



## Communities Connect

*Better Health for More People at Less Cost*

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### **Renewal of HCA Communities Collaborative Grant Program for 2008-2010 Biennium (as of 3/6/2007)**

#### **Background**

The Community Health Collaborative Grant Program (Collaborative Program) provides two-year grants to community-based organizations that address access to medical treatment, efficient use of health care resources, and quality care for Washington residents, particularly low income persons who are uninsured or underinsured.

As provided in Engrossed Second Substitute Senate Bill (E2SSB) 6459 (Chapter 67, Laws of 2006), the intent of the Collaborative Program is to further efforts of community-based organizations in the development of innovative health care delivery models addressing access to medical treatment, efficient use of health care resources, and quality care. The grants are structured across two years, with one-half of the grant award provided during the first year, and the remaining grant funding provided during year two. E2SSB 6459 allows for grants up to \$500,000 in total.

The 2006 Supplemental Operating budget provided \$1.4 million in grant funding for grants up to \$250,000 and \$100,000 for administrative costs. This program is being implemented by the Washington State Healthcare Authority in consultation with the Department of Health (DOH), Health Resources and Services Administration (HRSA), Office Insurance Commissioner (OIC), and other agencies. Initial grants will be awarded in April 2007 with completion of the two year grant program in April 2008. The funding does not extend past fiscal year 2007.

E2SSB 6459 requires HCA to report back to the legislature on the effectiveness of the program as a basis for future funding. Since the completion of the initial two-year grant cycle and the evaluation of the program's effectiveness will take place in the middle of the next biennium there is a desire to insure funding for expansion and continuation of the Collaborative Program through the next biennium.

#### **The Request**

There is a desire to expand and continue the Collaborative Program. This proposal requests a total of \$3.1 million for the upcoming biennium and funds grant allocation and program administration. This request doubles the current pilot program—to total \$3.1 million for \$2.8 million in grant awards (maximum grant awards of \$500,000) and \$300,000 in administrative costs.

The grant program would remain structured as it currently exists through HCA—grants to non-profit organizations (or government agencies) that have \$2.00 in matching funds for each \$1.00 awarded by the grant program. One-half of the dollar amount of the award will be distributed upon the selection of the grant recipients, and the other half distributed a year later, after a satisfactory report that the organization is meeting the objectives identified in its grant application. Innovative and creative programs that address all criteria, are successful, and can be replicated throughout the state, may be used as statewide models of health care delivery systems.

### **Justification for the Request**

At present time there are no provisions to continue funding for this program; thus, the pilot program initiated in the 2006 Supplemental Operating Budget would terminate.

- ◇ Successful and meaningful implementation of the Community Health Collaborative Grant Program initiative, established by E2SSB 6459, requires funding continuity. Community-based organizations, through innovation and collaboration, have shown great promise in improving health care access, availability, and affordability of services for local residents.
- ◇ The request is consistent with Governor Gregoire's Blue Ribbon Commission on Healthcare Access and Costs Recommendation # 7 which calls for "Supporting Community Organizations that Promote Cost Effective Care".

If included in the 2008-2010 budget now there could be a provision that actual disbursement of the funds would be dependent upon HCA's successful evaluation of the initial grant cycle outcomes funded in the 2006 Supplemental Budget