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Early Approaches to Community-Based Organization Networks and Community Care Hubs to Address the Non-Medical Drivers of Health in Texas

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TREATY OAK STRATEGIES

Early Approaches to Community-Based Organization Networks and Community Care Hubs to Address the Non-Medical Drivers of Health in Texas

About the Authors

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Key Takeaways

- Community-based organizations (CBOs) in Texas are increasingly partnering with managed care organizations (MCOs) to address community members' health-related social needs (HRSN) and forming new partnerships with other CBOs in their region to develop related infrastructure.
- The Texas Health and Human Services Commission recently released a *Non-Medical Drivers of Health Action Plan* that encourages CBOs and MCOs to continue to grow these relationships.
- Despite a growing interest in HRSN and CBO-MCO partnerships, CBOs and MCOs are in early stages of developing sustainable financing models; philanthropy has been a predominant funding source for backbone efforts like community engagement, strategic planning, technological tools, convening, and evaluation.
- This report offers insights from Texas stakeholders on how to support and fund the development of CBO networks and community care hubs to address the HRSN of Medicaid members. While geared to a Texas audience, lessons can inform activities in other states to better address health-related non-medical needs of Medicaid populations.

Background

The impacts of the non-medical drivers of health (NMDOH) on overall health and well-being are becoming increasingly clear to Medicaid agencies, managed care organizations (MCOs), and health care providers. Across the country, efforts are underway to better align social and health care delivery systems, create partnerships with community-based organizations (CBOs) to coordinate and deliver services that address health related-social needs (HRSN), and establish sustainable payment mechanisms that support efforts to address HRSN. CBOs have long histories identifying and addressing community member non-medical needs and have established trust as community service providers.

MCO-CBO partnerships can take several different forms, including informal collaborations, referral of members for services, and formal contracts that include funding for services or community care coordination. Since 2017, the proportion of CBOs contracting with an health care organization, including MCOs, has increased from 38 percent to 44 percent nationally. This comes at a time when many CBOs are still recovering from the unprecedented demand for their services during the COVID-19 pandemic.

While large and well-resourced CBOs may have an infrastructure in place to partner with MCOs, smaller CBOs are less likely to have the capacity or experience to enter into contractual relationships, be able to take on financial risk, or have the capability to build staff skillsets and bandwidth. For MCOs, contracting with several CBOs to provide HRSN services creates several challenges, such as the time and expense to execute contracts with multiple CBOs, maintaining fidelity to programs and services across multiple providers, and ensuring data and security compliance.

In response to the uptick in demand for CBOs to play a more direct role in care delivery, CBOs have begun to develop networks and experiment with organizing frameworks for "backbone" functions like care coordination, planning and evaluation, health information technology, and training. This work can include, or eventually evolve into, a community care hub (**see Definitions, page 5**), which can help a CBO network contract with MCOs, as well as help streamline contracting, scale the delivery of non-clinical services, reduce administrative burden, and help to balance negotiation and collaboration power between entities. Throughout the country, state Medicaid programs are beginning to experiment with community care hub models, including Network Leads in **North Carolina**, Regional Health Hubs in **New Jersey**, Pathways Community HUBs in **Ohio**, Accountable Communities of Health and Community Hubs in **Washington State**, and proposed Social Determinants of Health Networks in **New York**. Similar partnerships are nascent in Texas but are beginning to form.

Report Overview

To assess the state of CBO network formation in Texas, and to better understand CBO strengths and capacity needs, the Center for Health Care Strategies (CHCS) and Treaty Oak Strategies (TOS), with support from the Episcopal Health Foundation, conducted 14 key informant interviews with Texas MCOs and CBOs (see **Appendix A**).

This report explores the various types of CBO partnership models emerging in Texas to address Medicaid members' non-clinical needs, and aims to provide digestible summaries of current partnerships in a limited number of cities and regions throughout the state, including **Austin**, **Dallas**, **Houston**, **San Antonio**, and other areas in **Central and East Texas**. Additional research is needed to assess approaches in other parts of the state that are outside of Episcopal Health Foundation's typical geographic area of focus, such as **El Paso** and the **Rio Grande Valley**.

This report may be particularly relevant to stakeholders interested in implementing the Texas Health and Human Services Commission's (HHSC) NMDOH Action Plan (**see sidebar**), including specific actions around "strategic partnerships and a systematic approach for MCOs, providers, and CBOs to coordinate their service delivery models and referral systems." For example, the report may be useful to: (1) MCOs looking for partners to address NMDOH in their communities; (2) Texas Health and Human Services (HHSC) staff interested in a snapshot of CBO partnerships in the state; and (3) CBOs interested in networking and learning from other efforts in the state.

The report is not intended to be a systematic review of all approaches in Texas, nor to formally evaluate the facilitators and condition in which CBO networks and community care hubs can form. Rather, rather it seeks to help state stakeholders connect and learn from each other, and to elevate five practical considerations to foster the development of effective CBO network models.

Texas' NMDOH Action Plan

Priorities:

- Food insecurity
- Housing
- Transportation

Goals:

1. Build data infrastructure for statewide quality measurement and evaluation.
2. Coordinate services and existing pathways throughout the delivery system.
3. Develop policies and programs that encourage MCOs and providers to identify and address health-related social needs while containing costs.
4. Foster opportunities for collaboration with key partners.

***Source**: Texas Health and Human Services, Non-Medical Drivers of Health Action Plan. Available at: https://www.hhs.texas.gov/about/process-improvement/improving-services-texans/medicaid-chip-quality-efficiency-improvement/non-medical-drivers-health.*

Key Themes

Through interviews and publicly available information, CHCS and TOS found the following:

- **Financial relationships between MCOs and CBOs varied.** While some CBOs have vendor contracts or grants from MCOs, other MCO-CBO partnerships do not yet have an established financial component or reimbursement strategy. Some organizations were in exploratory phases of NMDOH pilots that rely on philanthropic funding.
- **Many interviewees noted that they were unfamiliar with CBO networks or community care hubs as a concept**, but generally agreed that partnerships between MCOs and CBOs involve substantial time and investment to establish. Interviewees saw value in backbone entities and neutral convenors.
- **Interviewees were often loosely aware of other pilot programs and partnerships throughout Texas** and had an interest in understanding how these other approaches can inform their specific local context.

Partnership approaches generally fell into four categories, discussed in this report: (1) organizations actively exploring community care hub functions; (2) regional coordination to improve care navigation; (3) CBOs forging partnerships with CBOs; and (4) CBOs forging partnerships with MCOs. Interviewees signaled that this as an opportune time for CBOs and MCOs to develop a shared vision for strengthening CBO capacity, including through networks, to effectively address NMDOH.

Definitions: CBOs, CBO Networks Community Care Hubs, Non-Medical Drivers of Health (NMDOH), and Health-Related Social Needs (HRSN)

Community-Based Organization

For the purpose of this report, a **community-based organization (CBO)** is an organization that works at a local level to address the HRSN of community members, either through direct service delivery or non-clinical care management. Examples include food banks and pantries, asthma remediation providers, supportive housing providers, and community health workers specializing in care management.

CBO Networks and Community Care Hubs

A **CBO network** is a group of CBOs led by a community care hub, network lead entity, or other neutral anchor organization or convener performing backbone activities. CBO networks can be varied, with some operating in a particular region or serving a specific population (e.g., older adults or families with children with special health care needs), while others attend to a specific issue (e.g., housing instability or food insecurity).

A **community care hub** — sometimes referred to as a **network lead entity** — is a community-focused entity that organizes and supports a CBO network providing HRSN services, creating efficiencies for both CBOs and MCOs.

CBO networks and community care hubs centralize administrative functions and operational infrastructure, which can include contracting with MCOs, payment operations, management of referrals, service delivery fidelity and compliance, technology, information security, data collection, and reporting ***(see exhibit, next page)***. Community care hubs have their roots in the Administration for Community Living, but the concept is applicable to broader Medicaid NMDOH initiatives.

Non-Medical Drivers of Health and Health-Related Social Needs

Texas Health and Human Services (HHSC) describes the **non-medical drivers of health (NMDOH)** as "the conditions in the place where people live, learn, work, and play that affect a wide range of health risks and outcomes," while **health-related social needs (HRSN)** are "the individual-level, adverse social conditions that can negatively impact a person's health or health care."

Exhibit: Community Care Hub Model

Source: Adapted from A. Chappel, K. Cronin, K. Kulinski, et al. Improving Health and Well-Being Through Community Care Hubs. Health Affairs Forefront. November 2022. Available at: https://www.healthaffairs.org/content/forefront/improving-health-and-well-being-through-community-care-hubs.

Landscape Overview

The following section distills information from key informant interviews and publicly available documents on CBO partnerships throughout Texas. While partnerships between social and health care entities are new and evolving, interviewees shared that organizations across the continuum of care are beginning to forge partnerships to better address the NMDOH of Medicaid enrollees. These partnerships can take many forms, and may be supported financially by philanthropies, MCO funds, and state/federal grants.

Texas Organizations Actively Exploring Community Care Hub Functions

Texas organizations are exploring **CBO networks** that serve as **backbone organizations or anchor institutions for regional NMDOH efforts** or take on **community care hub functions**. Below are examples.

- ### Pathways Community HUBs

  Participants: Brazos Healthy Communities, Grow Healthy Together Pathways Hub in San Antonio, Harris County Pathways Community HUB, and Williamson County Accountable Communities of Health

  Funding Source: Episcopal Health Foundation, CommonSpirit, St. David's Foundation, MCO Contracts (Superior Health Plan, Aetna and Community First Choice Health Plan contracts with The Grow Healthy Together Pathways HUB)

  A Pathways Community HUB is a community-based care coordination network, affiliated with the Pathways Community HUB Institute, designed to improve the coordination of clinical and non-clinical services for vulnerable populations. The four Texas Pathways Community Hubs applying a CHW model to support pregnant women enrolled in Medicaid navigate their non-medical needs.

  The HUB contracts with Care Coordination Agencies (CCAs) that employ community health workers (CHWs) to coordinate care delivery. The HUB aims to: (1) centrally track clients to identify and address barriers and avoid service duplication; (2) monitor the performance of CHWs and provide standardized reporting to support incentive payments; (3) improve the health and wellbeing of underserved and vulnerable populations; and (4) evaluate organizational performance to support appropriate payments and ongoing quality improvements. CHWs follow Pathways of Care, which includes a comprehensive assessment of all health, social, and behavioral health risk factors each of which are addressed using an evidence-based, best-practice intervention. The completion of a Pathway is determined with a measurable outcome (e.g., improvement in chronic disease, reduction in emergency department visits and hospitalizations, adult education, employment), at which point reimbursement is paid and the Pathway is closed. For example, the Housing Pathway includes confirming that a resident has moved in to safe and stable housing.

  The HUB infrastructure coordinates services across CBOs, provides training for CHWs, tracks shared metrics, and identifies gaps in the clinical and social care delivery system. A recent evaluation found that women with high-risk pregnancies who were enrolled in the HUB model had significantly fewer neonatal intensive care admissions, and for every dollar spent on HUB activities there was a savings of $2.36 (ROI of 236%).

  The Grow Healthy Together Pathways HUB in San Antonio, the most established HUB in the state, is part of the Health Collaborative, a consortium of CBOs, health care organizations, MCOs, and businesses that have been

addressing community needs through various programs and initiatives for over 25 years. The Health Collaborative serves as the coordinating entity for several initiatives, including diabetes education, behavioral health services, immunization campaigns, and has memorandums of understanding in place with community partners to support this work. Building on these partnerships, the HUB model uses CHWs to screen and refer clients to health and community-based resources. In response to the expense of commercial screening and referral platforms, Grow Healthy Together created a homegrown "community-owned" resource directory, called the Community Health Bridge, which has been integrated with the Pathways HUB care coordination system. Reimbursement for closed pathways is supported through contracts with Superior Health Plan, Aetna and Community First Choice Health Plan. These contracts are not traditional provider contracts as the Pathways HUBs and CHWs are not yet recognized Medicaid provider types by HHSC. The Pathways Community HUBs are able to track closed pathways through their care coordination system and provide detailed outcome-based reports to the MCOs and other funders.

The Episcopal Health Foundation is currently supporting an evaluation of the Pathways Community HUBs in Texas, focusing on mothers' access to health care and infant birthweight, and patient activation (e.g., a measure of an individual's understanding, competence, and willingness to participate in health care decisions and processes).

- **Texas Accountable Communities of Health Initiative**

Participants: Go Austin/Vamos Austin (GAVA), Bastrop County Accountable Communities for Health, Brazos Healthy Communities, Communities Y Salud Greater Northside, Greater Longview Optimal Wellness (GLOW) and the City of Longview, and Williamson County Accountable Community of Health

Funding Source: Episcopal Health Foundation, St. David's Foundation

The Texas Accountable Communities of Health Initiative (TACHI), funded by the Episcopal Health Foundation, seeks to expand and strengthen existing regional, cross-sector collaboratives between health care, housing, social services, public health, employment training, and economic development. The initiative, which has roots in CMS' Accountable Health Communities initiative, provides support to organizations that could potentially serve as a community care hub or perform backbone activities. While not all TACHI sites are pursuing a community hub approach, the goals of TACHII are to support regional collaborative initiatives designed to improve population health and advance health equity. The table on the next page highlights the six TACHI sites and includes information on the backbone structure, goals of each site, and population being served. Evaluations are underway to assess the impact of several TACHI sites on healthcare utilization, health outcomes and costs savings.

GEOGRAPHIC FOCUS	BACKBONE; ACH NAME	GOAL	POPULATION FOCUS
Bastrop County	Bastrop County Cares; Bastrop County ACH (BCACH)	All working-age residents will have opportunities to access workforce training, as well as the support they need to complete the training and access to in-demand careers that lead to financial security and greater lifelong health.	County residents
Brazos Valley	Texas A&M University	To improve outcomes around patient care, reduce emergency services utilization, and reduce health disparities, while advancing a pay-for-outcomes model for social care navigation and coordination.	Pregnant people
Greater Northside (Houston)	Avenue; Communities Y Salud	To close the gap on food insecurity in the Near Northside and Northline neighborhoods.	Neighborhood residents, older adults
Gregg County	City of Longview; Greater Longview Optimal Health (GLOW)	To improve the overall health and resiliency of Greater Longview residents who rely on emergency systems, such as 911 and emergency department, for unmet health and social needs.	Frequent emergency department utilizers
Travis County (Austin Rundberg)	GAVA	Co-create a partnership structure with clinical partners that funnels health care dollars to pay for interventions that address the social determinants of health.	Rundberg residents
Williamson County	United Way of Greater Austin; Community Health Connects	All residents of Williamson County Health Equity Zones will achieve their desired health status.	Pregnant people

National Efforts to Develop and Scale CBO Networks

Several national efforts have supported the development and scaling of CBO networks, community care hub models, and other approaches to bridge the worlds of health and social care. Below are two examples that include Texas participants.

- **Community Care Hub National Learning Community**

  ***Texas Participants**:* Community Council of Greater Dallas/Dallas Area Agency on Aging, Coalition for Barrier Free Living (Houston), Texas Healthy at Home (Fort Worth), and Houston Health Department

  Funding Source: Association for Community Living and the Centers for Disease Control & Prevention

  Four Texas organizations participate in the Community Care Hub National Learning Community, a 58-organization peer-learning initiative sponsored by the federal Administration for Community Living and the Centers for Disease Control & Prevention. The Community Council of Greater Dallas/Dallas Area Agency on Aging, Coalition for Barrier Free Living, and Texas Healthy at Home participate in the Network Development Track, which supports participating organizations interested in serving as community care hubs. The Houston Health Department participates in the Network Expansion Track, which was established for community care hubs seeking to expand their capacities. Community care hub profiles are available on the technical assistance website, including details such as number of health care contracts, network services, network partners, public health partnerships, geographic coverage, populations served, and contact information.

- **Partnership to Align Social Care Learning and Action Network**

  Texas Participant: Harris County Area Agency on Aging

  Funding Source: Archstone Foundation, the Robert Wood Johnson Foundation, The SCAN Foundation, CommonSpirit, Care Source, Kaiser Permanente, United Healthcare, and Elevance Health

  A representative from the Harris County Area Agency on Aging, participates on the Community Care Hub workgroup for the Partnership to Align Social Care, a national learning and action network focused on improving alignment between health and social care ecosystems, including through community care hubs. Like many Area Agencies on Aging, the Aging & Disability Resource Center is embedded within the AAA to provide a single point of entry for older adults and people with disabilities to access long-term services and supports in their community. The HCAAA operates a call center and contracts with CBOs to meet the needs of their clients.

Regional Coordination to Improve Care Navigation

Throughout the state, Texas organizations and regions have come together to **build community resource and referral platforms** and develop better ways to navigate individuals to community resources, but may not have fully adopted or explored a community care hub structure. Below are examples.

- ### Accountable Health Communities

  Texas Participants: Parkland Center for Clinical Innovation, University of Texas Health Sciences Center, and CHRISTUS Santa Rosa

  Funding Source: Center for Medicare & Medicaid Innovation

  Three Texas organizations participated in the federal Accountable Health Communities model. In addition to performing screening and referral functions, the three bridge organizations from Texas participating in the model engaged clinical and community partners and worked to better understand community capacity to address patient needs. Overall, the model helped to more effectively screen, refer, and navigate program participants, and ultimately, reduce emergency department use for Medicaid beneficiaries. The Accountable Health Communities model officially ended in 2022, but organizations have continued their efforts in other ways.

- ### Connected Communities of Care

  Lead/Backbone Organization: Parkland Center for Clinical Innovation (PCCI)

  Funding Source: MCOs, health systems, and local philanthropies

  PCCI leads the Dallas Connected Community of Care (Dallas CCC), an effort to bring together health care entities, social service agencies, and CBOs in the Dallas Area to form a clinical and social network. PCCI also helps test its Connected Communities of Care model in other areas of the state.

- ### Health Equity Collective

  Lead/Backbone Organization: UTHealth Houston School of Public Health

  Funding Source: Episcopal Health Foundation, local philanthropies

  The Health Equity Collective, led by the UTHealth Houston School of Public Health, is a multi-sector collective impact effort centered on aligning systems and stakeholders in the Houston area to better address unmet social needs and advance equity. At the core of the Health Equity Collective's mission is the creation of a community information exchange (CIE) that will bring together health and social sectors to improve care navigation. The CIE will allow multiple health and social service organizations to connect with one another to coordinate social care delivery. The CIE will include infrastructure that combines CBO data and supports referrals among CBOs, tracks referrals and program effectiveness, and links the CIE to health care organizations to promote coordination between clinical and non-clinical providers. The Health Equity Collective is also developing the data governance, sustainability model, as well as policy and program recommendations for payers and state and local policymakers to scale and sustain the model.

  Recognizing the importance of lived experience, the Health Equity Collective has centered community voice throughout the process. At the table are community members, who are providing input on the referral infrastructure and social care delivery system. The collective is governed by "all relevant sectors" in the

health care ecosystem, including City of Houston Health Department, Harris County Public Health, academic centers, CBOs, health and social care providers, advocacy groups and community members. Food insecurity is the initial priority focus area, and the collective is focused on improving regional infrastructure related to screening and referral services for food insecurity.

- **Model Community**

  Lead/Backbone Organization: United Way of Greater Austin

  Funding Source: Michael & Susan Dell Foundation, Episcopal Health Foundation, St. David's Foundation

  The Model Community initiative works with a variety of partners in Austin and its surrounding communities, including schools, health care providers, and CBOs to support health care navigation and the more holistic delivery of social services. The United Way for Greater Austin is the backbone organization for the initiative, and helps manage ConnectATX, a community-based resource referral platform and public entry point for the Model Community initiative, developed in partnership with 211 Texas and findhelp. Additional technology partners — like the Connxus Health Information Exchange and the Social and Health Information Platform — provide access to health data, data aggregation, and data-sharing/interoperability capabilities.

- **Texas Veterans Network**

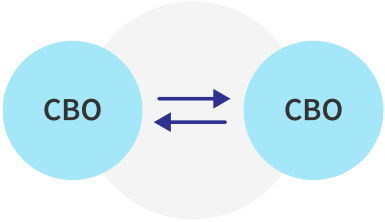
  Lead/Backbone Organization: Combined Arms

  Funding Source: Texas Workforce Commission

  Serving the state of Texas, Combined Arms provides technology to bring together veteran-focused nonprofits, city, county, state, and federal agencies to connect veterans and their families to an array of clinical and social services. Through its technology platform, Combined Arms supports 300 organizations in providing 1,500 social services and resources to veterans. Veterans can log onto the Combined Arms website, complete an online needs assessment, and self-refer to a CBO, with the CBO having 72 hours or less to respond to the veteran's request. Alternatively, CBOs can execute bi-lateral interagency referrals for veteran clients on the custom platform as well, ensuring a complete continuum of care.

  Combined Arms has a process for screening CBOs to participate on the platform. Eligibility criteria includes a CBO's ability to handle a high volume of referrals and a demonstrated track record for delivering high quality services to clients efficiently. To support a diverse range of CBOs, including smaller organizations serving in rural communities and communities of color, Combined Arms has launched a Center of Excellence that provides capacity-building assistance around fundraising, service delivery, governance, and reporting and performance standards, among other proficiencies.

CBOs Forging Partnerships with CBOs



Some CBOs have developed systems and scaled operations internally to screen and refer clients to other CBOs to provide additional services needed to achieve good health. The following section highlights **CBOs that provide services to address a specific social need and have partnerships with other CBOs to address additional NMDOH**. Below are examples.

- ### Referral Partner Program for Food Banks

  Lead/Backbone Organization: Feeding Texas

  Funding Source: MCOs (Pilot Alternative Payment Models (APM), grants), local philanthropies

  Feeding Texas is the largest hunger relief organization in Texas, owning and operating 21 food banks in all 254 counties, and reaching over five million Texans annually. The organization, in partnership with the Texas Association with Community Health Plans, has worked to define a continuum of partnership opportunities with MCOs, including community food interventions, managed referrals, and targeted food interventions.

  Acknowledging the complex causes of food insecurity, including but not limited to poverty, unemployment, lack of affordable housing, and racial discrimination, Feeding Texas is also broadening the scope of their work to connect to other social services through its Referral Partner Program (RPP). As part of the RPP, each food bank has hired a referral specialist to screen clients for needs outside of food insecurity and build relationships with CBOs in its service area to better address those needs. In addition to providing immediate referrals to social services, Feeding Texas also developed a two-year follow-up protocol to check in with clients and assess any new challenges. Feeding Texas has adapted Oasis, a client intake and reporting platform used by food banks and their partner agencies, to create a customized screening and referral module for the RPP.

  While Feeding Texas' extensive network makes it well positioned to do this work, scaling the RPP has been challenging because of the lack of interoperability across platforms. Although Oasis captures rich information on community resources, it is not a closed-loop referral platform and many of the larger food banks in the Feeding Texas network, including the Houston Food Bank, are connected to larger social service referral networks. Since Oasis is not integrated with these tools, Feeding Texas staff need to manually import and export information to track referrals and follow up with clients. Feeding Texas hopes to build a common framework across its network of food banks that will connect Oasis to screening and referral platforms, enabling staff to better track referrals and follow up with clients.

- ### Housing Hubs

  Lead/Backbone Organization: Foundation Communities

  Funding Source: A mix of public and private funding, including from low-income housing tax credits and housing bonds, philanthropic grant support, and rent from residents.

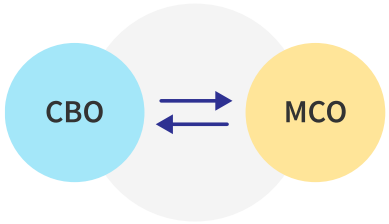
  Foundation Communities is a housing nonprofit serving individuals and families at-risk for homelessness in Austin and North Texas. Founded in 1990, Foundation Communities operates 22 housing complexes, providing affordable housing for low-income families, veterans, seniors, and people with disabilities. Through their housing complexes, Foundation Communities seeks to identify and address individuals' HRSN. It provides free services, such as education, financial stability, and healthy living initiatives to individuals living in their housing complexes, as well as those living in the community at large. Foundation Communities have memorandums of understanding with partner CBOs to deliver supportive services offered within the

housing hubs (i.e., with health education and health literacy education providers), and also rely on these CBOs for their expertise on community resources and ability to connect at-risk families to the program.

Recognizing the important role that CHWs play and the value of lived experience, Foundation Communities has hired CHWs to facilitate all education and health classes. Foundation Communities also recently hired two "enrollment specialists," who help clients apply for benefit assistance programs, such as the Supplemental Nutrition Assistance Program (SNAP), Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and Medicaid and CHIP programs.

CBOs Forging Partnerships with MCOs

A number of CBOs have developed direct partnerships with MCOs, with MCOs screening enrollees for unmet social needs and directly referring them to CBOs for needed services. Below are examples.



- ### Doulas for Medicaid Members in Austin

  Lead/Backbone Organization: Giving Austin Labor Support

  Funding Source: Dell Children's Health Plans (coverage as a value-added service), Episcopal Health Foundation

  Giving Austin Labor Support (GALS) is a nonprofit in central Texas dedicated to improving pregnancy and birth outcomes by providing free doula support to low-income families. Doulas provide on-call birth support, prenatal and postnatal support, a jail support program for those pregnant/postpartum at the Travis County Correctional Complex, and childcare during the perinatal period. In September 2022, GALS and the Dell Children's Health Plan announced a partnership to provide doula services for Central Texas mothers receiving Medicaid STAR and CHIP services. As one of the first MCO-community doula partnership in Texas to offer pregnancy, birth, and postpartum doula support to Medicaid recipients, the program aims to "improve health outcomes and address root causes of health disparities, remove barriers to access, and advance community conditions for health and wellness." The program includes an initial intake and assessment from GALS staff, client matching to an appropriate doula, four visits around the birth event, labor support, and two postpartum visits. GALS uses Apricot, an internal screening and referral platform that enables doulas to track referrals and client outcomes.

  Dell Children's Health Plan covers doula care as a value-added service (VAS). Medicaid members are screened in clinical settings and referred to GALS for follow up doula support. VAS are extra benefits offered by MCOs beyond the Medicaid-covered services, such as dental, vision, podiatry, and health and wellness services. In Texas, VAS may be actual health care services, benefits, or positive incentives that HHSC determines will promote healthy lifestyles and improve health outcomes among members.

- ### Addressing Medicaid Member Needs in Central Texas

  Lead/Backbone Organization: United Way of Central Texas

  Funding Source: Baylor Scott & White, Episcopal Health Foundation

  In partnership with the United Way of Central Texas (UWCT), Baylor Scott & White MCO, supports several initiatives aimed at addressing members' non-medical needs. The Community Hub Program provides care navigation for RightCare members by linking them to needed community resources and social services. Baylor Scott & White identifies members in need, and requests consent to share member information via findhelp. UWCT case managers receive these referrals and help members make needed connections, including to food and nutrition services, rental and utility assistance, and transportation support. UWCT

leverages the Texas 211 resource database to make member referrals and enter member information into findhelp so that Baylor Scott and White, which provides UWCT with a monthly per referral payment, can track outcomes, including referral rates, member uptake, and resolved cases. The MCO also supports the BridgeS to Wellness and Health program, which works with underinsured and uninsured clients who are unable to afford necessary prescriptions, equipment, and transportation to maintain or improve their health status. The goal is to reduce avoidable hospital admissions by bridging the gap in coverage while a client awaits approval or a long-term affordable prescription and or Medicaid coverage. The BridgeS to Wellness and Health program is completely funded by donors.

UWCT also plays the role of a regional neutral convenor. Through its Community Connections program, UWCT hosts monthly meetings, bringing together CBOs, health plans and providers, and other stakeholders. The convenings aim to provide issue-focused education for community partners and spread awareness about gaps and resources within the community. Sessions often feature a speaker and provide the opportunity for participants to delve into a particular topic and "get to know each other."

Recommendations for Building CBO Networks and Community Care Hubs

The following section summarizes themes for strengthening CBO partnerships and networks expressed throughout the key informant interviews. Stakeholder interviews highlighted five key areas for consideration to support the development of sustainable partnerships and build CBO capacity to collaborate with health care providers and MCOs more efficiently. The areas for considerations include: (1) encouraging the adoption of sustainable financing models; (2) dedicating resources to support CBO relationship building; (3) investing in interoperable data systems; (4) providing capacity building support to encourage the development of network models; and (5) leveraging existing models to scale CBO networks and community care hubs.

1. Encourage Sustainable Financing Models

As MCOs increasingly screen members for non-medical needs, focus will turn to care navigation and effectively responding to identified needs, considering both existing CBO capacity and Medicaid members' preferences. Evidence from the Accountable Health Communities model and other efforts show that screening and care navigation has only modest impacts on health outcomes when community resources are limited or not available. To this end, interviewees encouraged both a more comprehensive, whole-government approach to improve drivers of health, as well as a defined role for the health care sector and Medicaid program. In other words, MCO funding and support should be in addition to other federal, state, and local funding for CBOs and CBO Networks, as well as wider public policy expanding access to housing, food, and transportation.

> **Yes, I worry about making sure there is fidelity in our programs, but more than that I worry about how to sustain the work. And that prevents me from actually doing the work.**
>
> *- CBO representative*

Texas MCOs have historically started by investing in small NMDOH pilot programs with no guarantee of continued funding. This uncertainty makes it difficult for CBOs to expand access to HRSN services and for CBO networks to form and grow. As a result, collaborations among MCOs and CBOs can remain in earlier stages of development, and efforts initially funded by federal grants and philanthropic organizations may not be sustained over time.

Nevertheless, Medicaid MCOs can make the case to enter into new — or expand existing — partnerships with community care hubs and CBOs and invest in local community resources. For example:

- Current Texas Medicaid managed care contracts have longstanding provisions relating to coordination of non-capitated services, related community partnerships, CHWs, and value-added services.
- HHSC's quality improvement cost guidance helped clarify issues relating to the ability of MCOs to report certain NMDOH-related activities in the numerator of the medical loss ratio in MCO financial statistical reports .
- The Texas NMDOH Action Plan notes potential future work to incentivize MCOs and providers to identify and address members' HRSN while demonstrating cost-containment.
- HHSC's draft changes to the APM framework presented before the Texas Value-based Payment and Quality Improvement Advisory Committee in February 2023 includes points for "increasing year over year participation in [APMs] with a meaningful NMDOH component."

- Per HB 1575, Texas 88th Legislative Session, HHSC will require MCOs to screen pregnant women for non-clinical needs using a set of standardized questions and to report collected data back to the agency. Doulas and CHWs will also be eligible to provide Medicaid-covered case management services under the Case Management Program for Children and Pregnant Women, and connect clients to nutrition, housing, and domestic violence programs and services, and other non-clinical services.

To further support community capacity to address identified member needs, Texas could consider additional requirements and flexibilities, and attach discrete Medicaid funding to these efforts. For example, the state could:

- Encourage MCOs to partner with existing or emerging community care hubs for care coordination and case management services, as well as targeted NMDOH services. For example, Pathways Community HUBs can support pregnant women enrolled in the STAR managed care program and the Case Management Program for Children and Pregnant Women, and Area Agencies on Aging can support individuals enrolled in the STAR+PLUS program for adults with long term services and supports needs.
- Further encourage MCOs to classify expenses relating to partnerships with CBOs, community care hubs, and community health workers as activities that improve health care quality, where appropriate.
- Embed care management expectations related to CBO and community care hub partnerships into the non-benefit portion of MCO capitation rates (e.g., as in Ohio and Massachusetts).
- Consider MCO incentive arrangements tied to CBO and community care hub engagement and support, using existing authority under Texas Government Code § 533.014(c), authorizing HHSC to create incentive arrangements with funds from experience rebates.
- Require MCOs to reinvest a portion of profit and reserves into community capacity to address NMDOH.
- Explore Medicaid coverage opportunities by leveraging recent CMS flexibilities relating to in lieu of services that address HRSN and Section 1115 demonstrations.

2. Dedicate Resources and Time to Relationship Building

For CBO networks to be successful, upfront resources are required to bring stakeholders together to build trust, align on priorities and missions, and shift the mindset among CBOs from competition for scarce resources to collaboration. Interviewees noted that collaboration often hits a roadblock when organizations must change workflow processes, cede decision-making power, or share financial resources. Adding to the challenge are the vastly different organizational cultural differences and power imbalances – both in terms of staffing and budget capacity – that exist between well-resourced MCOs and community organizations. This dynamic can hinder relationship and trust building between entities, as CBOs often lack the upfront capital required to establish effective partnerships.

Creating some space for stakeholders to work together, for example through modest planning grants for CBOs, can improve the mutual understanding of relative strengths that the health and social care sectors bring to NMDOH initiatives. This can also help pave the way for MCOs and CBOs to co-develop shared goals and purposes for collaboration, which can improve stakeholder understanding of community strengths and gaps in care.

A skilled facilitator can help negotiate challenging discussions, and ultimately build trust among

> **As CBOs, we're essentially competing with each other. While we want to work together, the turnaround for [funding] is often quick. This means organizations don't have time to meet, cultivate ideas, and make sure it is within both organizations' capacities to carry out a scope of work.**
>
> *- CBO representative*

stakeholders. A neutral convenor can bring together community stakeholders to map out the key functions and responsibilities of a network, establish a mutually agreed-upon governance structure, and clearly define the roles and responsibilities of participating CBOs and other community stakeholders. For example, UTHealth Houston School of Public Health serves as the backbone lead of the Health Equity Collective, and sees its role as building trust among partners and convening stakeholders to accelerate collaboration and coordination.

Philanthropic organizations, government agencies, and MCOs can provide funding to backbone organizations to convene CBOs in their service areas. Stakeholders like state and local governments and MCOs can also earmark resources to support existing backbone organizations and community care hubs, such as the Area Agencies on Aging, Pathways Community HUBs, and United Ways, or other coalitions and collaboratives that have explored similar functions. These organizations and coalitions have established skills and expertise related to addressing NMDOH, and have begun to earn trust in their respective communities. While some of these entities may not currently operate as community care hubs, their established relationships with other community stakeholders and community members could be capitalized on to bring CBOs together to develop CBO network models.

3. Invest in Interoperable Data Systems

As CBO networks and MCO-CBO partnerships continue to evolve, CBOs and MCOs must have access to a compatible technological infrastructure to support referrals and coordination across entities. Texas stakeholders have begun using a variety of community resource and referral platforms, including 211 Texas Information and Referral Network, findhelp and Unite Us, among others. While these larger platforms boast key functionalities, — such as interoperability between medical or community resource and referral platforms, and automated closed-loop referral capabilities — some organizations have opted to build their own systems to identify and address social needs for their particular client population. For example, the Grow Health Together Pathways HUB have each created their own screening and referral platform to connect their clientele to clinical and non-clinical services.

> **We are never going to have one system to rule them all, so we need to at least get all the systems to communicate with each other.**
>
> *- CBO network*

Because of the breadth of community resource referral platforms and electronic health record systems in operation, Texas stakeholders can focus on options that establish interoperability between data systems, and bi-directional referrals between clinical and social service providers and closed loops. This step enables CBOs and MCOs to share individual-level data, gain a complete understanding of community needs and resources, track clients' needs and services used over time, improve the capacity of all providers to coordinate services, and evaluate efforts.

Several efforts across Texas are underway to create CIEs, which are multi-directional care coordination tools that bring together health and social service providers, CBOs, and other stakeholders to address community members' needs (versus health information exchanges, which focus on data sharing solely within the clinical sector). A core function of a CIE is the capacity to collect data to analyze impact and outcomes of NMDOH interventions, including demonstrating effectiveness and cost savings, which are important considerations for ongoing and future investments by HHSC and MCOs. This CIE functionality can support a key goal of the Texas NMDOH Action Plan for the development of a data infrastructure for statewide quality measurement and evaluation. Continued investment in understanding the barriers to interoperability is required, along with providing support to CBOs to ensure they are able to connect with and be active users of major screening and referral platforms.

These investments in technology can be combined with other investments, such as upfront capacity-building funds for CBOs to align workflows with MCO partners, support increased referrals, and integrate CHWs — individuals who are well-suited for health navigation and community care management roles.

4. Provide Infrastructure and Capacity Building Support

> **Nonprofits are businesses too and for more to be added to their plate, support needs to be provided. Not just monetarily, but also a certain degree of hand holding, and collective deciding what [a] partnership would look like.**
>
> *- CBO representative*

In theory, CBO networks can offer efficiencies for both MCOs and CBOs. Network models can support smaller CBOs to enter into formal contractual relationships with MCOs, build familiarity around reporting requirements, and help to develop staff skillsets to meet partnership expectations. Networks and community care hubs can also extend CBO bandwidth to take on increased demand for NMDOH screening and referral requests and create financial mechanisms to support these activities. To encourage the development of robust CBO network models and community care hubs, it will be critical to spread awareness about the key functions and goals of these models, along with their capacity to streamline contracting and program coordination and their potential to ensure that a wide range of CBOs, particularly those serving minority and underrepresented communities, are able to fully participate in contracting arrangements with MCOs.

While several Texas organizations currently participate in the Community Care Hub National Learning Community, the Partnership to Align Social Care Learning and Action Network, Pathways Community HUB models, and the Texas Accountable Communities of Health Initiative, interviewees shared that the dissemination of best practices could help "bring some CBOs up to speed." Through regional learning collaboratives or technical assistance opportunities, community stakeholders, HHSC, or MCOs could support CBOs in becoming more familiar network concepts, define the roles and responsibilities for community care hubs, as well as provide support around contract negotiation, data infrastructure needs, and reporting requirements.

In addition to learning opportunities, interviewees shared that upfront capital, or seed funding, will be required for CBOs to align on network missions and responsibilities, develop governance structures and internal management processes, standardize program delivery and reporting requirements, as well as ensure network partners are connected to and able to use technology systems. Meaningful and sustained support from state stakeholders—philanthropy, MCOs and HHSC—while be required to foster network development an to scale these approaches throughout Texas.

Conclusion

Texas' NMDOH Action Plan includes facilitating strategic partnerships among MCOs, providers and CBOs to address Medicaid members HRSN as a key goal. As CBOs play a bigger role in managing referrals, a network model is one potential approach for scaling these efforts. A CBO network can offer efficiencies for both MCOs and CBOs, ensure program fidelity, and potentially reduce fragmentation in care by offering coordination across stakeholders.

For CBOs to be effective partners, and for these models to flourish, significant time and resources are required to ensure the success of a CBO network model. In the Texas context, stakeholders can encourage collaboration and new relationships among CBOs, as well as develop their specific strengths and capacities, by providing time and resources to this relationship matchmaking. Further, stakeholders can continue to pursue financing models that provide CBOs with a reliable funding stream, and collectively the development of interoperable data systems that support CBO and MCO efforts to track HRSN status among community members.

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- **Unite Us**
- **United Way of Central Texas**
- **United Ways of Texas**