Keep tracking and keep the relationship going

Ways to Stay on Track

- What's new? Have priorities or performance measures changed?

- Are there emerging needs? Can you help using your community outreach resources? Could you develop a new intervention to address an emerging Show your results. Be sure outcomes relate to state priorities or the needs of local employers.

- Dig deep. Show all outcomes related to performance measures. How many people were lost during follow-up? Were there differences in an outcome for certain groups? How can you capture people not currently engaged?

Notes:

Conclusions

Positioning collaboratives for financial sustainability is just one component of an overall sustainability initiative. Collaboratives cannot achieve financial sustainability without building relationships that align stakeholders from multiple sectors and address strategy and vision, provide leadership, collaborate effectively, measure performance, and communicate effectively.

There are many sources of public and private funding that can be blended and braided with existing funding streams to create sustainable efforts. Community collaboratives must be intentionally innovative and connected with others engaged with similar health improvement goals to identify and capture resources.

The increasing focus on value in the health care sector and other determinants that impact health create an opportunity to clearly identify the value proposition of your collaborative's activities and market those activities to payers (health plans) and those who fund health and well-being (Medicare, Medicaid, government funders of public health and social services, businesses, and philanthropy). Those parties are interested in funding activities that demonstrate a contribution to value.

This workbook provides worksheets and self-assessments along with discussion questions for you and your collaborating partners as you move toward creating sustainable improvements in equity and health in your communities.

Case Examples

Case Examples

Examples of Leveraging Grant Funds

Some communities have built expertise in leveraging and braiding grants to achieve great things beyond what any one grant would have enabled.

Leveraging Federal COVID-19 Funds

The unprecedented amount of federal COVID-19 relief and recovery funds flowing into cities, counties, and states provides a once-in-a-lifetime opportunity to make transformative, equity-enhancing investments. While this money presents a limited opportunity, it can be used strategically and leveraged with other available funds — through blending or braiding — to maximize impact on the health and well-being of communities.

NewTown Macon (Georgia)

Who is involved and who is the innovation targeting?

Public and private partners have come together to make strategic investments in Macon-Bibb County to focus on affordable housing, which supports a decades-long vision for an inclusive downtown for all residents to live, work, and socialize. This newest investment aligns with the priorities of the community-driven Macon Action Plan, facilitated by the Macon-Bibb County Urban Development Authority. Partners include:

- Historic Macon Foundation, nonprofit engaged in community revitalization and historic preservation

- John S. and James L. Knight Foundation, a national philanthropic organization

- Macon-Bibb County, government

- NewTown Macon, a nonprofit, public-private partnership dedicated to revitalizing downtown Macon through a comprehensive approach that includes establishing Newtown Loans, Middle Georgia's first community development financial institution, and serving developers and entrepreneurs

What is the innovation and what are the sources of funding?

The Knight Foundation provided a matching grant to the investments from Macon-Bibb County's American Rescue Plan Act (ARPA) funds.

The grants are for $1 million for NewTown Macon and $600,000 for Historic Macon, thus doubling the amount they will have available to create affordable housing.

Where is this happening? Describe the context.

Since 1996 public and private partners have been working to restore downtown Macon as a thriving place for economic, cultural, residential, and social activity.

Macon-Bibb's investment of ARPA funds is part of an $18-million plan that includes creating affordable housing, alleviating food deserts, and addressing safety and blight.

When did development start and when was it implemented?

Efforts to revitalize downtown Macon have been ongoing for decades. The Macon Action Plan was originally published in 2015 and is undergoing a refresh. Since the completion of the first plan for Macon's urban core, the downtown efforts received $5 million in foundation grants, more than $400 million of additional public and private investment in Downtown, and 80% of the strategies from the original plan have been implemented.

Why was this undertaken?

The ongoing revitalization efforts have been undertaken to combat vacancy, blight, disinvestment, and lack of opportunity in the historic core of Macon. Even with recent improvements, the number of residents living in the urban core is 60% of what it was in 1960. There is recognition that revitalization of the downtown area will bring more economic opportunity, population growth, increased safety, and opportunity to all residents.

How does it work?

NewTown Macon intends to use $2 million to help residents become entrepreneurs. They will help people renovate and rent blighted properties by training entrepreneurs to build and rehabilitate investment property in their neighborhoods. NewTown will also establish a revolving loan program to support residents' purchase and renovation of 20 blighted urban-core properties that will then be rented out at affordable rates by residents.

Historic Macon plans to use its $1.2 million to build 12 to 16 affordable rental units in the Beall's Hill community. It aims to increase quality, affordable rental housing to meet demand and combat blight in the area as the next step in the neighborhood's ongoing revitalization. The investment will also create an ongoing rental housing revolving fund for the organization to use in other neighborhoods.

Strategically Leveraging Grants

Grants from the Health Services and Resources Administration's Federal Office of Rural Health Policy enable rural and frontier communities the opportunities to build networks, coordinate care, and focus on addressing place-based barriers to accessing health care. While these grants are limited in time, funds, and scope, many communities are able to maximize their impact by thinking sustainably from the beginning of the grant and strategically leveraging other grants to get much-needed programs off the ground.

Garrett Regional Medical Center (Maryland)

Who is involved and who is the innovation targeting?

Garrett Regional Medical Center in Maryland was a 2015-2018 grantee of the Health Resources and Services Administration's Outreach Program.

A consortium of partners implemented the nurse navigation program, including:

- Garrett Regional Medical Center, the grantee and main provider of Cancer Navigation services.

- Garrett County Health Department, provider of home care services for patients in need of additional help. They also conduct cancer screening programs (colorectal, breast, oral, and skin), conduct community outreach, and refer positive screened patients.

- Community Action Committee, provider of transportation to and from treatments within Garrett County's borders, and also provide patient support through their Home Delivered Meals program and Respite for Caregivers program.

- West Virginia University Medical Center, provider of specialty oncology services and provides the oncologist at the program and serves as the referral site for other specialty services for Garrett Regional Medical Center.

- American Cancer Society, supplier of evidence-based resources for the navigators.

What is the innovation and what are the sources of funding?

The hospital uses grant funds as "seed money" and begins with the end in mind. Grant funds are strategically used to get a new initiative up and running. The grant covers startup costs, but the hospital and its partners have an idea for how the new service will be sustained after that. Once the grant funding is over, the services and staffing are integrated into the program budgets of the hospital and partner organizations.

Where is this happening? Describe the context.

The Garrett Regional Medical Center service area sits within the Appalachia area of three states — Maryland, Pennsylvania, and West Virginia — a region known for high poverty rates; low rates of educational attainment; and high rates of smoking, obesity, teen pregnancy, and overall poor health outcomes. It is a geographically isolated region with a sparse population (Garrett County has a total population of

29,425, spread out over 647 square miles). The area lacks a public transportation system, with the inability of many patients to travel to appointments posing an ongoing challenge.

When did development start and when was it implemented?

A nurse navigator program was established in 2015 as part of the opening of the hospitals' new cancer center in a rural community. The hospital wanted to provide local care, supports, navigational assistance to cancer patients.

Why was this undertaken?

Cancer is the second leading cause of death in Garrett County, as well as for Maryland, West Virginia, and Pennsylvania. When the grant was written, the death rates from colorectal and breast cancers in Garrett County were each 25% higher than rates for the state of Maryland or the United States. Yet, there were no cancer care services within the Garrett Regional Medical Center service area. People had to travel at least an hour to receive chemotherapy, radiation, or other cancer care services. For many low-income people, a cancer diagnosis was effectively a death sentence, as traveling for treatment was often not possible.

How does it work?

When the hospital looks at a new outpatient service, or a program that it wants to pursue, the first thing it does is to pull people in from the various departments that will be impacted or involved. The group begins planning: What is the need in the community? What are all of the costs involved? How much can be covered through billing for services? Will this be sustainable when the grant winds down?

The hospital sees itself as part of the community, so if it does not appear as if the program is sustainable after the grant period, it will not pursue the grant, as it would be "devastating" to leave the people of the community "high and dry" after they have begun utilizing new services for two or three years.

Examples of Innovations

Innovative communities, in some cases spurred by favorable state or federal policies, are experimenting with building new collaborative or organizational structures that enable blending and braiding of diverse funding sources to sustain upstream investments in community well-being.

Local Wellness Fund

A *local wellness* fund is a locally controlled pool of funds created to support community well-being and clinical prevention efforts that improve population health outcomes and reduce health inequities. Sources of funding may be public and/or private. Local wellness funds are frequently being used as a means to sustain accountable community of/for health efforts, but can be established outside of them.

OnePierce Community Resiliency Fund (Washington)

OnePierce Community Resiliency Fund is the investment arm of Elevate Health, an Accountable Community of Health in Washington state.

Who is involved and who is the innovation targeting?

- Accountable Community of Health
- Community
- Health care providers
- Payers
- Philanthropy
- Pierce County Human Services

OnePierce targets any social determinant of health that improves whole-person health and health equity. Priorities in 2021 included increasing units of affordable and supportive housing, improved access to behavioral health services, and workforce development in underserved communities, all with the ultimate goal of bolstering health and economic vitality.

What is the innovation and what are the sources of funding?

Elevate Health is creating scalable, income-generating models and value-based contracting with social service organizations and care providers in the region. It established OnePierce to sustain its focus on health equity beyond the Medicaid Transformation Project period. By supporting whole-person health in ways that return capital or capture health care savings, OnePierce is a long-term community asset.

One example is OnePierce's zero-interest bridge loan program. The loans support rental assistance providers delivering financial support to the county's most vulnerable residents. By having the money upfront, providers are able to more quickly and effectively offer rental and utilities assistance before being reimbursed by county or city contracts.

Funding sources for OnePierce include:

- Elevate Health: $5 million (10% of its earned Medicaid incentive payments under the Medicaid Transformation Project.)
- Ballmer Group (philanthropy): $2.5 million
- Dignity Health/Common Spirit Health (health care providers): $2 million
- Pierce County CARES Act (federal COVID-19 relief): $1.5 million
- Pierce County Connected Fund (aligned philanthropic response to COVID-19 locally): $95,000

OnePierce deploys its resources through:

- Nonrepayable grants to community organizations
- Repayable community loans with low- or no-interest financing for the development of affordable and supportive housing and bridge-loans for rental assistance providers
- Creatively structured funding and support for the work of Elevate Health and partners addressing systemic challenges (e.g., contracts for doula training)

Where is this happening? Describe the context.

OnePierce's goals are inextricably linked to Elevate Health's mission to build and drive community coalitions that transform health systems and advance whole-person health for all.

Washington's nine Accountable Communities of Health were established as part of the state's Medicaid transformation efforts.

When did development start and when was it implemented?

Elevate Health began in May of 2016 as Pierce County Accountable Communities of Health. As part of its sustainability strategy, in 2019 Elevate Health expanded its role and capacity to serve the region long-term by establishing the OnePierce Community Resiliency Fund. In 2020, OnePierce launched its grant and community lending programs.

Why was this undertaken?

OnePierce invests in prevention strategies to break the cycles of poor health and poor community infrastructure, and funds services that support the most vulnerable individuals. Pierce County has a population of approximately 576,000 people, of which:

- 32.65% are minority individuals facing race-related barriers to whole-person health

- 26.71% have low incomes

- 11.16% live below the poverty level

OnePierce's current programs prioritize three social determinants of health: behavioral health, housing stability, and workforce development.

How does it work?

As the investment arm of Elevate Health, Pierce County's Accountable Community of Health organization, OnePierce conducts its activities in Pierce County to advance whole-person health for all of its residents. OnePierce expects to deploy $5M in capital in 2022. Its capital base is funded by its own assets, the result of revenue sharing from Elevate Health, pass-through public sector revenue, philanthropic support, and private funders. OnePierce makes investments using three approaches:

1. Low-interest loans. The majority of OnePierce investments ($5M in 2021) are made in the form of low-interest loans with flexible terms. Loan applications begin with an Expression of Interest submitted from the community to OnePierce. Once an application has been submitted, OnePierce undertakes social and financial due diligence to assess the risk of the loan achieving its social impact while generating a financial return.

2. Grants. OnePierce conducts competitive processes for community grants, with a budget of $200,000 per year. In September 2021, it issued a Behavioral Health Equity Challenge calling for proposals to increase access to behavioral health services and projects supporting the integration of physical and behavioral health. OnePierce centered community voice in the grant selection process. OnePierce expanded upon its own pool by managing distribution for other entities, including $1.5M in CARES Act grant funding for 21 behavioral health providers.

3. Health Innovation Funds. OnePierce makes investments in catalytic projects that impact system change supporting health impact. Some innovation investments are expected to be structured with a pay for performance model, others are structured with solely social impact outcomes. In 2021, OnePierce budgeted $250K for health innovation investments. This year our investments are focused on workforce development that will positively impact health equity, including the previously mentioned doula training for BIPOC providers.

OnePierce is a vehicle for healthcare providers and community members to make contributions that will be invested and reinvested in the community for the long-term.

OnePierce's impact in 2021 included:

- $5.2 million committed by OnePierce
- $45 million leveraged with partners
- 16 new homes supported with pre-development commitments
- 4,547 households supported with rental assistance
- $200,000 grants supporting six behavioral health organizations

Pathways HUB

The Pathways Community HUB model is recognized by the Agency for Healthcare Research and Quality as a data-driven approach to identifying and addressing risk factors at the individual and community levels.

The Pathways HUB system relies on community health workers employed by health providers, social service agencies, and other community organizations) to remove barriers so that people can better access needed health care and social services. Aligning with payers produces a sustainable funding stream for much-needed services.

The community care workers reach out to at-risk individuals in the community and assess their health, social, behavioral health, and economic needs. The identified, modifiable risk factors (e.g., health care, housing, education, etc.) are addressed and tracked using standardized pathways based on evidence-based and best practice interventions. HUBs are reimbursed based on documented completion of a pathway and a measurable outcome.

The Pathways Community HUB Institute upholds compliance to a set of national standards and certifies eligible community organizations through the Pathways Community HUB Certification Program.

Northwest Ohio Pathways HUB

Who is involved and who is the innovation targeting?

- Lead: Hospital Council of Northwest Ohio (a hospital association)
- Community-based organizations
- Faith-based organizations
- Federally Qualified Health Centers
- Hospitals and health systems
- Housing authority and homelessness agencies
- Judicial system
- Medicaid managed care plans
- Public health
- Public service
- Regional transit authority

The Northwest Ohio Pathways HUB aims to improve care coordination and social supports for low-income residents, particularly for pregnant women.

What is the innovation and what are the sources of funding?

The pay-for-performance model serves to align all community care coordination agencies by employing community health workers to address socioeconomic drivers of health.

The Northwest Ohio Pathways HUB uses a mix of grants to sustain special projects and HUB infrastructure, as well as contracts with five Medicaid managed care plans that pay the HUB for the outcomes achieved by community health workers. The HUB then pays the organizations that employ the community health workers for the outcomes they have earned.

Where is this happening? Describe the context.

The majority of the Northwest Ohio Pathways HUB services are in Lucas County (home to Toledo). In 2020, 13.7% of Black women in Lucas County had low-birth-weight babies and 15.8% had preterm births, according to the Ohio Department of Health. The overall infant mortality rate in Lucas County was 11.3 per 1,000 live births, with a rate of 17.2 for Blacks, more than twice the rate of whites at 8, according to the Toledo-Lucas County Health Department.

Black women face many health disparities, including racism, barriers to accessing health care, limited transportation, lack of food and other basic needs, and inferior housing. These conditions cause stress and prevent Black women from delivering full-term, healthy-weight babies. A community health needs assessment found that more than one-third of Black adults (36%) in Lucas County were living in poverty, 28% reported transportation issues, 14% were concerned about having enough food, 30% considered their neighborhood to be slightly safe or not safe at all from crime, and 15% reported that more than one environmental issue threatened their or their family members' health, such as mold, bed bugs, and safety hazards.

When did development start and when was it implemented?

The Northwest Ohio Pathways Community HUB was developed in 2005 after the Toledo Community Foundation put out a call to action to address the high rates of low-birth-weight babies being born in Lucas County, Ohio. Due to its neutral standing in the community and its reputation of addressing health disparities, the Hospital Council of Northwest Ohio was selected by the community to serve as the HUB. Since the HUB began enrolling in 2007, it has served nearly 10,000 high risk residents.

Why was this undertaken?

The HUB was established out of a desire to fix the high rates of low-birthweight babies born in the community. While the HUB expanded to addresses diabetes, heart disease, and other chronic conditions, infant mortality remains its biggest priority, with about 60% of the Northwest Ohio Pathways HUB's clients pregnant and another 30% of child-bearing age.

How does it work?

Community health workers canvas the community for at-risk residents or take referrals, assess enrolled residents, and develop a comprehensive, outcome-driven plan that prioritizes health and social needs. The HUB system has 20 pathways for unmet needs, including health care, food, housing, and transportation. Organizations employing community health workers receive payments from Medicaid managed care plans when clients are successfully connected to services and meet outcome milestones.

Compensation is based on meeting specific measurable outcomes (e.g., clients attending prenatal care appointments, having stable housing, and delivering a healthy baby) that are achieved by completing HUB pathways. Medicaid managed care organizations and other funders pay set fees for successfully completing these pathways.

Community Development Financial Institution

A *community development financial institution* (CFDI) is a financial institution that provides credit and financial services (e.g., loans) to individuals, small- to mid-sized businesses, microenterprises, and nonprofit organizations in underserved markets and populations. These loans are generally made with below-market rate for interest. CDFIs emerged in response to the needs seen in urban neighborhoods and rural areas, particularly those with high rates of poverty and unemployment, that are underserved by traditional financial institutions. Some CDFI's take on broader roles related to financing population health in communities.

The ProMedica-LISC Health Impact Fund

Innovation: LISC is operating as a community development financial institution for their community, housing a "loan pool" to advance community development and population health goals.

Who is involved and who is the innovation targeting?

- LISC, a national community development financial institution with a local office in Toledo, a local advisory board, and a network of community partners
- ProMedica, a nonprofit, integrated health care system serving northwest Ohio and southeast Michigan

What is the innovation and what are the sources of funding?

LISC, as an "intermediary" with strong community partnerships, leverages public and private resources to invest in people-centered and place-based strategies to support positive changes and impacts in underinvested communities. As a community development financial institution, LISC provides financing (loans, grants, and equity) and technical and management assistance to local partners and developers to comprehensively address community development priorities and population health goals.

In Toledo, LISC, in partnership with ProMedica, created a "loan pool" to support these efforts investing in housing, economic development, and community facilities. The $25 million fund comes from two sources: LISC and the health care system ProMedica.

Where is this happening? Describe the context.

LISC is a local office (serving Toledo and northwest Ohio) of the national nonprofit intermediary and community development financial institution.

The ProMedica-LISC Health Impact Fund is structured to address the challenges of a weak market by providing flexible financing to support efforts across the continuum of community real estate development, which is often paired with a programmatic investment to bolster the determinants of health.

When did development of the fund start and when was it implemented?

2018

Why was this undertaken?

Like other midwestern legacy cities, Toledo has experienced declines in resources due to economic and population shifts, coupled with limited philanthropy.

The loan pool is part of broader alliance between LISC and ProMedica to mobilize resources for underinvested communities to scale up economic opportunity, improve health outcomes, and boost quality of life.

How does it work?

The ProMedica-LISC Health Impact Fund highlights the linkages between health and community development financing.

The loan pool is focused on development projects and neighborhood revitalization in four target neighborhoods in order to increase economic opportunity and have a health impact. Loans (predevelopment, acquisition, construction, miniperm, bridge, and small-business loans) may be used to build or rehab quality housing, boost small businesses, or develop greenspace, with loan amounts ranging from $30,000 to $6 million.

There is a standard intake and application process for anyone looking for funding, including the use of a proprietary assessment tool to look at health impact of potential projects. A committee of board and staff members evaluates the projects.

Value-Based Care Organizations

Value-based programs reward health care providers with incentive payments for providing high-quality care. These programs are based on the Triple Aim of providing better care for individuals and populations at lower cost. Programs vary in the size of incentive or risk that providers bear, but provide organizations an opportunity to reinvest savings back into prevention and in the community.

Yamhill Community Care (Oregon)

While coordinated care organizations share some characteristics of an accountable care organization — they are locally governed; accountable for access, quality, and health spending; and emphasize primary care medical homes — they differ from most Medicare and commercial accountable care organizations in their acceptance of full financial risk in the form of a global budget. Oregon community care organizations are shifting focus to addressing the social determinants of health and equity in order to improve overall health of the population and reduce long term health care costs.

Who is involved and who is the innovation targeting?

- Lead: Yamhill Community Care (Medicaid)
- Community organizations
- Government
- Health care providers
- Schools and early learning providers
- Social service agencies
- Yamhill County Health and Human Services (including public health was mandated by Oregon Health Authority requirements)

What is the innovation and what are the sources of funding?

The Yamhill Community Care Community Prevention and Wellness Fund supports innovative, evidence-based prevention programs in schools and in the community. The $1.7 million fund was initially resourced through tax dollars (including marijuana tax dollars), businesses, , program-specific grant funds, health care plans, and reinvestment of Medicaid quality incentive payments (Oregon Health Authority and federal Medicaid funds). Marijuana tax dollars have been diverted since and are no longer a funding source.

Where is this happening? Describe the context.

Community care organizations (CCOs) emerged from Oregon's health system transformation, which used a Medicaid 1115 waiver to fund CCO development in 2012.

The Yamhill Community Care Organization is a full-risk, community-based Medicaid plan that can receive and disburse incentive payments for health care outcome performance that exceed established targets. Yamhill CCO reinvests a portion of the incentive payments back into population health improvement.

While one in four county residents is a member of Yamhill Community Care Organization's Medicaid managed care, much of the funds' work is population-based and benefits schools or the broader community.

When did development start and when was it implemented?

Yamhill Community Care was founded in 2012. The Community Prevention and Wellness Committee was established in early 2015, and after an intensive review of recommended prevention programs and potential fund development options, the committee developed a three-year plan for investment in prevention and established the fund in late 2016.

Why was this undertaken?

The main goal was to address population-level and prevention needs and to reduce the health concerns in the community. A robust partnership between the health plan and public health enabled this.

How does it work?

The Community Prevention and Wellness Fund invests in social determinants of health, like food insecurity, and supports prevention programs in schools.

Yamhill Community Care uses three processes to disburse funds: releasing as-needed requests for proposals to invite applications to fund any of the approved evidence-based prevention programs, receiving and reviewing ad hoc requests from community partner agencies, and receiving requests from partner advisory committees or workgroups based on identified need.

A rubric is used for each request to ensure evidence- or research-based approach, alignment with Community Prevention and Wellness Committee goals, and alignment with the local community health improvement plans. Final decisions are recommended by the Community Prevention and Wellness Committee, approved by the Medicaid-member driven Community Advisory Council, and final approval comes from the Yamhill Community Care Board of Directors. Awards range anywhere from $20,000 to $250,000 per year, with a focus on three-to-five year investments leading to sustainable program change.

Accountable Community of/for Health

While requirements may vary, Centers for Medicare and Medicaid Services, as well as state initiatives in California and Washington, are enabling the development of Accountable Communities of/for Health. The model provides a vehicle for cross-sector partnerships to address social determinants of health through a set of reinforcing solutions. Additionally, there is a large focus on engaging community and including residents in all aspects of shaping the business model.

Imperial County Accountable Community for Health (California)

Who is involved and who is the innovation targeting?

With leadership from the Local Health Authority and the Imperial County Public Health Department acting as the backbone, the Imperial County Accountable Community for Health (ACH) initially convened multiple sectors to implement strategies that build healthier environments and address the underlying factors that affect asthma and its management, with the goal of reducing asthma hospitalizations and missed school attendance. Now, the ACH is focused on collective action around improving population health and empowering community members.

The Local Health Authority Commission consists of elected county leaders and representatives from the Chamber of Commerce, medical society, nonphysician provider groups, health systems, the behavioral health and social service sectors, and the broader beneficiary community.

In addition to the strategic partnership between the Local Health Authority and public health, a Steering Council that represents community members and stakeholders was formed to be the oversight working body of the local Community Health Improvement Plan Partnership. Steering Council representatives include representatives from the Federally Qualified Health Center, a Medicaid health plan, the First 5 Imperial Commission, the Imperial County Public Health Department, and a tenured nurse faculty member from the local university. Other key partners include the California Health & Wellness Health Plan, Clinicas de Salud del Pueblo, Inc., Comite Civico Del Valle, Inc., and El Centro Regional Medical Center.

What is the innovation and what are the sources of funding?

As a selected California Accountable Communities of Health Initiative (CACHI), Imperial County received support and funding through its public health department to further this work. The funding (up to $850,000 over three years) was used to facilitate partnership building and development among county leaders and other critical stakeholders.

An important component of the ACH's sustainability and capacity-building efforts come from its wellness fund, which is currently resourced by the county-selected Medicaid managed care health plan in two ways: 1) monthly per member per month fees of $80,000 to $90,000 per month, and 2) algorithm-based annual revenue sharing that amounts to around $1 million a year. The wellness fund is further resourced by the blending and braiding of funds.

Where is this happening? Describe the context.

Imperial County is a rural farming community that faces economic and environmental challenges in addition to high rates of chronic diseases. It has one of the highest rates of Medicaid, with roughly half of its 190,000 residents eligible for Medi-Cal and 40% of residents currently enrolled in Medi-Cal managed care.

When did development start and when was it implemented?

In 2012, Imperial County, along with 27 other rural California counties, responded to a Medi-Cal mandate to transition from fee-for-service to managed care. In partnership with the Imperial County Board of Supervisors, a local health care leadership team negotiated with the California Department of Health Care Services to implement a novel, two-plan model of managed care called the Imperial Model, which launched in November 2013. This model created a contractual partnership between Imperial County and the locally selected managed care organization — California Health and Wellness, a subsidiary of Centene Corp. The partnership agreement created an independent Local Health Authority Commission, which was granted the authority to direct and implement the terms of the agreement. The partnership agreement also created a revenue-sharing formula to support implementation by the Local Health Authority Commission. The LHA Commission was established in 2014.

Why was this undertaken?

The ACH partnerships align multisector partners to join in collective action to improve health and health outcomes for low-income residents.

How does it work?

To ensure impact and sustainability, the ACH has tried to diversify funding that includes in-kind backbone support from the public health department and braiding of funds from CACHI, the public health department, and the Local Health Authority Commission's wellness fund. These braided funds allowed for staffing of six positions housed in the public health department to manage the ACH, convene community partners, and identify and support activities that will lead the community to have sustained collective impact around population health.

Funding strategy and allocations from the wellness fund are made by the Local Health Authority Commission, with input from the Steering Council and others. Requirements mandate that 85% of funds must be used for health-related efforts, with a maximum of 15% of funds used for administrative costs. The vision is that the wellness fund will be used as an investment strategy for improving the well-being of the community based on upstream needs identified in the community health improvement plan and the principles of CACHI.

Appendix

Appendix

Mapping the Money in the System

Identifying funding sources in your geographic and programmatic area is a critical first step in establishing diversified streams of funding. "Sources" include any entity that offers direct funding or acts as a secondary distributer of funds. This tool is intended to help you map your funding landscape and uncover new and innovative sources.

Purpose

- To create an inventory of known, existing funding sources
- To encourage users to uncover new and innovative sources of funding

Instructions

We recommend you complete the Stakeholder Mapping Tool before using this tool. The Stakeholder Mapping Tool allows you to map all your stakeholders, including those that provide funding. After mapping your stakeholders, you can use this tool organize and categorize potential funding sources. Once you have mapped the sources in your funding landscape, you can add them to your stakeholder list.

The tool has six sections based on source types:

1. Grants, contracts, donations

2. Community benefit ("a form of public trust that results in nonprofit hospitals obtaining tax-exempt status.

3. Community benefit covers a full range of services and activities provided by nonprofit hospitals that address the cause and impact of health-related needs.")

4. Loans and investments

5. Taxes, credits, trusts

6. Business investment, employers

7. Other sources

Groups can approach the tool in several ways:

- Groups may choose to use the tool as a first step in brainstorming.

- Groups may choose to provide the tool in advance of group discussions so members can bring their ideas to the discussion.

- Groups may ask their members to research specific sources or source types (state or federal government, governmental organizations, community-based organizations, private-sector businesses, and individuals) in advance of discussion.

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[1] What is community benefit? Community Benefit Connect. www.communitybenefitconnect.org

Your "funding landscape" will include a number of familiar funding sources, but we encourage you to use this tool to seek out new and innovative sources. Your group will need to determine how you will identify new sources. Some strategies may include:

- Speaking with partners, colleagues, and friends
- Searching the internet
- Conducting structured interviews with fundraising experts in your area or field
- Inviting external stakeholders to participate in the financial landscape mapping process or asking them to provide input once you have a draft

Complete the tables by providing:

- Funding source
- Type of source (where applicable)
- Sectors the source has funded in the past (housing, nutrition, built environment, etc.)
- Examples of the projects they have funded in the past, if known
- Estimated size of the source's total investment
- Definition of your group's existing relationship with the source

Next Steps

1. Once you have completed the tables, consider inviting a larger group of stakeholders to review them and provide input.
2. The tables capture each source's type and the sectors they fund. This information should be considered when developing marketing materials. The language, format, and platforms you use may vary considerably depending on the stakeholder.

3. The far-right column in each table allows you to characterize your existing relationship with each source. This information will be useful as you develop your fundraising plans. Your marketing strategy will vary depending on the status and nature of your relationship.

4. Your relationship with funding sources will change over time. Consider appointing one or more people in your group to manage your relationships with funders and keep the rest of the group up to date on those relationships.

5. Your funding landscape will change over time. It is important to revisit your list of sources on a regular basis. Consider appointing one or more people in your group to keep up with funding trends relevant to your work.

List all known funding streams (local, state, and national) originating from the health care sector (e.g., reimbursement, shared savings, contracts, community benefit dollars, etc.) that flow into your community.

Who is funding...		...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Type (local, state, national philanthropic	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

List all local, state, and national funding opportunities originating from the public health sector that flow into your community.				
Who is funding...	...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

List all known local, state, or federal funding streams originating from the social services sector that flow into your community.

Who is funding...		...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Type (local, state, national philanthropic organizations, individuals)	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

List all of the tax revenue sources, credits, trusts, etc. in the community that could possibly be tapped (low-income housing tax credit, new market tax credit, marijuana taxes, soda taxes, etc.).				
Who is funding...	...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

List all COVID-19 relief and recovery funds that are available or are already flowing into your community. Consult the Funding Resilience dashboard to explore opportunities.

Who is funding...		...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Type (local, state, national philanthropic organizations, individuals)	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

List all of the businesses, philanthropies, community development financial institutions, etc. who have given back.				
Who is funding...	...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

List sources you know not listed above — be creative! (Crowd sourcing, local or state initiatives and policies being considered or recently passed, etc.)				
Who is funding...	...what, and...		How much are they investing, and...	...what is our existing relationship?
Source	Sectors funded	Examples of funded projects	Estimated size of investment	Existing relationship between the source and the organizations or individuals involved with the local wellness fund

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