Accountable Community of Health Alignment with Community Identified Health Needs

Legislative report

Engrossed Substitute Senate Bill 5693; Section 211(6)(c); Chapter 297; Laws of 2022

December 1, 2022

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Executive summary

During the 2022 legislative session, the Washington State Legislature passed Senate Bill (SB) 5693, which directs the 2021-2023 fiscal biennium supplemental operating appropriations. As part of SB 5693, the Legislature stated that:

> In collaboration with the accountable communities of health, the authority will submit a report to the governor and the joint select committee on health care oversight describing how each of the accountable community of health's work aligns with the community needs assessment no later than December 1, 2022.

Accountable Communities of Health (ACHs) are a valuable part of the structural backbone of ongoing health system transformation in Washington. Located in nine non-overlapping geographic regions spread across the state, they form a critical two-way link between statewide priorities and local needs.

ACHs have grown substantially as part of the state's federally funded Medicaid Transformation Project (MTP). Over time, as ACHs have built trust with their regions and communities, they have refined and built upon their scope. To better understand their regions' needs and inform their work, ACHs look to local entities, including their regions' local health jurisdictions (LHJs), hospitals, and Tribes.

Key achievements over the past several years include:

- Supporting the transition to treating the whole person by integrating physical and behavioral health care. ACHs have fostered partnerships in redesigning care with providers and offering technical assistance for providers transitioning business approaches.
- Coordinating care at the community level, linking people to complementary health care and social services that together will improve health and reduce the burden on the health care delivery system.
- Promoting health equity, and diversity, equity, and inclusion (DEI) activities, with an awareness of historically underfunded entities and services.
- Extending the state and local response and recovery efforts during an unprecedented public health emergency, forming a model for future responses.

As with any innovation, lessons are learned along the way. These lessons help shape and refine future efforts. In this case, ACHs' lessons informed the state's application for MTP renewal—called MTP 2.0—which was submitted July 2022.

Key lessons from ACHs' work connecting state initiatives to local communities include:

- Integrating and coordinating care necessitates system-level change, including new care delivery models, innovative partnerships, greater payment flexibility, and emphasis on non-medical services that promote health. ACHs, working with managed care organizations (MCOs), the Health Care Authority (HCA), the Washington State Department of Health (DOH), and local public health jurisdictions have made progress and laid the groundwork for further change. This includes greater collaboration among MCOs and ACHs through MTP 2.0.
- Workforce shortages pose a persistent, nationwide challenge, particularly in the field of behavioral health. ACHs are valuable partners in recruiting people from historically underrepresented groups, and whose lived experience enhances connections to the people ACHs serve. Organizations

throughout the state are responding to the workforce shortage, and ACHs will continue to participate in statewide efforts that develop and enhance the state's workforce, such as recruiting peer navigators, community health workers (CHWs), and sobriety coaches, while also helping to build pipelines to recruit junior high and high school students to health care careers.

- Health disparities and unequal access to care are long-standing barriers to good health. ACHs recognize that gaps persist for historically underfunded organizations and underserved people, and those considerations inform organizational and funding priorities. ACHs are poised to remain partners in the state's ongoing efforts to address health equity.
- ACHs stand ready to extend the state's response and recovery efforts in emergency situations. ACHs were creative, valuable partners in the COVID-19 response; they lend a local, trusted voice for serving hard-to-reach populations.

Background

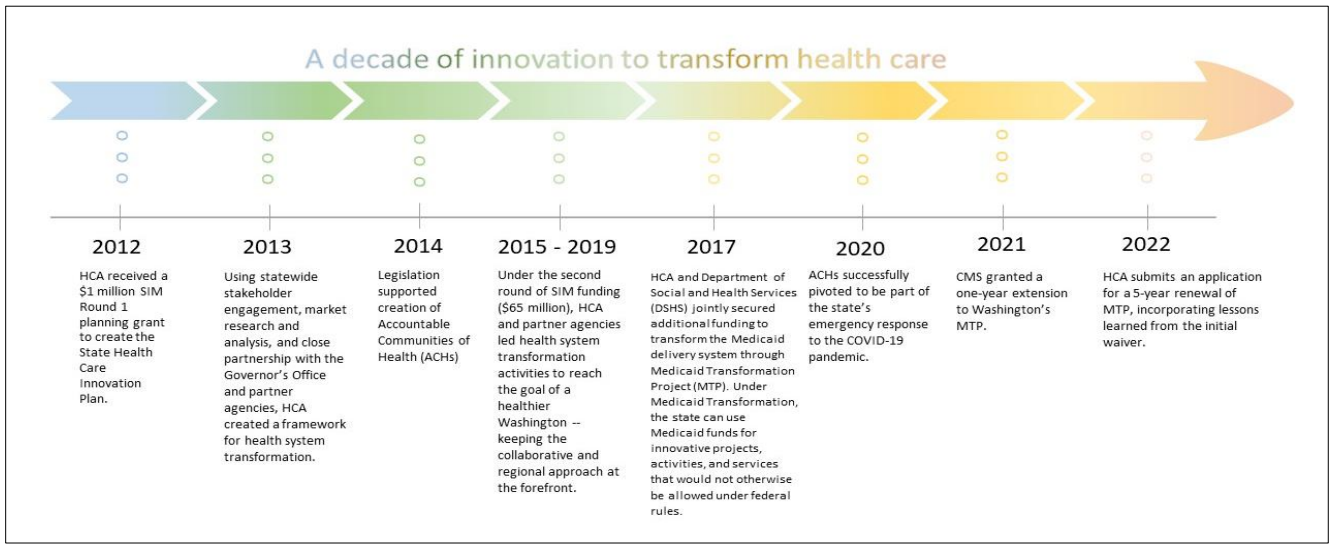
Washington's MTP, funded through a federal Section 1115 Medicaid demonstration waiver, includes initiatives that enable communities to improve the health system at the local level. These initiatives currently fall under the Delivery System Reform Incentive Payment (DSRIP) program and are implemented through ACHs.

ACHs provide the infrastructure for a collaborative approach that also advances statewide goals and meets distinct regional needs. Over the past several years, ACHs evolved from concept to strong legal, independent entities that cover all regions of the state. ACHs have an impact that reaches beyond the traditional health care system. A decade of innovation to transform health care highlights ACH's ability to:

- Create better health, better care, and efficient delivery
- Take a collaborative approach
- Connect community and clinical resources to promote health

The figure below shows the MTP activities and ACH progress over the last 10 years of health care transformation in Washington State.

Figure 1: MTP timeline



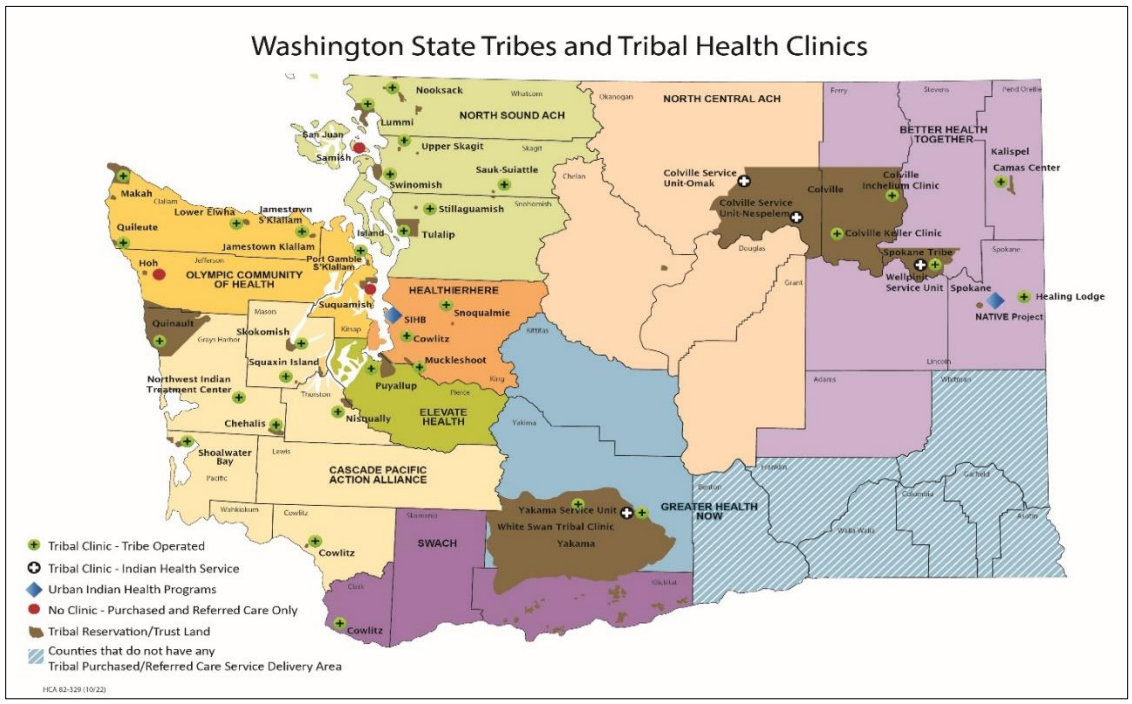
ACHs distinguish themselves by investing in people, technology, and processes to enable traditional and non-traditional health and wellness partners to provide appropriate, high-quality care for their communities. Each region, led by its ACH and with support from the state, is performing transformation projects specific to the needs of its community and identified by LHJs, Tribes, hospitals, and other engaged community partners.

ACHs

ACHs cover all regions of Washington State and are aligned with Washington's Medicaid purchasing regions.

ACHs operate under the Tribal Consultation & Communication Policy that was established under the original Medicaid waiver. Tribal participation varies across the state. This report reflects the varied levels of engagement among the tribes and the nine ACHs.

Figure 2: ACH regions and Tribes and tribal health clinics map



The map above shows the regions and tribes in each ACH. The table below lists the detailed information, including ACH executive names and links to each ACH website.

Table 1: detailed information about each ACH

ACH	ACH county/counties covered	Tribe(s) with reservation(s) within ACH geographical boundary	ACH executive leader
Better Health Together (BHT)	Adams, Ferry, Lincoln, Pend Oreille, Spokane, Stevens	Spokane Tribe of Indians, Confederated Tribes of the Colville Reservation, Kalispel Tribe of Indians	Alison Poulsen
Cascade Pacific Action Alliance (CPAA)	Cowlitz, Grays Harbor, Lewis, Mason, Pacific, Thurston, Wahkiakum Note: CPAA spans two purchasing regions	Confederated Tribes of the Chehalis Reservation, Cowlitz Indian Tribe, Nisqually Indian Tribe, Quinault Indian Tribe, Shoalwater Bay Tribe, Squaxin Island Tribe, Skokomish Indian Tribe.	JP Anderson

Elevate Health (EH)	Pierce	Puyallup Tribe of Indians, Nisqually Indian Tribe	Gena Morgan
Greater Health Now (GHN), formerly known as Greater Columbia ACH	Asotin, Benton, Columbia, Franklin, Garfield, Kittitas, Walla Walla, Whitman, Yakima	Confederated Tribes and Bands of the Yakama Nation	Sharon Brown
HealthierHere (HH)	King	Cowlitz Indian Tribe, Muckleshoot Indian Tribe, Snoqualmie Indian Tribe	Thuy Hua-Ly
North Central ACH (NCACH)	Chelan, Douglas, Grant, Okanogan	Confederated Tribes of the Colville Reservation	John Schapman
North Sound ACH	Island, San Juan, Skagit, Snohomish, Whatcom	Lummi Nation, Nooksack Indian Tribe, Samish Indian Nation, Sauk-Suiattle Tribe, Swinomish Indian Tribal Community, Stillaguamish Tribe of Indians, Tulalip Tribes of Washington, Upper Skagit Indian Tribes	Elizabeth Baxter
Olympic Community of Health (OCH)	Clallam, Jefferson, Kitsap	Hoh Indian Tribe, Jamestown S'Klallam Tribe, Lower Elwha Klallam Tribe, Makah Indian Tribe, Port Gamble S'Klallam Tribe, Quileute Tribe, Suquamish Tribes	Celeste Schoenthaler
Southwest Washington ACH (SWACH)	Clark, Klickitat, Skamania	Cowlitz Indian Tribe	Nichole Peppers

Washington ACH roles have evolved over time. Currently, ACHs play a variety of roles within their regions to facilitate health systems change, including:

- **Convening and connecting** – serving as conveners to bring together multiple partners who have a role to play in health systems transformation.
- **Providing strategic leadership** – bringing a strategic perspective to statewide efforts that ensures alignment across regions.

- **Translating large-scale initiatives into action** – coordinating the planning and implementation of large-scale health improvement projects and making innovative, statewide system transformative efforts a reality.
- **Supporting regional capacity building** – providing training, information sharing, and support to improve clinical and community-based organizational capacity, communication, and coordination.
- **Bringing funding to the region** – advocating for needed funds and supporting the region in developing funding sources, including supporting collaborative grants that involve a cross-section of regional partners. In addition, developing new funds to address health-related social needs (HRSN).
- **Influencing policy change needed to support transformation** – partnering with state-level agencies and other organizations to bring a regional/local perspective in developing consistent, statewide policies that address community-identified needs.

ACH efforts and outcomes

ACHs are on-the-ground partners for key state initiatives, with a deep understanding of their regions and the ability to reach vulnerable people. ACHs have been successful in elevating regional and local voices in the transformation of health care delivery, along with reflecting the strengths and needs of their communities. They have formed two-way partnerships with the state, each informing the other to advance the overall health of their communities. ACHs also share lessons learned with each other, so successes can be replicated and tailored to other parts of the state.

Although MTP is Medicaid-focused, ACHs are working in many ways to improve the health of their communities as a whole. ACHs promote health equity and address and coordinate around HRSN. They also respond to regional needs and issues, including COVID-19 response and coordination. With support from the state, ACHs in partnership with health care providers, LHJs, community-based organizations (CBOs), and many others, are working to:

- Support the integration of **whole-person care**.
- Provide **Community-based Care Coordination (CBCC)**—care coordination that connects people and families to non-clinical services that can address **HRSN**.
- Support efforts to expand the **health care workforce**.
- Advance **health equity and DEI** activities, along with investments toward addressing HRSN.
- Address and augment **emergency response and recovery.**

Figure 3: ACH regional efforts

The figure above is an overview of how ACHs advance the overall health of communities throughout the state.

Whole-person care

The statewide initiative of whole-person care is a new way to approach care. It addresses physical and behavioral health needs in one system through an integrated network of providers, where people can receive care for their mind, and body, including care for substance use disorder (SUD).

Integrated care offers better coordinated care for patients and streamlined access to the services they need. Strengthening the integration of physical health care and behavioral health care is a strategy for lowering health care costs while improving health outcomes.

Successes

ACHs are actively engaged in advancing the state-identified priority of providing whole-person care within their regions. ACHs have supported this transition with training and technical assistance, as well as funding to physical health care providers and behavioral health providers to participate in this work. These funds helped providers:

- Improve team-based care
- Develop shared care planning and referrals for different types of providers
- Create registries to do a better job of managing patient needs and risks
- Increase important physical and behavioral health screenings

ACHs also funded:

- Technical assistance and training for providers on service delivery and financial integration
- Support for transitioning billing systems
- Investments in population health management systems and electronic health records
- Peer learning collaboratives to support practice change

In addition, ACHs help advance the state's commitment to expanding and improving behavioral health services, including activities and treatment for SUD. Health-related projects undertaken as part of MTP aided in the state improvement in SUD treatment penetration for opioids by 14 percent since 2020.

ACH efforts

- Investing in electronic health records for behavioral health organizations and helping them adapt the technology to screen for HRSN.
- Bringing together school districts, physical health clinicians, and behavioral health providers to improve behavioral health coordination for children in the region.
- Launching a small, shared care plan pilot between a primary care provider and behavioral health agency to test the sharing of patient information across the two care settings. This pilot helped coordinate care for people with very complex medical and behavioral health needs.
- Supporting development of a co-responder model for behavioral health crisis response, including community paramedicine and connection to community care coordination supports.
- Supporting the placement of additional naloxone (Narcan®) vending machines in rural regions to help reduce opioid overdose deaths.
- Funding CHWs to support collaborative work between primary care and behavioral health organizations.
- Supporting a school-based telehealth program.

- Funding training and curriculum for all school districts in rural four-county region to address urgent behavioral health needs.

Lessons learned

Many physical health and behavioral health providers are eager to form partnerships to better serve patients, particularly individuals with highly complex care needs. ACHs fostered working relationships between the care settings and helped create organizational structures to integrate care. ACHs brought a collaborative, regionwide, and strategic perspective to coordinating efforts with varied partners. Despite that progress, more work is needed to continue to refine payment models, further streamline care, and increase access to quality care.

Community-based care coordination

The statewide effort of community-based care coordination (CBCC) addresses needs across the continuum of health for Medicaid enrollees. This approach ensures those with complex health needs are connected to the most appropriate care in the most appropriate setting to improve and manage their health. This includes physical health care, behavioral health care, and social supports that help meet needs, such as food and stable housing.

Successes

The successes of CBCC efforts can be viewed in two categories: MTP initiatives and the statewide COVID-19 response.

Although their approaches differed, in 2018 the majority of ACHs began focusing on CBCC as part of their MTP work. Some ACHs built linkages among clinical settings and the CBOs that provide social services necessary to improve health. Health related projects undertaken as part of MTP aided in the state's improvement of the number of child and adolescent well-care visits by 38 percent statewide from the onset of the COVID-19 pandemic into 2021. This improvement suggests that children statewide are gaining access to health care. Other ACHs sought to increase capacity among the community health workforce and at CBOs, while others sought to improve transitions from one care setting to another, often involving non-traditional partners.

As these efforts were under way—and different approaches were generating valuable lessons and information sharing across the state—COVID-19 struck. Washington needed a statewide, unified approach to assist people in isolation and quarantine.

ACHs' CBCC infrastructure provided a foundation for the DOH Care Connect Washington program. Through this program, several ACHs served as "community hubs" and supported individuals who tested positive for COVID-19 and needed to isolate and quarantine. These ACHs worked to contract with care coordination agencies to distribute food and care kits, grocery vouchers, and other resources in support of Care Connect Washington's isolation and quarantine goals.

ACHs continue to manage and participate in CBCC, and their efforts support people and their families in isolation and quarantine from COVID-19; those impacted by inclement weather events; vulnerable populations; and those with HRSN.

ACH efforts

- Partnering across their regions to develop and enable an open-resource directory to share information and support referrals for non-medical services.

- Providing coordination and referral services to 255 at-risk pregnant individuals in a single county. Of the people who enrolled in the recommended program, 86 percent delivered babies of normal birth weight.
- Creating a three-county coordinated opioid response plan, with results that indicate a decrease in fatal overdoses and improved opioid prescribing practices.
- Serving more than 2,000 individuals within a region through a COVID Care Coordination Hub, with resources including rental assistance; utility assistance; cell phone assistance; fresh food grocery deliveries; three-day, nonperishable food kits; and care kits. ACHs invested in building the capacity of the community-based workforce and CHWs, often working with underrepresented groups or those with lived experience.
- Implementing the Pathways Community Hub model to support whole-person care by providing a comprehensive risk assessment. This involves coaching and linkages to community and clinical resources.

Lessons learned

Across the care continuum, and especially during the COVID-19 pandemic, it became clear that coordination of non-clinical services was fragmented, under-resourced, and had clear gaps in its ability to reach under-served people and connect them to services. While the need and the disparities in access were clear before COVID-19, these gaps became more pronounced during the pandemic.

ACHs worked to address these issues, including supporting community-based providers, hiring and training community-based workforce, and working with a wide variety of community entities to address gaps in services and help more people access the services.

While these efforts reinforced the need for a cohesive, statewide, Medicaid CBCC system, they also shed light on shortfalls that are growing worse. Continued efforts to create payment flexibility would help support the community-based workforce and address service gaps.

Workforce development

The statewide initiative for workforce development aims to develop and implement efforts to hire, train, integrate, and deploy positions for team-based, patient-centered care to meet the needs of the health care system. ACHs translate this work to the regional level, enabling providers to focus on local health needs.

Successes

ACHs and partnering providers are working to continue to identify and address workforce challenges, with behavioral health workforce shortages being a top concern. ACHs have brought a regional voice to the policy change process by participating in multiple state-level efforts that set policy in workforce development, such as the Community Health Worker Task Force and the Governor's Health Taskforce.

ACHs recognized the opportunities to supplement the workforce through additional staffing of CHWs and navigators in the community and health care system. ACHs often draw applicants from underrepresented groups or those with lived experience to carry out this work. Cultivating this workforce strengthens ties among organizations and the people they serve and allows providers to better understand distinct regional needs.

Beginning in early 2020, ACHs quickly and nimbly shifted their focus to support Washington State providers and the community workforce in COVID-19 response efforts. ACHs continue to emphasize close partnerships with providers. By temporarily reframing and adapting learning forums and provider forums/community councils for their providers, ACHs were able to gather data and design customized local solutions for their regions. ACHs provided funding for telehealth equipment, software, training and technical support, or assistance during a stressful time of rapid learning and daily changes. Several ACHs provided direct support to address resiliency and provider psychosocial and burnout needs.

ACH efforts

- In partnership with DOH, continually engaging in CHW training and development to expand the workforce.
- Partnering with large health care systems and educational institutions to train and certify individuals from Black, Indigenous, and People of Color (BIPOC) communities to serve as certified nursing assistants in acute care hospitals.
- Partnering with educational institutions to recruit, train, and certify medical interpreters.
- Developing a Recovery Coach Network to help address workforce shortages in the SUD field. The program has resulted in 100-plus recovery coaches in an ACH region who are employed in a combination of clinical and CBOs.
- Launching pilots and other workforce development activities. For example, some ACHs were awarded funding for two years for a behavioral health pilot program introduced in House Bill 1504 (2021). This bill establishes a behavioral health workforce pilot program and provides training support grants to community mental health and SUD treatment providers.
- Increasing telehealth access and technical support and assistance.

Lessons learned

Although ACHs have been successful in developing short-term strategies to address targeted workforce issues, there are persistent statewide and national workforce shortages, particularly for behavioral health. Workforce shortages, exacerbated by COVID-19, continue to be one of the top challenges for ACHs surrounding MTP implementation.

Rural areas face the additional challenge of recruiting in an environment where salaries are lower, and technology is less advanced compared to urban areas. Comprehensive efforts driven by statewide direction is needed, with ACHs continuing as trusted local partners.

Health equity, DEI, and HRSN

Like other statewide efforts, MTP supports the implementation of prevention and health promotion strategies for targeted populations to address health disparities. These efforts focus on excluded or marginalized groups that historically have experienced less access to quality care and worse health outcomes.

Successes

ACHs structure their organizations and governance around a focus of health equity, DEI, and addressing HRSN. ACHs also have partnered with local entities to address regional needs around transportation, housing, nutrition, and other concerns.

While community engagement continues to be challenging, many ACHs have brought community voices to the table through:

- Securing governing board representation
- Creating specific committees
- Developing subgroups that leverage grassroots representation

Many ACHs have maintained a focus on health equity through mechanisms that utilize equity tools in decision-making and funds distribution, provide trainings, focus on health disparities, and design activities that increase the awareness of equity within the region.

ACHs helped advance health equity through both funding and practice. ACH and partner contracts include requirements for addressing health equity to ensure providers engage in critical self-reflection on how their organizations' culture and policies may perpetuate or disrupt inequities.

ACH efforts

- Recognizing the importance of addressing HRSN, ACHs have collectively invested in health equity or community resiliency activities. These funds focus on factors that affect health and support initiatives that break down barriers between clinical and social service or community-based providers.
- Encouraging their partners to participate in a variety of events, trainings, and technical assistance on health equity. For example, ACHs created toolkits related to equity, equity and Tribal learning, and leading for social justice and equity.
- Engaging with CBOs to provide culturally and linguistically appropriate outreach and care, such as COVID-19 vaccine events for BIPOC and LQBTQ+ communities.
- Engaging in internal work with ACH leaders and staff, including trainings, organizational culture change, and visioning to advance DEI and establish opportunities for community voice. For example, one ACH provided equity training for staff and community partners to identify and address systemic barriers that contribute to health disparities. Twenty-five community partner organizations participated, along with all ACH staff.
- Including community input in project/pilot development, workgroups, and outreach. For example, one ACH conducted a Consumer Voice Listening Project, surveying 34 grassroots organizations and 2,860 individuals to learn about health conditions, barriers to accessing care, patient experience, and how health care experiences could be improved.
- Partnering with state agencies to develop key measures and necessary data needed to identify gaps and chart progress.
- Working with BIPOC-focused CBOs on rental/utility assistance, housing, and food access.
- Aiding in direct distribution of personal protective equipment (PPE), food, technology, vaccines, and other resources to underserved populations during COVID-19.

Lessons learned

Even with the regional efforts accomplished by ACHs and the state's support to advance equity, there is still a clear need for the continuation of care coordination and social needs supports across communities and the state.

Health disparities persist. For example, the December 2020 Interim Report noted that across 44 measures, Black Apple Health enrollees experienced lower quality in 38 of the measures. In particular, the report

found significant racial and ethnic disparities in mental health treatment and chronic illness care quality for American Indian (AI), Alaska Native (AN), and Black enrollees.

To help close these and other gaps, Washington included a request for a health equity fund in the MTP 2.0 application. The state's nine ACHs have developed deep community ties and trust and can play a crucial role in maximizing the impact of these funds. The goal of the health equity fund is to create or support programs that lead to structural solutions and drive health equity, with a focus on addressing persistent gaps in health status, access to care, and outcomes.

Emergency response and recovery

On March 11, 2020, the World Health Organization (WHO) declared a worldwide pandemic, and in the state of Washington, Governor Jay Inslee declared a state of emergency on February 29. This led to the statewide, stay-at-home order that began March 23, 2020.

Due to the pandemic, there was a need for large-scale, expedited adjustments by the entire health care delivery system, which posed a significant challenge. The COVID-19 pandemic continues to magnify the need for a proactive effort to coordinate the delivery of health care, public health, and social services throughout Washington. At the beginning of and throughout the pandemic, immediate steps were required to assure the public health system, the health care system, and community social supports were coordinated and linked.

Successes

The ACHs were uniquely positioned to bring together the necessary partners across their region, which included state and local public health departments, community service organizations, MCOs, and physical health and behavioral health care providers. ACHs were able to respond quickly to Governor Inslee's Stay Home, Stay Healthy order and help support their communities. ACHs offered expedited financial support, training, distribution of PPE and resources, COVID-19 case counts, partner reporting flexibilities, and staff support for their communities and health care systems.

ACH efforts

- Helping individuals receive food and health care during a time of great uncertainty.
- Investing funding to help providers and CBOs shift to telehealth.
- Increasing the availability of health navigators and care coordinators and improving access to services.
- Distributing PPE, including more than 4.4 million masks.
- Supporting COVID-19 vaccination access and partnering with LHJs and CBOs. ACHs helped alleviate uncertainty about the virus, testing, new state flexibilities, available resources, and federal relief.
- Engaging with community-based partners and providers on prioritizing interventions that address behavioral health needs, HRSN, and health care inequalities for BIPOC communities and marginalized people impacted by the pandemic.
- Addressing HRSN by supporting efforts to provide food, housing, language access, legal support, and other needs.
- Providing immediate response and recovery efforts (coordination of resources for housing, utility assistance, food, household products, and mental health services) during a natural disaster,

including the catastrophic flooding that occurred in the northern western region of the state in 2021.

- Launching a medical and educational resiliency campaign to address the psychological effects of the pandemic, which included toolkits tailored for three age groups: ages 5-12, ages 13-18, and adults 18 and older. More 136,000 students in 58 school districts received printed toolkits.

Lessons learned

The COVID-19 pandemic has exposed and further exacerbated the challenges of health disparities, racial and socioeconomic inequities in health care access, and HRSN. ACHs have been helpful partners for the state as they engage with behavioral health providers, CBOs, and LHJs to meet the demands and navigate these challenges.

As a trusted messenger, ACHs were poised to reach vulnerable and marginalized individuals and communities sooner. This emphasized the need for a statewide direction toward early health interventions that address people's medical and non-medical social needs.

Outcomes

Through their regional efforts, ACHs have achieved significant accomplishments supporting system transformation by:

- Building trust and collaboration
- Establishing infrastructure and capacity
- Elevating community voice and focusing on health equity and HRSN

Regional needs vary, and a key role of the ACHs was to bring their regionwide perspective to designing projects that meet the needs of their region and also transform the health care system.

Building trust and collaboration

Through their roles as regional conveners, ACHs have increased collaboration across organizations and groups in their regions to align resources and activities, and form linkages throughout the state. ACHs have facilitated and built meaningful relationships across primary care providers, behavioral health organizations, hospital systems, and CBOs. Through this work, partners from different groups and organizations can see interconnections, increase regionwide awareness of central issues, and build essential new partnerships.

Establishing infrastructure and capacity

Over the past five years of MTP, ACHs have designed and implemented transformational projects through their coordinated efforts with varied partners. Among a variety of regional efforts, ACHs have allocated funding, supported pilot programs, developed data-sharing strategies, and provided technical assistance to providers and CBOs to contribute to health care transformation statewide.

Elevating community voice and focusing on health equity and HRSN

ACHs foster partnerships through regional networks that include physical health and behavioral health care providers, tribes, LHJs, and community members. By incorporating community voice into their organizational structure and decision-making, ACHs elevate voices of historically under-resourced groups. That approach advances the goal of MTP to promote health equity and address unmet HRSN. In addition to incorporating health-equity tools into their own decision-making, ACHs design and sponsor community events, as well as training for their own staff members.

Many ACHs are also using a variety of creative methods to prioritize or secure funding, which will help them reach beyond the clinical focus of MTP and address social needs in the community. These include housing, transportation, and food security. These social investments are focused on improving the communities' social, medical, and economic supports in order to decrease barriers and allow people to achieve their full health potential.

ACHs' contributions during the COVID-19 pandemic highlights their key role as trusted messengers and partners in response and recovery efforts. Their successes can inform future responses by demonstrating the need to prioritize behavioral health needs, HRSN, and health inequalities for BIPOC and marginalized communities.

Table 2: overview of ACH successes and lessons learned

ACH successes	Lessons learned
• Advancing MTP goals and assisting with transforming the health care delivery system. • Connecting people to social supports that will foster better health. • Identifying strategies to address gaps in health equity, HRSN, and workforce. • Providing innovation and partnering with the state.	• More statewide direction for collective action and alignment is needed to coordinate care and resources. • Focus on achieving a balance of community/regional innovation and statewide approaches. • Continued need for medical and social services and supports for the impacted and marginalized communities, emphasizing early interventions to address social needs and health disparities.

The table above is a brief overview of the successes and the lessons learned from the ACH regional efforts.

Conclusion

Along with a handful of other states, Washington has emerged as a national leader in its efforts to transform its Medicaid delivery system. The state's key priorities are integrating and coordinating care in a way that serves more people, increases access to services, and is efficiently delivered.

ACHs are an integral part of Washington's ongoing Medicaid transformation work. They function as regional partners to implement and extend the state's core efforts. Together, Washington's nine ACHs form a comprehensive network to test and refine new models of care. The lessons learned from working with ACHs helped strengthen the state's MTP 2.0 application and inform next steps in transforming care.

ACHs have evolved into independent organizations and have earned the trust of their respective regions. Without their continued involvement, the state would lose essential links to its varied regions and knowledge of regional health needs. ACHs are poised to extend and refine Washington's continued efforts to transform its health care system.