



METRO DENVER
PARTNERSHIP FOR HEALTH

Action Plan Workbook

Building a Regional Public Health
Workforce Through Equity-Driven
Community-Based Organization
Capacity-Building

Summit of Action — June 13, 2024



Goal of the Summit of Action

The goal is to achieve consensus on the strategies and next steps the partnership should pursue to further support CBO service capacity and sustainability in the region.

Purpose of this Action Plan Workbook

This workbook is a tool for MDPH partners to achieve the goal of the Summit of Action. This workbook will help participants:

- Develop a shared understanding of the different types of challenges related to CBO capacity and sustainability.
- Identify common interests and buy-in for potential strategies and next steps to support CBO capacity-building and sustainability.

MDPH commits to engaging with CBOs to have more robust discussions to further explore, expand on, and create shared plans and decisions related to capacity-building efforts in the future. The workbook prepares the partnership for next steps, with the intention that this work includes co-creation of solutions and collaboration with CBOs moving forward.

How to Use This Workbook Getting Started

The recommendations in this workbook are based on findings outlined in the [Building a Regional Public Health Workforce Through Equity-Driven Community-Based Organization Capacity-Building Report](#). CHI developed this report in March 2024 from a literature review and key informant interviews.

This workbook consists of three parts based on three pillars of CBO capacity-building, which are defined as the investment of time and resources to develop and maintain:

- Infrastructure (e.g., formalized partnerships) that facilitates trust, shared missions, and best practices for collaboration among CBO service providers, health care providers, public health partners, RAEs, and other relevant partners.
- Capabilities to participate in cross-sector partnerships to promote whole-person and whole-family care delivery, including having the necessary administrative tools and systems, data collection processes, and technology to communicate and coordinate services effectively.
- Sustainable funding models and arrangements that appropriately compensate CBOs to provide a range of services to people in need and in search of community-based resources and services.

Each part of the workbook outlines specific challenges and associated recommendations for CBO capacity-building and sustainability. There is at least one option listed under each recommendation for MDPH partners to consider how to move into action. Each option is described in terms of type of and timeline for implementation as follows:

Type of Implementation

Local (Individual Organization) Level

These types of recommendations require buy-in and agreed-upon commitments, best practices, and policies to be enacted by or within an organization to support its partnering organization(s). When implemented, the impact of these recommendations will be localized, focused on the health organization's prioritized program or service area(s) with their respective CBO partner(s).

Regional (Partnership) Level

These types of recommendations require buy-in and agreed-upon commitments, best practices, or policies to be shared and enacted across organizations within a collective partnership, for example, the Metro Denver Partnership for Health. When implemented, the impact of these recommendations will be regional, supporting programs and services across geographical boundaries, recognizing that people live, work, and play in different areas and that CBOs provide valuable services across these areas.

Advocacy or Systems Level

These types of recommendations require buy-in and agreed-upon messaging and action within and/or across organizations, depending on the policy or advocacy being pursued. Individual organizations or regional partnerships can choose to advocate for certain programs, policies, and funding opportunities to support CBO capacity and sustainability. When implemented, the impact of these recommendations will be systemic, creating opportunities to support CBO capacity within an individual organization's service area, a partnership's service area, and beyond, depending on the policy change (e.g., county-level or state-level policy).

Note: In this workbook, health organization is a general term used to describe health care systems, clinics, or hospitals; public health agencies; and Regional Accountable Entities.

Timeline for Implementation

Timelines for implementation are estimated and defined as follows:

Short-Term: 1-3 years

Mid-Term: 3-5 years

Long-Term: 5-10 years

Use the type and timeline of implementation to inform how you assess the feasibility and potential impact of each recommended option.

Assessing Recommendations and Options for Implementation

Complete steps 1 and 2 using the Guiding Questions (below):

Step 1. Assess each proposed option, from a scale of low to medium to high, using the following criteria:

- Organizational effort – takes into account the leadership culture and buy-in needed to support and implement a recommended option.
- MDPH effort – takes into account the level of buy-in and coordination needed across MDPH partner organizations and other organizations to support and implement a recommended option.
- Resources needed – considers the staff, time, and financial resources needed to support and implement a recommended option.

Step 2. Based on your assessment above, rate each proposed option in terms of feasibility and impact on equity, as follows:

- Feasibility – determined by your collective assessment of the organizational effort, MDPH effort, and resources needed for implementation.
- Equity impact – based on anticipated level of impact on CBO capacity and sustainability.

There is not a prescribed definition for low, medium, and high. Use your discretion and best judgement based on the information shared with you today and your previous knowledge and experience. There are also resources and examples at the end of the workbook which may be used for future reference and implementation.

Step 3. Discuss the results of your assessment with the large group to develop shared understanding and consensus on the recommended options and next steps that MDPH should explore with CBOs to develop shared decisions and solutions.

Guiding Questions

Organizational Effort (leadership culture and buy-in):

1. How would your organizational culture or practices have to change to support this recommendation?
2. What opportunities does this open for your organization and community? What are potential challenges?

MDPH Effort:

1. What is the level of buy-in and coordination needed among MDPH member organizations to implement this recommendation?
2. Who else needs to be involved in implementation?

Resources Needed:

3. What workforce or resource challenges do you anticipate? How will you overcome them?
4. What existing partnerships can you leverage or strengthen to pursue this recommendation?

Equity Impact:

5. What is the anticipated level of impact on CBO capacity and sustainability?
6. How could implementing this recommendation impact the overall health ecosystem in positive and challenging ways?
Note: Our health ecosystem includes provider organizations and community members being served.
7. What might be negative, unintended consequences of this recommendation that should be avoided during implementation?

Note: There are recommendations in this action plan that reference the MDPH Community Advisory Committee. This committee has not yet formed. Pending MDPH's approved 2025 scope of work, CHI will begin organizing and supporting the launch of the committee in 2025.



Part 1. Infrastructure for Trusted, Mutually Beneficial Partnerships

Challenge 1:

Many organizations use a return-on-investment (ROI) calculation to assess the value of a partnership or service. Current ROI calculation methods do not adequately capture the overall value that CBOs bring to health partnerships.

Recommendation:

Develop and adopt value-of-investment (VOI) frameworks and/or pilot programs to assess the overall value of partnerships with CBOs that administer programs and services to address the health and health-related social needs of patients/clients in community settings. VOI frameworks and pilot programs should consider:

- Health and well-being outcomes (patient/client benefits and experiences)
- Financial returns (traditional ROI measures)
- Economic returns (tangible and intangible benefits such as staff productivity, service capacity, and goodwill)
- Social returns (a broader set of benefits to the organizations, related partners, and the community)

Options for Next Steps

Option A

MDPH member organizations develop their own organizational VOI frameworks to establish and assess the overall value of their partnerships with CBOs.

This option allows individual organizations to better understand the value of partnerships with CBOs and make more informed decisions about future investments in CBO partnerships.

Option B

The MDPH Regional Collaborative Committee works with the Community Advisory Committee to develop a shared VOI framework to establish and assess the value of MDPH's partnerships with CBOs participating in MDPH programs and projects.

This option allows MDPH to better understand the value of CBO partnerships and make more informed decisions about future investments in regional programs and projects with CBOs.

Option C

MDPH member organizations collaborate with state agencies, other partners, and funders to explore and invest in pilot programs that demonstrate the impact of cross-sector partnerships to make more informed investments in community-based services (for example, through 1115 Medicaid waivers). *

This option allows organizations to initiate cross-sector partnerships to support shared programs and goals, with the intention that partners would determine sustainable funding pathways after the impact of those shared programs is demonstrated.

* Note: The Department of Health Care Policy and Financing (HCPF) plans to submit a Health-Related Social Needs (HRSN) 1115 amendment to the Centers for Medicare and Medicaid Services in August 2024, authorized by HB 24-1322. This does not preclude HCPF from submitting future amendments.

Assessment of Options

Type of Implementation: **Local**
Timeline: **Short-term (1-3 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- N/A

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources
and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for
impact):

- Low
- Medium
- High

Type of Implementation: **Regional**
Timeline: **Mid-term (3-5 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources
and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for
impact):

- Low
- Medium
- High

Type of Implementation:
Advocacy or Systems-Level
Timeline: **Mid-term (3-5 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources
and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for
impact):

- Low
- Medium
- High

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Part 2. Investment in the Capabilities of Community-Based Organizations

Challenge 2:

CBOs are often asked to adapt to health organization processes (e.g., data collection, performance metrics, reporting practices) to measure and report the value of their services in ways that do not serve their mission or programs in the long term. This can disproportionately strain CBO staff and resources, which are often already limited.

Recommendation:

Co-create and align data metrics and reporting processes when implementing shared programs and projects with CBOs.

Options for Next Steps

Option A

Part 1. MDPH member organizations, as individual entities, collaboratively define the desired outcomes of shared programs and projects with their CBO partners and co-create data metrics and reporting processes to support these shared goals. MDPH member organizations then develop and/or update contracts and agreements with CBOs to specify each partner's respective roles and requirements accordingly. Data metrics and reporting processes may differ depending on the program or service being provided through the CBO-health partnership.

Part 2. MDPH member organizations, as individual entities, invest in collaborative staff training between their own staff and partnering CBO staff to ensure alignment in reporting requirements and processes.

This option may result in different data metrics and reporting processes across organizations involved in similar programs or services. Individual entities would be responsible for continuous communication with CBO partners to monitor and improve requirements or processes as needed.

Option B

Part 1. The MDPH Community Advisory Committee acts as a liaison with the MDPH Regional Collaborative Committee to collaboratively define desired outcomes for MDPH programs and projects with CBO partners. The committee and CBO partners co-create data metrics and reporting processes to support these shared goals. MDPH then develops and/or updates contracts and agreements with CBOs to specify each partner's respective roles and requirements accordingly.

Part 2. Through membership dues, MDPH member organizations invest in collaborative staff training with CBOs partnering on MDPH programs and projects to ensure alignment in reporting requirements and processes.

This option may result in different data metrics and reporting processes depending on the program or service being provided through the CBO-MDPH partnership. CHI, as MDPH's administrative hub, would be responsible for continuous communication with CBO partners to monitor and improve requirements or processes as needed.

Assessment of Options

Type of Implementation: **Local**
Timeline: **Short-term (1-3 years)**

Organizational Effort (leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- NA

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

Type of Implementation: **Regional**
Timeline: **Mid-term (3-5 years)**

Organizational Effort (leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

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Note: Interoperable Social Health Information Exchange (SHIE) infrastructure has great potential to address current data-sharing and data system challenges across organizations. Because of the forthcoming Request For Application from the Colorado Office of eHealth Innovation for Regional SHIE Hubs, MDPH will not discuss this challenge and related recommendation at the Summit of Action. The MDPH Regional Collaborative Committee will continue to have conversations about that opportunity in other meetings.

Challenge 3:

CBOs have not received the same financial investment or incentives to develop and advance their data systems and technology, compared to health care systems, clinics, hospitals, public health agencies, or Regional Accountable Entities.

Recommendation:

Collaborate with federal, state, regional, and/or local partners to invest in CBO data systems and technology and participate in interoperable technical infrastructure that facilitates secure, efficient, and equitable data-sharing systems across health organizations and CBOs to coordinate care and services.

Options for Next Steps

Option A

MDPH member organizations work alongside their CBO partners to identify their needs and priorities related to advancing and/or investing in their data reporting processes and technology systems. MDPH member organizations act as supporting partners to apply for and/or pursue local, state, or federal funding opportunities to better invest in CBO data systems and technology.

This option may or may not be influenced by the forthcoming RFA for Regional SHIE Hubs, expected later in 2024.

Option B

MDPH member organizations work alongside CBO partners to explore and pursue opportunities to integrate into Colorado's SHIE architecture to facilitate secure and efficient data sharing across their organizations to coordinate care and services for people.

This option will be influenced by the forthcoming RFA for Regional SHIE Hubs, expected later in 2024.

Assessment of Options

Type of Implementation: **Local, Regional, and/or Advocacy or Systems-Level**
Timeline: **Mid-term (3-5 years)** or **Long-term (5-10 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- N/A

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

Type of Implementation:
Regional, Advocacy or Systems-Level
Timeline: **Long-term (5-10 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

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Part 3. Sustainable Funding Models and Arrangements

Challenge 4:

Government and philanthropic funding opportunities often do not cover the upfront or indirect costs that CBOs incur to deliver their programs and services, and many funding opportunities are time- or term-limited.

Recommendation:

Collaborate with one another and other government and philanthropic partners to develop and expand more inclusive and innovative payment models for CBO services.

Options for Next Steps

Option A

MDPH member organizations work with CBOs to understand their funding limitations, gaps, and needs to achieve desired outcomes. Then, MDPH member organizations explore partnerships and/or advocacy with Colorado's philanthropic foundations and organizations to design and further invest in equitable and multi-year funding opportunities that support CBOs' administrative, upfront, or indirect costs.

This option focuses on creating new or expanded funding opportunities that support CBOs in meeting the needs of the people they serve.

Option B

MDPH member organizations work with CBOs to understand their funding limitations, gaps, and needs to achieve desired outcomes. Then, MDPH member organizations leverage existing program and philanthropic entities, such as hospital community benefit programs or their associated foundations, to design and invest in equitable and multi-year funding opportunities that support CBOs' administrative, upfront, or indirect costs.

This option focuses on expanding existing funding opportunities or mechanisms to better support CBOs in meeting the needs of the people they serve.

Option C

MDPH member organizations, as individual entities, develop and implement payment arrangements with providers to provide services to patients/clients to address a particular diagnosis or priority that will support overall health outcomes.

For example, a health organization provides payment to a community partner that offers home-delivered meals, recognizing that medically tailored meals for people with certain chronic diseases can reduce hospital readmissions.

This option focuses on funding individual CBOs or program to achieve desired health outcomes.

Assessment of Options

Type of Implementation:
Local or Regional
Timeline: **Mid-term (3-5 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- N/A

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources
and efforts identified above):

- Low
- Medium
- High

Equity Impact
(potential for impact):

- Low
- Medium
- High

Type of Implementation:
Local or Regional
Timeline: **Mid-term (3-5 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- N/A

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources
and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for
impact):

- Low
- Medium
- High

Type of Implementation: **Local**
Timeline: **Short-term (1-3 years)
or Mid-term (3-5 years)**

Organizational Effort
(leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- N/A

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources
and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for
impact):

- Low
- Medium
- High

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Challenge 5:

CBOs do not have the same agency as other organizations to direct how funding is spent in their communities.

Recommendation:

Develop a co-designed, participatory funding model with CBOs that includes a place-based approach.

Options for Next Steps

Option A

MDPH member organizations, as individual entities, develop or enhance governance of their current community advisory councils, committees, or related bodies to make shared decisions with community (e.g., CBOs and/or community leaders) about funding allocations and programming within their communities. This does not preclude the role of community health (needs) assessments. Rather, it creates a more equitable pathway for MDPH member organizations to use these assessments as tools when making decisions with community about how to address health disparities, needs, and goals.

This option relies on individual organizations informing, guiding, and monitoring participatory funding decision-making processes.

Option B

MDPH member organizations evaluate the feasibility of collecting and using annual membership dues to establish funding opportunities administered by MDPH to CBOs. Funding should be based on community health (needs) assessment results and shared decisions made with the MDPH Community Advisory Committee to define priority populations and health and social needs/priorities to address with ongoing funding opportunities.

This option relies on exploring increased MDPH membership dues to support participatory funding opportunities through MDPH.

Assessment of Options

Type of Implementation: **Local**
Timeline: **Short-term (1-3 years)**

Organizational Effort (leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- NA

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

Type of Implementation: **Regional**
Timeline: **Mid-term (1-3 years)**

Organizational Effort (leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

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Challenge 6:

CBOs are often required to use different reporting systems and processes for each funding source they have and burdened with long, complex legal agreements that require significant administrative resources to manage.

Recommendation:

Connect with CBO partners to explore interest and readiness to participate in funding hubs to increase the time and resources CBOs can spend on their own service delivery and reduce time spent on administrative and contracting requirements.*

Options for Next Steps

Option A

MDPH member organizations connect with CBO partners to explore interest and readiness to participate in funding hubs that support long-term CBO service capacity.

This option focuses on creating and participating in new structures and practices to streamline processes across diverse funding sources.

Option B

MDPH member organizations create equitable contracting mechanisms and templates to reduce administrative burden and facilitate long-term CBO partnerships and service capacity.

This should include setting clear explanations of partnership goals, contents of legal agreements and documents, and opportunities for CBOs to offer feedback and co-develop administrative and contracting requirements where applicable and feasible.

This option focuses on improving and refining individual organizations' existing contracting mechanisms and administrative requirements.

* A funding hub is an organization that acts as a trusted intermediary for CBOs to consolidate, manage, and complete required reporting for the different funding sources that a CBO may receive. This consolidated approach allows for CBOs to have a streamlined process for applying to diverse funding sources at the local, state, and federal levels.

Assessment of Options

Type of Implementation: **Regional**
Timeline: **Mid-term (3-5 years)**

Organizational Effort (leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

Type of Implementation: **Local or Regional**
Timeline: **Short-term (1-3 years)**

Organizational Effort (leadership culture and buy-in):

- Low
- Medium
- High

MDPH Effort:

- Low
- Medium
- High
- NA

Resources Needed:

- Low
- Medium
- High

Feasibility (based on resources and efforts identified above):

- Low
- Medium
- High

Equity Impact (potential for impact):

- Low
- Medium
- High

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Resources and Examples

Infrastructure for Trusted, Mutually Beneficial Partnerships

Shared Governance and Co-Design Models in Cross-Sector Partnerships: Tools, Assessments, and Processes

- [Recommendations for Strengthening Partnerships between Health Departments and Community-Based Organizations](#), CDC Foundation
- [Strengthening Partnerships between Public Health and Community-Based Organizations](#), CDC Foundation
- [Integrating to Improve Health: Partnership Models between Community-Based and Health Care Organizations](#), Center for Health Care Strategies Resource Tool
- [Partnership Assessment Tool for Health](#), Nonprofit Finance Fund
- [ReThink Health](#), The Rippel Foundation
- [Readiness Assessments](#), Collective Impact Forum
- [Collective Impact Model](#), Collective Impact Forum
- [Mobilizing for Action Through Planning and Partnerships](#), National Association of County and City Health Officials

Return on Investments: Tools, Frameworks, and Medicaid Waiver Options

- [The One-Stop Shop for Healthcare and Community Partnerships](#), HealthBegins
- [Beyond ROI: Understanding Value on Investment in Social-Need Partnerships](#), HealthBegins
- [Value Proposition Tool: Articulating Value within Community-Based and Health Organization Partnerships](#), Center for Health Care Strategies.
- [Partnership Impact Evaluation Guide](#), Mickel and Goldberg
- [Health Related Social Needs 1115 Waiver Demonstration Amendment](#), Department of Health Care Policy and Financing
- [California's Previous Section 1115 Waiver – Medi-Cal 2020](#) gave the state the opportunity to develop and test key innovations, such as Whole Person Care Pilots and the Drug Medi-Cal Organized Delivery System

Investment in the Capabilities of Community-Based Organizations

Standardized Data Collections, Processes, and Systems

- [Aligning Systems with Communities to Advance Equity through Shared Measurement: Guiding Principles](#), American Institute for Research and Robert Wood Johnson Foundation
- [ARCH: A Look at Data Systems](#), Lenarz-Geisen and Borelli from the Nonprofit Finance Fund
- [Hunger Free Colorado](#), Center for Health Care Strategies
- [The Colorado Office of eHealth Innovation](#) is collaborating with other state agencies, partners, and stakeholders to develop a [unifying social-health information exchange architecture](#), which would be the first such system for the state

Sustainable Funding Models and Arrangements

Inclusive and Innovative Payment Models for CBO Services

- [Community Health Capacity](#), Health Foundation for Western and Central New York
- [Citi Foundation Doubles Commitment to Community Progress Makers Initiative, Announces New \\$50 Million Request for Proposals in the U.S.](#), Citi Foundation
- [New Attitudes, Old Practices: The Provision of Multiyear General Operating Support](#), The Center for Effective Philanthropy
- [Resource Guide: A Health Plan's Guide to Paying CBOs for Social Care](#), US Aging, Aging and Disability Business Institute, Partnership to Align Social Care, and Camden Coalition
- [Oregon's C3 Community Assistance Program \(C3CAP\)](#), Center for Health Care Strategies
- [Hospital Community Benefit Accountability](#), Department of Health Care Policy and Financing
- [Community Health Worker, Medicaid Reimbursement for Community Health Services \(SB23-002\)](#), passed in 2023 and grants the state an opportunity to explore next steps in reimbursing community health worker services/tasks under Medicaid by 2025

Co-Design Participatory Funding Models With Place-Based Approach

- [Tiered-Evidence Grantmaking](#), Center for Results-Focused Leadership
- [Rhode Island's Health Equity Zone \(HEZ\) initiative](#), State of Rhode Island Department of Health

Funding Hubs and Administrative and Contracting Practices

- [Caring for the Commonwealth \(VAAACares\)](#), Virginia Area Agencies on Aging
- [Western New York Integrated Care Collaborative](#), Western New York Integrated Care Collaborative
- [Improving Health and Well-Being Through Community Care Hubs](#), Health Affairs
- [Program Sustainability Assessment Tool](#), Center for Public Health Systems Science, Washington University in St. Louis
- [Best Practices for Eliminating Unnecessary Administrative Burden for CBO Partners](#), Institute for Accountable Care
- [An Introduction to Administrative Equity](#), Trailhead Institute



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