

CACHI Comprehensive Evaluation Report: Accelerator Sites, 2017-2019 Summary Data

Prepared by the Public Health Institute's Survey Research Group



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Funding:

This work was made possible with funding from the Blue Shield of California Foundation Grant # P-1709-11930.

Acknowledgements:

We thank the ACH leadership and members from the nine Accelerator Sites throughout California who participated in the evaluation to provide valuable feedback and guidance on the project.

We are grateful to **Sue Grinnell** from the Public Health Institute's Population Health Innovation Lab for including us as a thought partner and answering any and all questions we had regarding the Accelerator site technical assistance program.

We appreciate the collaboration of **Desert Vista** and **CORE Providence**, the evaluators for the CACHI Catalyst Sites.

We are grateful to **Rosa Garcia, Kyli Gallington, Rebecca Garrow, Maricsa Gutierrez, and Mayra Sandoval** from the Public Health Institute's Survey Research Group for their help designing data collection instruments, conducting data collection, and analyzing baseline data. We also thank **Kathryn Stewart** from the Public Health Institute's Population Health Innovation Lab for her assistance creating tables and conducting document review of work plans.

We are grateful for the feedback from the CACHI Accelerator Site funders and stakeholders: **Blue Shield Foundation of California, Kaiser Permanente, The California Endowment, and the California Department of Public Health.**

Last revised: April 13, 2020

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Impetus

The California Accountable Communities for Health initiative (CACHI) aims to modernize the health system and build a healthier California. It does this by bringing together community institutions such as health care, public health, social services, community-based programs, as well as community residents using a new model called Accountable Communities for Health (ACH). CACHI has provided technical assistance, infrastructure, and funding to support partnerships in communities since 2016.

The concept for CACHI was developed during the Let's Get Healthy California Task Force process in 2013-2014. At that time, there were only a small number of models – an Accountable Care Community in Akron, Ohio, and federal State Innovation Models (SIM) were just getting underway in a few states across the country. CACHI was formally launched in early 2016 with the release of an RFP, which received 44 applications. After a rigorous review process, six communities, which came to be known as the Catalyst communities, were selected to begin work in September 2016. Subsequently, another 10 communities from the original applicant pool were invited to join a second cohort, named Accelerators. The Catalyst grantees received \$850K over three years, along with substantial technical assistance support. The Accelerator grantees received \$80K over 2.5 years and a more limited set of technical assistance supports. Because one site dropped out early on, nine sites formed the Accelerator CACHI cohort.

To support the nine CACHI Accelerator sites, a multipronged approach was developed and offered from 2017 – 2019. The approach is a prototype with the goal of providing a set of foundational skills and knowledge to support them in their development of their ACH structure. The approach includes offering the services and resources listed below and is based on the expressed needs of the sites as well as the CACHI Baseline Capacity Assessment:

- One on one coaching
- Group calls that occurred once per month (2017 and 2018) and quarterly (2019)- calls include case studies and discussion via Zoom
- Convening (one time per year in 2017 and 2018, two times per year in 2019)
- Web discussions on relevant topics
- Individualized supports – meeting facilitation, meeting design etc.
- Initial Technical Assistance Offerings
- Curriculum and Playbook
- Resource Brokerage – connecting to various resources
- Website

The evaluation for the CACHI Accelerator sites aims answer the following evaluation questions:

- What is the optimal developmental pathway for the Accelerator sites, and how does this developmental pathway relate to the developmental pathway for the Catalyst sites?
- What are the appropriate milestones for the Accelerator sites?
- What support is needed to support the Accelerator sites in achieving these milestones?

Executive Summary

What we offered

In mid-year 2017, the nine CACHI Accelerator sites embarked on an 18-month journey to increase their ability to operate effectively as an ACH and contribute to improved health in their communities. As per funding requirements, each site selected at least two definitional elements to increase capacity on during the Accelerator funding cycle. To support the CACHI Accelerator sites, a multipronged approach was developed, and various technical assistance was offered. The approach is a prototype with the goal of working with the sites to have them inform what works best for them in the development of their ACH structure. The approach is based on Theory U and included the following **Shared Design Challenge**:

“How might we deepen our understanding to effectively act as an Accountable Community for Health –generating value, community health, and well-being?”

What we saw in the data

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Elements. **These assessments show slow and steady progress from Not Started towards High Readiness for the definitional elements as measured at baseline, intermediate, and follow-up timepoints.** Most sites reported increased capacity for all definitional elements, ranging from more than three-quarters (78%) reporting increased capacity for Shared Vision and Goals and nearly half (44%) reporting increased capacity for Portfolio of Interventions.

The results from surveys conducted with partners of each ACH at follow-up (n=58) and baseline (n=89) timepoints showed steady progress on each of the definitional elements.

For the scale from 1 - we haven't started working on this yet to 4 - we have achieved this, summary scores of weighted averages for each definitional element were higher at follow-up compared to baseline, except for Wellness Fund (1.5 weighted average score at baseline and follow-up). The largest absolute increase was for the Overall Model element, with the summary score increasing by 0.5 points from 2.0 (we're making a little progress) to 2.5, and for Vision, with the summary score increasing by 0.5 points from 2.5 to 3.0 (we're making a lot of progress). None of the summary scores were higher than 3.0 (we're making a lot of progress).

What we learned

The Accelerator sites have made measurable progress on the CACHI definitional elements with limited funds. Results from capacity assessments, partner surveys, and case studies show that sites have demonstrated increased capacity for the definitional elements. However, additional investments are needed so that the Accelerator sites can become ACHs with fully functioning portfolios of interventions, wellness funds, and processes to track data metrics, and these additional investments will need to be significant.

This work takes time. Understanding how to sequence the topics for technical assistance over multi-year periods will be important for future ACH work; evaluation results from the Accelerator sites suggest an initial focus on the foundational ACH elements, such as those related to shared vision, governance, partnerships, strong backbone organization and resident engagement, seems beneficial for laying a strong foundation that can support future ACH endeavors,

including those related to establishing a portfolio of interventions, a wellness fund, and selecting and tracking metrics.

Recommendations

Reflecting on the findings from capacity assessments, partner surveys, and case studies, we suggest the following recommendations. First, we offer recommendations related to the Accelerator cohort:

1. **Celebrate and share the accomplishments of the Accelerator sites,**
2. **Continue to invest in the Accelerator sites, and**
3. **Lift up the example of the CACHI Accelerator site model as one way the ACH model has been applied nationwide.**

Second, we offer general recommendations for future ACH efforts that come from our learning and reflection after supporting and evaluating the Accelerator cohort: We propose a set of elements that can be considered as providing a foundation upon which an ACH will build future work. **These foundational elements are those related to shared vision, governance, partnerships, backbone organization and resident engagement.** Our evaluation results suggest that the optimal developmental pathway or sequence of technical assistance is to work on these foundational elements first, as they are crucial for an ACH's success. Once sites have high capacity in these elements, they will have the foundation needed to move forward in their work on the portfolio of interventions, wellness fund, and selecting and tracking metrics. One method for future consideration is to **prototype a bootcamp model to encourage hands-on learning and capacity building.** Another option to consider is to recognize that sites may enter an ACH cohort with varying levels of progress regarding their ACH definitional elements. Consequently, a **tiered model that meets sites where they are may be appropriate.**

We also offer the following additional recommendations related to **spread and scale:**

1. **Use a multi-pronged approach to build capacity for an ACH model.**
2. **Build in technical assistance and other support for resident and community engagement to build ACHs that respond to community health priorities.**
3. **Provide access to a facilitator or thought partner to support meeting design and facilitation.**
4. **Create a safe space for learning to help sites gain knowledge, skills, and abilities to increase the capacity of their ACH.**

Recommendations

The Accelerator sites have made measurable progress on the CACHI definitional elements with limited funds. Results from capacity assessments, partner surveys, and case studies show that sites have demonstrated increased capacity for the definitional elements. However, additional investments are needed so that the Accelerator sites can become ACHs with fully functioning portfolios of interventions, wellness funds, and processes to select and track metrics, and these additional investments will need to be significant.

This work takes time. Understanding how to sequence the topics for technical assistance over multi-year periods will be important for future ACH work; evaluation results from the Accelerator sites suggest an initial focus on the foundational ACH elements, such as those related to shared vision, governance, partnerships, strong backbone organization and resident engagement, seems beneficial for laying a strong foundation that can support future ACH endeavors, including those related to establishing a portfolio of interventions, a wellness fund, and selecting and tracking metrics.

Reflecting on the findings from capacity assessments, partner surveys, and case studies, we suggest the following recommendations. First, we offer recommendations related to the Accelerator cohort:

- **Celebrate and share the accomplishments of the Accelerator sites** in establishing their vision, solidifying partnerships, and forming governance structures as part of the success of CACHI.
- **Continue to invest in the Accelerator sites** by providing opportunities to expand their capacity on the definitional elements, particularly the portfolio of interventions, wellness fund, and selecting and tracking metrics.
- **Lift up the example of the CACHI Accelerator site model** as one way the ACH model has been applied nationwide. The Accelerator sites join sites in Vermont, Washington, and Minnesota as locations that have applied ACH models, although the context and funding level has varied.

Second, we offer general recommendations for future ACH efforts that come from our learning and reflection after supporting and evaluating the Accelerator cohort:

- **Use a multi-pronged approach to build capacity for an ACH model.** A multi-pronged approach is recommended to ensure the capacity building resonates for those with diverse learning styles, as well as accurately communicates the complexity of the ACH model. A multi-pronged approach that includes individual and group offerings, with an emphasis on peer learning, is useful. In addition, providing support about how to leverage limited resources as well as offering tools, theories and frameworks for systems change builds the capacity to support ACH development. This knowledge will also assist ACH members to address other complex issues that arise in their respective communities.
- **Resident and community engagement are crucial to building ACHs that respond to community health priorities.** The Accelerator sites showed that including residents in ACH governance structures is possible and furthermore, brings added value to the work of an ACH. However, involving residents in ACHs required some ACH members to

develop skills and knowledge in this area. One way this was done was by participating in the Art of Hosting training and the accompanying Community of Practice, established to support CACHI sites' resident engagement efforts.

- We propose a set of elements that can be considered as providing a foundation upon which an ACH will build future work. **These foundational elements are those related to shared vision, governance, partnerships, backbone organization and resident engagement.** Our evaluation results suggest that the optimal developmental pathway or sequence of technical assistance is to work on these foundational elements first, as they are crucial for an ACH's success. Once sites have high capacity in these elements, they will have the foundation needed to move forward in their work on the portfolio of interventions, wellness fund, and selecting and tracking metrics. One method for future consideration is to **prototype a bootcamp model to encourage hands-on learning and capacity building.** Another option to consider is to recognize that sites may enter an ACH cohort with varying levels of progress regarding their ACH definitional elements. Consequently, a **tiered model that meets sites where they are may be appropriate.**
- **Having access to a facilitator or thought partner to support meeting design and facilitation was very important.** The ACH model recommends getting diverse perspectives. We know that the more diverse the perspective, the more difficult it is to facilitate conversations. Having neutral assistance was a valuable resource for the Accelerator sites.
- **The importance of creating a safe space for learning was imperative in helping the sites gain knowledge, skills, and abilities to increase the capacity of their ACH.** Setting a culture of community learning at the beginning of any ACH effort can be done through the establishment of a community of practice that names the expected accountability for participants to actively participate and contribute. A community of practice intentionally creates the opportunity for people to come together who have a shared interest in a topic or issue. Once the space for learning feels safe enough, people are willing to share and learn. A community of practice can be a refuge for the members who are in the same shared inquiry with each other and feeling stuck on issues.

Key Findings Summary

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element for all sites (Table 1) and for elements of focus (Table 2). **These assessments show slow and steady progress from Not Started towards High Readiness for the definitional elements as measured at baseline, intermediate, and follow-up timepoints.** Most sites reported increased capacity for all definitional elements, ranging from more than three-quarters (78%) reporting increased capacity for Shared Vision and Goals and nearly half (44%) reporting increased capacity for Portfolio of Interventions (Table 3). The percentage of sites reporting increased capacity on each definitional element in order of highest to lowest is as follows: shared vision and goals (78%), leadership and governance (78%), partnership (67%), wellness fund (67%), backbone (56%), data analytics and capacity (56%), and portfolio of interventions (44%). Because capacity on resident engagement was only collected at follow-up, we were not able to assess changes in capacity from baseline to follow-up. However, more than three-quarters of sites agreed or strongly agreed that community members are active in their ACH (78%), community input helps prioritize the goals of the ACH (89%), and the ACH includes community input in the decision-making process (78%) (Table 4).

The results from these partner surveys show steady progress on each of the definitional elements. Fifty-eight partners completed surveys at follow-up and 89 completed surveys at baseline (Figure 1). At follow-up and baseline, partners were involved in the ACH in multiple roles, including as part of the leadership team, the backbone organization and community members (Table 5, Table 6). Partners at follow-up and baseline represented diverse organizational sectors (Figure 2, Figure 3). For the scale from 1 - we haven't started working on this yet to 4 - we have achieved this, summary scores of weighted averages for each definitional element were higher at follow-up compared to baseline, except for Wellness Fund (1.5 weighted average score at baseline and follow-up) (Figure 4, Figure 5). The largest absolute increase was for the Overall Model element, with the summary score increasing by 0.5 points from 2.0 (we're making a little progress) to 2.5, and for Vision, with the summary score increasing by 0.5 points from 2.5 to 3.0 (we're making a lot of progress). None of the summary scores were higher than 3.0 (we're making a lot of progress). Results were similar when looking at the sites' elements of focus only (Figure 6, Figure 7).

In addition to demonstrating increased capacity and progress on elements, sites reported accomplishments in a written work plan (Table 7). **Sites' main accomplishments were establishing governance structures** (Table 8), including developing charters, adopting leadership and governance policies, and establishing operations teams. In addition, sites described accomplishments related to partnerships, such as engaging in partner organization's local initiatives and holding regular meeting with partners. Sites also mentioned conducting or participating in Community Health Assessments and/or Community Health Needs Assessments. Several sites mentioned acquiring additional funding to support their ACH, including funding to support four years of operations, a sponsorship, and a grant from the National Association for City and County Health Officials. A few sites reported beginning to inventory their data, selecting a set of indicators to track, drafting their portfolio of interventions, and establishing a wellness fund.

After receiving funding from 2017-2019 as Accelerator sites, **the cohort shows evidence that they have achieved some precursors to systems change.** Using the framework created by

BUILD¹, we categorized the sites' accomplishments according to three of the four precursors for systems change, as defined in the BUILD framework (Table 9). Specifically, sites show improvement in Enhanced Knowledge, as indicated by shifts in behavior and issue framing; Increased Organizational Capacity, including adoption of distributed leadership governance models and establishing governance structure; Deepened Community Ownership, as evidence by inclusion of residents in governance structures at some sites and efforts by sites to incorporate community feedback on ACH priorities.

¹ Framework adapted from Community Approaches to Systems Change: A Compendium of Practices, Reflections, and Findings. November 2019. *BUILD Health Challenge*. Accessed on February 21, 2020. Available here: <https://buildhealthchallenge.org/resources/community-approaches-to-system-change/>

Shared Vision and Goals

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element of Shared Vision and Goals. **For Shared Vision and Goals, 78% of sites ranked their ACH as “High Readiness” at Follow-up**, compared to 33% at intermediate and 11% at baseline timepoints, respectively (Table 1). Findings were similar for sites that identified Shared Vision and Goals as one of their ACH’s elements of focus (Table 2).

The results from the partnership survey showed that **most ACH members reported their ACH was making a lot of progress in the vision domain at follow-up** (weighted average summary for all sites = 3.0), which was a 0.5 increase since baseline. The summary score was calculated from three separate questions about vision. At follow-up, the most progress was reported for finalizing the vision statement (weighted average = 3.6) (Figure 8). The least progress was reported for communicating the vision to the community at large (weighted average = 2.5). Findings were similar at baseline, but the scores were lower.

Our ACH is working well and we have good communication, common goals and a plan to achieve those goals. Though there seems to be hold ups and/or roadblocks, we will all be successful as long as we work together and trust that we have a common vision.
-Partnership Survey Participant

Partnership (Collaboration)

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site with regard to the Definitional Element of Partnership. **For Partnership, 78% of sites ranked their ACH as “High Readiness” at Follow-up**, compared to 44% at intermediate and 11% at baseline timepoints, respectively (Table 1). Findings at follow-up and intermediate timepoints were similar for sites that identified Partnership as one of their ACH’s elements of focus (Table 2).

The results from the partnership survey showed that **most ACH members reported their ACH was making a lot of progress in the partnership domain (described in the survey as the collaboration domain) at follow-up** (weighted average for all sites = 2.9), which was a 0.4 increase since baseline. The summary score was calculated from eight separate questions about partnership and collaboration. At follow-up, the most progress was reported for successfully identifying and engaging a set of key partner organizations (weighted average = 3.4) (Figure 9). The least progress was reported for periodically re-evaluating partner organization representation to identify gaps (weighted average = 2.4). Findings were similar at baseline, but the scores were lower. Questions for this element also demonstrated progress in building trust among partner organizations (2.7 at baseline, 3.0 at follow-up), openly addressing and managing conflict among partner organizations (1.9 at baseline, 2.8 at follow-up), and creating a structure or

Partner organizations come in different shapes and sizes...how do we make sure that key partners are at the table but yet if they cannot make the same time/money contributions, how do we make them feel as if they have same weight on various issues?
-Partnership Survey participant

culture that allows partner organizations to play a meaningful role in decision-making (2.6 at baseline, 3.1 at follow-up).

Leadership and Governance

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element of Leadership and Governance. **For Leadership and Governance, 44% of sites ranked their ACH as “High Readiness” at Follow-up**, compared to 22% at intermediate and 0% at baseline timepoints, respectively (Table 1). Findings at follow-up, intermediate, and baseline timepoints were similar for sites that identified Leadership and Governance as one of their ACH’s elements of focus (Table 2).

The results from the partnership survey showed that **most ACH members strongly agreed that the leadership team was operating as intended**. For the scale from 1 – Strongly Disagree to 4 – Strongly Agree, scores were higher at follow-up compared to baseline, although the absolute change was small (0.3 units) (Figure 10). The Leadership Team element scored 3.8 at follow-up, meaning that most strongly agreed the leadership team is steering the ACH in the right direction, the leadership includes partner organizations in decision-making, the ACH is on track to achieve its long-term goals, and the ACH gets things done.

Backbone

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element of Backbone. **For Backbone, 89% of sites ranked their ACH as “High Readiness” at Follow-up**, compared to 56% at intermediate and 44% at baseline timepoints, respectively (Table 1). Findings at follow-up, intermediate, and baseline timepoints showed that those sites that focused on Backbone as one of their elements of emphasis self-reported 100% as “High Readiness” at Follow-up and intermediate, and 100% as “Mostly in Place” at baseline (Table 2).

The results from the partnership survey showed that **most ACH members strongly agreed that the backbone was operating as intended**. For the scale from 1 – Strongly Disagree to 4 – Strongly Agree, scores were higher at follow-up compared to baseline, although the absolute change was small (0.1 unit) (Figure 11). Backbone scored 3.6, meaning that most strongly agreed their organization trusts backbone organization, the backbone organization provides an effective leadership for the ACH, and the backbone effectively performs its duties for the ACH.

Portfolio of Interventions

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element of Portfolio of Interventions. **For Portfolio of Interventions, none of the sites rated their capacity as “High Readiness” at any of the timepoints** (Table 1). One-third of sites (33%) ranked their ACH as “Mostly in Place” at Follow-up, compared to 11% at intermediate and 44% at baseline. For sites focused on Portfolio of Interventions as one of their elements of emphasis, 100% of sites ranked their ACH as “Early/In Progress” at follow-up and intermediate, compared to 50% at baseline (Table 2).

The results from the partnership survey showed that **most ACH members reported their ACH was making a little progress in the portfolio of intervention domain**

(weighted average for all sites = 2.2), which was an increase of 0.1

since baseline (Figure 12). At follow-up, the most progress was reported for including partner organizations in the process of making portfolio-related decisions (weighted average = 2.6 at follow-up, 2.1 at baseline). All other questions for this domain scored between 2.1 and 2.2 at follow-up and showed small amounts of progress from baseline to follow-up (0.1 only).

*[Our portfolio of interventions] is an evolving discussion but the key components are in place.
-Partnership Survey participant*

Data Analytics and Capacity/Metrics and Data Sharing

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element of Data Analytics and Capacity. **For Data Analytics and Capacity, none of the sites rated their capacity as “High Readiness” at any of the timepoints** (Table 1). One-third of sites (33%) ranked their ACH as “Mostly in Place” at Follow-up, compared to 0% at intermediate and baseline. Findings at follow-up, intermediate, and baseline timepoints for sites that focused on Data Analytics and Capacity as one of their elements of emphasis were similar (Table 2).

The results from the partnership survey showed that **most ACH members reported their ACH was making a little progress in the data domain** (weighted average for all sites = 1.9), which was a 0.2 increase

since baseline (Figure 13). At follow-up, the most progress was reported

for sharing data and progress reports regularly with partner organizations (weighted average = 2.0) and tracking data that is specific to the ACH’s geographic target population(s) and its interventions (weighted average =2.0). The least progress was reported for tracking the ACH’s progress on increasing health equity or reducing disparities (weighted average = 1.5). None of the questions for the data domain scored higher than 2.0, making a little progress, at follow-up.

*[A grant] was awarded in 2019 for work in the coming 18 months will help progress on [metrics and data sharing] significantly.
-Partnership Survey participant*

Wellness Fund

The results from capacity assessments conducted at baseline, intermediate, and follow-up timepoints captured the self-rated current status of each Accelerator site regarding the Definitional Element of Wellness Fund. **For Wellness Fund, none of the sites rated their capacity as “High Readiness” at any of the timepoints** (Table 1). About one-quarter of sites (22%) ranked their ACH as “Mostly in Place” at Follow-up, compared to 11% at intermediate and 0% at baseline. For sites focused on Wellness Fund as one of their elements of emphasis, one-third ranked their ACH as “Mostly in Place” at Follow-up, compared to 0% at intermediate and baseline (Table 2).

The results from the partnership survey showed that **most ACH members reported their ACH was between making a little progress and haven't started working on this yet in the wellness fund domain**

(weighted average for all sites = 1.5), and this score was the same at both baseline and follow-up (Figure 14). At

follow-up, the most progress was reported for identifying board strategy for ACH sustainability over the long term (not just the wellness fund) (weighted average = 1.7) and clearly communicating the value of the ACH's work to potential funders (weighted average = 1.7). The least progress was reported for engaging non-traditional sectors, like the business community, to contribute to the wellness fund (weighted average = 1.3). None of the average scores were higher than 1.7 at follow-up, meaning that the sites reported varying values between haven't started working on this yet (scored as 1) and we are making a little progress on this (scored as 2).

We have contracted a consultant to conduct a sustainability assessment and expect to have the results by April 2020. This will inform our business plan moving forward.

-Partnership Survey Participant

Resident Engagement

The results from capacity assessments conducted at follow-up captured the self-rated current status of each Accelerator site regarding the Definitional Element of Resident Engagement.

Five of the nine sites (56%) reported that there was at least one community resident member in the ACH's governance.

One-third of sites (33%) ranked their ACH at "High Readiness" for this element at follow-up (Table 1). Most sites (56%) ranked their ACH as "Early/In Progress" for this element at follow-up. Nearly all sites agreed or strongly agreed that community members are active in their ACH (78%), community input helps prioritize the goals of the ACH (89%), and the ACH includes community input in the decision-making process (78%) (Table 4).

Sites provided open-ended responses about how their ACHs include community input in the decision-making process. Examples of how sites are engaging residents to gather input include by hosting opportunities, partnering with community-based organizations that have ties to the community, and holding leadership training programs to educate about the ACH model and health determinants. The methods used to host opportunities to gather feedback from residents are diverse and include:

- community listening sessions
- lived experience interviews
- key informant interviews
- learning conversations with community members
- surveys
- asset-based community development mapping
- focus group discussions
- community engagement meetings
- citywide summits
- meetings with active resident leaders

Overall Model

The results from the partnership survey showed that **most ACH members reported their ACH was between making a lot of progress and making a little progress in the overall model domain** (weighted average for all sites = 2.5), which was a 0.5 increase since baseline (Figure 15). At follow-up, the most progress was reported for motivating partner organizations to act for the good of the community rather than to benefit their particular organizations (weighted average = 2.8), becoming an entity that can be nimble and responsive in the face of changing community priorities (weighted average = 2.6), and helping partner organizations work together more effectively than they could before the ACH was formed (weighted average = 2.6).

What worked well and assumptions

In the final capacity assessments, members of each ACH's leadership team reported what worked well, what did not work well, what assumptions were affirmed, and what assumptions were challenged during the entire period their ACH was funded as an Accelerator site. The technical assistance and coaching provided (including one-on-one coaching by Sue Grinnell and Dana Pearlman and the Art of Hosting Training), the CACHI Playbook, leveraging the nationally recognized ACH model to provide credibility to their local ACH efforts, and opportunities to interact with other Accelerator sites and Catalyst sites were mentioned as working well. In addition, **the following definitional elements of CACHI were mentioned as working well: backbone, partnerships, governance, data, resident engagement, and wellness fund.**

“Public Health Institute’s hosting of the CACHI Learning Community has been instrumental to the ACH learning process. The monthly calls have allowed sites to share lessons learned, ask for suggestions when they encounter an impasse, and receive trainings on the complex elements, such as the Wellness Fund, the Portfolio of Interventions, and community engagement. Additionally, technical assistance trainings from trade specialists like Andy Krackov and Dana Pearlman, have been extraordinarily helpful to create innovative collateral material.”

-Representative from ACH Backbone Organization

Lack of funding and dedicated staffing support were the most frequently mentioned topics for what did not work well. The lack of funding was overcome by some ACHs that acquired additional funding for their ACHs; however, this added additional complexity because of competing demands for management staff time and different funder requirements. Several sites mentioned doubt about whether the ACH model would truly serve the needs of what they were trying to accomplish in their communities. Several sites mentioned understanding the role of the backbone and positioning their organization to function as a backbone as challenges. Other aspects of the ACH work that did not work well for some included: deterioration of relationships with partners that contributed to their ACH not being able to move forward; aligning

the work of their ACH with regional initiatives; understanding how to sequence the elements; and securing engagement and input from community residents.

“Collaboratives assume that the “backbone” organization inherits all of the responsibilities as the de facto “driver” of the effort. The shift from the backbone as the driver to the convener, as set by the ACH element, has been a true paradigm shift for many partners.”

-Representative from ACH Backbone Organization

The most frequently mentioned assumptions that were affirmed were related to relationship building, community engagement, and data sharing. Sites described that they had expected to invest resources (e.g. time, money) into building relationships and that this assumption was affirmed during their work as an Accelerator site. Several sites also described that the community engagement work for their ACHs was a critical component of their work. One site mentioned that data sharing was challenging to coordinate (e.g. willingness to share, staff time to prepare reports), which was an assumption that had been affirmed. One site mentioned their ACH experienced tension while building the portfolio of interventions between addressing upstream and downstream factors for their condition of interest.

An assumption that has been reaffirmed through [our ACH] work is that true, authentic and meaningful resident engagement is challenging and very resource heavy.

-Representative from ACH Backbone Organization

The most mentioned assumptions that were challenged were related to progress on the CACHI definitional elements, specifically governance, partnerships, and resident engagement. Sites explained that establishing the governance structure for their ACHs took more time than anticipated. Sites also mentioned that they felt they were further along in establishing their ACHs’ governance structure when they were first funded, but as they learned more, they realized they had more work to do to put the structure in place. Similar comments were made for the Portfolio of Interventions. One suggestion that was provided was to establish a recommended sequence for key activities. One site reported that the assumption they held about the Catalyst sites being further along than the Accelerator sites was challenged when they attended the in-person meetings and interacted with the Catalyst sites.

Additional information about accomplishments and challenges for each site is described in Table 7.

We always want everything to run smoothly, on time and as efficient as possible. In reality this rarely happens, I think learning how to adjust our expectations has been a huge part of participating in a coalition of this size.

-Representative from ACH Backbone Organization

We felt we were further along on some of the ACH elements than we may have been – solidifying the infrastructure elements in a more formal way took more time than anticipated.

-Representative from ACH Backbone Organization

Case Study: Humboldt Community Health Trust

CACHI Initiative

The Humboldt Community Health Trust is one organization supported by CACHI as an Accelerator site during 2017 through 2019. The concept for CACHI was developed during the Let's Get Healthy California Task Force process in 2013-2014. At that time, there were only a minority of models – an Accountable Care Community in Akron, Ohio, and federal State Innovation Models (SIM) were just getting underway in a few states across the country. CACHI was formally launched in early 2016 with the release of an RFP, which received 44 applications. After a rigorous review process, six communities, which came to be known as the Catalyst communities, were selected to begin work in September 2016. Subsequently, another 10 communities from the original applicant pool were invited to join a second cohort, named Accelerators. The Catalyst grantees received \$850K over three years, along with substantial technical assistance support. The Accelerator grantees received \$80K over 2.5 years and a more limited set of technical assistance supports. One Accelerator dropped out early out, so the Accelerator cohort had nine sites.

The Humboldt Community Health Trust is supported by a multi-sector governance team and its backbone organization, the North Coast Health Improvement and Information Network. The Humboldt County CACHI proposal was funded as an Accelerator site from 2017 through 2019 to focus on addressing substance use disorders issues in Humboldt County.

Context

Humboldt Community Health Trust's work as an ACH site was guided by the following design challenge question:

“How might the Humboldt Community Health Trust foster a cross-sector, coordinated, and responsive approach to addressing SUD issues in a way that allows for improved system efficiency and cost-savings that can be re-invested back into community strategies?”

Key **stakeholders** for the Humboldt Community Health Trust's ACH included members of its Backbone Team, its ACH Steering Committee, its ACH Governance Committee, and four workgroups (Strategies, Partnership and Communications, Data, and Financing). Humboldt County Public Health is also a key stakeholder in this work. In addition, the Humboldt

Community Health Trust fostered relationships and cultivated input from community members by hosting nine listening sessions with community members.

Site specific strengths and challenges included Humboldt’s unique experiences due to its rural county status. One unique issue was difficulty reaching the entire population due to both geographical and cultural barriers. Humboldt County’s minority groups include several tribal populations, each of which is unique, making it challenging to meaningfully engage and include these groups. In addition, because communities are so small, there is no anonymity, so ACH partners are also neighbors, which changes the nature of their relationships. Because the community itself is small, the ACH in turn is small and it becomes difficult to try to include a diverse group of members because to do so would potentially require the ACH to expand beyond what is reasonable for the size of the community.

A second reason for its unique experience was that Humboldt County has historically been a major region for marijuana growers, which impacts the culture of the community and the way community members engage with government. Drug use is a cultural norm within the county, and with the recent legalization of marijuana, there has been a shift in Humboldt County’s economy and culture around trusting government bodies.

“We...have a marijuana culture here that is pretty significant. This area in particular is the emerald triangle. They grow a lot of pot here, and there are cultural issues related with that because pot is accepted, drugs are accepted - kind of gets expanded into the rest of the issues with substance use disorder.”

A third reason for its unique experience was that Humboldt’s ACH backbone organization was not a Public Health Department. Participants felt this separation helped them to be nimbler and more responsive. They also felt it allowed them some separation, in the sense that the Health Department can be seen as an enforcing agency that gets blamed by the community in Humboldt County; having the separation from the Health Department, while still having them engaged as a key partner, may positively impact the way the ACH is viewed by the community.

Definitional elements

During the CACHI Accelerator site funding period of 2017 through 2019, the Humboldt Community Health Trust focused on the definitional elements **Shared Vision and Goals** and **Data Analytics and Capacity**. At the end of the Accelerator funding period, Humboldt Community Health Trust’s ACH had obtained high readiness in Shared Vision and Goals, Partnerships, and Backbone; had put the leadership and governance structures mostly in place, as well as their Portfolio of Interventions and their Wellness Fund; and reported that the Data Analytics and Capacity element and Resident Engagement element were early/in progress.

ACH Element	Humboldt County Health Trust		
	Baseline	Intermediate	Final
Shared Vision and Goals*	Early/InProgress	Mostly in Place	High Readiness
Partnerships	Early/InProgress	Mostly in Place	High Readiness
Leadership and Governance	Early/InProgress	Mostly in Place	Mostly in Place

Backbone	Mostly in Place	Mostly in Place	High Readiness
Data Analytics and Capacity*	Early/InProgress	Early/InProgress	Early/In Progress
Wellness Fund	Not Started	Mostly in Place	Mostly in Place
Portfolio of Interventions	Not Started	Early/InProgress	Mostly in Place
Resident Engagement	-	-	Early/In Progress

Note: Baseline and Intermediate results do not include the ACH Element Resident Engagement, as that was added later. This t

**Areas of emphasis for Accelerator site*

Sequence of TA

Participants did not express strong opinions about the sequence of TA and the Definitional Elements, though they did share that the topics they were exposed to early on did not seem to resonate until later on, suggesting that possibly the order could have been improved. Participants emphasized how important it was to establish structure and trust among partners as a first step. One participant expressed that this is a process that takes time, and they weren't sure that TA could have gotten them there any faster.

Successes

"I really feel that the success we had in this community was related to the foundation that was set through the work that had been done through CACHI. There is so much about relationship building, it's evident that it has really happened; there's so much buy in from our community about this topic, it's really pretty profound."

The timing of the funding provided by CACHI was identified as a key success. Participants collectively shared the view that the CACHI funding was an opportunity to help bring partners together to better address substance use disorders in Humboldt County. The timing for the CACHI funding was helpful, as the county was just closing out previous funding that had allowed them to focus on collaboration around the issues in their community, and the **CACHI funding challenged them to begin approaching substance use disorders and related, root causes, in a different way.**

Participants of Humboldt Community Health Trust expressed that the change they are working toward takes a long time and that it is difficult to measure their progress in the short-term. They are primarily working toward long-term, systems changes. Over the past two years, participants felt that their primary accomplishments were around **establishing infrastructure as an ACH, including bringing partners together, identifying shared vision and goals, growing their network, and establishing governance structure.** Participants described Humboldt Community Health Trust as having gained a legitimate role in their community over the past two years.

"We have table and infrastructure set. It actually takes a lot of intentionality and effort to bring partners together, especially partners that haven't worked together before and do not have common language or don't have the same focus area, competing interest around things like prevention and treatment. Coming to even identifying those shared goals, shared vision, shared mission, emerging sense of collaboration and network, I do think those are things we've achieved in the last two years."

Through engaging partners, participants learned that the issue they were trying to approach needed to be viewed holistically, so they articulated their goals in ways that capture interventions related to SUD along the prevention to treatment spectrum

When asked what had contributed to these successes, participants mentioned their ACH's geographic context as a smaller, rural county had enabled them to really focus in and make progress in a relatively short time. In addition, Humboldt County has an abundance of resources, agencies, and infrastructure to support the work. Leveraging relationships also was critical to allow Humboldt Community Health Trust's ACH to be successful. They were not starting from scratch – their community had several years of past experience in collaborating and forming relationships that they were able to leverage. This meant that there was an abundance of community buy-in to address substance use disorders. In spite of these existing relationships, developing strong partnerships and trust early on was key to moving the work forward. Participants emphasized how important it was to establish structure and trust among partners as a first step. One participant expressed that this is a process that takes time, and s/he was not sure that technical assistance could have gotten her/him there any faster.

When asked what factors had hindered their progress so far, participants shared limited time among partners/members sometimes slowed the work down when key players were not able to attend meetings. In addition, trying to achieve the right balance of people at the table; for instance, having both “doers” and visionaries was a challenge. One participant described that retaining “doers” has been challenging because the process is slow, and some people get frustrated by the process. Ensuring communication is strong and that partners are maintaining two-way communication between the ACH and their agencies was also a challenge.

“How do we even decide what we are trying to decide? Is this consensus, is it majority? In reaching a decision required more processing because we all came from different backgrounds.”

“Lost a few people because they were doers. You have to go slow to go fast and they slipped away because it was not fast enough for them.”

Key actions

During the grant period, the Humboldt Community Health Trust made progress towards High Readiness for the Shared Vision and Goals and Data Analytics and Capacity elements.

The Humboldt Community Health Trust gathered community input in three main ways. First, they conducted 31 discovery interviews with service providers. Second, they conducted 35 lived experience interviews. Third, they held 9 community listening sessions with a diverse set of stakeholders to understand their community's priorities related to substance use disorders. The findings from these efforts were used to inform future work of the ACH and develop goals for the ACH.

The Humboldt Community Health Trust has identified [10 indicators](#) that are possible outcomes for the portfolio of interventions. The ACH backbone staff have identified a process and potential mechanism for capturing data on a regular basis and updating key ACH stakeholders on an annual basis. A key partner for this data-related work is the NCHIIN, which has deep technical expertise in data exchange and is well-positioned to support data sharing.

Funding

One unique factor that is key to Humboldt Community Health Trust's effort is that even though they were funded as an Accelerator Site, they secured additional outside funding that brought their overall funding level up to rough equivalence with the funding level of the Catalyst Sites. As a result, they had opportunities to pay for staff time and resources that not all Accelerator Sites may have experienced.

Participants did not express concerns regarding the funding threshold they received as an Accelerator Site, compared to Catalyst Sites. However, this was because they were able to secure additional, external funding to support their work as an ACH. They shared that the CACHI funds helped them to get started and provided support for staff time, which in part helped them to secure additional funding.

Next steps

When asked what advice they would give to other ACH's just starting out, participants shared the following:

- Be patient.
- Set reasonable expectations within the group.
- If something isn't working, don't keep doing it. For example, they shared that they had started a Data Committee early on, feeling like that was a box that needed to be "checked" according to the ACH model. They realized they didn't need it yet
- Be thoughtful around who you bring to the table and make sure you have the collective expertise needed.

Next steps for Humboldt's ACH are to continue in the merged CACHI cohort.

Case Study: All Children Thrive

CACHI Initiative

Long Beach All Children Thrive is an ACH supported by CACHI as an Accelerator site during 2017 through 2019. The concept for CACHI was developed during the Let's Get Healthy California Task Force process in 2013-2014. At that time, there were only a minority of models – an Accountable Care Community in Akron, Ohio, and federal State Innovation Models (SIM) were just getting underway in a few states across the country. CACHI was formally launched in early 2016 with the release of an RFP, which received 44 applications. After a rigorous review process, six communities, which came to be known as the Catalyst communities, were selected to begin work in September 2016. Subsequently, another 10 communities from the original applicant pool were invited to join a second cohort, named Accelerators. The Catalyst grantees received \$850K over three years, along with substantial technical assistance support. The Accelerator grantees received \$80K over 2.5 years and a more limited set of technical assistance supports. One Accelerator dropped out early out, so the Accelerator cohort had nine sites.

Long Beach All Children Thrive has the backbone organization of the Long Beach Health Department. Long Beach All Children Thrive is part of a national campaign, All Children Thrive, that aims to improve social conditions for children ages 0-8 years old. Long Beach All Children Thrive's CACHI proposal was funded from 2017 through 2019 to focus on addressing the social determinants of health for children ages 0-8 years old and their families in the city of Long Beach, CA.

Context

Long Beach All Children Thrive ACH focused on addressing the social determinants of health for children ages 0-8 years old and their families in the city of Long Beach. In addition, their work aimed to address the social determinants of health utilizing an equity lens, authentic community engagement, and partnerships that support collective impact to create a city where all children have the opportunity to thrive.

“If we are looking at one thing, can we really just look at it singular through one lens, or do you need to look at root causes. As you begin to look at root causes and social determinants of health, it becomes this bigger thing anyway. And now you are looking at children's asthma as not just a singular event, it's also the environment in which they live, and if you look at the environment, it's everything else that goes into and that's where All Children Thrive grew out of.”

Their work as an ACH site was guided by the following design challenge question:

“How might we create a community where all children have the resources and supports to thrive?”

All Children Thrive did not come about because of funding or CACHI. Their work started before the CACHI funding as partners began convening with the goal of coming together to address the changing needs within Long Beach and to do a better job of achieving outcomes as a collective, rather than separate entities. When their ACH was funded as a CACHI Accelerator site, the funding was a way to accelerate their work, rather than a driving force behind the work.

While this ACH's original proposal was focused on asthma, during the Accelerator funding cycle, they pivoted to address more social determinants and instead focus on children. Through

CACHI, their group began coming together in a different way, striving toward a distributed leadership model and letting the work be owned collectively by those at the table.

A key strength for Long Beach All Children Thrive ACH's is dedication to engaging community members, in spite of encountering setbacks in this area. Community members were prioritized as **key stakeholders**. Site-specific challenges mentioned also related to the setbacks encountered related to engaging community members; in fact, some planned activities were postponed allowing for enough time to allow authentic engagement with community members. Challenges also involved funding, discussed in the funding section below.

Definitional elements

During the CACHI Accelerator site funding period of June 1, 2017 through December 31, 2018, the Long Beach All Children Thrive ACH focused on the definitional elements **Shared Vision and Goals, Partnerships, Leadership and Governance, and Backbone**. During the funding period of January 1 – December 31, 2019, this ACH focused on the definitional elements of **Community Engagement, Portfolio of Interventions, Data Analytics and Capacity, and Wellness Fund**.

ACH Element	All Children Thrive Long Beach		
	Baseline	Intermediate	Final
Shared Vision and Goals*	Early/InProgress	High Readiness	High Readiness
Partnerships*	Mostly in Place	High Readiness	High Readiness
Leadership and Governance*	Mostly in Place	High Readiness	High Readiness
Backbone*	Mostly in Place	High Readiness	High Readiness
Data Analytics and Capacity	Early/InProgress	Early/InProgress	Mostly in Place
Wellness Fund	Not Started	Not Started	Early/In Progress
Portfolio of Interventions	Not Started	Not Started	Early/In Progress
Resident Engagement	-	-	Mostly in Place

Note: Baseline and Intermediate results do not include the ACH Element Resident Engagement, as that was added later.

Sequence of TA

Participants suggested approaching the elements in phases, with Phase 1 being the foundational elements (**Backbone, Governance, Partnerships, Shared Vision and Goals**), and then approaching Phase 2 (**Wellness Fund, Portfolio of Interventions, Data Analytics and Capacity**). They felt that some of the elements within Phase 1 or 2 are naturally going to happen concurrently, and that the actual sequence may vary based on the ACH.

One participant suggested that a good order, from their experience, would be Backbone, Partnerships and Leadership, Governance, and then Shared Vision and Goals. This was

suggested because a Backbone is needed first to help drive the work, and work is needed to establish some structure and trust before partners can begin focusing on Shared Vision and Goals.

Participants appreciated that the elements did not have a prescribed order because this allowed freedom to approach the work as it made sense to them and to focus their energy in the spaces they were ready to focus on.

“I don’t think most people in our group know anything about CACHI – that is a lost term [for them]. It’s not about CACHI, it’s actually about Long Beach and the residents of Long Beach. That is really powerful because it brings everybody together to say, ‘I see myself doing this work, I am already doing this work, I’d like to make this work better.’ As opposed to saying CACHI is telling us to do this work. No, there is already a lot of wisdom and a lot of history of people doing the work. So, it helps advance the work without requiring us to do it in a way that CACHI tells us.”

Successes

When asked what had contributed to their success so far, participants noted the following: culture within their community of partners supporting each other and being collaborative; willingness of partners to provide in-kind support; and willingness of the group/steering committee to listen to new voices and ideas.

“[Art of Hosting was] transformative. Really solidifying and/or convincing you if you were not on board that you could start with relationships and look at the possibilities of what you can do together. The whole moving at the speed of trust. Really teaching us...how to engage with each other and with residents. Everyone who went was just like “Wow!” we have changed our whole view about how we read these collaborative models.”

One key aspect that participants appreciated was that CACHI was not prescriptive, as other funding opportunities tend to be. Participants described that **through CACHI they were able to leverage work already taking place**, draw upon the wisdom and creativity of the community, honor the past, and have the freedom to move forward without having to do things a certain way. Participants appreciated how available and responsive Sue and Dana, the CACHI technical assistance leads for the Accelerator sites, were. They described Sue and Dana as being great listeners, never being prescriptive but instead listening and helping craft solutions together and working with All Children Thrive in a way that allowed them to use their own processes to achieve what they wanted.

“It’s like having your teacher in the room adjudicating you. It felt really great because [Sue and Dana] were preparing us for the next steps and then help us through the next steps. What a concept to have person who gave technical assistance also here helping to see. I thought that was a great model.”

The concept of a **design team** was identified as a success. This practice now guides how All Children Thrive does their work. One participant explained that the design team lets “the work be owned by the partners at the table.”

Another key aspect that participants brought up was that CACHI allowed their group the flexibility to recognize that **systems change takes time** and that it is good to slow down. They

described how slowing down to focus on being instead of doing has allowed them to focus on building relationships, moving to a distributed leadership model, allowing the work to be community-driven, engaging the community and finding ways to expand resident inclusion.

Key actions

During the grant period, Long Beach All Children Thrive ACH **convened and hosted meetings** with the steering committee (6), design team (11), and the following workgroups: Community Engagement, Sustainability, Policy, and Data Ad Hoc. An **asset mapping event** was also held that over 40 agencies and parents attended. To foster community engagement, they hosted two **listening sessions with the community** to examine whether the ACH's goals match the community's perception of their needs.

Funding

Participants emphasized that Long Beach All Children Thrive ACH's funding as an Accelerator Site did not provide sufficient support to do the work. They described having to rely almost entirely on in-kind time, with their partner organizations showing support by allowing partners to come together and attend meetings; ultimately, those involved are handling this like an extracurricular activity, having to pull from free time in evenings and weekends.

When asked about how they had spent their CACHI funds, participants noted that they had used some of the funds to pay for a neutral facilitator and that a small amount had been used to pay for trainings, travel costs for convenings, refreshments at meetings, and a Zoom account. They noted that they had reserved much of the funding for community engagement work, which they plan to spend now to support other organizations that are part of the collaborative to lead the workgroups.

If they been funded at the same level as a Catalyst Site, participants from the Backbone organization felt that they would have had enough funding to pay for a dedicated staff member to work on All Children Thrive. Currently, the main staff member overseeing the work is already funded as a full-time employee to do other work and is having to balance the ACH work in addition as a pro bono activity. In addition, participants felt that **additional funding could have allowed them the capacity to focus more on efforts that require more dedicated time and focus, such as community engagement and tackling policy changes earlier on.** Funding was an important factor to ensure the ACH has the resources to respectfully engage community members (for example, by being able to provide childcare services). One participant explained that they cannot expect community members to donate their time in the same way that their partners do.

"That funding [we received as an Accelerator site] does not cover at all the cost of...actually doing this project, and I think that is a huge testament to how much in-kind the Health Department was allowed and all of the agencies, because it's just a drop in the bucket of what it actually cost the last two years."

"There are different pieces that take far more effort to move forward. With additional resources we could have driven some of those key pieces a little further. \$40,000 buys us about 1/3 of a person in this department, with no additional capacity."

"\$40,000 is... not a secure amount of funding to start a project like this. Money implies trust. Our project is not based on that. It's based on trust of what you bring to the table and that you have

a shared value. The money helps to support the next steps of it. Money is not a good way to bring people to the table.”

Next steps

When asked what advice they would give to other ACH's just starting out, participants shared the following:

- Be patient.
- Trust the process.
- Find partners who are committed to the work. Identify champions who can move the work forward.
- Secure the backbone and make sure there's someone driving the work forward.
- Utilize all of the TA and opportunities that come up.
- Honor your history – acknowledge the great work that has been done in the past.

Long Beach All Children Thrive ACH has secured an additional \$200,000 from CACHI to continue in the merged CACHI cohort from 2019-2021.

Methods

Evaluation Aims

This evaluation aims are as follows:

- What is the optimal developmental pathway for the Accelerator sites?
- What are the appropriate milestones for the Accelerator sites?
- What support is needed to support the Accelerator sites in achieving these milestones?

The aims and deliverables of the evaluation are as follows:

Aim 1: Adapt the ACH Evaluation Framework to the Accelerator Sites with regard to context and health issues targeted by the ACHs.

Deliverable 1: By month 4, provide tailored logic model and/or theory of change, inputs, and short-term indicators for each Accelerator Site.

Aim 2: Support the Learning Lab Objectives and collect feedback from participants about the technical assistance they receive via webinars, convenings, and one-on-one coaching sessions to measure knowledge, capacity, whether participants believe that the objectives for each Lab were met, and grantees' perception of technical assistance.

Deliverable 2: By month 18 (June 30, 2019), provide a summary report to include recommendations and highlights of evaluation findings from technical assistance webinars, convenings, coaching sessions, case studies, and materials.

Aim 3: Collect and analyze baseline and follow-up data for the CACHI definitional elements, inputs and short-term indicators for each Accelerator Site using both qualitative and quantitative methods.

Deliverable 3: By month 24, provide 2 reports (Baseline and Comprehensive) that will include recommendations and results for the CACHI definitional elements, inputs, short-term indicators, and success factors for each Accelerator Site.

Aim 4: Conduct case studies of two Accelerator sites.

Deliverable 4: By month 24, provide written case studies for two Accelerator sites.

Capacity Assessment

Capacity assessments were completed by each ACH's backbone organization at baseline, intermediate, and follow-up timepoints. These assessments included closed-ended and open-ended questions. An initial contact was made through email to each of the 9 sites identified to participate in the Accelerator Learning Lab. The baseline assessment was completed during 2017 and prior to each site receiving its contract. The intermediate assessment was completed in December 2019. The follow-up assessment was completed in December 2019 – January 2020. To ensure the ability to compare data across time, we used the same set of questions at baseline, intermediate, and follow-up timepoints to assess capacity on the elements. Thus, throughout the report, we use the set of definitional element names that were used for the 2017 Baseline Capacity Assessment.

Partnership Survey

To ensure the ability to compare data across time, we used the same set of questions at baseline, intermediate, and follow-up timepoints to assess the elements. Thus, throughout the

report, we use the set of definitional element names that were used for the Baseline Partner Survey.

Site leads were contacted and invited to participate in an online survey at baseline and follow-up. Site leads were asked to disseminate the survey link to all their partners and encouraged participation in the survey. The aim was to capture broad participation from each Accelerator Site, including participants from the backbone organization, steering committee, and other partners involved in the ACH. The Partnership Surveys included closed-ended and open-ended questions. Baseline surveys were completed by 89 representatives from the 9 Accelerator sites between February – May 2018. Follow-up surveys were completed by 58 representatives from the 9 Accelerator sites between December 2019 – January 2020. Site leads received three email reminders encouraging them to participate and share the survey with their partners. The partnership survey tool was designed by Desert Vista for use with the CACHI Catalyst sites and adapted by the Accelerator site evaluation team for use with the Accelerator sites.

Percentages were calculated for categorical variables. For variables that used a scale response, numerical values were assigned to each response. Then, weighted averages were calculated by calculating the average score per site and then taking the average of each of those site scores. Weighted averages were used so each site's average score contributed equally to the overall score for all sites, due to differences in the numbers of responses per site. Because each ACH must be able to function in all domains even if not actively working on improvement, we include two domain summaries: one for sites focusing on each domain, and one for all sites. Responses were analyzed using SAS statistical software version 9.4.

Case Studies

Members from Humboldt Community Health Trust's ACH and All Children Thrives' ACH were purposively selected to participate in case studies, which involved 2 data gathering activities: 1) a facilitated, in-person discussion and 2) a document review of their work plan and logic model/theory of change by the PHI evaluation team. The aim of these case studies was to gather additional information to inform the developmental pathway and optimal sequence of TA for an ACH.

For Humboldt Community Health Trust, eight participants participated in a 90-minute facilitated discussion at the Humboldt IPA offices at 2662 Harris Street, Eureka, CA on October 1, 2019. Governance committee members, backbone organization staff, and partners serving on workgroups attended the discussion. For All Children Thrive, six participants participated in a 90-minute facilitated discussion at the Long Beach Health Department, 2525 Grand Avenue, Long Beach, CA 90815 on September 23, 2019. Steering committee members, backbone organization staff, and partners serving in an advisor role attended the discussion. At both locations, a catered lunch was provided for all participants.

In both locations, staff from PHI's Survey Research Group facilitated the discussion using a facilitation guide. Specific topics included in the facilitation guide were: context of the ACH, important factors that promoted and hindered progress, experience with technical experience, funding, and advice for other ACHs.

Notes were taken during the discussion and were the basis for the analyses. Audio files were used to transcribe direct quotes and ensure accurate notes were captured. Qualitative data collected during the focus groups was analyzed for key themes using thematic analysis.

Comprehensive Technical Assistance Survey

A comprehensive technical assistance survey was administered to all members of the sites that participated in technical assistance opportunities, including webinars and trainings. The survey was programmed in Survey Monkey and collected via an online web link during December 2019 and January 2020. 25 participants responded, including at least one participant from each Accelerator site. In addition to the comprehensive technical assistance survey, other technical assistance surveys were administered during the time period of the Accelerator funding. The results of these surveys were used to determine technical assistance needs and plan future technical assistance offerings; these results are available upon request.

Percentages were calculated for categorical variables. These results are included in the Appendix, along with the responses to open-ended questions. Responses were analyzed using SAS statistical software version 9.4.

Structured Group Interviews

Site leads were contacted and invited to participate in 1-hour, structured group telephone interviews with PHI evaluation staff. Site leads were encouraged to invite other partners from their ACH outside of the backbone organization to participate in the interviews. The aim was to include 3-4 individuals from each Accelerator Site. Structured group interviews (n=9) were conducted between November 2017 – March 2018. The interview guide included a mix of qualitative and quantitative questions designed to measure short-term indicators from the ACH Evaluation Framework, focusing on indicators that could be effectively measured by interviewing site leadership. The format of the interviews allowed for additional qualitative data to be collected to provide a deeper understanding of responses to close-ended questions. Interview questions were sent to sites in advance to allow interviewees time for gathering input from partners. PHI interviewers facilitated the discussion and acted as a mediator to assist participants in reaching consensus on closed-ended responses. Quantitative data were analyzed using Microsoft Excel to generate frequencies and descriptive statistics. NVivo 11 was used to conduct thematic analyses for qualitative responses. Results of the Structured Group Interviews are included in the Baseline Evaluation Report and available upon request.

Institutional Review Board

The evaluation activities included in this report were submitted to Public Health Institute's Institutional Review Board (IRB) prior to data collection. Per Title 45 CFR part 46, the activities conducted for this evaluation do not meet the criteria for research and instead fall into the category of program evaluation, which is exempt from IRB review.

Background

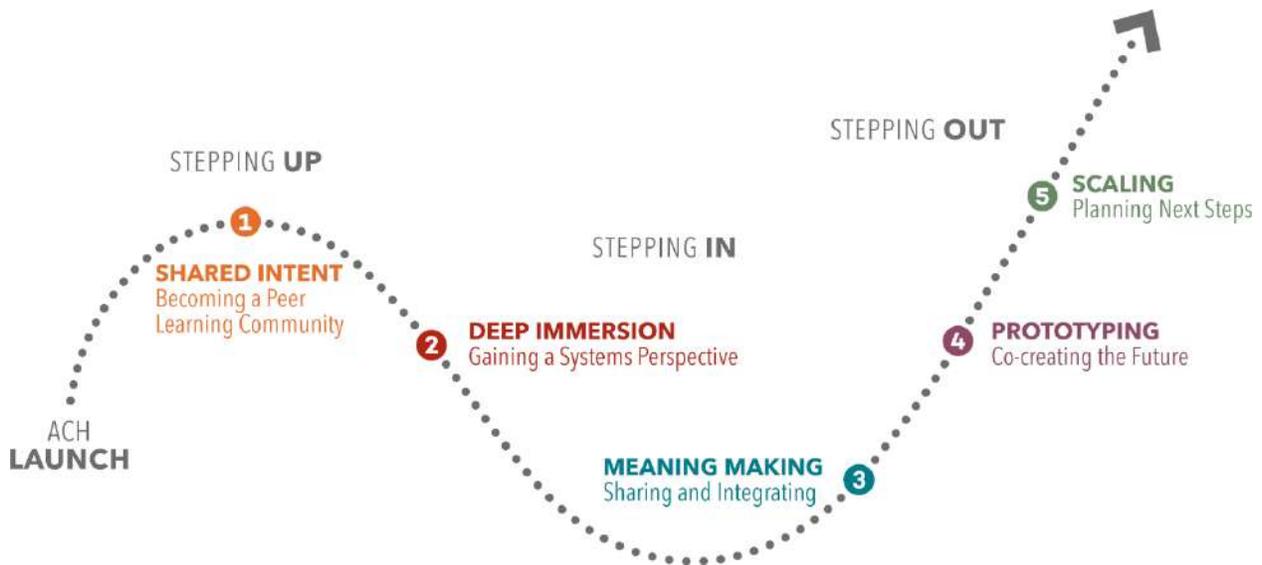
In mid-year 2017, the CACHI 9 Accelerator ACH sites embarked on an 18-month journey to increase their ability to operate effectively as an ACH and contribute to improved health in their communities. As per funding requirements, each site selected at least 2 definitional elements to increase capacity on during the Accelerator funding cycle (**Error! Reference source not found.**). To support the CACHI Accelerator sites, a multipronged approach was developed. The approach is a prototype with the goal of working with the sites to have them inform what works best for them in the development of their ACH structure. The approach includes offering the services and resources listed below and is based on the expressed needs of the sites, as well as the results of each site's CACHI Baseline Capacity Assessment:

- One on one coaching (optional)
- Monthly group calls- calls include case studies and discussion via Zoom
- Convening (1 x per year)
- Web discussions on relevant topics
- Individualized supports – meeting facilitation, meeting design etc.
- Initial Technical Assistance Offerings
- Curriculum and Playbook
- Resource Brokerage – connecting to resources
- Website

Learning Lab Curriculum and Playbook

The CACHI curriculum and playbook were adapted from the Vermont ACH Peer Learning Lab. The curriculum gives overarching guidance for the Learning Lab and the Playbook offers frameworks, methodologies, group activities, practices and reflection tools that support learning and building blocks for the creation of ACHs

The Learning Lab Curriculum is guided by the Theory U Framework. The framework is organized into 5 phases



For each of the 5 phases, relevant resources were curated to assist in clarifying the ACH approach in the creation and refinement of the 7 definitional elements. The curated methods and resources are located in the **Playbook** and include both **process methods** to assist with gaining clarity or direction of the ACH structure and operations and **content related examples of the 7 definitional elements**.

Shared Design Challenge

A Design Challenge is a method that allows for a reframe of the pressing issues needing to be addressed. When using the practice of Design Challenge, we frame them into **How Might We** questions, turning the challenges we are seeking to address into opportunities for design and improvement. The **How Might We** format suggests that a solution is possible and offers the chance to answer the question in a variety of ways. A properly framed **How Might We** question doesn't suggest a solution, but rather provides the perfect frame for innovative thinking.

A **Shared Design Challenge** was crafted that posed the question we are trying to answer in our work across the 9 Accelerator Sites over the 18 months:

“How might we deepen our understanding to effectively act as an Accountable Community for Health –generating value, community health, and well-being?”

The CACHI Accelerator Learning Lab is a **prototype** that includes various elements to answer the Shared Design Challenge question. In keeping with supporting a prototype, we are nimble and adapt, as necessary, to respond to emergent needs. Through peer learning, there is an opportunity to come together as learners, share perspectives, and then broaden them through exploring shared purpose, inquiries and offering diverse viewpoints, while tapping into collective wisdom to gain a wider systemic perspective of Population Health and how to be more equipped to address the needs of our communities.

Each of the ACH sites created their own unique Design Challenge question. During the Accelerator funding period, the sites and their partners developed a deeper understanding of

the issues, themes and insights that have emerged, allowing for the identification of areas that pose challenges to their communities. These insights were then used to iterate on each site's original Design Challenge question. The final Design Challenge question for each site can be found in Table 7.

Appendix

Tables and Figures

Table 1. Capacity Assessment results at Baseline, Intermediate, and Final assessment timepoints for CACHI Accelerator Sites (n=9).

ACH Element	Baseline Assessment (% of Accelerator Sites)				Intermediate Assessment (% of Accelerator Sites)				Final Assessment (% of Accelerator Sites)			
	Not Started	Early/ In Progress	Mostly in Place	High Readiness	Not Started	Early/ In Progress	Mostly in Place	High Readiness	Not Started	Early/ In Progress	Mostly in Place	High Readiness
Shared Vision and Goals	-	78%	11%	11%	11%	-	56%	33%	-	11%	11%	78%
Partnerships	-	22%	67%	11%	-	11%	44%	44%	-	11%	11%	78%
Leadership and Governance	-	44%	56%	-	11%	22%	44%	22%	-	-	56%	44%
Backbone	-	11%	44%	44%	-	11%	33%	56%	-	11%	-	89%
Portfolio of Interventions	44%	11%	44%	-	11%	78%	11%	-	-	67%	33%	-
Data Analytics and Capacity	33%	67%	-	-	11%	89%	-	-	-	67%	33%	-
Wellness Fund	67%	33%	-	-	44%	44%	11%	-	22%	56%	22%	-
Resident Engagement	-	-	-	-	-	-	-	-	-	56%	33%	11%

Note: Baseline and Intermediate results do not include the ACH Element Resident Engagement, as that was added later.

Table 2. Capacity Assessment Results for Areas of Emphasis for each CACHI Accelerator Site (n=9) at Baseline, Intermediate, and Final timepoints.

ACH Element	Baseline Assessment (% of Accelerator Sites)				Intermediate Assessment (% of Accelerator Sites)				Final Assessment (% of Accelerator Sites)			
	Not Started	Early/ In Progress	Mostly in Place	High Readiness	Not Started	Early/ In Progress	Mostly in Place	High Readiness	Not Started	Early/ In Progress	Mostly in Place	High Readiness
Shared Vision and Goals	-	80%	20%	-	-	-	60%	40%	-	-	20%	80%
Partnerships	-	-	100%	-	-	-	67%	33%	-	-	33%	67%
Leadership and Governance	-	33%	100%	-	33%	33%	-	33%	-	-	67%	33%
Backbone	-	-	100%	-	-	-	-	100%	-	-	-	100%
Portfolio of Interventions	50%	50%	-	-	-	100%	-	-	-	100%	-	-
Data Analytics and Capacity	29%	71%	-	-	14%	86%	-	-	-	71%	29%	-
Wellness Fund	67%	33%	-	-	67%	33%	-	-	33%	33%	33%	-

Table 3. Percentage of CACHI Accelerator Sites (n=9) whose Capacity Assessment scores improved between Baseline and Final assessments.

ACH Element	% Increased Capacity	% No Change	% Decreased Capacity
Shared Vision and Goals	78%	22%	-
Partnerships	67%	22%	11%
Leadership and Governance	78%	22%	-
Backbone	56%	33%	11%
Data Analytics and Capacity	56%	44%	-
Wellness Fund	67%	22%	11%
Portfolio of Interventions	44%	33%	22%

Note: Baseline and Intermediate results do not include the ACH Element Resident Engagement, as that was added later.

Table 4. Capacity for Resident/Community Engagement

	Strongly Agree or Agree		Strongly Disagree or Disagree		Don't know/Not sure	
	n	%	n	%	n	%
Community members are active in the ACH.	7	78%	1	11%	1	11%
Community input helps prioritize the goals of the ACH.	8	89%	0	0%	1	11%
The ACH includes community input in the decision-making process.	7	78%	1	11%	1	11%

Figure 1. Participants in Partnership Survey, Baseline and Follow-up

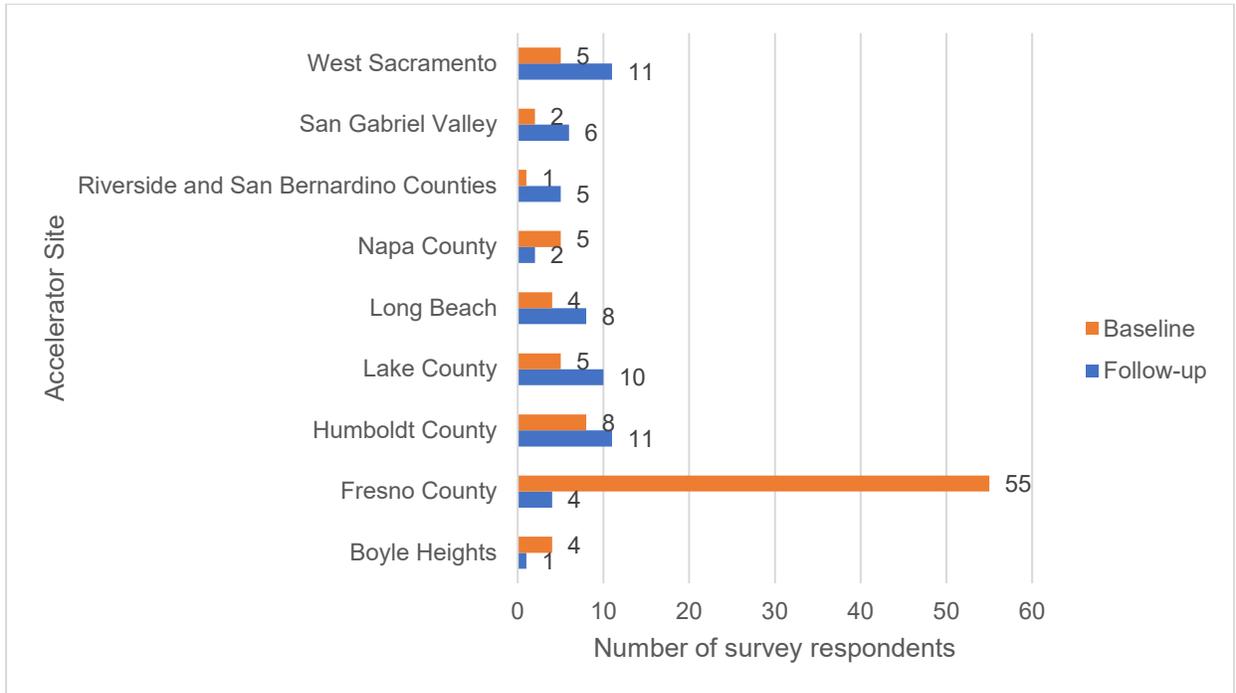


Figure 2. Organizational sectors of participants in the Follow-up Partnership Survey

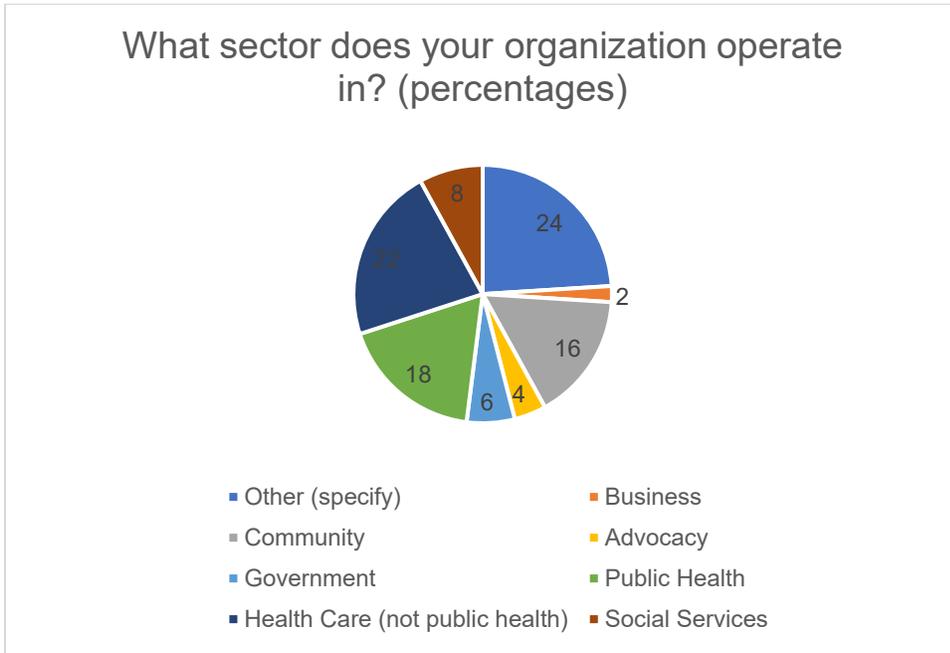


Figure 3. Organizational sectors of participants in the Baseline Partnership Survey

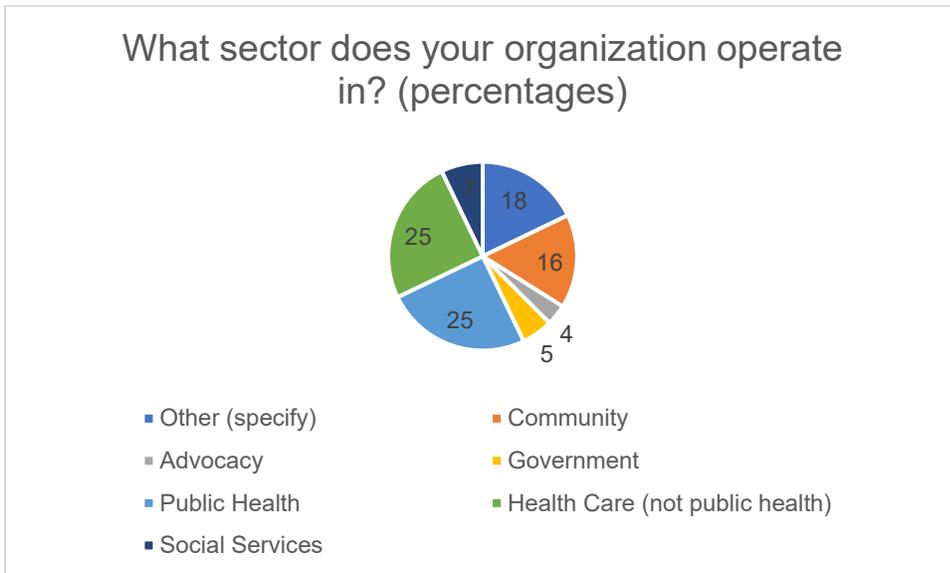


Table 5. Affiliations of participants in the Follow-up Partnership Survey

How would you define your affiliation with the ACH? Select all that apply.												
Site	Backbone		Leadership Team		ACH-related Committee		Organization with formal commitment		Organization with interest		Individual engaged on behalf of community	
	n	%	n	%	n	%	n	%	n	%	n	%
Boyle Heights	1	100%	1	100%	0	0%	0	0%	0	0%	0	0%
Fresno County	1	9%	4	36%	1	9%	0	0%	0	0%	0	0%
Humboldt County	4	67%	6	100%	4	67%	1	17%	0	0%	2	33%
Lake County	6	120%	6	120%	1	20%	3	60%	0	0%	0	0%
Long Beach	2	100%	3	150%	6	300%	2	100%	0	0%	1	50%
Napa County	1	25%	1	25%	1	25%	0	0%	0	0%	0	0%
Riverside and San Bernardino Counties	3	30%	1	10%	0	0%	1	10%	1	10%	0	0%
San Gabriel	2	25%	4	50%	4	50%	1	13%	0	0%	0	0%
West Sacramento	3	27%	2	18%	6	55%	6	55%	0	0%	0	0%

% is n for site divided by total completes for site.

Table 6. Affiliations of participants in the Baseline Partnership Survey

How would you define your affiliation with the ACH? Select all that apply.												
Site	Backbone		Leadership Team		ACH-related Committee		Organization with formal commitment		Organization with interest		Individual engaged on behalf of community	
	n	%	n	%	n	%	n	%	n	%	n	%
Boyle Heights	1	25%	1	25%	0	0%	2	50%	0	0%	0	0%
Fresno County	4	7%	12	22%	25	45%	11	20%	10	18%	4	7%
Humboldt County	5	63%	2	25%	3	38%	2	25%	1	13%	0	0%
Lake County	3	60%	3	60%	1	20%	0	0%	0	0%	0	0%
Long Beach	3	75%	1	25%	2	50%	1	25%	0	0%	1	25%
Napa County	4	80%	1	20%	0	0%	0	0%	0	0%	0	0%
Riverside and San Bernardino Counties	0	0%	1	100%	1	100%	1	100%	0	0%	0	0%
San Gabriel	2	100%	1	50%	0	0%	0	0%	0	0%	0	0%
West Sacramento	2	40%	3	60%	0	0%	0	0%	0	0%	0	0%

% is n for site divided by total completes for site.

Figure 4. Comparison of "Where is the ACH today?" by Domain at Baseline and Follow-up in the Partnership Survey

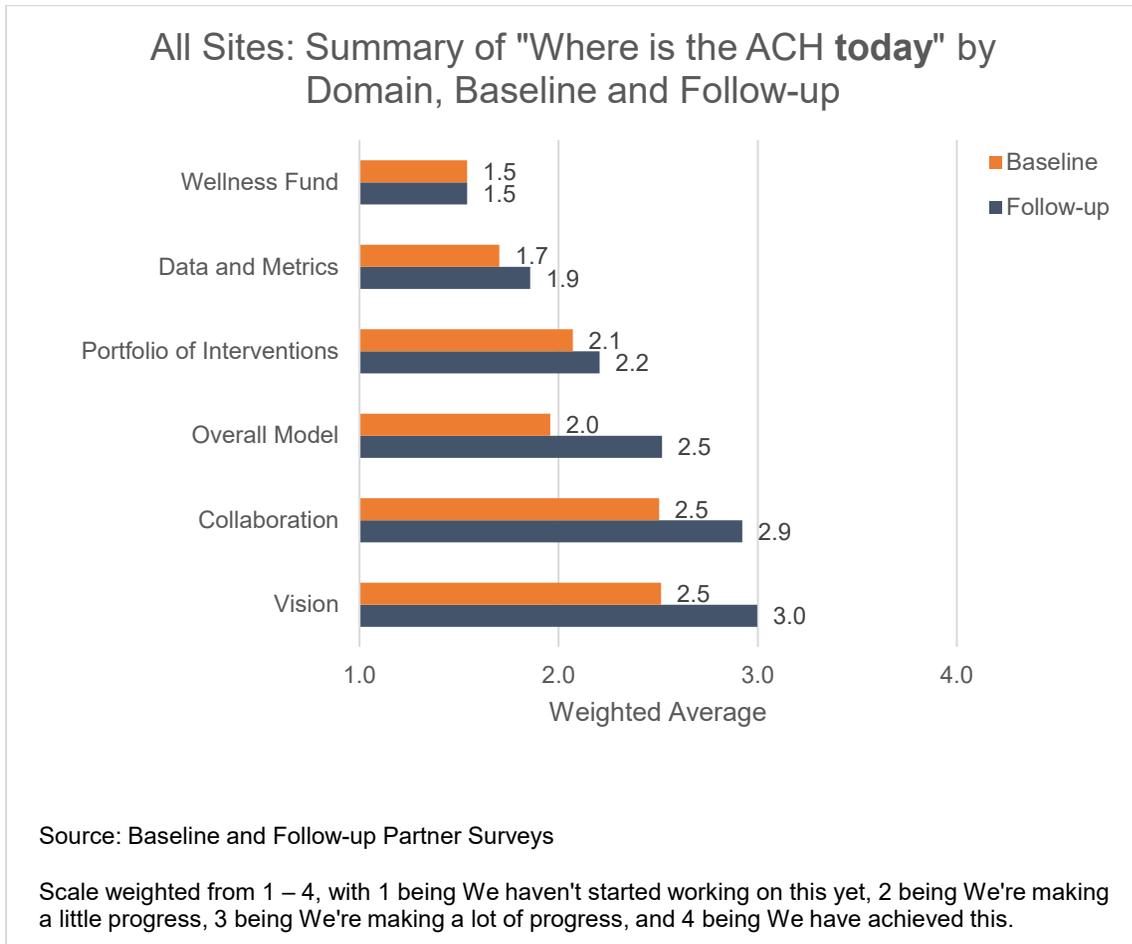


Figure 5. Comparison of "Where is the ACH today" by Domain, Baseline and Follow-up, Agree scale, in the Partnership Survey

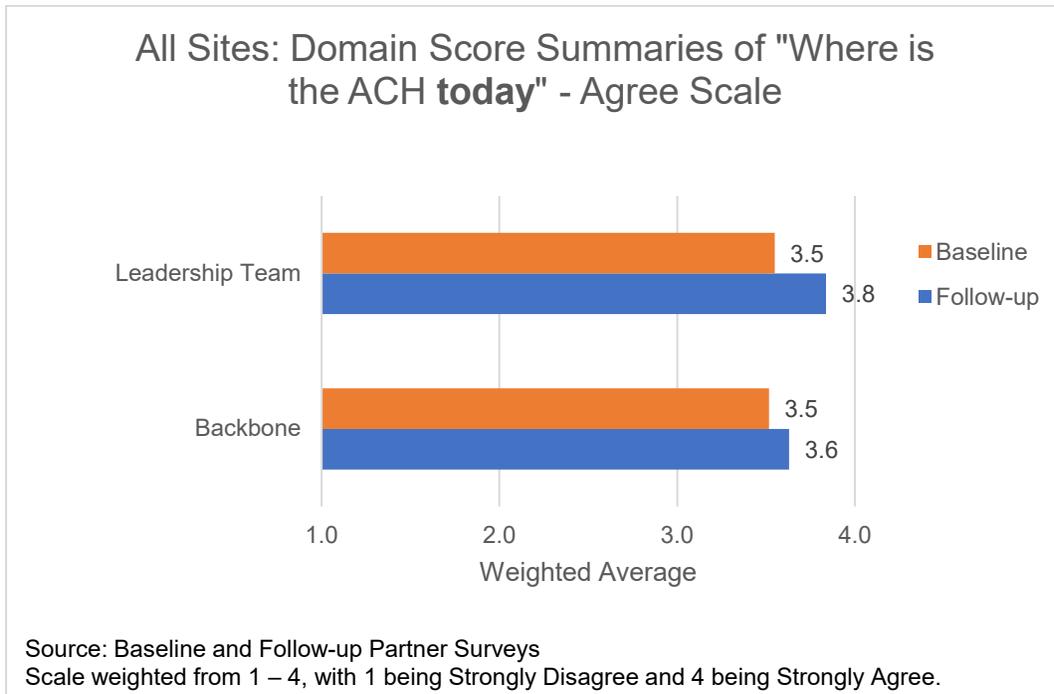


Figure 6. Summary of Domains for "Where is the ACH today", Follow-up Partnership Survey

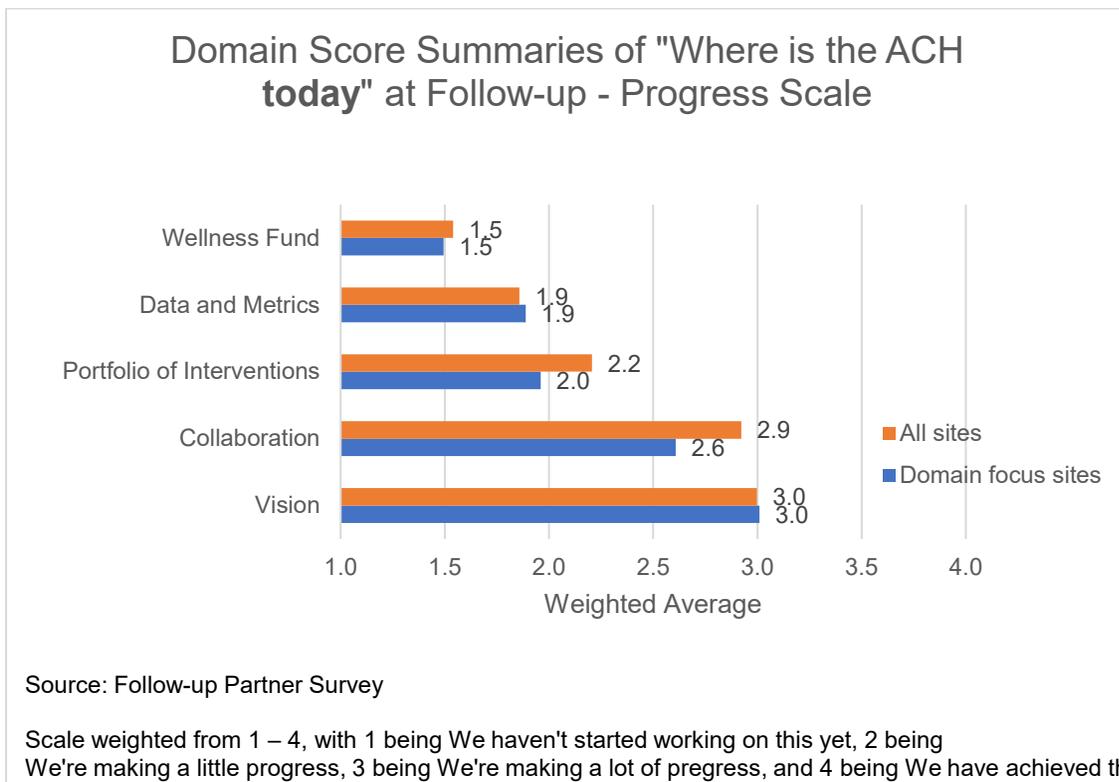


Figure 7. Summary of Domains for "Where is the ACH today", Follow-up Partnership Survey, Agree scale

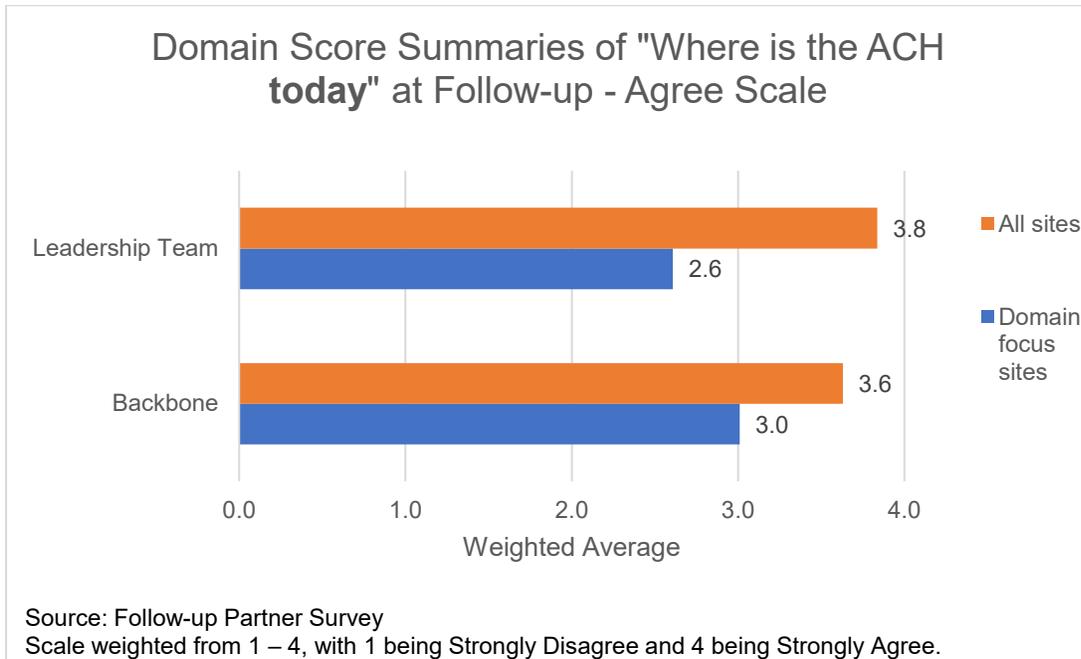


Table 7. Characteristics, accomplishments, and challenges by site

ACH Name, Backbone, Geographic Area	Focus Area(s)	Design Challenge Question	Selected Definitional Elements: Capacity Assessment Rating	Accomplishments & Challenges
<p>ACH Eastside</p> <p>Community Translational Research Institute</p> <p><i>City of Pomona (2017 original site was Riverside)</i></p>	<p>Obesity Type 2 Diabetes</p>	<p><i>How can we facilitate the development of Pomona’s Promise multi-sector collaborative to : (1) Ensure the sustainability of diabetes screening and prevention efforts that reach the entire city population and (2) Encourage the alignment of projects being run by each of the five Pomona’s Promise initiatives to a shared vision and goals? (Revised 2018 & 2019)</i></p>	<p>Leadership & Governance: <i>Mostly in Place</i></p> <p>Data Analytics & Capacity: <i>Early/ In Progress</i></p>	<p>Accomplishments:</p> <ul style="list-style-type: none"> • Created and adopted leadership and governance policies • Engagement in leadership roles in partner organization’s local initiatives • Continued implementation of citywide translational research project <p>Challenges:</p> <ul style="list-style-type: none"> • Key collaborators from Riverside withdrew, which necessitated a change in geographic area. (2018) • The change in collaborators and leadership set efforts back requiring the need to start over • Aligning vision and goals with already established ACH partner is challenging. • Chose not to submit application to the merged cohort
<p>All Children Thrive</p> <p>City of Long Beach Health and Human Services</p> <p><i>City of Long Beach</i></p>	<p>Social determinants of health for children ages 0-8 years and their parents</p>	<p><i>How might we create a community where all children have the resources and support to thrive?</i></p>	<p>Shared Vision & Goals: <i>High Readiness</i></p> <p>Partnerships: <i>High Readiness</i></p> <p>Leadership & Governance: <i>High Readiness</i></p> <p>Backbone: <i>High Readiness</i></p>	<p>Accomplishments:</p> <ul style="list-style-type: none"> • Held regular meetings with leadership teams and working groups • Hosted community listening sessions and parent design sessions • Created and adopted leadership and governance policies • Held Asset Mapping Event with over 40 agencies and parents in attendance <p>Challenges:</p> <ul style="list-style-type: none"> • Lack of POI impacted ability to secure ongoing funding. • Limited capacity of backbone impacted, or delayed, ability to achieve work plan objectives.
<p>Boyle Heights ACH</p> <p>LA/USC Wellness Center</p> <p><i>Boyle Heights and clients of the Center</i></p>	<p>Trauma informed care and resilience</p>	<p><i>How might we increase our collective capacity to implement a trauma-informed approach across our collaboration programs, services and community engagement?</i></p>	<p>Data Analytics & Capacity: <i>Early/ In Progress</i></p> <p>Wellness Fund: <i>Early/ In Progress</i></p> <p>Portfolio of Interventions: <i>Early/ In Progress</i></p>	<p>Accomplishments:</p> <ul style="list-style-type: none"> • Established formal governance structure with core operations team • Created and adopted leadership and governance policies • Held regular meetings with leadership team, working groups and partners • Secured initial funding to support four years of operations • Developed and implemented Community Engagement Plan • Produced and delivered a community impact report <p>Challenges:</p> <ul style="list-style-type: none"> • Limited funding impacted ability to move quickly which may have led to a decline in interest and participation from some members. • Data sharing and analytics across systems is challenging to design. • Traditional outreach strategies are not enough to reach vulnerable populations.

ACH Name, Backbone, Geographic Area	Focus Area(s)	Design Challenge Question	Selected Definitional Elements: Capacity Assessment Rating	Accomplishments & Challenges
<p>Fresno Community Health Improvement Partnership (FCHIP)</p> <p>Fresno Metro Ministries</p> <p>Southwest Fresno</p>	<p>Food Security, Diabetes Prevention and management, Health Literacy and Empowerment, Tobacco Use, Healthy Land Use and Planning, Trauma and Resilience</p>	<p><i>How might we actively engage the community to deepen our understanding of population health improvement with an equity lens?</i> (Revised 2018 & 2019)</p>	<p>Shared Vision & Goals: <i>Mostly in Place</i></p> <p>Partnerships: <i>Mostly in Place</i></p> <p>Data Analytics & Capacity: <i>Mostly in Place</i></p> <p>Wellness Fund: <i>Mostly in Place</i></p>	<p>Accomplishments:</p> <ul style="list-style-type: none"> • Held regular meetings with leadership committees, teams, and working groups with high level of partnership and community representation • Reviewed and revised mission and vision statement and adopted a Charter • Contracted to conduct Community Health Assessment and develop Community Health Improvement Plan • Created community data dashboard • Initiated sponsorship program and secured \$55,000 <p>Challenges:</p> <ul style="list-style-type: none"> • The current focus areas are representative of the sub committees and recognize the need to select a more refined approach. • Focus area selection will be determined by the results from the Community Health Needs Assessment. • Geographic area was changed to focus on Southwest Fresno to best leverage limited resources. • Lack of a clear focus area has impacted the alignment of Workgroup goals and activities with FCHIP overall mission and vision. • Identifying funding to support the backbone has been a challenge. • Data sharing has been challenging.
<p>Healthy San Gabriel Valley</p> <p>YWCA of San Gabriel</p> <p>Los Angeles County (Pomona, Baldwin Park, Azusa, La Puente, El Monte)</p>	<p>Community Trauma</p>	<p><i>How might we address community trauma in a sustainable and effective multi-sector, synergistic effort?</i></p>	<p>Partnerships: <i>High Readiness</i></p> <p>Data Analytics & Capacity: <i>Early/ In Progress</i></p>	<p>Accomplishments:</p> <ul style="list-style-type: none"> • Established strong partnerships and developed a strong leadership team • Completed Community Health Needs Assessment • Selected the city of Azusa to focus on initial POI efforts <p>Challenges:</p> <ul style="list-style-type: none"> • Establishment of leadership and governance has been a challenge. • Large geographic area has made it challenging to adapt some of the ACH elements. • Lack of funding has impacted ability to make meaningful progress, particularly in advancing work around data and a Wellness Fund. • Limited staffing has made forward movement a challenge.
<p>Hope Rising</p> <p>Adventist Clear Lake Hospital</p> <p>Lake County</p>	<p>Homelessness/ Housing/ High Utilizers Opioid Misuse</p>	<p><i>How might we maintain progress through systematic efforts in Lake County to maximize and generate resources to leverage the work of various stakeholder groups and community members to increase the</i></p>	<p>Data Analytics & Capacity: <i>Mostly in Place</i></p>	<p>Accomplishments:</p> <ul style="list-style-type: none"> • Convened regular meetings with leadership committees, teams, and working groups. • Established formal governance structures and policies. • Hired 2 staff positions: Executive Director and Administrative Manager • Hosted county wide Innovation Summit • Reviewed and revised mission and vision statement and Charter.

ACH Name, Backbone, Geographic Area	Focus Area(s)	Design Challenge Question	Selected Definitional Elements: Capacity Assessment Rating	Accomplishments & Challenges
		<i>overall impact of the on the health and well-being of our residents/community? (Revised 2019)</i>	Portfolio of Interventions: <i>Early/In Progress</i>	<ul style="list-style-type: none"> Completed Community Health Needs Assessment. Challenges: <ul style="list-style-type: none"> Clarity on the role of the Backbone agency in support of Hope Rising. Roles and responsibility of Hope Center build and operations committees and members. Transition of agency turnover with partners, 2 Governing Board members will be transitioning out of their roles and that will be an adjustment that needs to be planned for Securing additional funding for sustainability.
Humboldt Community Health Trust North Coast Health Improvement Network <i>Humboldt County</i>	Substance-use Disorders	<i>How might the Humboldt Community Health Trust foster a cross-sector, coordinated, and responsive approach to addressing SUD issues in a way that allows for improved system efficiency and cost-savings that can be re-invested back into the community?</i>	Shared Vision & Goals: <i>High Readiness</i> Data Analytics & Capacity: <i>Early/ In Progress</i>	Accomplishments: <ul style="list-style-type: none"> Held several community listening sessions ACH and project staff participated in a variety of relevant meetings and events. Reviewed mission and vision regularly to align activities Data metrics for the POI have been identified and vetted. Initiated inventory community data resources Maturation of the leadership and supporting committee structure; adapting to better support the ACH. Challenges: <ul style="list-style-type: none"> Rural county status and small community with lack of resources Drug use as a cultural norm within the community Identifying sustainable funding sources
Live Healthy Napa Napa County Health and Human Services <i>Napa County</i>	Access to healthy and nutritious food	<i>How might the Live Healthy Napa County ACH focus on upstream issues and leverage the work various stakeholder groups in Napa County to increase their impact on the health and well-being of our residents/community?</i>	Shared Vision & Goals: <i>High Readiness</i> Data Analytics & Capacity: <i>Early/ In Progress</i> Wellness Fund: <i>Not Started</i>	Accomplishments: <ul style="list-style-type: none"> Convened regular leadership team meetings and partner convenings Drafted Community Health Improvement Plan and evaluation metrics Held community listening sessions and developed engagement plan. Received a grant from the National Association for City & County Health Officials for their Strong Systems, Stronger Communities project. Challenges: <ul style="list-style-type: none"> Moving forward with the Wellness Fund has been a challenge. The ACH did not apply for a continuation of CACHI funding.
West Sacramento ACH Health Education Council	Heart Disease	<i>How might we, through a multi-sector collaboration, coordinate clinical and community resources to address upstream heart-disease related risk factors and social determinants of health to decrease</i>	Shared Vision & Goals: <i>High Readiness</i> Leadership & Governance: <i>Mostly in Place</i>	Accomplishments: <ul style="list-style-type: none"> Established formal governance policies Expanded partnerships and implemented partnership agreements Implemented resident engagement strategy using ABCD model Drafted POI based on a community driven priority setting process Established a wellness fund/sustainability sub-committee

ACH Name, Backbone, Geographic Area	Focus Area(s)	Design Challenge Question	Selected Definitional Elements: Capacity Assessment Rating	Accomplishments & Challenges
City of West Sacramento		<i>the incidence and rates of cardiovascular disease and related conditions?</i> (Revised 2018 & 2019)		Challenges: <ul style="list-style-type: none"> • Methods to identify resources amongst the partners • Limited time and capacity with current staff • Tension between action and process, group came up with a hashtag - #bias4action

Table 8. Governance structure by site

ACH Name & Backbone Organization	Governance	Leadership Team Composition
<p>ACH Eastside</p> <p>Community Translational Research Institute</p>	<ul style="list-style-type: none"> - Established governance structure - Adopted leadership and governance policies 	<p>Pomona City Manager, Pomona Unified School District, Pomona Community Foundation, and representatives from the Education and Career Readiness, Community Safety, Healthy in Pomona, and Community Engagement working groups</p>
<p>All Children Thrive</p> <p>Long Beach Health Department</p>	<ul style="list-style-type: none"> - Established and formal governance structure - Adopted leadership and governance policies - Regular convenings of steering committee and working groups. 	<p>Department of Health & Human Services, Office of Equity, Long Beach Unified School District, The Children’s Clinic, The Guidance Center, Long Beach Public Library, Long Beach Forward, Mayor’s Fund for Education, and community residents</p>
<p>Boyle Heights ACH</p> <p>LA/USC Wellness Center</p>	<ul style="list-style-type: none"> - Established and formal governance structure - Adopted leadership and governance policies - Regular convenings of leadership committees 	<p>LA/USC Wellness Center, Department of Public Health, and representatives from the Co-Design, Governance & Membership, and Evaluation Executive Committees</p>
<p>Fresno County Community Health Improvement ACH</p> <p>Fresno County Community Health Improvement</p>	<ul style="list-style-type: none"> - Established and formal governance structure - Adopted leadership and governance policies and implemented Charter. - Regular convenings of Executive Committee and Leadership Team 	<p>Fresno Community Health Improvement Partnership, Valley Children’s Hospital, Saint Agnes Medical Center, Community Medica Centers, Fresno Metro Ministry, Department of Health & Human Services, Department of Public Health, California Health Collaborative, CalViva Health, Central California Asthma Collaborative, Every Neighborhood Partnership, Youth Leadership Institute</p>
<p>Healthy San Gabriel Valley</p> <p>YWCA</p>	<ul style="list-style-type: none"> - Strong leadership team - Challenge establishing a leadership and governance structure 	<p>Not received</p>
<p>Hope Rising</p> <p>Adventist Clear Lake Hospital</p>	<ul style="list-style-type: none"> - Established and formal governance structure - Adopted leadership and governance policies and implemented Charter. - Regular convenings of Governing Board and Executive Committee - Support for dedicated staff at backbone organization 	<p>Lake County Office of Education, Mendocino County Health Clinic, Department of Social Services, Department of Public Health, Board of Supervisors, County Behavioral Health, Partnership Health Plan, Sutter Lakeside Hospital, Adventist Health Hospital, Lake Family Resource Center, Redwood Community Services, North Coast Opportunities, Way To Wellville, Hope Center, Woodland Community College, SafeRx Lake County</p>

ACH Name & Backbone Organization	Governance	Leadership Team Composition
	-	
Humboldt Community Health Trust North Coast Health Improvement and Information Network	<ul style="list-style-type: none"> - Established leadership and supporting committee structure 	NCHIIN Project Staff, local experts in collaborative initiatives, community leaders and decision makers across industry sectors, community stakeholders and residents
Live Healthy Napa County Napa County Public Health	<ul style="list-style-type: none"> - Established and formal governance structure - Regular convenings of leadership team 	Department of Public Health, On the Move, First Five, Cope Family Center, Up Valley Family Center, Community Health Initiative, Girls on the Run, Community Organizations Active in Disaster
West Sacramento ACH Health Education Council	<ul style="list-style-type: none"> - Established and formal governance structure - Adopted leadership and governance policies. 	Health Education Council, City of West Sacramento, Yolo County Health Department, Kaiser Permanente, River City Medical Group, Elica Health Centers, CommuniCare Health Centers, Partnership Health Plan of California, Shores of Hope, Yolo County Children's Health Alliance, Center for Land Based Learning

Table 9. Accelerator Sites' Progress on Precursors for Systems Changes*

Enhanced Knowledge (Shifts in Behavior and Issue Framing) <i>Investment in providing the Art of Hosting Training created a shared understanding about how to meaningfully engage with community residents and address community priorities within ACHs.</i>	
Humboldt	The CACHI funding challenged them to begin approaching substance use disorders and related, root causes, in a different way. Through engaging partners, participants described that their goals as a group shifted somewhat from primarily treating substance-use disorders to preventing them.
Long Beach	"[Art of Hosting was] transformative. Really teaching us... how to engage with each other and with residents. Everyone who went was just like "Wow!" we have changed our whole view about how we read these collaborative models."
Boyle Heights	The focus of the ACH shifted from chronic disease prevention and management to trauma-informed care and resilience. This was, in part, due to acknowledgement that trauma could be an area of collective action for partners and a root cause of chronic disease.
Increased Organizational Capacity <i>All Accelerator sites adopted distributed leadership models.</i>	
Humboldt	Over the past two years, members of Humboldt's ACH established their ACH's infrastructure, including bringing partners together, identifying shared vision and goals, growing their network, and establishing governance structure. Participants described Humboldt Community Health Trust as having gained a legitimate role in their community over the past two years.
Long Beach	Through CACHI, their group began coming together in a different way, striving toward a distributed leadership model and letting the work be owned collectively by those at the table.
Strengthened Relationships and Increased Alignment among Partners and Stakeholders	
Pomona	"We established effective working relationships with the leaders of major organizations in each of the geographic areas in which we worked. One reason for this success is that these leaders were familiar with the ACH construct or related ones (e.g., "collective impact") and were trying to make progress in establishing communitywide efforts. They saw our team as a resource that would help them do this."

Fresno	In Fall 2018, Fresno used demographic data to identify Southwest Fresno (zipcode 93706) as its geographic focus area for the ACH. The decision was also made to align with the momentum already underway to improve the health status of residents in this zip code such as by efforts funded by the Transformative Climate Communities Grant, a \$70 million state funded grant for environmental and economic transformation in Fresno. Previously, the entire county of Fresno was considered the focus area.
Imperial	Collaboration between food bank, health plans, and community clinics to improve vaccination rates. The ACH created a forum for cross-sector partners to develop a plan to address two going concerns of their shared hard-to-reach populations: long waits at the Food Bank and low vaccination rates. By co-locating vaccination (child and flu) at the Food Bank, the clinics can provide a vital preventative care service to this vulnerable population while the Food Bank can provide additional value to families as they wait.
Deepen Community Ownership <i>Five of the 9 Accelerator sites include at least 1 community resident in their governance structures.</i>	
Humboldt	The Humboldt Community Health Trust held 9 community listening sessions with a diverse set of stakeholders to understand their community's priorities related to substance use disorder. The findings from these sessions were used to inform future work of the ACH and develop goals for the ACH.
Long Beach	A key strength for Long Beach All Children Thrive ACH's is dedication to engaging community members, in spite of encountering setbacks in this area. Community members were prioritized as key stakeholders. Two listening sessions with the community were hosted to examine whether the ACH's goals match the community's perception of their needs.
Boyle Heights	Of the original 40 members of the ACH, 5 were resident leaders , and half were community-based organizations with strong community ties and representation. Two of the members of the Executive/Co-Design Committee are long-time community residents. In addition, 6 community engagement events were held between January – June 2019 to bring greater awareness to residents about the role, mission and activities of the ACH. As a direct and immediate result of these meetings, resident attendance increased (doubled) at our regular monthly ACH meetings which are open to the public. We now

	regularly have 5-8 resident attendees, and we provide simultaneous translation into Spanish at our monthly meetings.
Pomona	The leadership team hosted 2 citywide summits at which they solicited input from community leaders and residents about their plans, employing world café and other processes.
Fresno	FCHIP conducted a CHNA that gathered direct input from community residents and stakeholders through focus groups, key informant interviews and follow up feedback meetings from 480 participants. In addition, a community-based organization serves as the ACH's backbone.
Lake	The ACH has begun community engagement efforts through focus group discussions, key informant interviews, surveys and town hall discussions.
Napa	"In the past year we have done Asset Based Community Development mapping with two groups (one in English, one in Spanish) and conducted over 20 "learning conversations" with community members for the purpose of identifying the strategies and activities we will pursue as part of the community health improvement plan. We are still working to get to a place where community members are actively co-designing those strategies and hold more decision-making power within our collaborative."
West Sacramento	Initially, the ACH used responses from residents on the Community Health Needs Assessments and County Needs Assessment to identify heart disease as the ACH health priority . Then, the ACH held multiple meetings with active resident leaders using the Asset-Based Community Development process. During these meetings, the residents identified three priority areas for intervention: <ul style="list-style-type: none"> • Access to healthy food • Improved walkability • Improved community connectedness
San Gabriel Valley	Input is gathered from a diverse set of community stakeholders from regional partners and informs the decision-making process for this ACH.

*Framework for the four precursors of systems changes adapted from Community Approaches to Systems Change: A Compendium of Practices, Reflections, and Findings. November 2019. *BUILD Health Challenge*. Accessed on February 21, 2020. Available here: <https://buildhealthchallenge.org/resources/community-approaches-to-system-change/>

Figure 8. Comparison of Vision Domain, Follow-up and Baseline Partnership Surveys

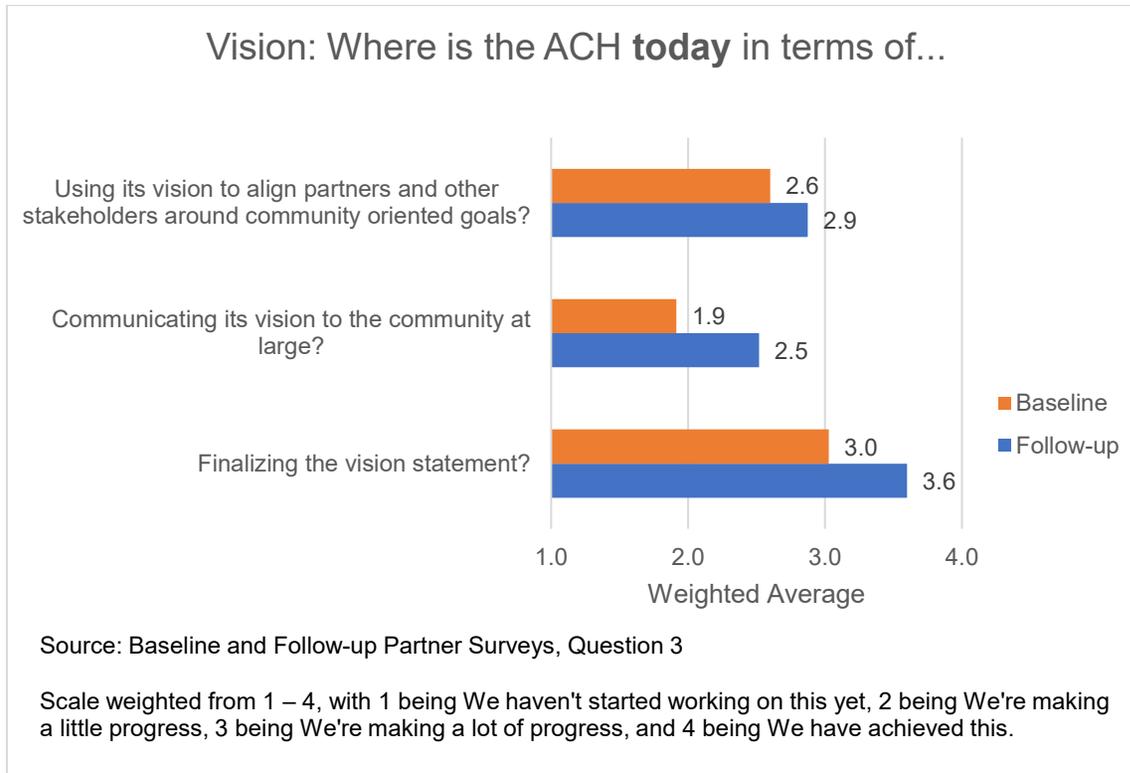


Figure 9. Comparison of Partnership (Collaboration) Domain, Follow-up and Baseline Partnership Surveys

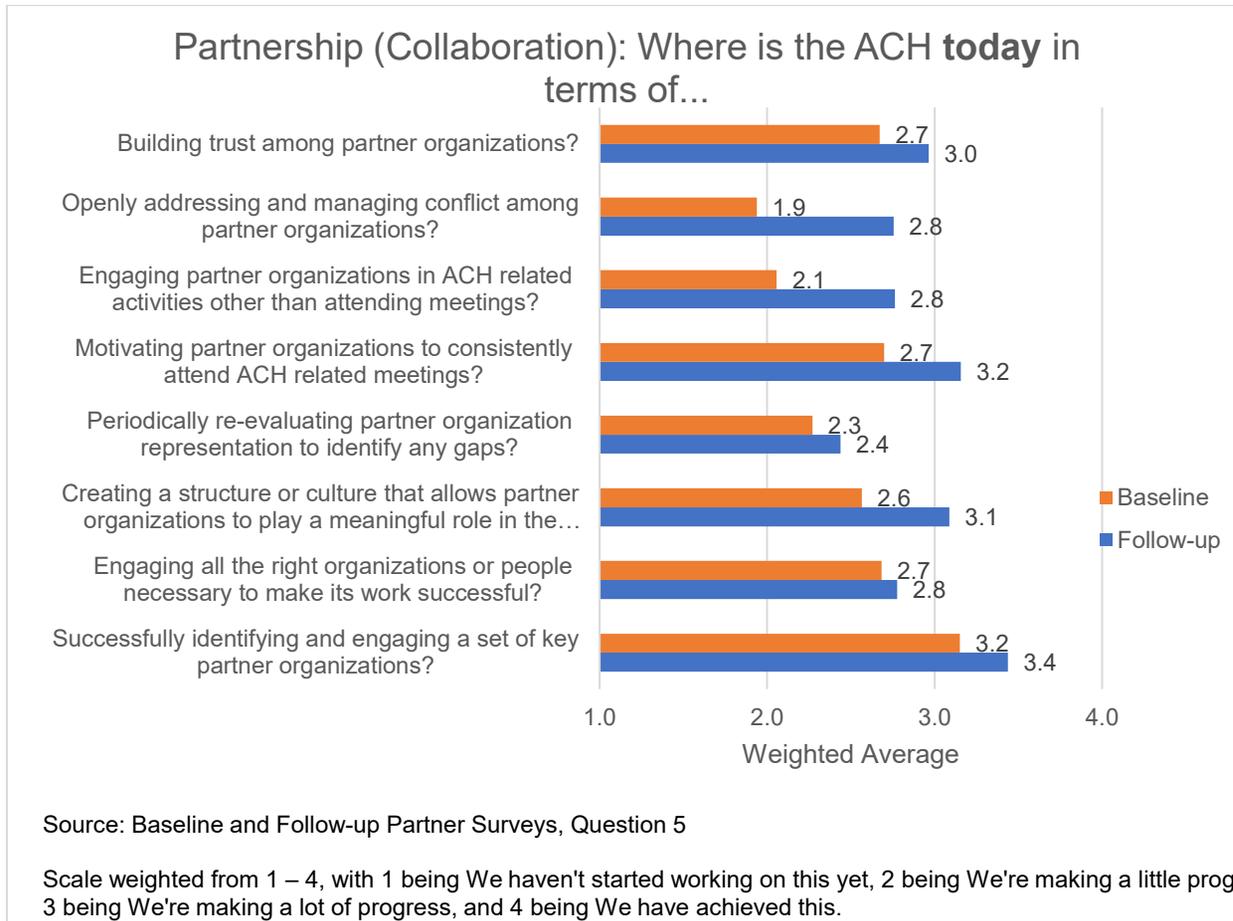


Figure 10. Comparison of Leadership Domain, Follow-up and Baseline Partnership Surveys

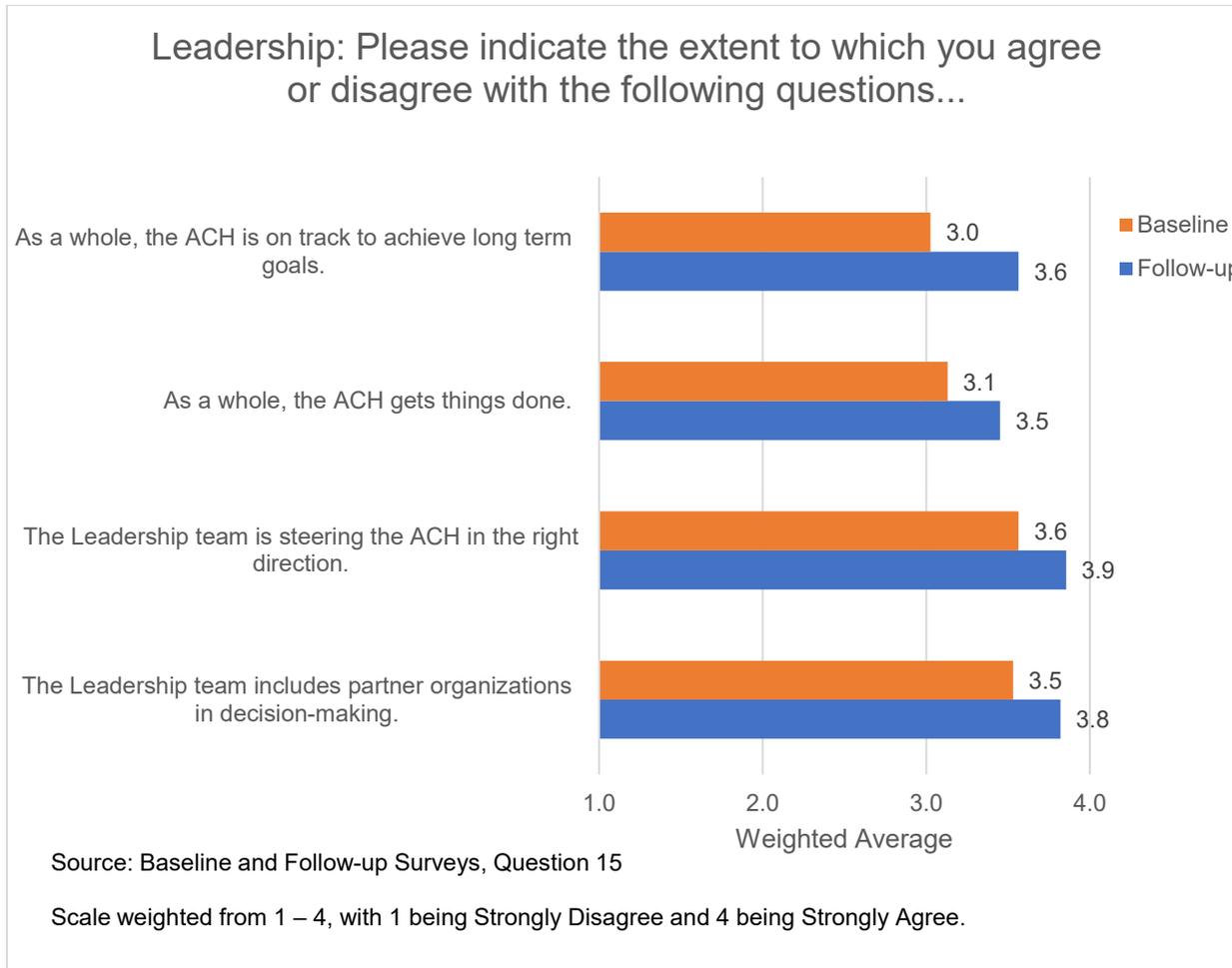


Figure 11. Comparison of Backbone Domain, Follow-up and Baseline Partnership Surveys

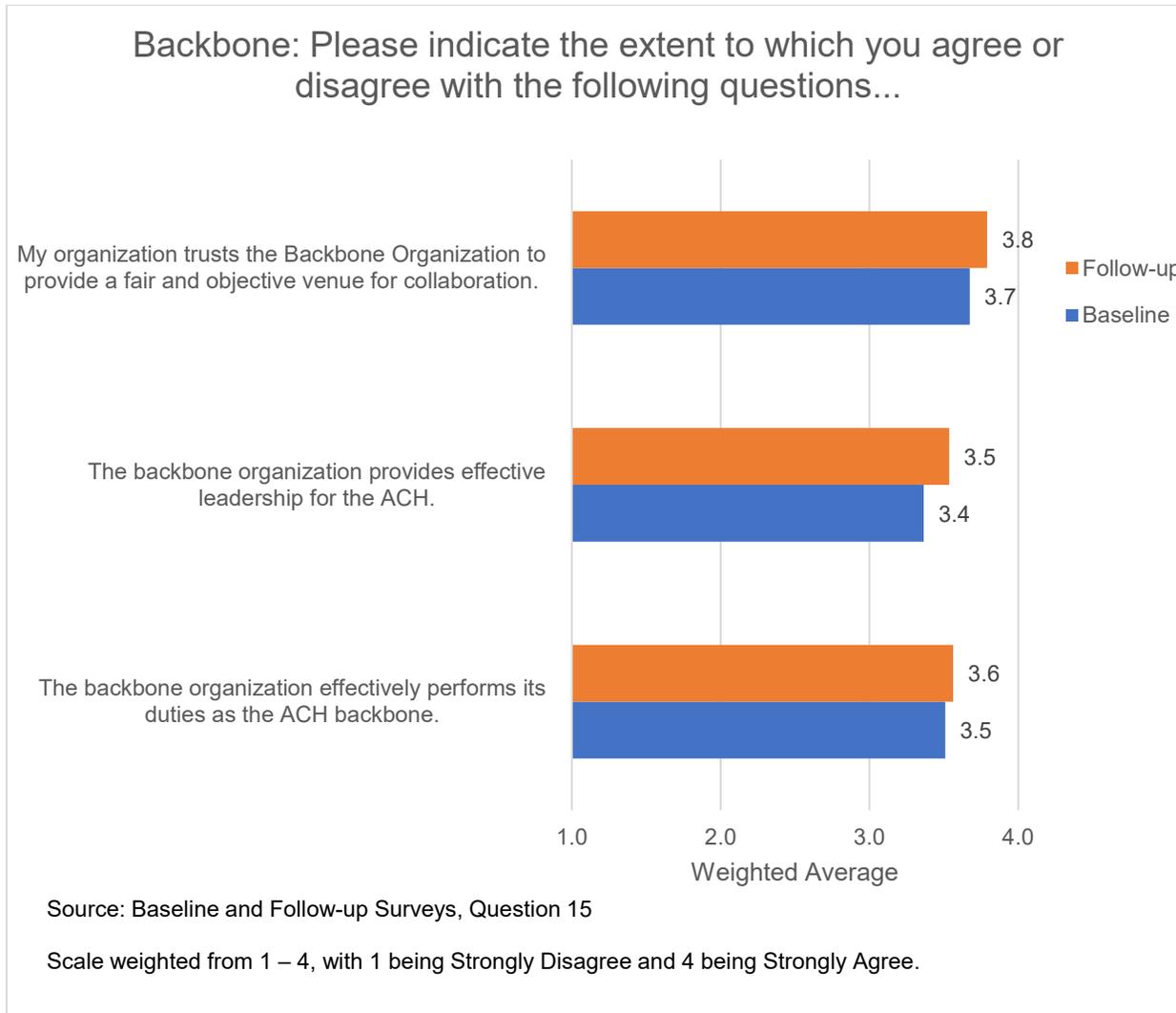


Figure 12. Comparison of Portfolio of Interventions Domain, Follow-up and Baseline Partnership Surveys

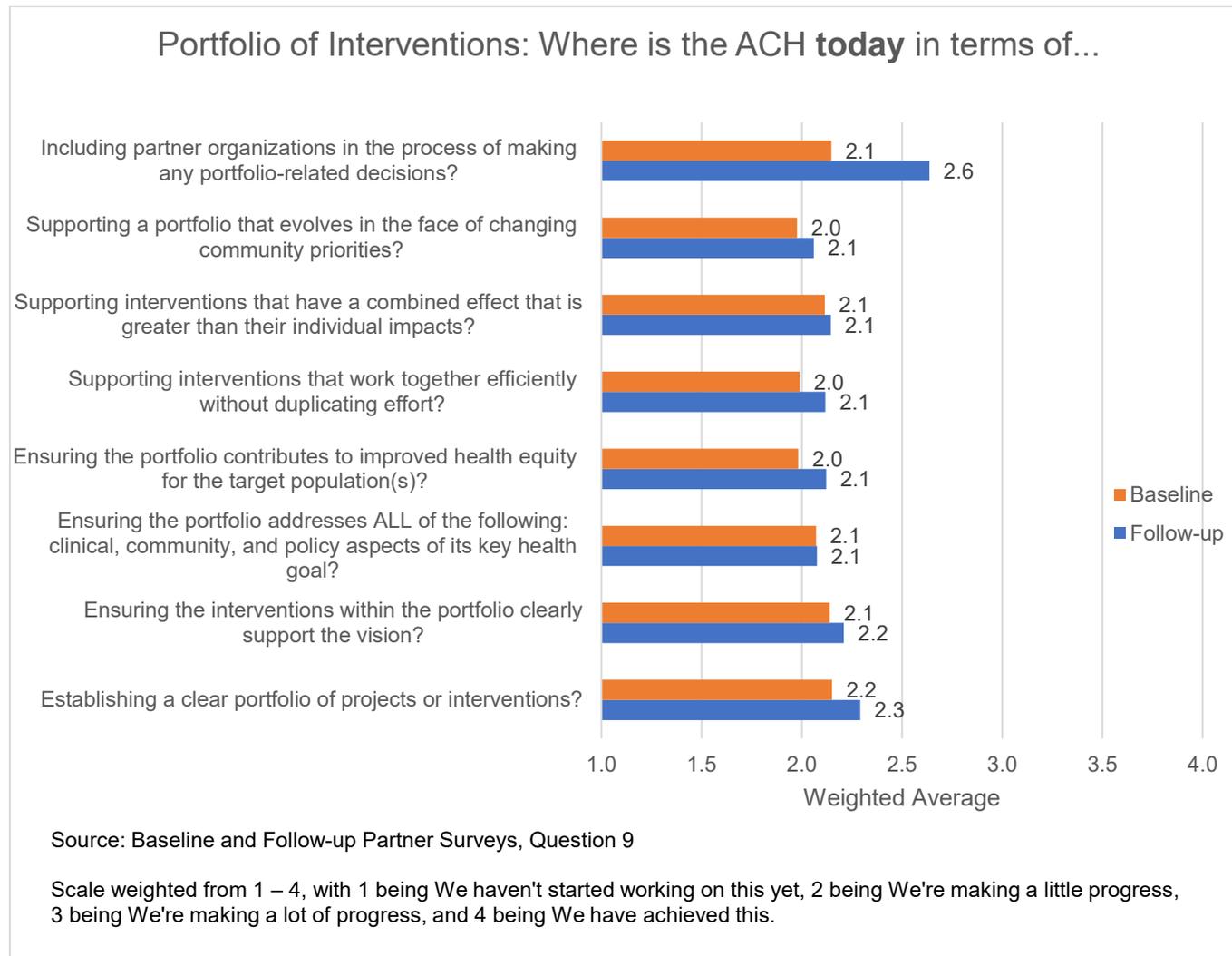


Figure 13. Comparison of Data Domain, Follow-up and Baseline Partnership Surveys

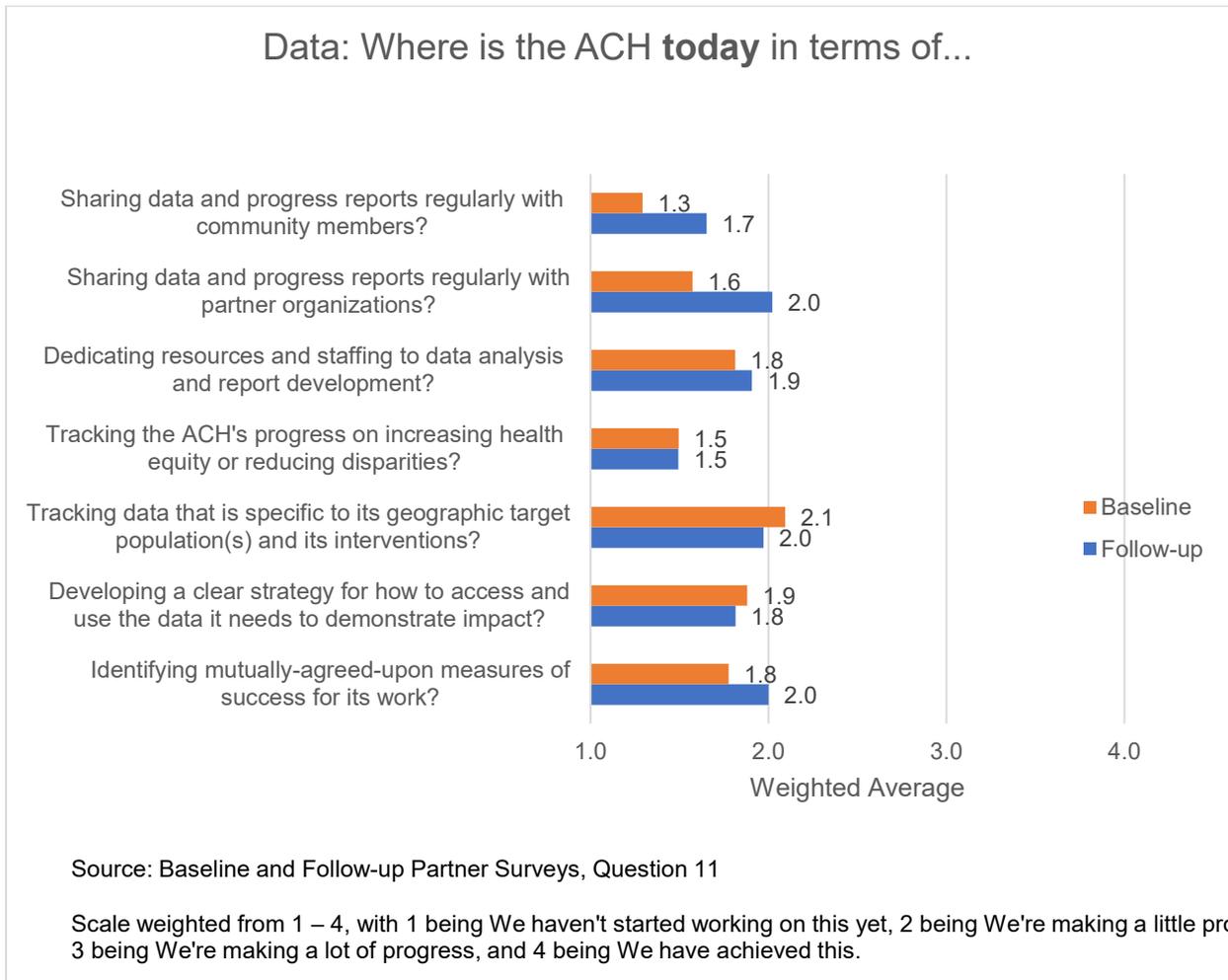


Figure 14. Comparison of Wellness Fund Domain, Follow-up and Baseline Partnership Surveys

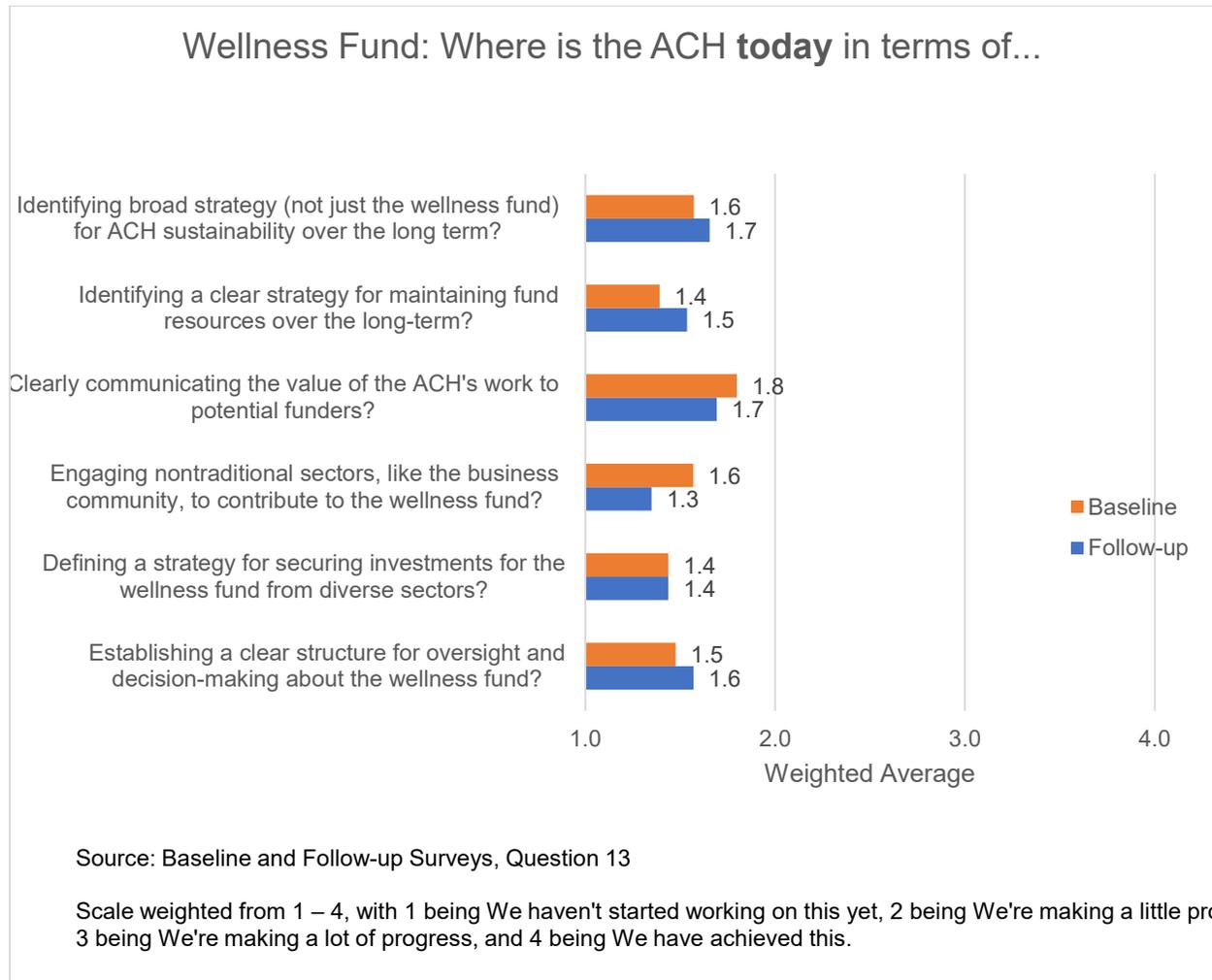


Figure 15. Comparison of Overall Model Domain, Follow-up and Baseline Partnership Surveys

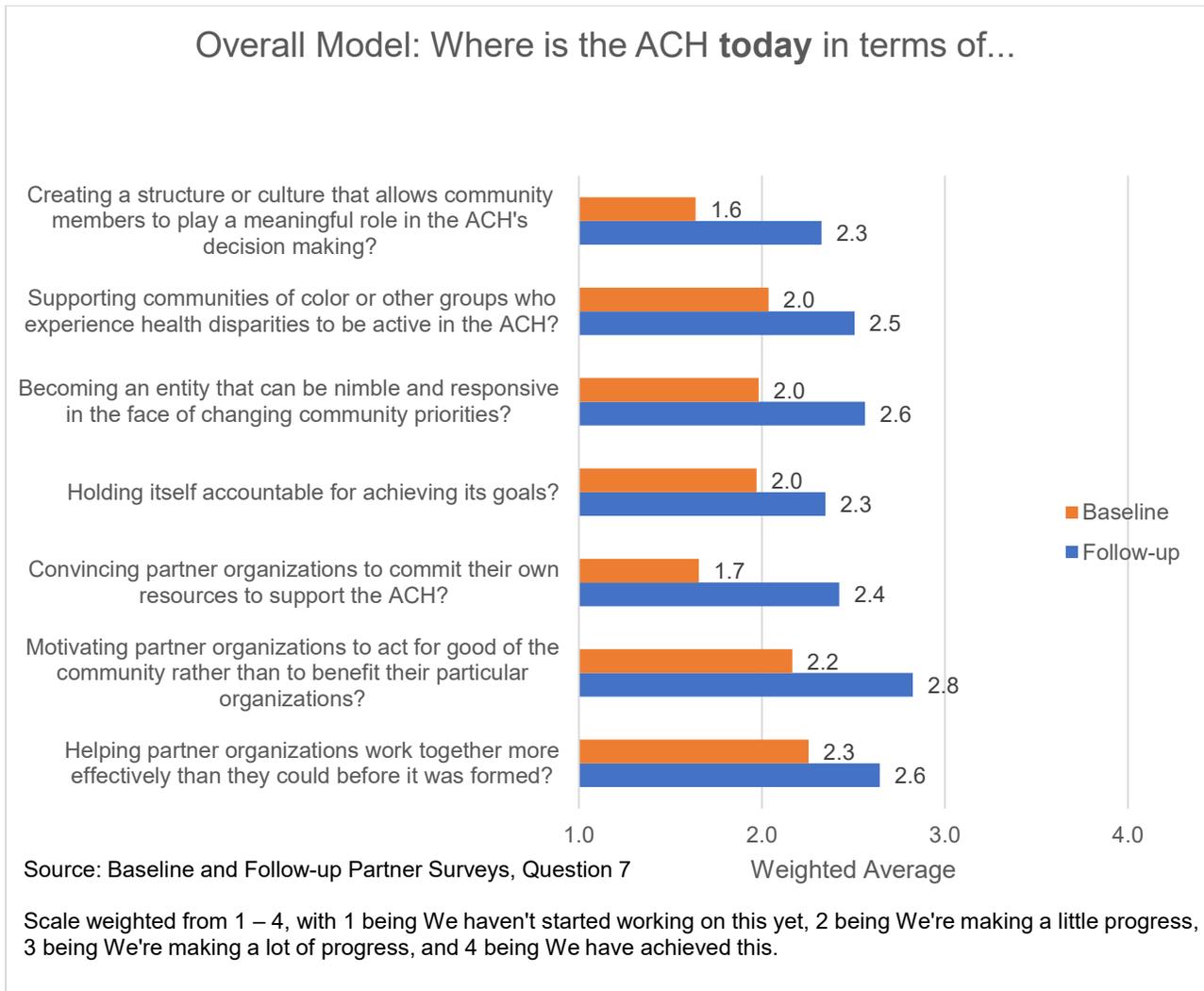


Table 10. Responses to the Technical Assistance Survey by CACHI ACH site (n=25)

Responses by ACH Site (n=25)	n	%
Adventist Health Clearlake	8	32%
City of Long Beach, Department of Health & Human Services	1	4%
Fresno Metro Ministry, Fresno	2	8%
Health Education Council, Sacramento	2	8%
LAC+USC Medical Center Foundation, Inc., Boyle Heights, LA	1	4%
Napa County	1	4%
North Coast Health Improvement and Information Network, Inc., Humboldt County	4	16%
Public Health Foundation Enterprises, Inc., Riverside	3	12%
YWCA San Gabriel Valley	2	8%
I do not belong to an ACH	1	4%

Table 11. Level of agreement that the Web Dialogue addressed topics or strategies utilized by the ACH (n=25).

How much do you agree or disagree that the following web dialogues addressed topics or strategies that your ACH can utilize?	Strongly Agree		Agree		Disagree		Strongly Disagree		Not Applicable/ Did not Attend	
	n	%	n	%	n	%	n	%	n	%
All In: Data Overview Webinar (July 10, 2018) n=15	1	6.7	6	40.0	1	6.7	-	-	7	46.7
CACHI Accelerator Highlight: Napa County Health and Human Services Path to Addressing Food Security (July 13, 2018) n=15	2	13.3	8	53.3	-	-	-	-	5	33.3
CACHI Baseline Data: Accelerator Sites (July 18, 2018) n=15	1	6.7	6	40.0	-	-	-	-	8	53.3
Portfolio of Interventions: Dose, Reach and Strength (August 9, 2018) n=15	1	6.7	6	40.0	-	-	-	-	8	53.3
Portfolio of Interventions: Community Clinical Linkages -Highlighting the Pathways Community Hub Model (August 14, 2018) n=15	3	20.0	5	33.3	-	-	-	-	7	46.7
Art of Hosting Informational Webinar (September 18, 2018) n=15	1	6.7	7	46.7	1	6.7	-	-	6	40.0
Portfolio of Interventions: Social Determinants of Health Clinical Screening Tools (September 25, 2018) n=15	2	13.3	5	33.3	1	6.7	-	-	7	46.7
Health Information Exchange and Social Determinants of Health (November 6, 2018) n=15	-	-	5	33.3	-	-	-	-	10	66.7
Wellness Fund Capabilities featuring Anne de Biasi from Trust for America's Health (December 12, 2018) n=15	3	20.0	4	26.7	-	-	-	-	8	53.3
Community Engagement: Community of Practice kick-off call (December 14, 2018) n=15	1	6.7	4	26.7	1	6.7	-	-	9	60.0
Community Engagement: Community of Practice call (January 15, 2019) n=15	1	6.7	5	33.3	1	6.7	-	-	8	53.3
CACHI kick-off call (January 24, 2019) n=13	9	69.2					-	-	4	30.8
Community Engagement: Community of Practice call (February 12, 2019) n=14	3	21.4	3	21.4	1	7.1	-	-	7	50.0
Imperial County CACHI Catalyst Case Study (February 19, 2019) n=15	4	26.7	4	26.7	-	-	-	-	7	46.7
Getting Your Story Out: Media 101 (February 25, 2019) n=15	4	26.7	5	33.3	-	-	-	-	6	40.0
Asset Based Community Development (March 4, 2019) n=15	3	20.0	8	53.3	-	-	-	-	4	26.7

Table 11 (continued)

How much do you agree or disagree that the following web dialogues addressed topics or strategies that your ACH can utilize? (n=15)	Strongly Agree		Agree		Disagree		Strongly Disagree		Not Applicable/ Did not Attend	
	n	%	n	%	n	%	n	%	n	%
Backbone Organizations: Diving deeper in the role of the backbone organization (March 18, 2019)	2	13.3	7	46.7	-	-	-	-	6	40.0
PhotoVoice (2 webinars: March 19 and April 9, 2019)	1	6.7	3	20.0	2	13.3	-	-	9	60.0
CACHI Web Discussion (March 28, 2019)	1	6.7	7	46.7	-	-	-	-	7	46.7
Community Engagement: Community of Practice call (April 16, 2019)	3	20.0	3	20.0	-	-	-	-	9	60.0
Cultural Humility (April 24, 2019)	2	13.3	4	26.7	-	-	-	-	9	60.0
Sonoma County Case Study (May 10, 2019)	1	6.7	4	26.7	-	-	-	-	10	66.7
Creating a Portfolio of Interventions: The Humboldt Story (May 21, 2019)	4	26.7	5	33.3	-	-	-	-	6	40.0
Backbone Key System Design Considerations (June 3, 2019)	2	13.3	5	33.3	-	-	-	-	8	53.3
Participatory Planning & Budgeting & Other Community Engagement Practices (June 10, 2019)	2	13.3	1	6.7	-	-	-	-	12	80.0
ACH Case Study: King County Healthier Here (June 28, 2019)	2	13.3	1	6.7	1	6.7	-	-	11	73.3
Santa Clara PEACE (Prevention Efforts Advance Community Equity) Partnership (July 9, 2019)	1	6.7	3	20.0	-	-	-	-	11	73.3
Making the Most of Resident Advisory Councils: Key Considerations to Ensure Success for Participants and Planners (September 30, 2019)	3	20.0	3	20.0	-	-	-	-	9	60.0
Chris Corrigan on Chaordic Stepping Stones – A planning tool for designing participatory processes (October 1, 2019)	2	13.3	3	20.0	-	-	-	-	10	66.7
Authentic Youth Engagement (October 9, 2019)	1	6.7	2	13.3	-	-	-	-	12	80.0
Teresa Posakony on NEAR Science Advanced Trauma Informed Care Practices (October 21, 2019)	2	13.3	3	20.0	-	-	-	-	10	66.7
Caitlin Frost on Limiting Beliefs (November 22, 2019)	1	6.7	2	13.3	-	-	-	-	12	80.0

Source: Comprehensive Technical Assistance Survey

Table 12. Respondent feedback on the Web Dialogues – most beneficial.

What aspects of the web dialogues above were most beneficial for you? (n=10)
Diverse subject areas with expert voices. I appreciated the range of topics and perspectives. Materials were really tangible and usable in many cases. Case studies and group discussions built a strong sense of community. Recordings and materials made available also allowed other people to participate who couldn't attend the calls. Webinar hosting was good with the visuals and the opportunity to both speak and write questions.
Backbone organization duties & responsibilities.
Backbone roles, portfolio of interventions, community engagement strategies as well as wellness funds were most beneficial.
These web dialogues provided several opportunities to hear from the other ACH communities and learn from their experiences as well as learn from the CACHI program.
the few that I either participated in or watched later on demand were very helpful, especially related to getting up to speed on CACHI elements
Building blocks to ACH with examples
Those dialogues that highlighted the work of other CACHI sites and working through barriers and challenges.
Exposure to new tools and work that others are doing has probably been the most useful.
when the trainers/speakers share materials/handouts/etc that we could use with our own work.
When presenters' experiences were directly relevant to our sites' work.

Source: Comprehensive Technical Assistance Survey

Table 13. Respondent feedback on the Web Dialogues - improvements.

What aspects of the web dialogues above could have been improved? (n=8)
Some presentations were more relevant to us than others - but that's to be expected. Some things became too technical too quickly - needed a little more big picture/framing first.
Backbone roles and wellness funds, I still feel I need more education on this.
My schedule didn't always allow me to attend so maybe offering duplicate presentations or additional surveys to offer more times.
ACH examples from other states
The frequency, with limited staff it was sometimes difficult to participate in web dialogues, especially if they were more than 2 in a month.
I don't generally find web dialogues to be very helpful and to be honest I can't remember all of the webinars my team did/did not attend going back to 2018.
Some covered too much info.
Some of the timing was off for our site. Though the information was good and useful, it came too soon in our implementation that it wasn't yet applicable and felt overwhelming.

Source: Comprehensive Technical Assistance Survey

Table 14. Respondent feedback on the Web Dialogues – future topics.

What topics or strategies would you like to have addressed in future webinars? (n=8)
More on POI implementation and outcomes. More on Wellness Fund particularly from public funding sources.
Continuing education on Backbone organizations; changes as programs come & go and the variety of fiscal duties/responsibilities.
Backbone roles and wellness funds.
Our community is really working towards creating a community presence so more information on best practices would be very helpful.
Engaging health plans, IDS
1. Sustaining and maintaining the interest of non traditional sectors in CACHI work (i.e., law enforcement, cities, etc.) 2. Successful partnerships and best practices using the ACH model
Continued conversations on resident engagement and Art of Hosting
How to begin POI conversations, and step by step guide.

Source: Comprehensive Technical Assistance Survey

Table 15. Free Technical Assistance Offerings

Yes, my ACH Site utilized the following free technical assistance offerings at some point during the time our ACH was funded through CACHI as an Accelerator site (n=25)	Coaching - One on One calls (Sue Grinnell and/or Dana Pearlman)		Group Video Calls		In-person Convening - Napa and LA		Meeting Design and Facilitation Support (Sue Grinnell and/or Dana Pearlman)		Visual Communication - Graphic Recorder/ Facilitation (Giselle Chow)		CACHI Catalyst Site Calls (led by Barb Masters)		Resource Connections		Data Visualization and Persuasive Narratives (Mike Miller and/or Andy Krackov)		Other	
	n=13	52%	n=8	32%	n=8	32%	n=9	36%	n=5	20%	n=3	12%	n=4	16%	n=9	36%	n=3	12%
Adventist Health Clearlake (n=8)	3	12	2	8	2	8	3	12	0	0	0	0	1	4	1	4	0	0
City of Long Beach, Department of Health & Human Services (n=1)	1	4	1	4	1	4	1	4	1	4	1	4	0	0	1	4	0	0
Fresno Metro Ministry, Fresno (n=2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Health Education Council, Sacramento (n=2)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
LAC+USC Medical Center Foundation, Inc., Boyle Heights, LA (n=1)	1	4	1	4	1	4	1	4	0	0	0	0	0	0	0	0	1	4
Napa County (n=1)	1	4	0	0	1	4	1	4	1	4	0	0	1	4	1	4	0	0
North Coast Health Improvement and Information Network, Inc., Humboldt County (n=4)	3	12	2	8	1	4	1	4	2	8	1	4	2	8	2	8	0	0
Public Health Foundation Enterprises, Inc., Riverside (n=3)	2	8	1	4	0	0	1	4	0	0	0	0	0	0	3	12	0	0
YWCA San Gabriel Valley (n=2)	2	8	1	4	2	8	1	4	1	4	1	4	0	0	1	4	2	8
I do not belong to an ACH (n=1)	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0

Please note totals do not add to 100% as respondents were advised to select all that apply.

Source: Comprehensive Technical Assistance Survey

Table 16. Other Free Technical Assistance Utilized

Other Free Technical Assistance utilized (n=3)	ACH Site
Communications material support through Ginger Daniels	LAC+USC, Boyle Heights
Jeremy Cantor facilitated a recent meeting	YWCA San Gabriel Valley
Community Practice web dialogues	

Source: Comprehensive Technical Assistance Survey

Table 17. Respondents' general feedback on Technical Assistance offerings.

How helpful were the free technical assistance offerings above that you accessed? (n=12)
Extremely! The CACHI team is amazing, gifted and supportive!
Very helpful to get things started.
So incredibly helpful, this has transformed our work.
very helpful, having Sue and Dana lead a facilitated strategic planning session was instrumental in our progress as a coalition.
Very helpful, especially as we embark into new territory
Good
They were helpful, especially the one-on-one calls.
SO helpful!! I wish I had known to ask for more earlier on in the grant. The technical assistance we have received has been the most valuable part of participating in CACHI.
It is very helpful to have thought partners for this type of work, especially because we are working together in new ways
Very good but we never got to implement.
Sue and Andy were helpful in advising our project. Have met with them many times.
Great!!!!

Source: Comprehensive Technical Assistance Survey

Table 18. Respondents' general feedback on Technical Assistance offerings.

If applicable, why haven't you accessed the free technical assistance offerings above? (n=4)
I didn't know Giselle Chow was available for our ACH!
Limited hours as a consultant to juggle what is expected to accomplish
Partners were not ready for them.
The ones I have not used were used by some of my colleagues on this project as well.

Source: Comprehensive Technical Assistance Survey

Table 19. Respondents' general feedback.

Do you have any additional feedback or comments you would like to share? (n=2)
Just incredibly grateful for the gift of time, talent and expertise to support and guide our work. Sue and Dana have been terrific facilitators, coaches and guides.
With limited staff and resources, although helpful, sometimes the TA offerings and webinars would be overwhelming with current workload.

Instruments

CACHI Accelerator Sites Capacity Assessment

1. Please choose your Accelerator Site's level of progress for each ACH element listed below.

ACH Element	Not Started	Early/ In Progress	Mostly in Place	High Readiness
<p><u>Shared Vision and Goals</u> A transformational vision and common set of goals, based on a shared understanding of the health issues facing the community.</p>				
<p><u>Partnerships</u> Meaningful collaboration among the health care, social services, and various community agencies and sectors dedicated to achieving the vision and goals.</p>				
<p><u>Leadership and Governance</u> At least one, but ideally several, champions from individuals and organizations among the core entities of an ACH.</p>				
<p><u>Resident Engagement</u> Authentic community engagement requires explicit opportunities and support for residents to have meaningful participation at multiple levels and venues. This means transparent communication about progress and results; opportunities for the community to express its preferences, opinions, and views; the agility and willingness to incorporate priorities and strategies from residents; and the explicit attention to resident leadership roles in governance structures.</p>				
<p><u>Backbone</u> The agreed upon entity that will serve as the collaborative facilitator and convener.</p>				
<p><u>Data Analytics and Capacity</u> Infrastructure, capacity and agreements for collecting, analyzing and sharing financial, community and population-level data among providers and organizations.</p>				
<p><u>Wellness Fund</u> A vehicle for attracting resources from a variety of sources to support the infrastructure, goals, priorities and strategies developed by the ACH, with particular attention to upstream prevention.</p>				
<p><u>Portfolio of Interventions</u> A set of coherent, mutually-supportive interventions that address a particular health need, chronic condition, set of related conditions, or community condition across five key domains: clinical care, community programs and social services, community-clinical linkages, environment, and policy and systems changes.</p>				

2. Please indicate the extent to which you agree or disagree with the following statements about the ACH's interaction with the community.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Don't Know/ Not Sure
Community members are active in the ACH.					
Community input helps prioritize the goals of the ACH.					
The ACH/group includes community input in the decision-making process.					

3. How, if at all, is community input included in the decision-making process?

4. The ACH includes at least one community resident in its governance.

- Yes
- No

5. During the time your ACH was funded as an Accelerator site, did the ACH's focus area change?

- Yes
- No

6. If yes – how?

Page Break

7. During the time your ACH was funded as an Accelerator site, did your ACH's geographic target area change?

- Yes
- No

8. If yes – how?

9. During the time your ACH was funded as an Accelerator site, what worked well for you?

10. During the time your ACH was funded as an Accelerator site, what has not worked well?

11. During the time your ACH was funded as an Accelerator site, what assumptions did you have about your work with the ACH that have been affirmed?

12. During the time your ACH was funded as an Accelerator site, what assumptions did you have that were challenged?

Partner Survey

Thank you for participating in the CACHI Partnership Survey!

This survey is being distributed to all backbone and partner organizations in conjunction with the CACHI Catalyst Sites. The following questions are about your ACH's current activity with regard to Vision and Goals, Partner Organizations, Community Collaboration, Portfolio of Interventions, Metrics and Data, Wellness Fund, and Leadership. Please complete the survey and share with other partners that are part of your Accelerator Site. The results from this survey will be used to measure activity for your ACH. A summary report will be provided to each site.

Please note that this survey should take approximately **20 minutes** to complete. Thank you!

All content below prepared by Desert Vista Consulting

Q1. Please select your community.

- San Gabriel Valley
- Napa County
- Long Beach
- Humboldt County
- West Sacramento
- Boyle Heights
- Lake County
- Riverside and San Bernardino Counties
- Fresno County

Q2. How would you define your affiliation with the ACH? Select all that apply.

- I am part of the backbone organization
- I'm a member of the leadership team
- I serve on an ACH-related committee or work group
- I represent an organization that is formally collaborating with the ACH
- I represent an organization that is interested in collaborating with the ACH
- I don't represent an organization but am an individual engaged with the ACH on behalf of my community

Q3 The first set of questions is about the Vision and goals of the ACH. How far along is the ACH in terms of:

	Where is the ACH today?				What about compared to a year ago?		
	We haven't started	We're making a little progress	We're making a lot of progress	We have achieved this	We're behind where we were a year ago	We're in about the same place	We're ahead of where we were a year ago
Finalizing the vision statement?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communicating its vision to the community at large?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Using its vision to align partners and other stakeholders [around community oriented goals]?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you want to add about the ACH vision?

Q4. The next set of questions is about the Partner Organizations that are part of the ACH. How far along is the ACH in terms of:

	Where is the ACH today?				What about compared to a year ago?		
	We haven't started working on this yet	We're making a little progress	We're making a lot of progress	We have achieved this	We're behind where we were a year ago	We're in about the same place	We're ahead of where we were a year ago
Successfully identifying and engaging a set of key partner organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging ALL the right organizations or people necessary to make its work successful?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a structure or culture that allows partner organizations to play a meaningful role in the ACH's decision making?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Periodically re-evaluating partner organization representation to identify any gaps?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivating partner organizations to consistently attend ACH related meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging partner organizations in ACH related activities other than attending meetings?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Openly addressing and managing conflict among partner organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Building trust among partner organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you want to add about collaboration among partners in your ACH?

Q5. The next set of questions are on the contributions of the ACH as a new model of community collaboration. How far along is the ACH in terms of:

	Where is the ACH at today?				What about compared to a year ago?		
	We haven't started working on this yet	We're making a little progress	We're making a lot of progress	We have achieved this	We're behind where we were a year ago	We're in about the same place	We're ahead of where we were a year ago
Helping partner organizations work together more effectively than they could before it was formed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Motivating partner organizations to act for good of the community rather than to benefit their particular organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Convincing partner organizations to commit their own resources to support the ACH?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Holding itself accountable for achieving its goals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Becoming an entity that can be nimble and responsive in the face of changing community priorities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting communities of color or other groups who experience health disparities to be active in the ACH?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Creating a structure or culture that allows community members to play a meaningful role in the ACH's decision making?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you want to add about the overall ACH model in terms of how it's working in your community?

Q6. The next set of questions is about the Portfolio of Interventions. How far along is the ACH in terms of:

	Where is the ACH today?				What about compared to a year would you say it's		
	We haven't started working on this yet	We're making a little progress	We're making a lot of progress	We've achieved this	We're behind where we were a year ago	We're in about the same place	We're ahead of where we were a year ago
Establishing a clear portfolio of projects or interventions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring the interventions within the portfolio clearly support the vision?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring the portfolio addresses ALL of the following: clinical, community, and policy aspects of its key health goal?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ensuring the portfolio contributes to improved health equity for the target population(s)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting interventions that work together efficiently without duplicating effort?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting interventions that have a combined effect that is greater than their individual impacts?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Supporting a portfolio that evolves in the face of changing community priorities?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Including partner organizations in the process of making any portfolio-related decisions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you want to add about the Portfolio of Interventions development and implementation experience?

Q7. The next set of questions is about the ACH's current progress around metrics and data sharing. How far along is the ACH in terms of:

	Where is the ACH at today?				What about compared to a year ago?		
	We haven't started working on this	We're making a little progress	We're making a lot of progress	We have achieved this	We're behind where we were a year ago	We're in about the same place	We're ahead of where we were a year ago
Identifying mutually-agreed-upon measures of success for its work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developing a clear strategy for how to access and use the data it needs to demonstrate impact?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking data that is specific to its geographic target population(s) and its interventions?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tracking the ACH's progress on increasing health equity or reducing disparities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Dedicating resources and staffing to data analysis and report development?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing data and progress reports regularly with partner organizations?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sharing data and progress reports regularly with community members?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you want to add about the metrics and data sharing work underway in your ACH?

Q8. The next set of questions is about the ACH's Wellness Fund. How far along is the ACH in terms of:

	Where is the ACH at today?				What about compared to a year ago?		
	We haven't started working on this	We're making a little progress	We're making a lot of progress	Have achieved this	We're behind where we were a year ago	We're in about the same place	We're ahead of where we were a year ago
Establishing a clear structure for oversight and decision-making about the wellness fund (including funds allocation)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Defining a strategy for securing investments for the wellness fund from diverse sectors (e.g. healthcare, community based orgs, other government entities)?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Engaging nontraditional sectors, like the business community, to contribute to the wellness fund?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clearly communicating the value of the ACH's work to potential funders?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying a clear strategy for maintaining fund resources over the long-term?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Identifying broad strategy (not just the wellness fund) for ACH sustainability over the long term?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you want to add about the Wellness Fund efforts in your ACH?

Q9. Please indicate the extent to which you agree or disagree with the following statements about the Backbone Organization, the Leadership Team, and the ACH?

	Strongly Agree	Somewhat Agree	Somewhat Disagree	Strongly Disagree
The backbone organization effectively performs its duties as the ACH backbone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The backbone organization provides effective leadership for the ACH	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
My organization trusts the Backbone Organization to provide a fair and objective venue for collaboration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Leadership team includes partner organizations in decision-making	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The Leadership team is steering the ACH in the right direction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a whole, the ACH gets things done	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
As a whole, the ACH is on track to achieve long term goals	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Is there anything else you would like to add about the backbone, leadership team, or ACH in general?

Q10. In your view, what does the ACH's success look like?

Q11. In your view, what are the THREE most important things for the ACH to work on in the coming year?

- Clarifying its vision and priorities
- Expanding its list of partner organizations
- Building or improving its shared governance structure
- Improving engagement with the community
- Increasing the community's awareness of what the ACH is and its vision
- Implementing a portfolio of interventions
- Developing a data collection and analysis strategy
- Communicating ACH activities and progress with community stakeholders
- Developing a financial sustainability strategy
- Other: _____

Is there anything else you would like to add about the future priorities and success of the ACH?

Q12. My organization attends regularly scheduled ACH meetings

- Regularly (more than 2/3 of the time)
- Sometimes (around half the time)
- Rarely (less than 1/3 of the time)

Q13. My organization has voting rights according to the ACH bylaws, charter or other governance documents

- Yes
- No
- I don't know

Q14. As a part of the ACH, my organization (check all that apply)

- Funds some aspect of ACH-related activities
- Commits other resources (like FTE) to ACH-related activities
- Receives funding from the ACH
- Receives other resources from the ACH

Q15. Has your organization taken steps of its own to better align itself with the goals of the ACH?

- Yes (if you have one, please give us an example of change within your organization that is related to your participation in the ACH):

- No
- I don't know

Q16. Does working as part of the ACH help your organization achieve its own goals?

- Yes
- No
- Don't know

Q17. What sector do you/does your organization operate in?

- Business
- Community
- Faith-based
- Clinical or other direct service delivery
- Advocacy
- Government
- Public Health
- Health Care (outside of Public Health)
- Social Services
- Other (please specify): _____

Q18. What role do you play in your organization?

- Executive
- Program or Operations
- Finance/administrative
- Clinical or other direct service delivery
- Advocacy
- Other/Multiple (please specify): _____

Q19. How long have you worked with your organization?

- Less than a year
- 1-2 years
- 3-5 years
- More than 5 years

Is there anything else you would like to add about the collaboration between your organization and the ACH?

Thank you for completing this survey! If you have any questions or feedback about the content, please email Kyli Gallington at kgallington@s-r-g.org.

Case Study Discussion Guide

Hello and welcome! My name is Rebecca and I am with the Public Health Institute. We have been hired to assist with the evaluation of the California Accountable Communities for Health Initiative, or CACHI, Accelerator Sites. Your site has been selected to participate in a case study to help us learn more about the impact of CACHI on your work and in your communities.

The information we learn from you today will be used to inform future CACHI programmatic efforts and priorities. The report we will create with results from these focus groups will be publicly available on our website, which you are free to use to build upon the work you are currently doing.

We would like to record this conversation and take notes to make sure we accurately capture your thoughts. Once we have finished this project, these recordings will be erased. They will not be used by anyone other than our research team. No one's name will be identified in any reports. Do I have your permission to record this session and take notes? [Obtain verbal yes. Dismiss participants who do not consent to audio recording].

[Introduce team and clarify roles of team and participants]

Are there questions for me before we begin?

[Answer questions]

During our time together today, I will be asking you a series of questions that are meant to get your opinion. There are no wrong answers to these questions. Everyone's opinion is very important, and it's my job to make sure that everybody has the opportunity to speak, and, that we have time to discuss each question. Feel free to respond to each other and give your opinion even if it differs from your neighbor. To make sure we're able over everything we wanted to discuss today, occasionally, I may ask us to move on to the next question.

Before we begin, let's review some ground rules for our discussion today. [Refer to ground rules]

1. Let's go around the table and introduce ourselves. Could you please tell everyone:

- Your name
- Your organization
- Your role in [name of ACH site]

To get started, we would like to hear about your experience participating as a CACHI Accelerator Site.

2. What did you hope to achieve by participating as a CACHI Accelerator Site? *Probe: To what extent has your site achieved what you hoped you would? How did CACHI contribute?*

3. Since becoming a CACHI site, in what areas has your site made the greatest progress? *Probe: How did CACHI contribute to your progress? How did CACHI contribute to your progress in the elements? [Facilitator to distribute list of elements to participants]*

Let's talk specifically about the technical assistance you received as part of CACHI. This includes the services provided by Sue Grinnell and Dana Pearlman, as well as additional technical assistance opportunities that arose through CACHI.

4. Please describe any technical assistance you received that had an impact on your site. *Probe: How did it have an impact? What was your site able to achieve as a result of the TA provided?*

5. What additional technical assistance or support did your site need that was not provided by CACHI? *Probe: Was your site able to receive additional technical assistance or support outside of CACHI? Did the TA you received from Sue Grinnell and Dana Pearlman help connect you with additional TA/support outside of CACHI?*

6. Now, let's talk about the sequence of topics and support you received through CACHI, including TA and focusing on specific elements. What would you say was most important to focus on first? Do you think the order of the topics that were provided through TA mattered? *Probe: What elements were important to focus on first?*

I'm going to ask you about the funding provided through CACHI and other external funding your site received.

7. How did your site use the funding provided by CACHI? *Probe: What did this funding help accomplish?*

8. As an Accelerator Site, your site received less funding compared to Catalyst Sites. What do you think your site could have achieved, had you received the same amount of funding as the Catalyst Sites? *Probe: As an Accelerator Site, you received \$40,000 in year 1 and another \$40,000 in year 2, while Catalyst Sites received \$250,000 in year 1 and another \$300,000 for years 2 and 3.*

9. Please tell us about additional funding your site has secured, outside of CACHI.

- *How has your site been able to leverage additional funding? Pro bono services?*
- *How has additional funding impacted your site?*

Now we would like to discuss the progress your site has made over the past couple of years.

10. What factors have contributed to your ACH's success so far?

- *Internal factors – how has your community contributed? Partners? Leadership?*
- *External factors – how has funding contributed? Other resources? Networking? Other initiatives?*
- *How specifically has being a CACHI Accelerator Site impacted your success?*
- *What factors outside of CACHI have contributed to your success?*

11. What factors have hindered your ACH's progress?

- *Internal factors – your community? Partners?*
- *External factors – Lack of funding? Resources? Connections? Other initiatives?*
- *Has participating as a CACHI Accelerator Site hindered your ACH in any way?*

12. What advice would you give to other ACH's that are just starting out? *Probe: What do you wish your ACH had known that has been key to your development and success?*

13. What else is important for us to know about your experience as a CACHI site?

Structured Group Interview Guide

Date:

Organization:

Introduction

Thank you for taking the time and agreeing to participate in this group interview. We really appreciate your time. This interview should take up to 1 hour to complete. The goal of our interview today is to learn more about your CACHI Accelerator Site and capture baseline information about your site's: 1) context, operations, and structure, 2) readiness and capacity for the 7 definitional elements, and 3) intra-site collaboration and trust. The information you provide today will help us to address your technical assistance needs and measure your progress over the course of the CACHI project.

For today's interview, we will be capturing key information about your Accelerator Site as part of our baseline assessment. We want to acknowledge that your site has participated in prior interviews and that some of the information we'll be asking about will be on similar topics. The purpose of today's interview is collect information in a systematic way to assess baseline activity for your ACH site, so that we will be able to accurately track your progress over the course of the project. We also want to acknowledge that many of the questions we'll be asking may be about activities you have not yet undertaken – since we are collecting this information at baseline, we anticipate that your site may show growth in these areas over the course of the project.

Do you have any questions before we begin our interview?

Background

To get started, let's do introductions.

Please tell us your name, a little bit about your organization, and your role within the ACH:

Strengths and Barriers

The following questions are about existing strengths and barriers in your community.

1A (input1a) What would you say are the top 3 strengths of your community?

i.(input1a1) _____

ii.(input1a2) _____

iii.(input1a3) _____

1B (input1b) How do these existing strengths in your community contribute to work of the ACH?

2A (input2a) Are there currently any initiatives taking place in your community that are related to the work of the ACH? Please list:

i.(input2a1) _____

ii.(input2a2) _____

iii.(input2a3) _____

2B (input2b) If Yes: How do these initiatives contribute to your ACH's work?

3 (input3) What factors have contributed to your ACH's success so far?

4 (input4) What factors have hindered your ACH's progress so far?

Partnerships

The following questions are about your ACH's current partners, including organizations and individuals.

5 What organizations are currently involved as partners in your ACH? Please list:

a. **(dparta)** _____

b. **(dpartb)** _____

- c. **(dpartc)** _____
- d. **(dpart_)** etc.

6 (govs4a) Do you feel that any critical partners are missing? (Y / N / DK)

6a If so, what partners are missing? Please list specific sectors, organizations, or individuals:

- i. **(govs4a1)** _____
- ii. **(govs4a2)** _____
- iii. **(govs4a3)** _____
- iv. **(govs4a_)** etc.

6b (govs4adet) [For each one]: What do you hope this partner could contribute to your ACH?

6c (dpartnew) Are you currently working to recruit/add additional partners to your ACH? (Y / N / DK)

7 (dgeo) What is your target geographic area for your ACH?

8 (dtarget1) Do you feel that your ACH is able to reach the majority of the population in your target geographic area through your current partners? (Y / N / DK)

8a (dtarget2) If no, would additional partnerships help you to reach the majority of the population?

(Y / N / DK)

8b (dtarget3) If yes, please describe:

9 (govs4b1) Do you think your ACH would be stronger if any of the existing partners were excluded? (Y / N / DK)

9a (govs4b2) If so, why?

Page Break

For the following questions, we will ask how much you agree with statements about your ACH's partners. On a scale from 1 to 3, with 1 being Do not agree, 2 being Somewhat Agree, and 3 being Strongly Agree:

10 (vision2) How much do you agree that your partners clearly understand the purpose of the ACH? Would you say that you...[read answer choices 1-3]

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(vision2det) Comments:

11 (collc1a) How much do you agree that your partners regularly participate in the ACH? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(collc1adet) Comments:

12 (colla3) How much do you agree that your partners collaborate with each other? Would you say that you...

- (1) Do not agree

- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(colla3det) Comments:

13 (colla2) How much do you agree that your partners trust each other? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(colla2det) Comments:

14 (govcb1) How much do you agree that your partners are living up to their commitments to the ACH? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(govcb1det) Comments:

15 (collic1b) How much do you agree that the amount of time your partners contribute toward the ACH is appropriate? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(collic1bdet) Comments:

16 (collic1c) How much do you agree that your partners level of engagement in the ACH is appropriate? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(collic1cdet) Comments:

For the following questions, we will ask how much you agree with statements about your ACH's current governance structure, vision and decision-making processes. On a scale from 1 to 3, with 1 being Do not agree, 2 being Somewhat Agree, and 3 being Strongly Agree:

17 (govs2a) How much do you agree that your ACH has the necessary agreements in place (such as MOU's or data sharing agreements) to support its work? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(govs2b) Comments:

18 (vision1a) How much do you agree that community input helps prioritize your ACH's goals and strategies? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(vision1b) Comments:

19 (govca4a) How much do you agree that your ACH has strategies in place for including community input in the decision-making process? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(govca4b) Comments:

Sustainability

The following questions are about your ACH's financial sustainability.

20 (fins7a) Have you identified an organization or entity for your wellness fund? (Y / N / DK)

21 (fins7b) Has a bank account been opened for your ACH's Wellness Fund? (Y / N / DK)

21a (fins7c) Has the CACHI grant been deposited into it? (Y / N / DK)

22 (dcachi) Please describe how you plan to spend your CACHI funds:

23 (sicpre1) Has your ACH identified sustainable funding to support the ACH beyond the CACHI grant period?

(Y / N / DK)

23a (sicpre2) If yes, please describe:

23b (sicpre3) If no, what challenges have you encountered in securing funding?

24 (fins2a) Would you say your ACH has a financial sustainability strategy? (Y / N / DK)

24a (fins2b) If yes, please describe:

Data and Analytics

The following questions are about your ACH's data and analytics strategies.

25 (data1a) Does your ACH currently have systems for collecting data? (Y / N / DK)

25a (data1b) If yes, please describe.

25b (data1c) If no, please describe the current status of your ACH with regard to collecting data.

26 (govcb3a) Does your ACH track any performance data? (Y / N / DK)

26a (govcb3b) If yes, is your performance data available to the public? (Y / N / DK)

26ai (govcb3c) If yes, how can the public access the data? Please describe:

27 (data1d) Is your ACH currently using any shared data from partners? (Y / N / DK)

27a (data1e) If yes, please describe the shared data available from partners:

27b (data1f) If yes, are you using shared data to track your ACH's performance? (Y / N / DK)

27c (data1g) If yes, are you using shared data to make decisions? (Y / N / DK)

28 (data4a) Have you identified indicators that your ACH would like to track? (Y / N / DK)

28a (data4b) If yes, please describe:

29 (ddatanow) What types of data is your ACH currently collecting, if any? Please describe:

30 (ddatafut) What types of data does your ACH plan to collect in the future? Please describe:

Change in 'Business as Usual'

For the following questions, we will ask how much you agree with statements about care coordination and community linkages. On a scale from 1 to 3, with 1 being Do not agree, 2 being Somewhat Agree, and 3 being Strongly Agree:

31 (sia1a) How much do you agree that your clinical partners are addressing the social services needs of your target population? (Prompt: By social service needs, we mean nutrition support, social support, knowledge of parenting and child development, etc.) Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(sia1b) Please describe:

32 (sia2a) How much do you agree that your community partners are addressing the clinical needs of your target population? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know

Not Applicable

(sia2b) Please describe:

33 (sia3a) How much do you agree that clinical providers are coordinating care in your community? (Prompt: Care coordination includes workflows for bidirectional communication, referrals, warm hand-offs, a shared team plan of care) Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(sia3b) Please describe:

34 (sia4a) How much do you agree that linkages between community and clinic providers are established? Would you say that you...

- (1) Do not agree
- (2) Somewhat agree
- (3) Strongly agree
- Not Sure/Don't Know
- Not Applicable

(sia4b) Please describe:

Closing

(dextra) Is there anything else you would like to share with us?

That concludes our interview for today. We would like to thank you again for taking the time to answer our questions and provide us with valuable insights into your ACH. We will be providing written reports to each Accelerator Site highlighting the key findings from the baseline assessments, so stay tuned for more information on that. It is our hope that the reports will be helpful in capturing the current status of your ACH and helping you to identify next steps. Our team will be available for one-on-one follow up with your site to discuss the findings from the baseline assessment, as needed. Before we close our call, did you have any final thoughts or questions you'd like to share?