Communities Building Power and Racial Equity

Alison Poulsen, President

better **health** together

Vision

An integrated and anti-racist health system accountable for better health for **ALL** in eastern Washington.

Mission
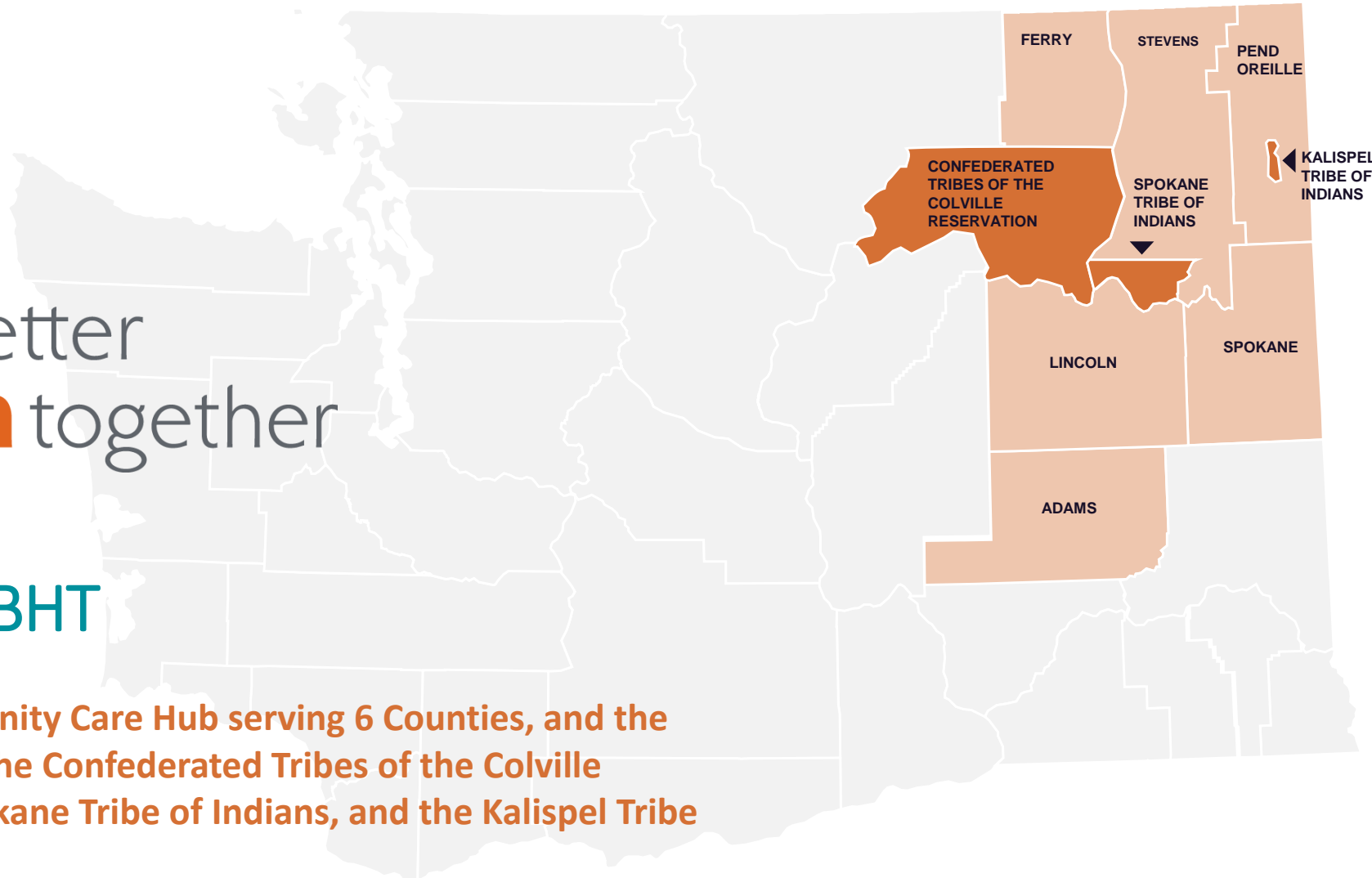
To radically improve the health of the region.

Hi, We're BHT

We are a Community Care Hub serving 6 Counties, and the Reservations of the Confederated Tribes of the Colville Reservation, Spokane Tribe of Indians, and the Kalispel Tribe of Indians.

What we do: Let's break it down

We are grounded in community voice

We contract with community-based organizations who employ a trusted messenger workforce that reflects the communities experiencing the highest levels of health disparities

We invest in the community-based workforce, including training and network opportunities

We make investments in data, capacity, and administration to make this work!

AND, we're part of a larger movement

There are 9 Community Care Hubs across the state

They are responsible for:

- Connecting community and available resources by creating relationships with community partners and providers
- Supporting workforce development including training and planning
- Coordinating care between providers and organizations working with impacted communities
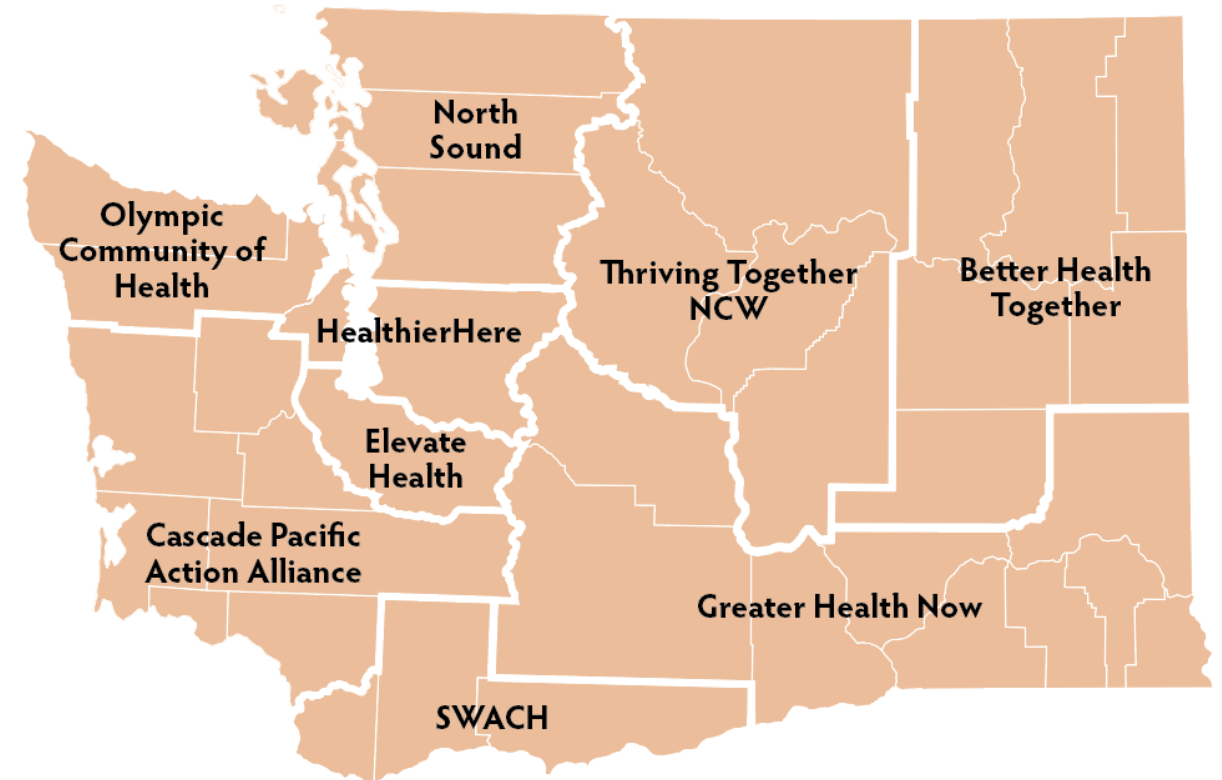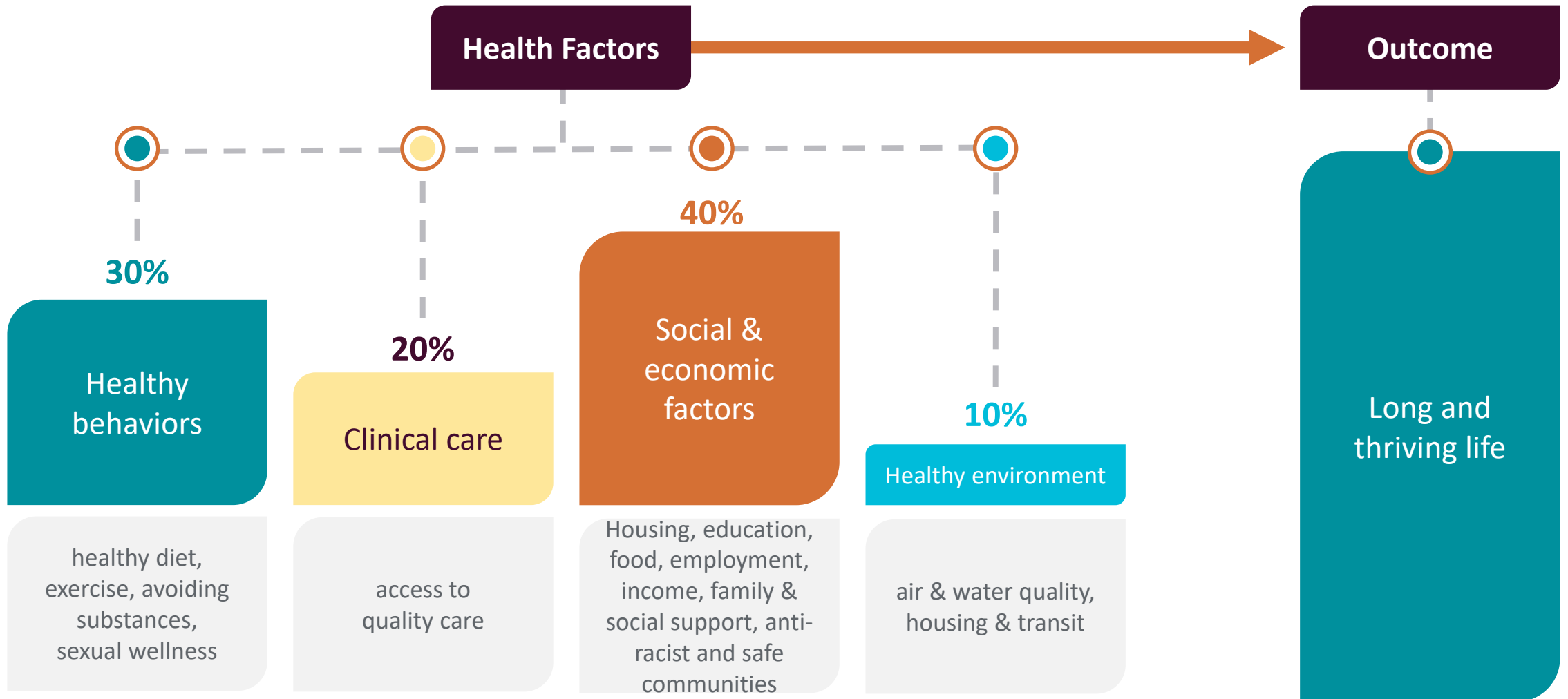
Health is more than what happens at your doctor's office

What makes us healthy?

Here's what we know is true.

Health Factors → **Outcome**

30%
Healthy behaviors
healthy diet, exercise, avoiding substances, sexual wellness

20%
Clinical care
access to quality care

40%
Social & economic factors
Housing, education, food, employment, income, family & social support, anti-racist and safe communities

10%
Healthy environment
air & water quality, housing & transit

Long and thriving life

Source: County Health Rankings model © 2016 UWPHI

What do we mean when we say Health Care and Social Care?

BHT's definition

Health Care

These are services that happen in a clinical setting. Services include primary care, behavioral health, pharmacy and emergency rooms. And sometimes it might also include getting your social needs assessed.
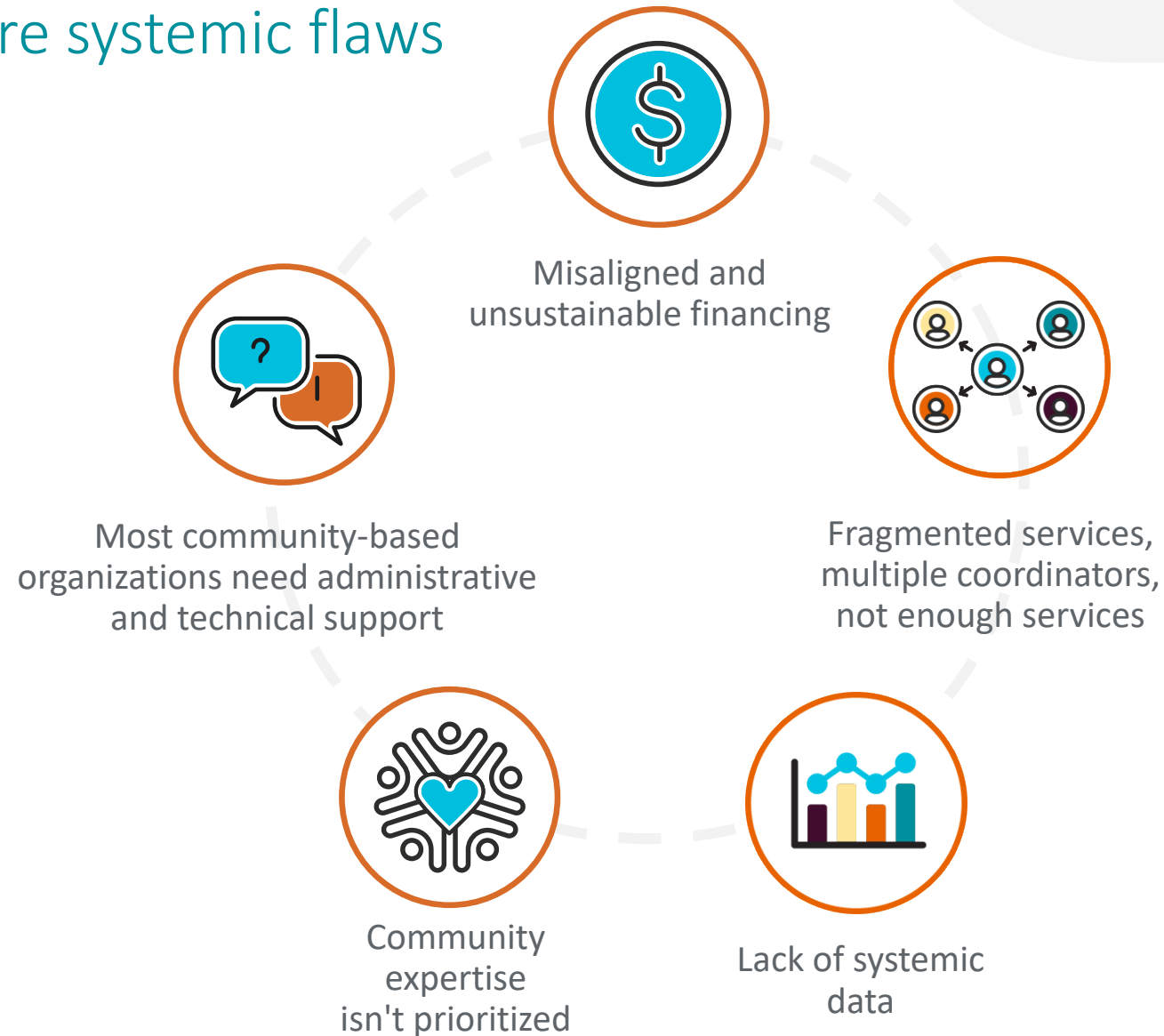
Social Care

Community care focuses on the social connections folx need to be healthy, from housing to transportation, access to healthy food, and community and cultural needs that help us feel connected.

So, what's keeping us
from connecting people to what
they need to be healthy?

We know this is the right thing to do, but there are systemic flaws

Misaligned and unsustainable financing

Fragmented services, multiple coordinators, not enough services

Lack of systemic data

Community expertise isn't prioritized

Most community-based organizations need administrative and technical support

What if we had an **organized network** connecting health care and social care?

A reminder of what BHT does

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We have the vision, but how are we going to do this?

BRAIDING FUNDS

BHT braids funding from multiple sources to create sustainable funding that can stand the test of time

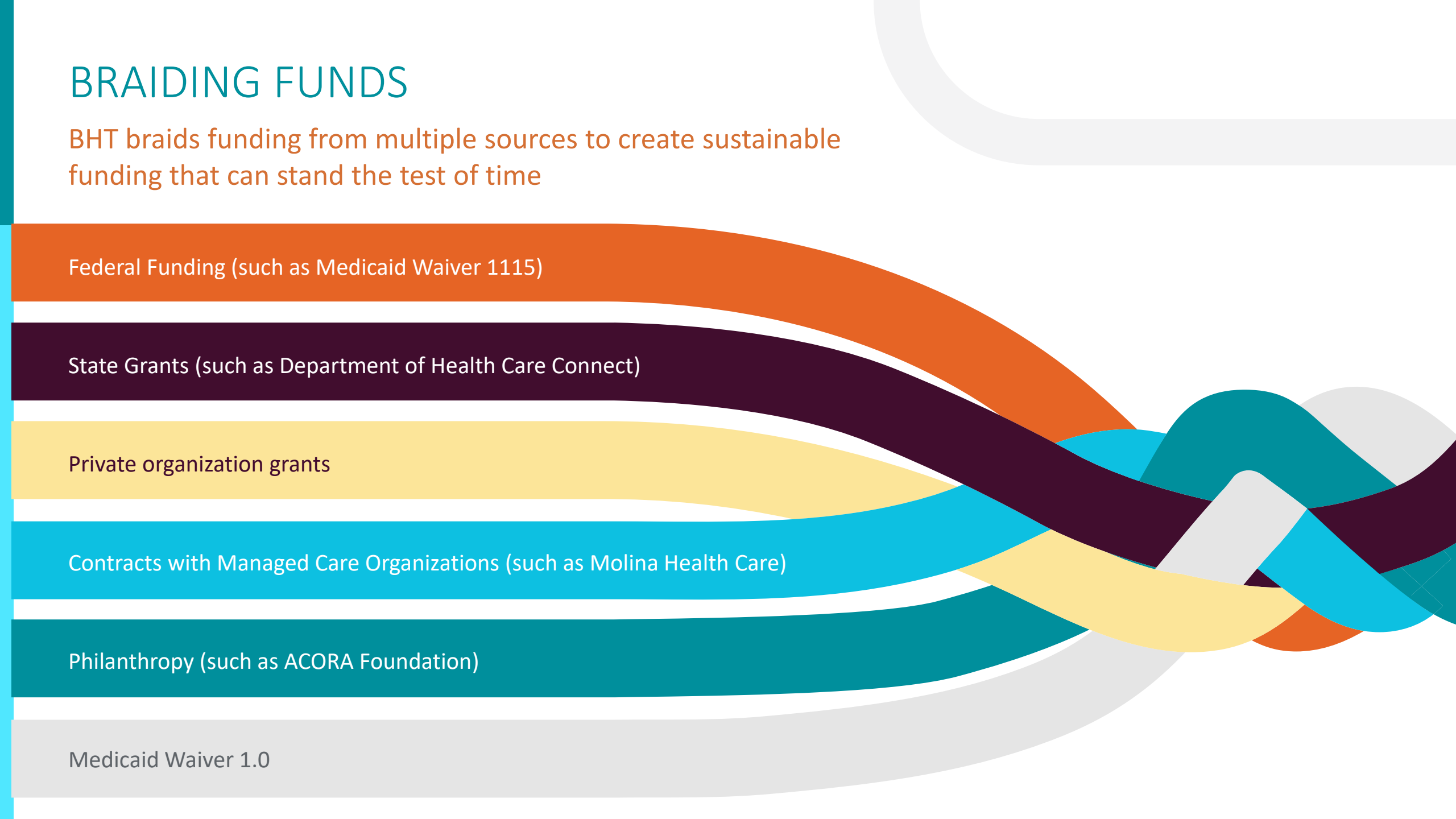Federal Funding (such as Medicaid Waiver 1115)

State Grants (such as Department of Health Care Connect)

Private organization grants

Contracts with Managed Care Organizations (such as Molina Health Care)

Philanthropy (such as ACORA Foundation)

Medicaid Waiver 1.0

How we are working towards a **statewide measurement strategy**

Moving towards a statewide movement

BHT is one of 9 Community Care Hubs across the state

We are currently working together to:

- Develop a statewide set of measures that will help us see if this model is working to improve care delivery systems (adopted by HCA and DOH)
- Pool resources to create data and IT infrastructure so we can serve our partners better

BHT is one of 9 Community Care Hubs across the state

COMMUNITY CARE HUBS OF WASHINGTON PERFORMANCE & IMPACT

ELEMENT GOAL	MEASURE		
	HOW MUCH?	**HOW WELL?**	**BETTER OFF?**
COMMUNITY VOICE & ENGAGEMENT: Did we foster change with community voice and partners guiding the CCH development & implementation process?	# of informing community members # of distinct sectors informing CCH priorities	• % of informing community members informing CCH decision-making who represent populations of interest • % of Network Partners who are satisfied with the data the CCH shares	• % of Contracted Network Partners who report shared decision-making • % of informing community members who report shared decision-making • % of Contracted Network Partners who feel the CCH is regularly communicating on efforts and results in addressing CCH priorities • % of informing community members who feel the CCH is regularly communicating on efforts and results in addressing CCH priorities
SUSTAINABILITY & BUSINESS OPERATIONS: Did we deliver on-going financial, administrative and operational support that reduced the burden for the Network?	# of distinct payors from which the CCH receives revenue Total amount of revenue received by the CCH	• % of Network partners who feel CCH support has increased funding opportunities • % of Contracted Network Partners satisfied with administrative support provided by the CCH • % of funding going to Contracted Network Partners from total revenue received by the CCH	• % of CBOs who feel their administrative or operational burden to partner with government or health care is better because of CCH • % of funders satisfied with CCHs performance to support a Network • % of funders who feel CCH is brokering funding (admin function) on behalf of Network • % of funders or CBOs who feel CCH can manage invoicing & payment, technology, and data across sectors
CARE COORDINATION OPERATIONS & REPORTING: Did we provide standards and systems to ensure the social care network effectively delivers and reports on their services, improves health outcomes and reduces costs?	# of referrals to CCH # of enrolled clients # of enrolled clients with completed SDoH assessment # of individuals served	• # of clients served with documentation of a completed care plan	• % of identified client needs that were successfully addressed • % of individuals who report needs were met
NETWORK MANAGEMENT & CAPACITY BUILDING: Did we create, support or organize a diverse Network of community partners to engage priority populations and deploy services that meet the health & social needs of the community?	# of Network Partners # of distinct Network Partners by Sectors	• % of Contracted Network Partners satisfied with TA received from the CCH • % of funding from CCH to small, grassroots and/or impacted organizations • % of community partners who serve populations of interest	• % of Network Partners reporting increased capacity (e.g., workforce, infrastructure, resources) to meet community needs in culturally appropriate ways • % of Network Partners reporting increased capacity in serving under-resourced populations
COMMUNITY-BASED WORKFORCE: Did we grow economic and professional opportunities for workforce who share life experiences with priority populations?	# of community-based workforce employed	• % of CBWs considered diverse • % of CBWs reporting they are supported by the CBO • % of CBWs reporting training meets needs	• % of CBWs reporting skill growth via training &/or Professional Development • % of CBWs reporting an increase in pay or professional development opportunities • % CBW staff retained for more than 1 year

BHT Strategic Dashboard

HOW MUCH / WHAT DID WE DO? (Quarterly)

8 out of 10 impacted* community organizations in Social Care Network funded to provide health related social needs	10,874 connections to service for community members with social & health needs by type	11,041 of community members referred/enrolled	9 diverse funding streams to BHT from 5 payers to braid funding
32 impacted* community organizations engaged in capacity building	1 white-dominant culture organizations who has participated in anti-racist/equity T/TA	629 total community voices & partners involved in BHT collaboratives	

HOW WELL DID WE DO IT? (Annual)

80% of organizations meeting Social Care Network contract goals	% satisfaction of impacted* community organizations BHT provided T/TA, funding, infrastructure	% of funding going out to Social Care Network
% of Social Care Network partners who increased capacity to provide CBCC	76% of successful social & health needs connections	% of workforce felt able to engage & support individuals

IS ANYONE OR ANYTHING BETTER OFF? (1-5yr view)

Expand community-based organizations' **ability** to connect people to _anti-racist care_	**Shift power** to impacted communities* to dismantle white dominant system	Improve **linkages** between clinical and social care services and resources	Improve **economic and social well-being** of the community-based workforce
# or % of community members who report they were connected to a trusted community-based workforce member	% of impacted* community organizations with capacity to diversify funding outside of BHT	# of partners with strong community & organization connections	44% of workforce engaged in professional development
4 new organizations in the Social Care Network that connect to health and social services	61% of Board members who represent BIPOC/Impacted populations		% of workforce reporting a living wage
# or % of community members reporting increased access to the right social & health services through the Social Care Network	100% of Board members who reported Belonging "feeling welcomed, safe, and respected"		

* BHT uses the term 'impacted communities' to refer broadly to all groups historically underserved and impacted by systems of oppression. This includes but is not limited to, Black, Indigenous, people of color, 2SLGBTQAI+ individuals, individuals with a disability, justice-involved populations, low-income communities, undocumented individuals, refugee/immigrant populations, rural residents, and many other groups that face systemic inequities.

Let's take a quick look at some current data
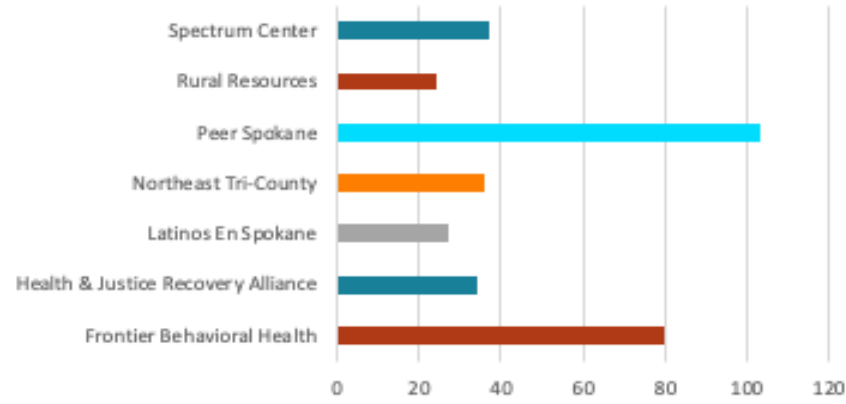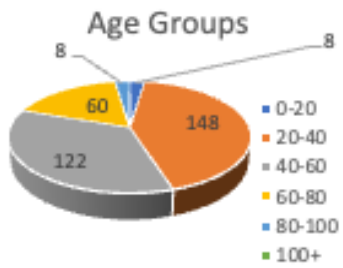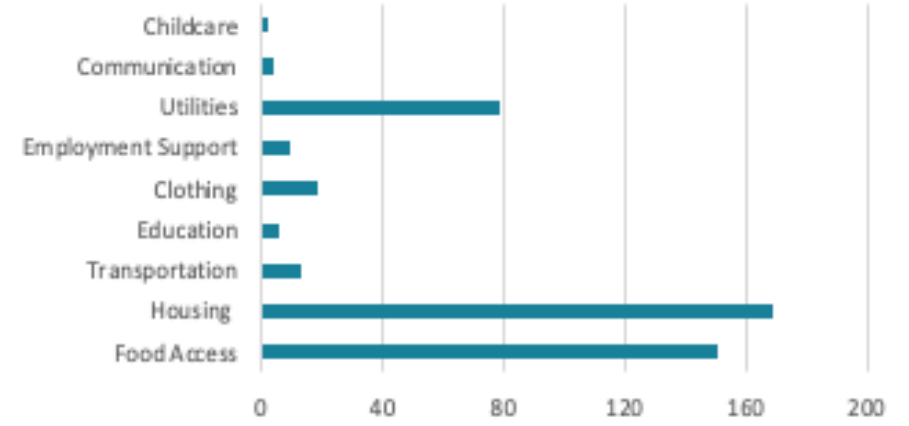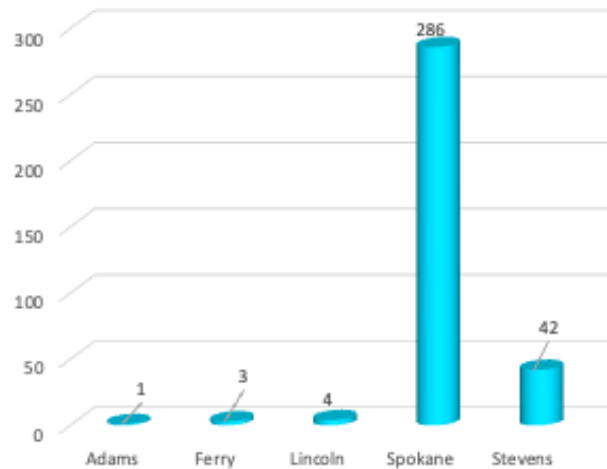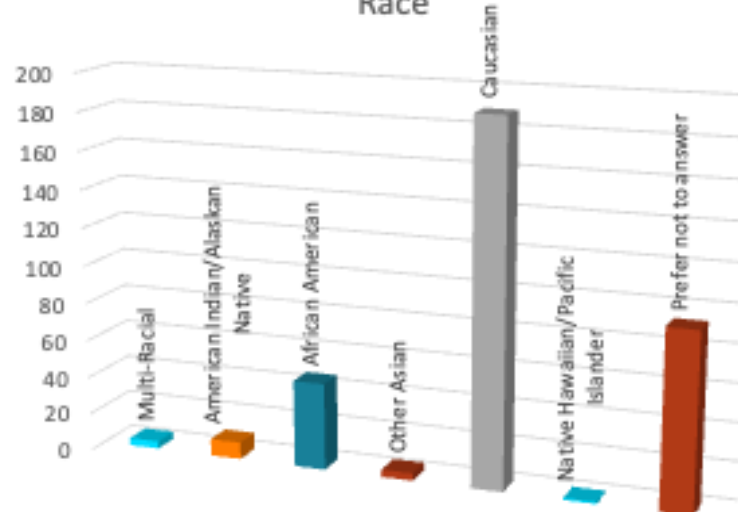
At the end of the day we want

The vision

- Community based organizations that employ a trusted messenger workforce are funded to deliver care through dependable and sustainable funds

- Funders align around strategic measures that capture the multiple dimensions of what makes a community health

- Community Care Hubs provide an efficient way to leverage funds but we don't gatekeep

- **People get the resources they need to be healthy!**

Thank you!

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