

Partnership to Align Social Care Webinar

Finding the Best Fit: Examining Legal and Contracting Structures for Your Community Care Hub

November 20, 2025 | 1:00 – 2:00 p.m. ET

Partnership to Align Social Care

A National Learning
& Action Network

A cross-sector collaborative co-designing solutions to advance **Community Care Hubs (CCH)** as a preferred organized delivery system to **enable sustainable and aligned social and health care ecosystems** providing holistic, person-centered care to promote whole-person health.

June Simmons

President/CEO, Partners in Care
Foundation
Partnership Co-Chair

Timothy McNeill

CEO, Freedman's Health Consulting
Partnership Co-Chair

Autumn Campbell

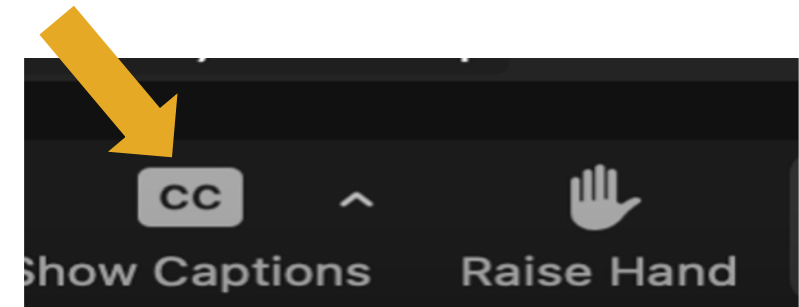
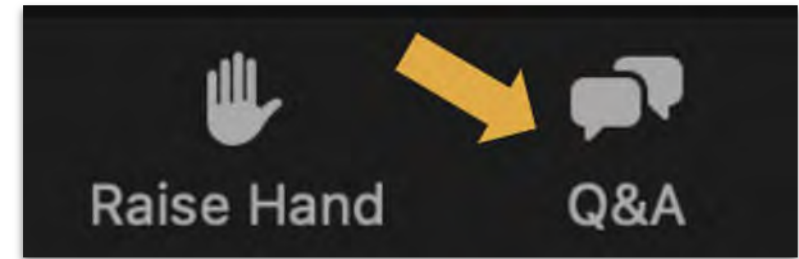
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Administrative Notes

- This webinar is being recorded. The recording and slides will be shared with all registrants
- Please use the Q&A tab at the bottom of your screen and we'll try address as many questions as possible at the end of the panel discussion
- Closed captions are provided for this session, can also click "Show Captions" to display automated captions



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WEBINAR EVENT

Finding the Best Fit:
Examining Legal and
Contracting Structures for
Your Community Care Hub

20 NOVEMBER 2025
1 PM - 2 PM ET



Mark Humowiecki
Senior Director of National Initiatives,
Camden Coalition



Jennifer Raymond
Chief Strategy Officer, AgeSpan



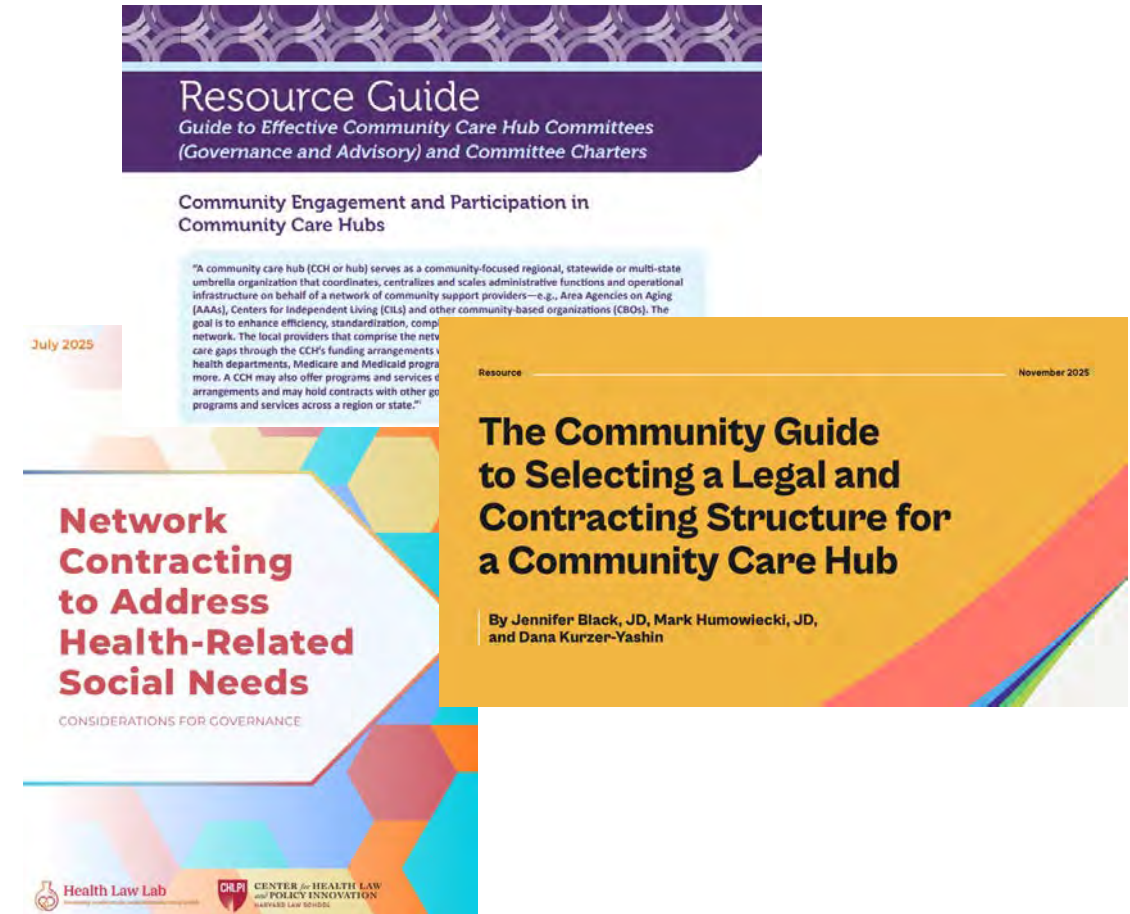
Nikki Kmicinski
CEO, Western New York
Integrated Care Collaborative, Inc.



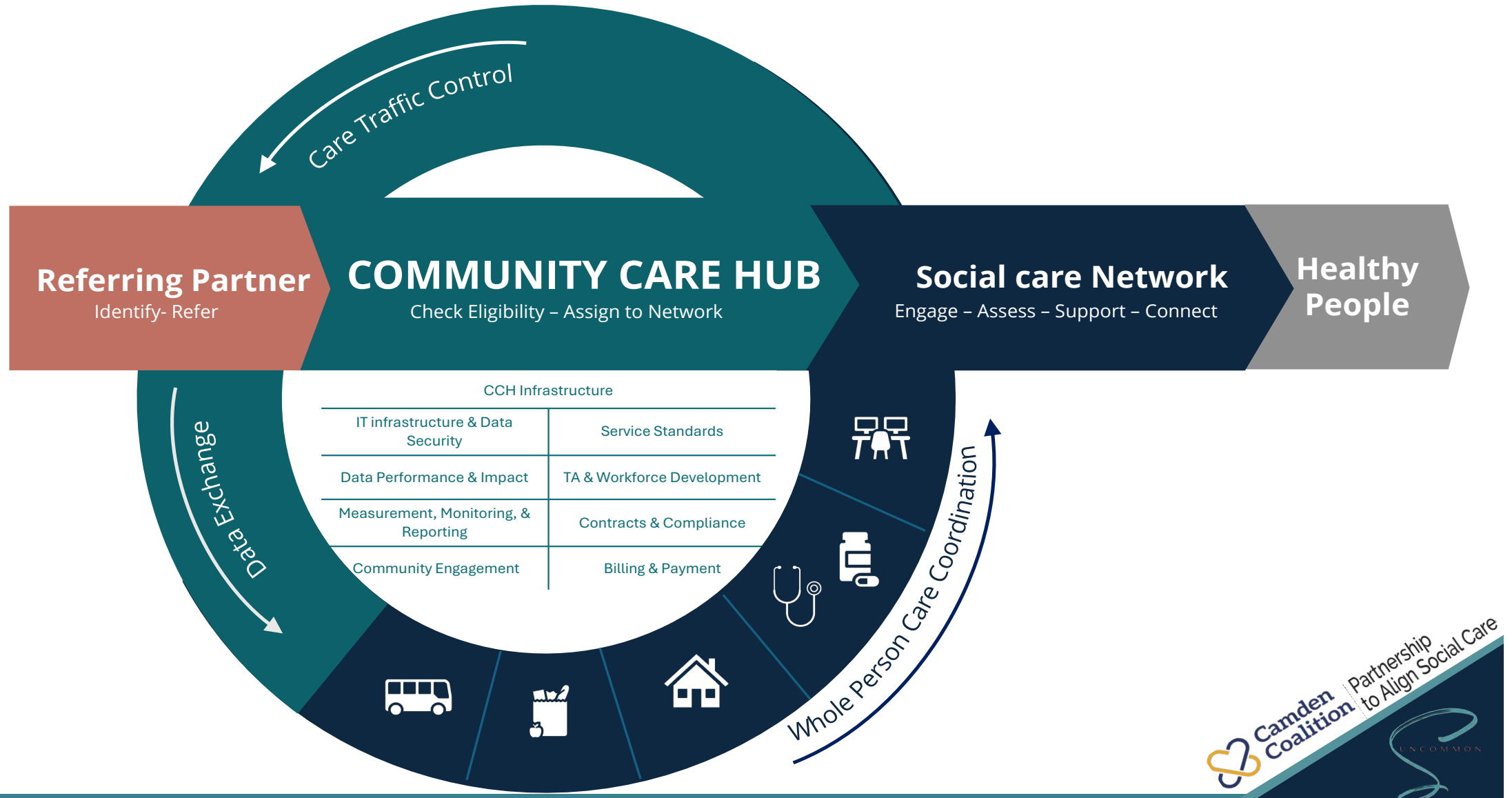
Shaina Tinsey
Project Manager, Health
Strategies and Innovation, CHRT

Background and Resources

- NEW RESOURCE:
 - The Community Guide to Selecting a Legal and Contracting Structure for a Community Care Hub
- Additional Resources:
 - A Guide to Effective CCH Committees (Advisory and Governance) and Committee Charters
 - A Guide to CCH Bylaws
 - Network Contracting to Address Health-Related Social Needs, Considerations for Governance



What is a Community Care Hub?



Why Does a CCH Need Legal Structure?

- Formalized structure provides the stability required to launch and maintain a sustainable organization
- A legal entity is required to:
 - Sign contracts with funders and clients
 - Formalize relationships with CBO network members
 - Build the administrative capacity necessary to run a network
 - Secure stakeholder and community buy-in
 - Etc.

CCH Model #1: Internal Department

PRE-EXISTING ORGANIZATION

- Department/Service Line ABC
- Department/Service Line DEF
- Department/Service Line XYZ
- **Community Care Hub Department**

CCH Model #2: Wholly-Owned Subsidiary

PRE-EXISTING ORGANIZATION

- Department/Service Line ABC
- Department/Service Line DEF
- Department/Service Line XYZ

Community Care Hub, Inc.
(New Organization)

Considering an Existing Organization

One of the fastest and most cost-effective options for establishing a CCH is utilizing an existing organization that is well positioned to serve as a hub.

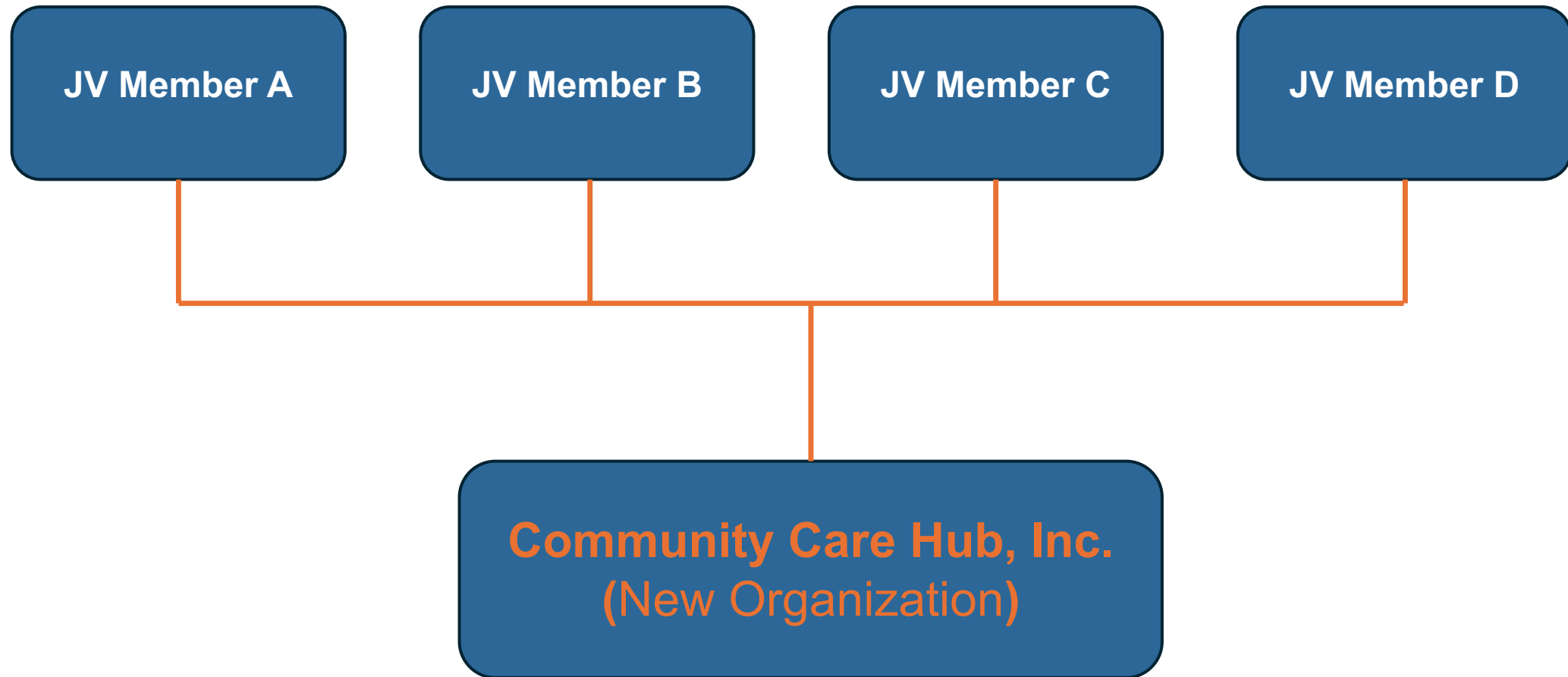
A well-positioned organization is:

- ✓ A trusted neutral convener
- ✓ An entrepreneurial social care leader well-versed in healthcare and social services

With:

- ✓ Strong administrative capacity and infrastructure (See [Functions of a Mature Community Care Hub](#) for more details on each domain)
 - Finance
 - Billing
 - Legal
 - Contracting & business development
 - IT
 - Evaluation & QI
- ✓ Strong existing relationships with social service providers and healthcare organizations
- ✓ A knowledgeable, mission-aligned, and risk-tolerant board which is invested in establishing a CCH

CCH Model #3: Joint Venture



CCH Model #4: Independent Corporation

Community Care Hub, Inc.
(New Organization)

Assessing the Four CCH Structures

- Launch time
- Startup costs
- Degree of multi-stakeholder control
- Potential for Conflict of Interest

Comparing the Four CCH Structures

Key

- ▲ Internal department
- Wholly-owned subsidiary
- Joint venture
- ◆ Independent corporation

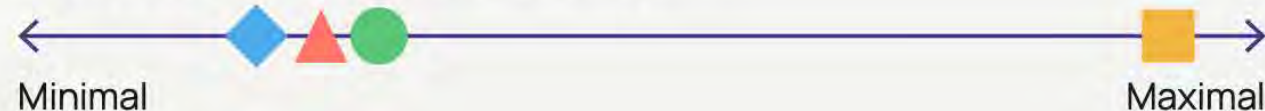
Launch time



Startup costs



Degree of multi-stakeholder control



Potential for conflicts of interest



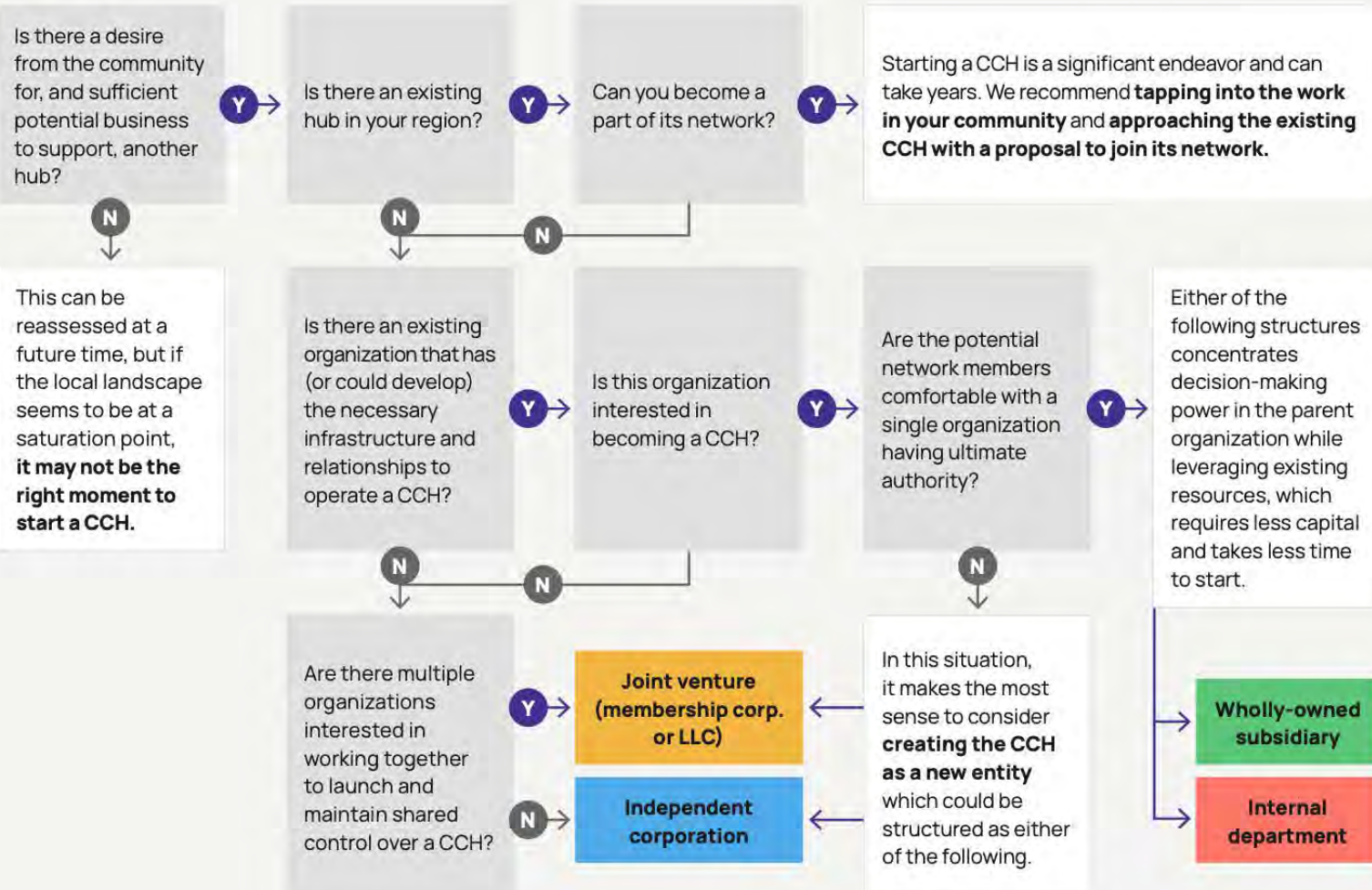
CCH Structure Selection

- Start early
- Involve all stakeholders
- Begin with a landscape/market assessment
 - Does the region need a(nother) CCH?
 - Is there an existing organization with ability, neutrality, and capacity?
- Focus on the end goal: Selecting the best structure for your community

Consult P2ASC Brief's Selection Guide

Guide to Selecting a Community Care Hub (CCH) Legal Structure for Community Organizations

Y Yes **N** No

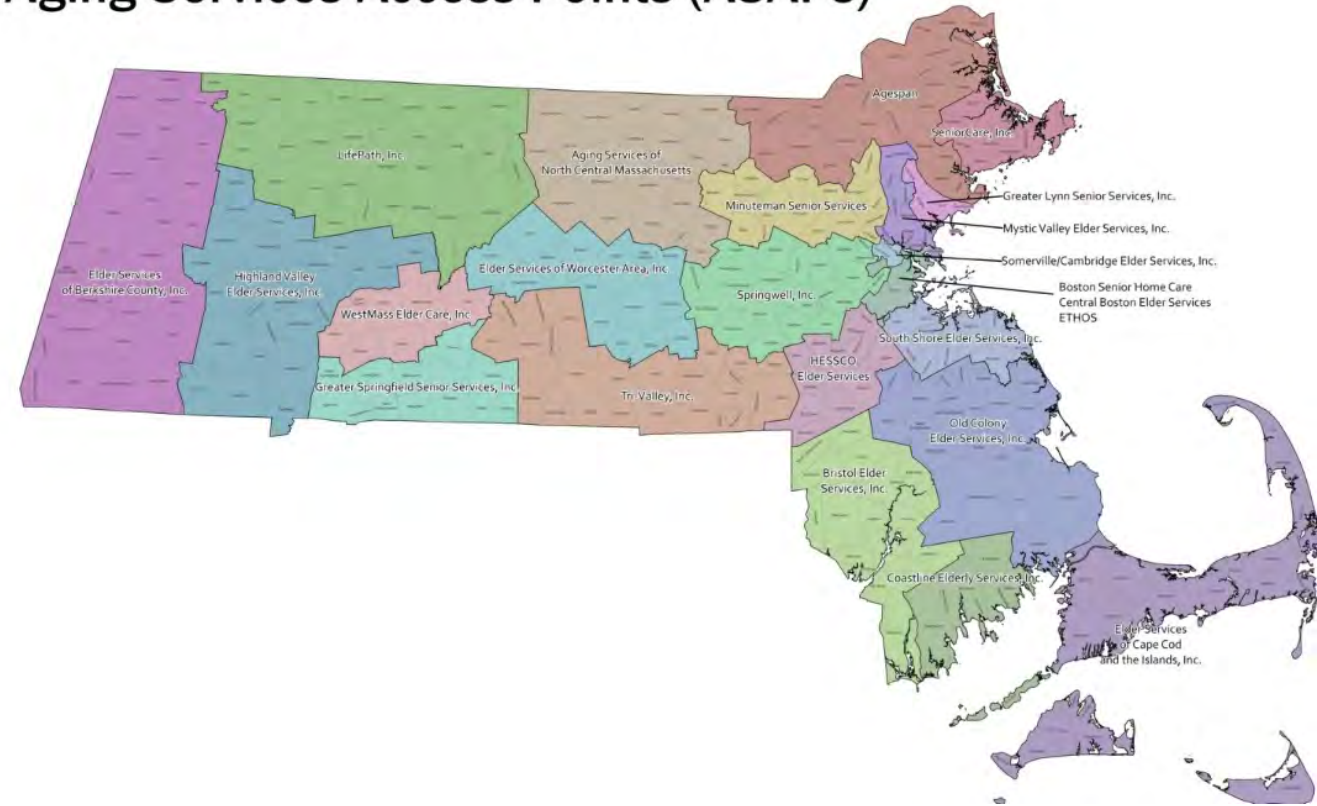


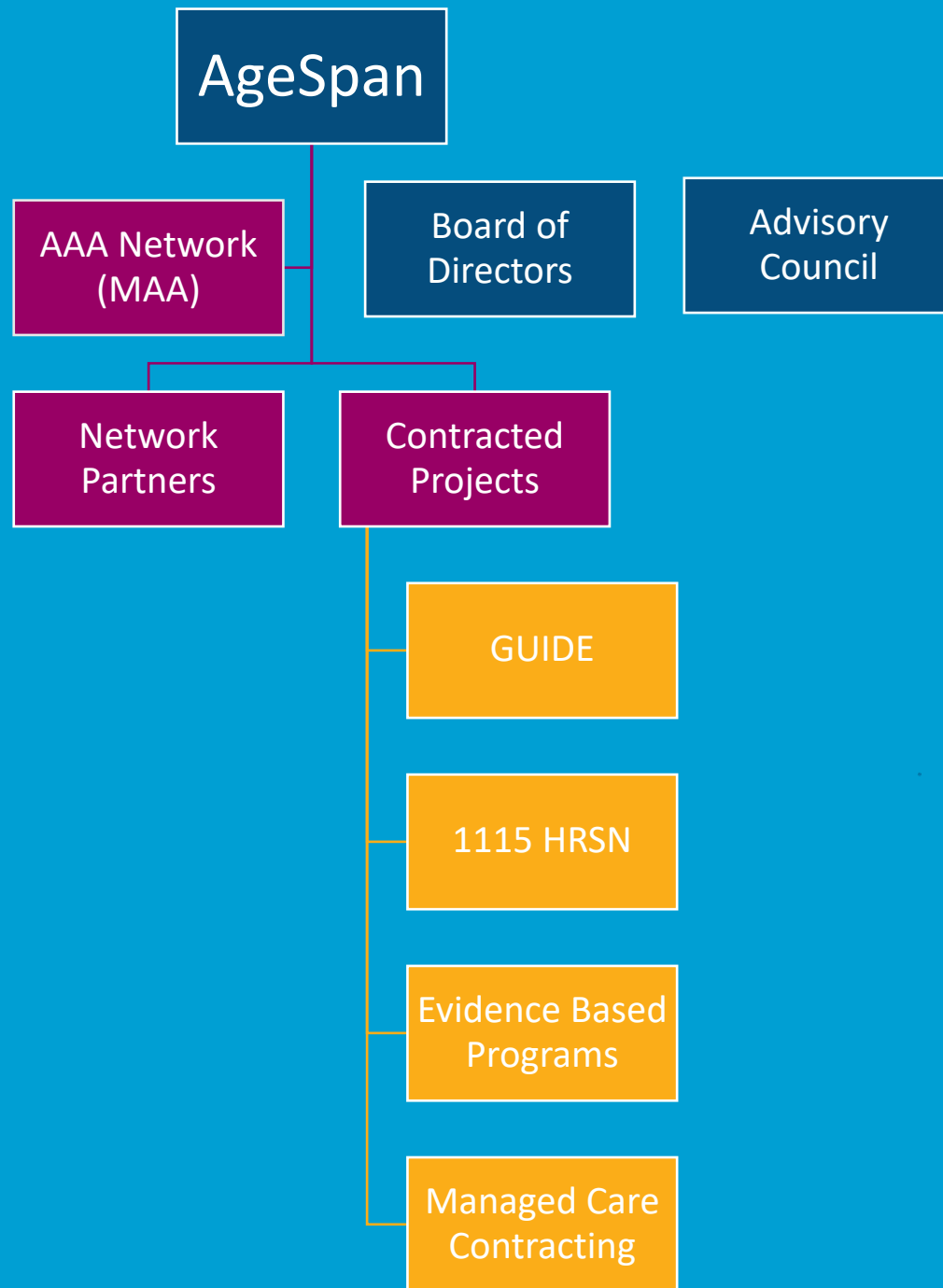


CCH Model: Internal Department of Existing Organization

- Developed in 2013
- Unincorporated subdivision of existing AAA (AgeSpan)
- Statewide reach through 80+ Network Providers
 - Area Agencies on Aging
 - Community Based Organizations
 - Independent Living Centers
 - Multi-cultural social service organizations
 - Councils on aging, YMCAs, faith based organizations
 - Service-specific providers (nutrition, housing, etc)

Massachusetts Aging Services Access Points (ASAPs)



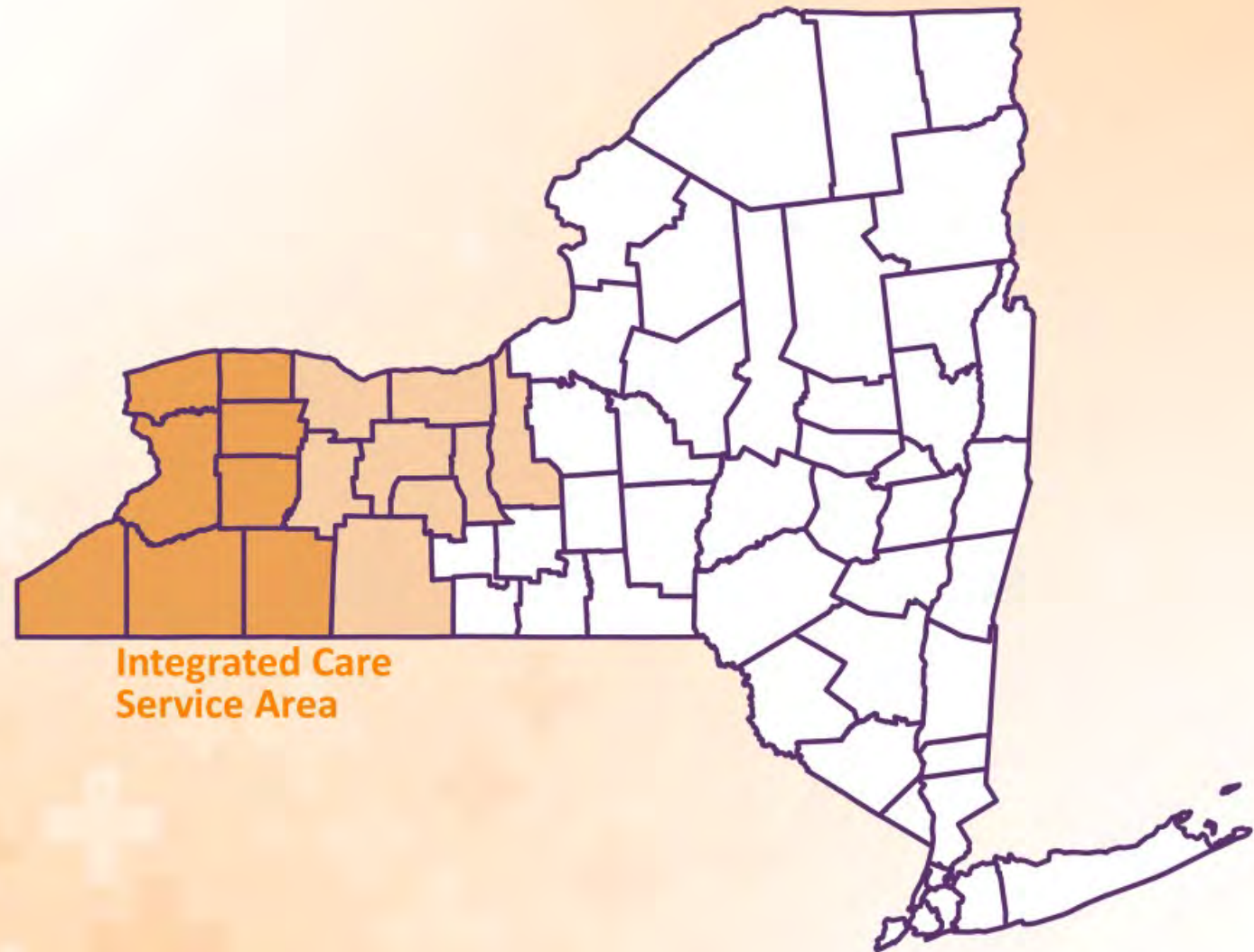


Project Specific:
Network Development Business
Development
Quality and Compliance
Finance

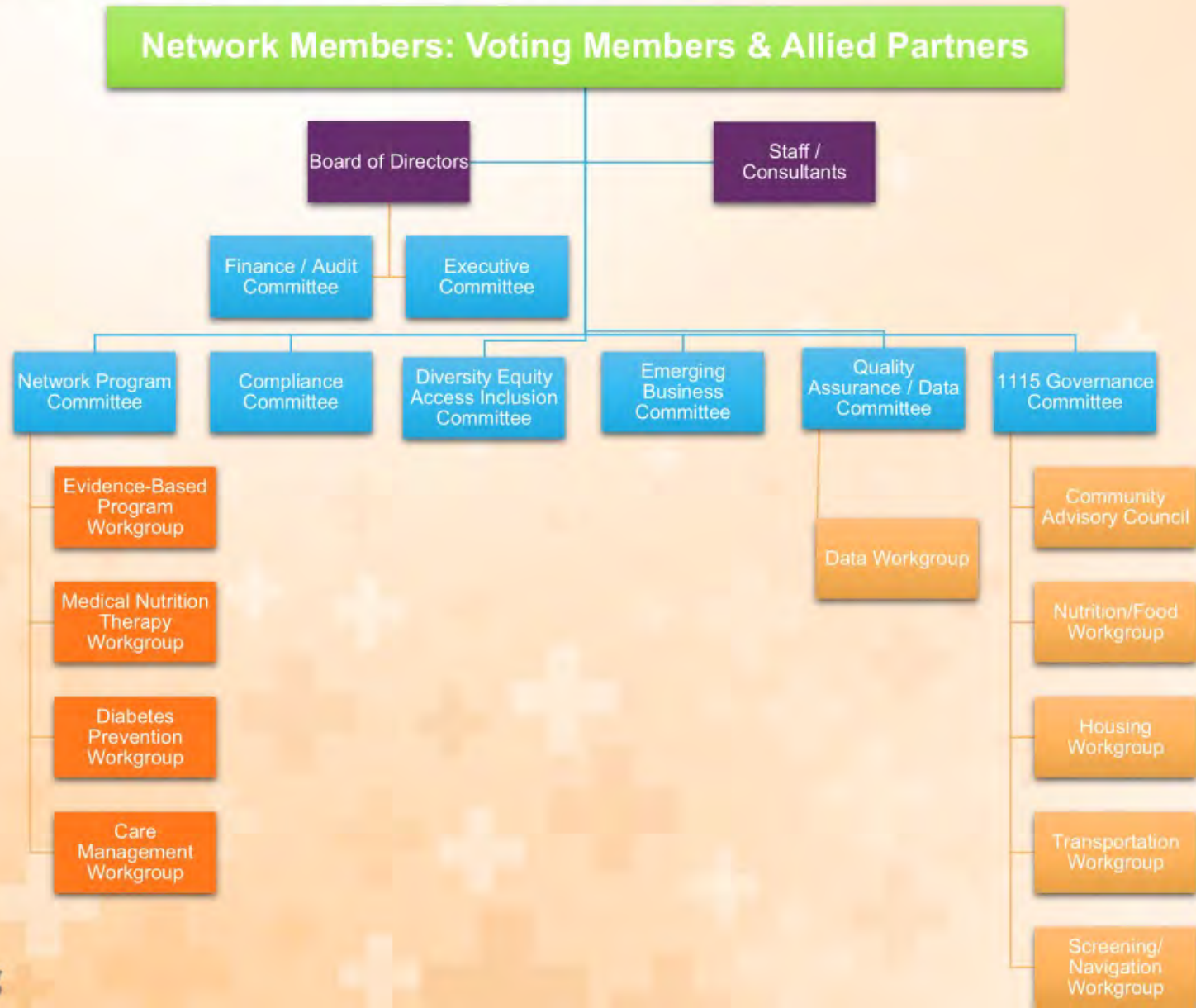
Integrated Care

165+ Network Members

- **County-based AAAs**
(Area Agencies on Aging)
- **Independent Living Centers**
- **County-based Health, Social Service, and Mental Health Departments**
- **100+ Non-profit CBOs**
(Community-based Organizations)
- **Allied Partners:** including healthcare providers, behavior health and health plans.



Integrated Care Governance



MI Community Care (MiCC)

A regional health collaborative of health, mental health, and social service organizations serving Livingston & Washtenaw counties in Michigan.

Mission

- 1 Provide holistic, coordinated, patient-centered care to people with complex lives and conditions;
- 2 Support regional health, mental health, and social service providers; and
- 3 Enhance the local and state care delivery system.

Sectors Represented

Affordable Housing
CBOs
Community Mental Health Agencies
FQHCs
Sheltered Housing
Health Care
County Health Plan
EMS/Community Paramedicine
County Health Department

MiCC Community Care Hub Discussions

Internal Department

- Closest to current model
- Limitations with current backbone org
- **Selected to demonstrate proof of concept**

Wholly Owned Subsidiary

- Similar to current model
- Agreement on best potential host org
- Less risk to host org vs ID
- Desired model

Joint Venture

- Appealing for co-design and governance
- Some current agencies likely unable to participate in a JV

Independent Corporation

- Appealing for co-design and governance
- Concern for startup and operations cost and complexity within current capacity

Questions?

Thank You!!

Partnership Contacts

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