

Northwest Collaborative Planning Meeting

Humboldt & Del Norte Counties

April 18, 2023



A Program of the PUBLIC HEALTH INSTITUTE



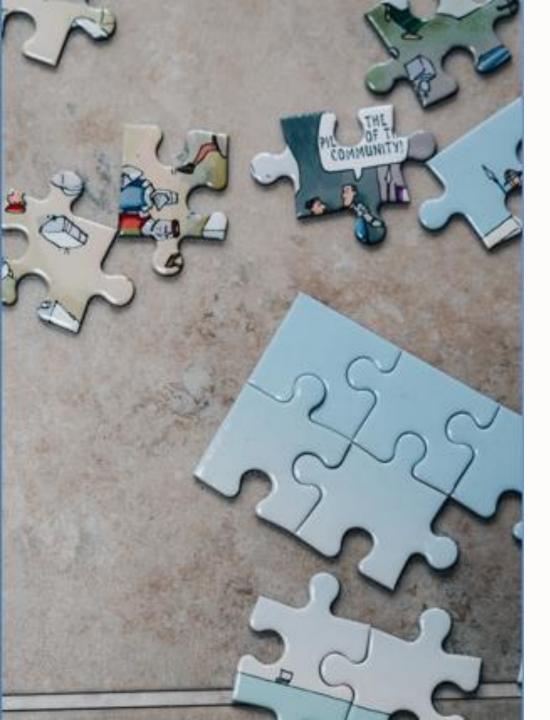
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Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

We acknowledge the land and country we are on today as the traditional and treaty territory of the Native American, Alaska Native, and Tribal nations who have lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.





CPI Framing & Updates





CPI Regions

Northwest Region

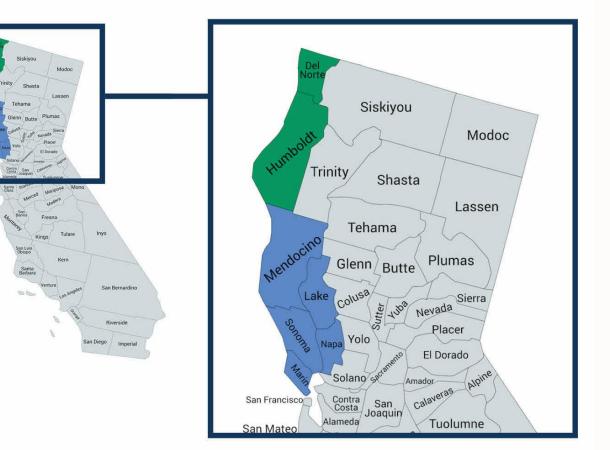
- Del Norte County
- Humboldt County

Southwest Region

- Lake County
- Marin County
- Mendocino County
- Napa County
- Sonoma County

Region Counties Supported by PHIL







Collaborative Planning & Implementation (CPI) Initiative

Regional collaborative planning groups will work together to:

- Identify needs and gaps in the current ECM / Community Supports
- Identify and resolve topical implementation issues
- Supporting Gap Filling plan efforts while avoiding duplication

CPI facilitator responsibility for this meeting:

 Identify potential resolution strategies and tactics to overcome challenges and conflicts, including identification and dissemination of successful practices to a diverse set of stakeholders.

Readiness Roadmap

WHERE IS OUR ORGANIZATION ON THE READINESS ROADMAP?



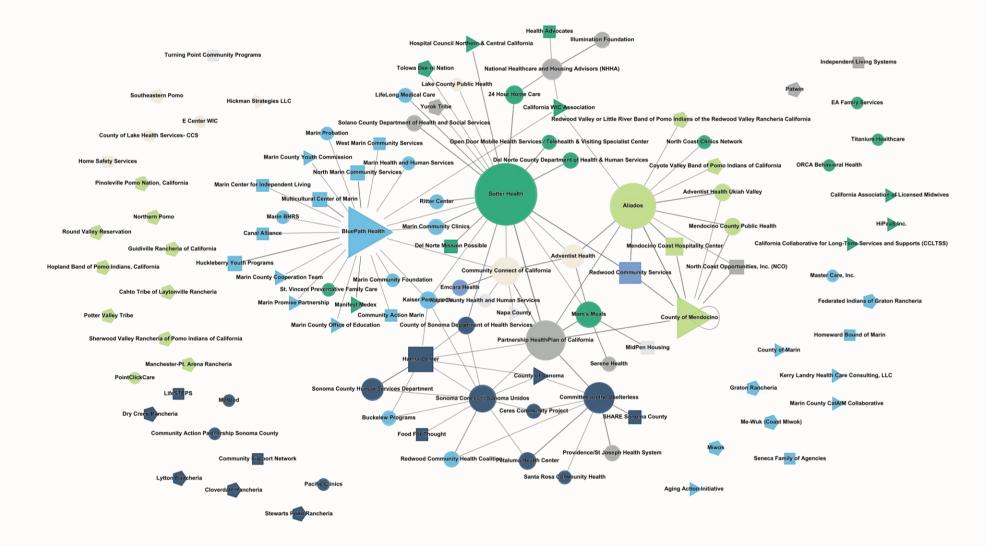
(updated 4/15/23)



Timeline We are Aim here Achieved **Q2 Q1 Q**3 **Q4 Listening Sessions and Synthesis Develop and Refine Project Charter Discovery Conversations and Synthesis Develop Change Ideas and Collaborative Approach Asset Mapping Implementing Change Ideas Monthly Collaborative Meetings and Participant Recruitment**



Asset & System Mapping Activity





Meeting Agenda

- 1. Welcome & Introductions
- 2. CPI Framing & Updates
- 3. Asset & System Mapping Overview & Activity (Part 1)
- 4. Networking Lunch
- 5. Asset & System Mapping Activity (Part 2)
- 6. Update from Partnership HealthPlan of California
- 7. Closing and Next Steps



Meeting Objectives

- 1. Build relationships and increase awareness of partners in the Northwest / Southwest CPI Collaborative Region.
- 2. Expand and improve upon the asset map for the region.
- 3. Identify opportunities to improve the regional Medi-Cal delivery system.
- 4. Increase individual and organizational knowledge of the regional Medi-Cal delivery system.
- 5. Help shape the activities and future direction of the Northwest / Southwest CPI collaborative.



CPI Collaborative Planning & Asset Mapping Survey

Background

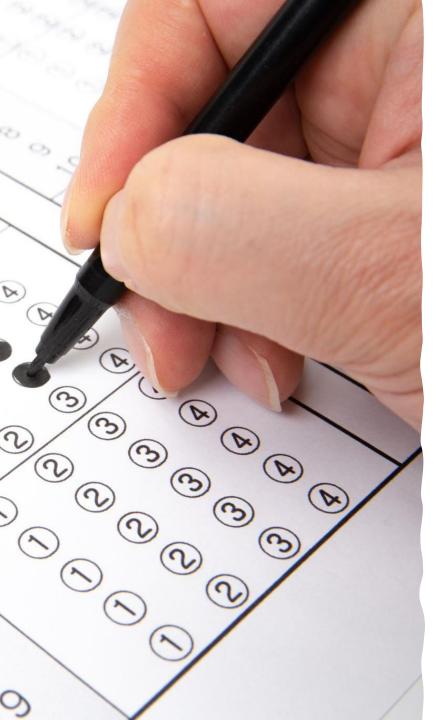


• What is the purpose of this survey?

• To help inform cross-sector care coordination efforts in Northwest and Southwest California.

• How?

- 1. Informing collaborative planning among cross-boundary partners.
- 2. Creating an interactive directory of your region's network of Enhanced Care Management (ECM) providers, Community Supports providers, and other types of providers, resources, and services that support the PATH initiative, other CalAIM initiatives, or entities participating in the Medi-Cal system in the Northwest and Southwest regions of Northern California.

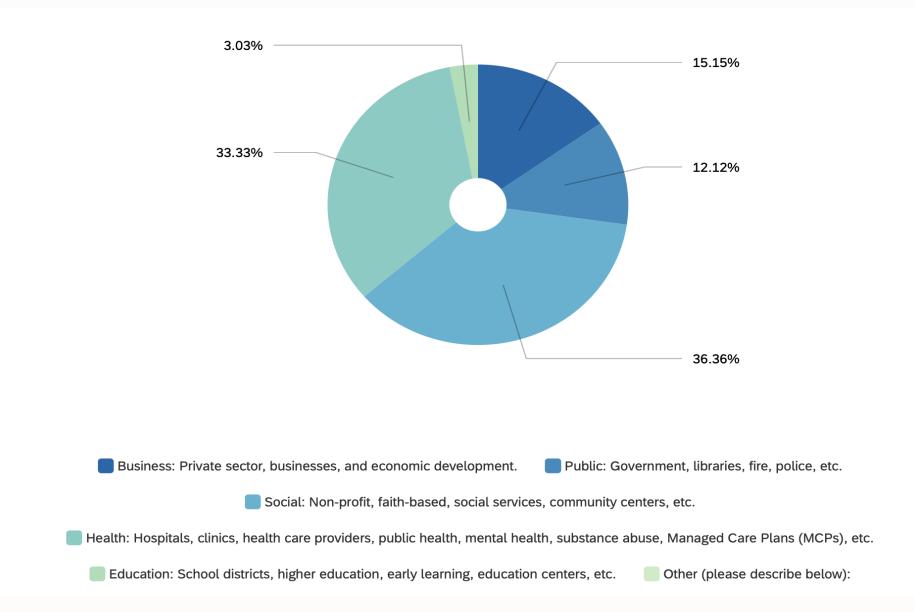


Survey Overview

- Administered March 2023
- 26 Organizations responded
 - Services provided across 38 tribes/counties including but not limited to :
 - Lake: 7 Providers
 - Marin: 6 Providers
 - Mendocino: 9 Providers
 - Napa: 8 Providers
 - Sonoma: 16 Providers

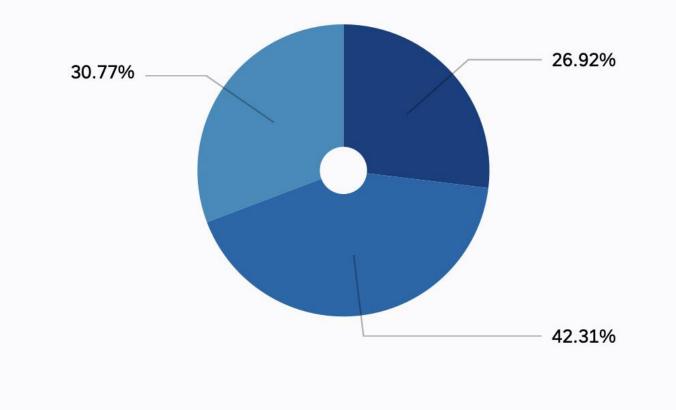
Sector





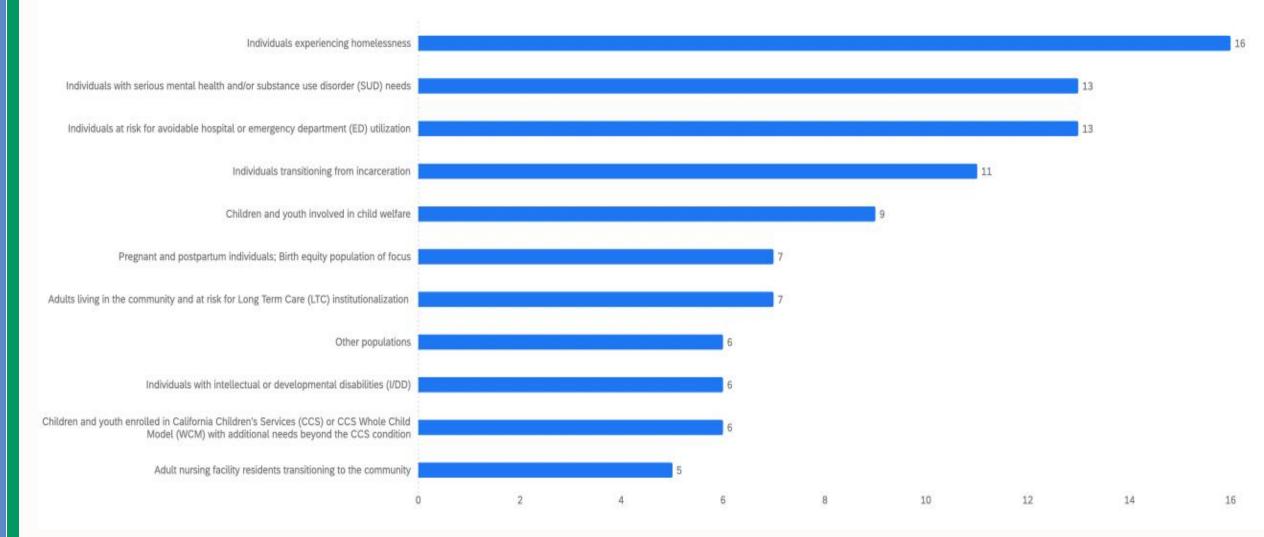


Target Population



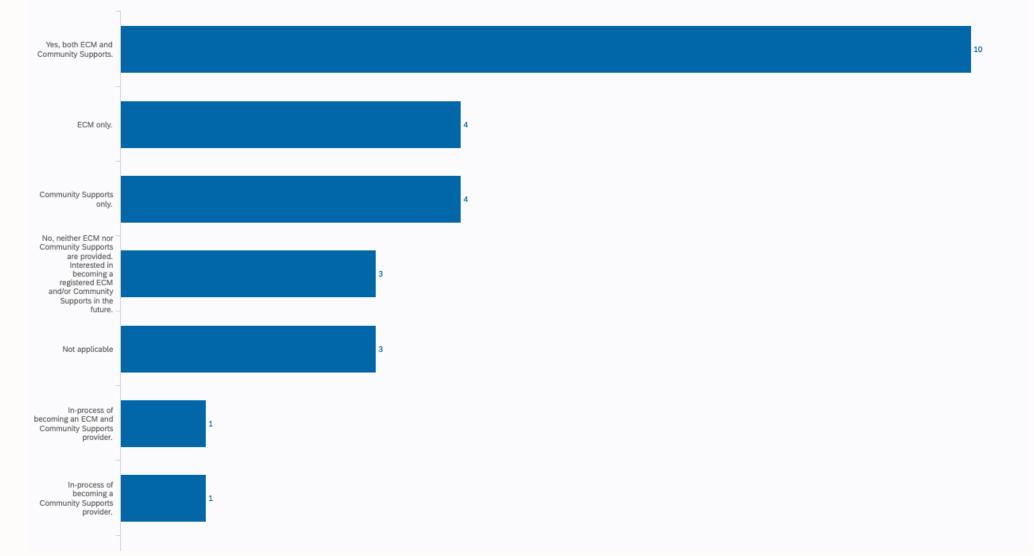


Populations of subject matter expertise or a specific focus





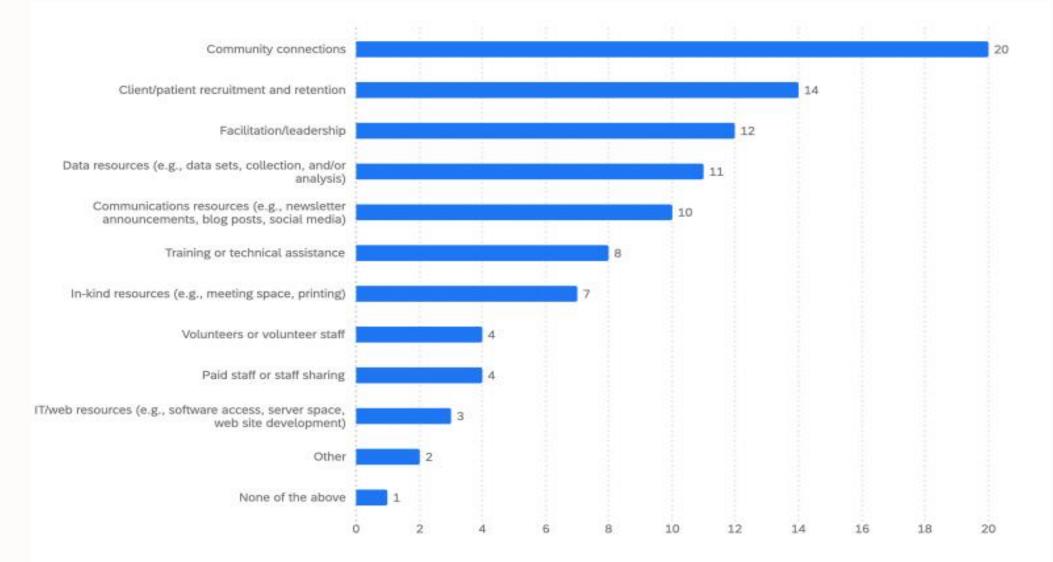
ECM/Community Support Provider



Services provided under CalAIM funding

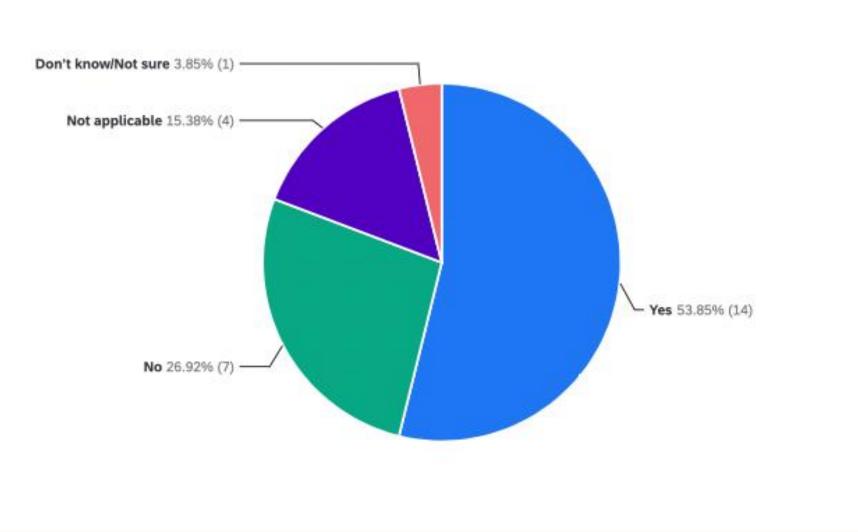
Services	Count of Organizations
Enhanced Care Management (ECM)	16
Housing Transition Navigation Services	15
Housing assistance	15
Develop a care plan with the client	15
Social service/community resource referral	14
Postpartum care	2
Medication-assisted treatment: Methadone	2
Family planning	2
Immunization screening	1
Asthma remediation	1

Organization's contribution to region's community health system and/or the PATH CPI Collaborative



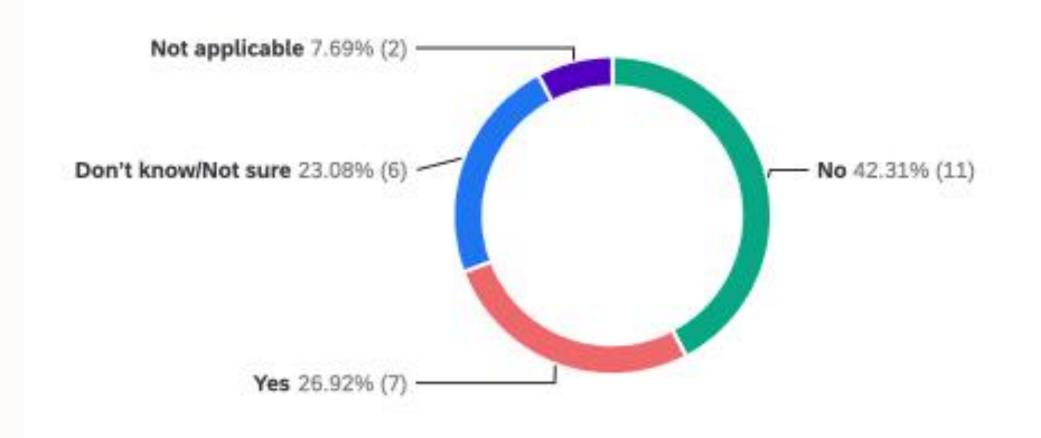


Does your organization use an EHR platform?

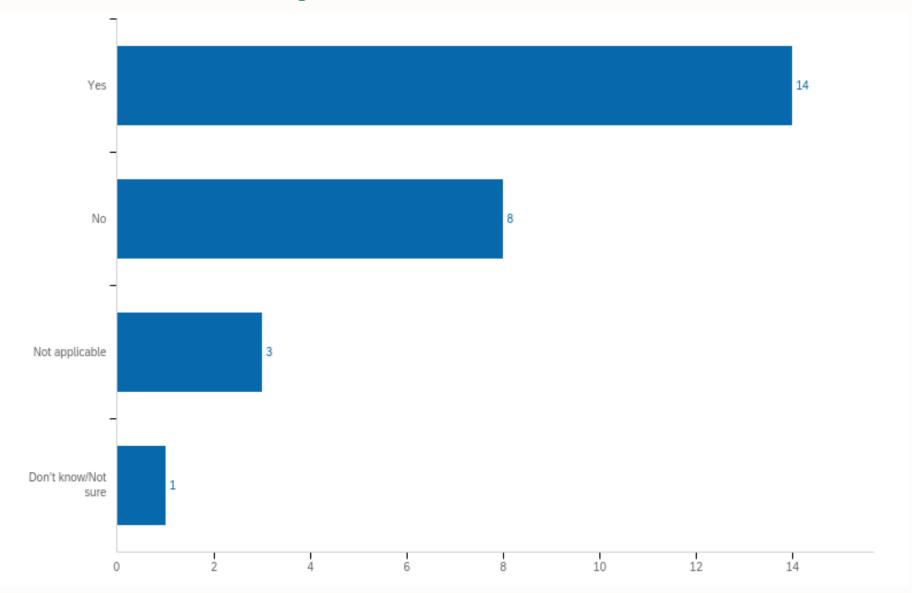




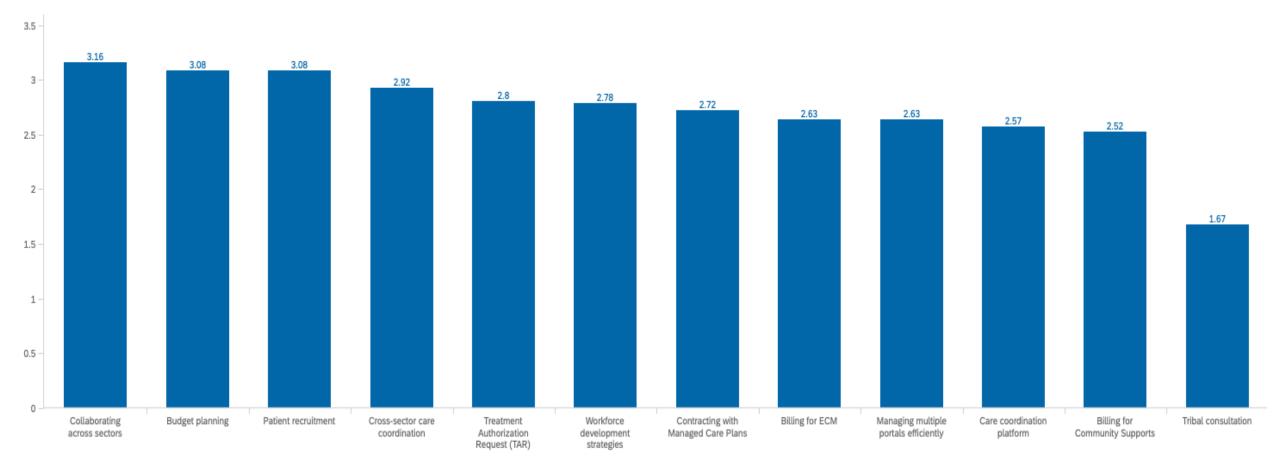
Does your organization participate in a local or regional Health Information Exchange (HIE)?



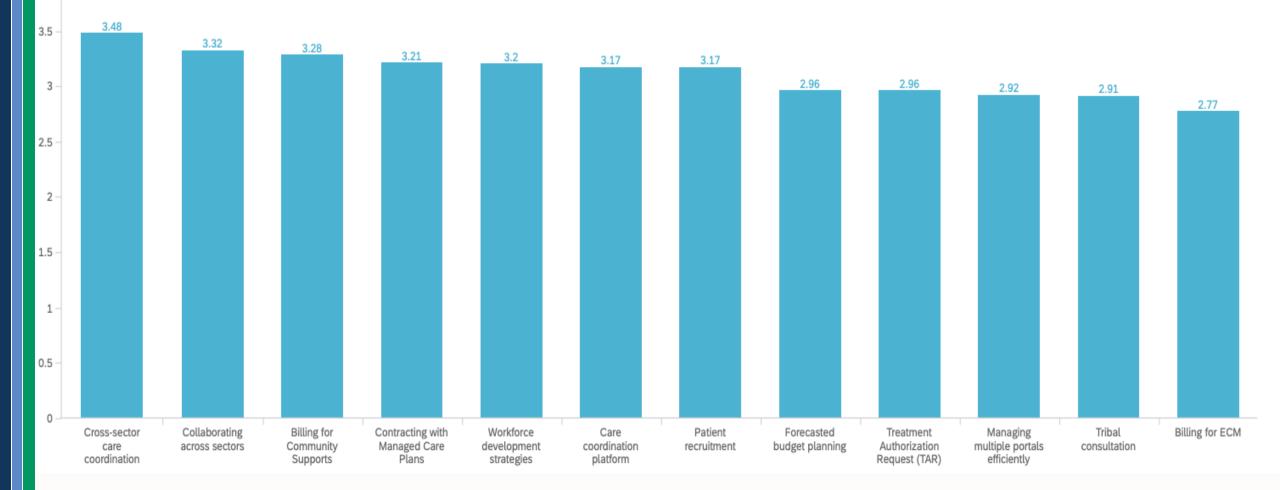
Does your organization use a care coordination platform?



Please rate your knowledge of the following topics.



Please rate your level of interest in learning more about each topic.





Questions?



Asset & System Mapping



Asset & System Mapping *Responding to what we heard in Listening Sessions*

You asked:

Who is doing what in the Medi-Cal delivery system? PHIL's answer: Ask, collect info, map, share!





Asset & System Mapping Activity

Objectives:

- Increase awareness of regional assets and who is engaged in the Medi-Cal delivery system.
- Identify at least 2 takeaways or major themes to share.
- Identify and share one asset available in the region.

Agenda:

- Connect with a partner
- Review activity instructions & concepts
- Small group work
- Lunch
- Large group discussion
- Closing



What do you consider an 'asset'? Which community assets do you most value?

Discuss with a Partner



Community Assets Defined

Community assets for health are the collective resources individuals and communities have at their disposal to advance the health and well-being of individuals and communities. This includes organizations, programs, services, relationships, associations, individuals, skills, knowledge, connections, or other resources that could be of use for individuals and communities seeking to advance their health and well-being.

In the CPI Planning & Asset Mapping Survey, we captured assets related to:

- Individual/institutional knowledge and resources
- Services offered (including capacities)
- Populations served



Mapping Community Assets

With network maps



Activity Overview

In your small groups, identify volunteers for the following roles:

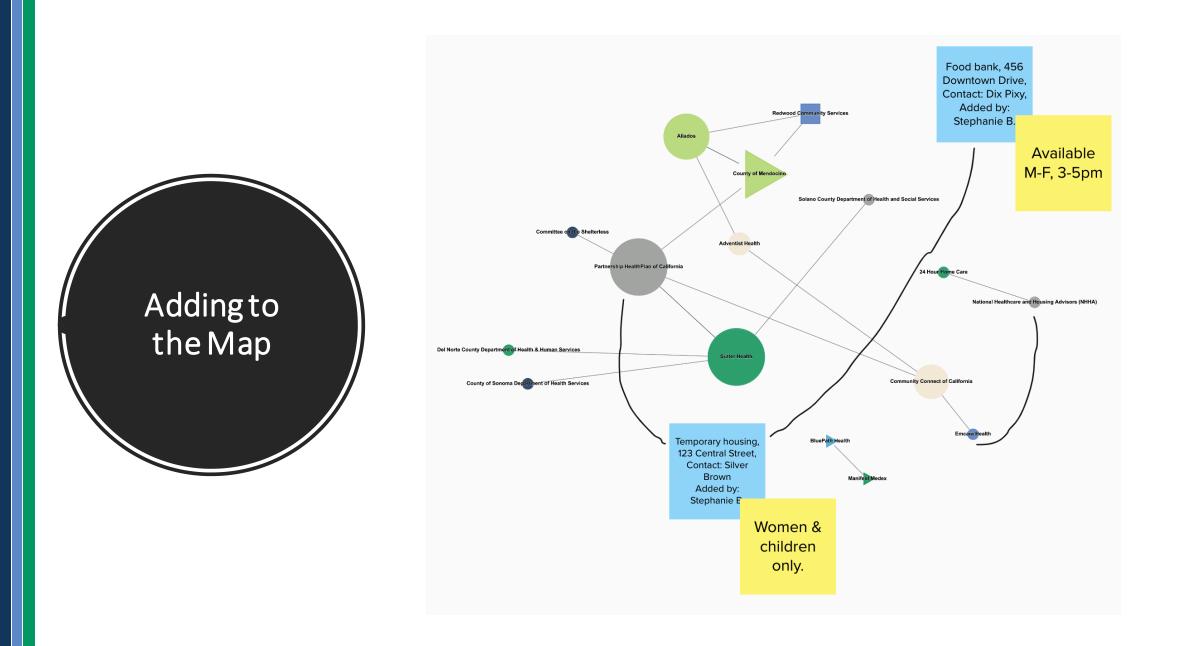
- a. Scribe fills out worksheet
- **b.** Spokesperson shares major themes and takeaways with large group.

Take a few minutes to review the maps silently and reflect on what you notice or wonder.

Use sticky notes to add your thoughts to the map:

- a. Use **blue** stickies for **assets**. Include as much information about the asset as you can (description of the asset, how to access the asset, your name and contact info).
- b. Use **yellow** stickies to add **notes** about assets. Notes might be questions, recommendations, useful information, or corrections (wrong name, categorization, etc.).
- c. Use markers to draw known *linkages* between organizations/tribes.







Interpreting Maps

Shapes = Representation

Health



Social (non-profit, community services)



Other (public, business, education)

Tribal

Colors = Location	
	Del Norte
	Humboldt
	Mendocino
	Lake
	Sonoma
	Napa
	Marin
	Multiple & Other



Notes About Network Maps & Concepts



Ehis is not a pipe nor a territory



What is a network?

A collection of 3 or more entities that are interconnected with links. For example:

- Web pages that link to each other
- People who are friends
- Organizations that undertake collaborative projects







Moving from Networks to Systems

NETWORK

A group or system of interconnected people or things.

- May contain multiple systems
- May have no purpose
- May be unclear who is participating

SYSTEM

A set of connected things or parts forming a complex whole with a specific purpose.





Activity Overview, continued...

Discuss with your small group:

- a. What do you notice? What do you wonder?
- b. Who or what is missing from the map? Why are they missing from the map (e.g., missing data, not involved, something else...)?
 - i. How can they be engaged?
- c. What barriers are you experiencing when exchanging referrals or data for ECM and Community Supports?
 - i. What are possible solutions for overcoming these barriers?
- d. What new assets or linkages are needed to support your ability to deliver Enhanced Care Management (ECM) and Community Supports?
- e. How can you and other leaders in your organization/tribe/community use this information?

Prepare to share with the large group:

- a. Identify at least 2 takeaways or major themes to share.
- b. Decide on one asset available in your region that you want everyone to know about.

[LUNCH BREAK!]

Spokesperson shares takeaways and featured asset with large group. **Scribe** completes worksheet based on group discussion and returns to PHIL staff.

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Supporting Resources



CPI Aim Statement & Readiness Roadmap



Collaborative Planning & Implementation Aim Readiness Roadmap and Aim Statement

Aim Statement: The PATH Collaborative Planning and Implementation (CPI) initiative will support the advancement of CPI participants at least one step along the Readiness Roadmap to successfully implement Enhanced Care Management (ECM) and Community Supports services within the Medi-Cal delivery system under CalAIM through collaborative solutions that expand CPI participants' capacity and infrastructure needed to move towards an equitable, coordinated, and accessible Medi-Cal system by Dec 31, 2023.

Readiness Roadmap

WHERE IS OUR ORGANIZATION ON THE READINESS ROADMAP?







CPI Participatory Asset & System Mapping Activity Instructions

OBJECTIVES

- Increase awareness on what assets exist and who is engaged in the Medi-Cal delivery system.
- Identify at least 2 takeaways or major themes to share.
- Identify one asset available in the region to share.

INSTRUCTIONS

Instructions

- 1. In your small groups, identify volunteers for the following roles:
 - a. Scribe fills out worksheet
 - b. Spokesperson shares major themes and takeaways with large group.
- 2. Take a few minutes to review the maps silently and reflect on what you notice or wonder.
- 3. Use sticky notes to add your thoughts to the map:
 - a. Use blue stickies for **assets**. Include as much information about the asset as you can (description of the asset, how to access the asset, your name and contact info).
 - b. Use yellow stickies to add *notes* about assets. Notes might be questions, recommendations, useful information, or corrections (wrong name, categorization, etc.).
 - c. Use markers to draw known linkages between organizations/tribes.

4. Discuss with your small group:

- a. What do you notice? What do you wonder?
- b. Who or what is missing from the map? Why are they missing from the map (e.g., missing data, not involved, something else...)?
 - i. How can they be engaged?
- c. What barriers are you experiencing when exchanging referrals or data for ECM and Community Supports?
 - i. What are possible solutions for overcoming these barriers?
- d. What new assets or linkages are needed to support your ability to deliver Enhanced Care Management (ECM) and Community Supports?
- e. How can you and other leaders in your organization/tribe/community use this information?
- 5. Prepare to share with the large group:
 - a. Identify at least 2 takeaways or major themes to share.
 - b. Decide on one asset available in your region that you want everyone to know about.
- 6. Spokesperson shares takeaways and featured asset with large group.
- 7. Scribe completes worksheet based on group discussion and returns to PHIL staff.

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CPI Participatory Asset & System Mapping Activity Reference Sheet

Community assets for health are the collective resources individuals and communities have at their disposal to advance the health and well-being of individuals and communities. This includes organizations, programs, services, relationships, associations, individuals, skills, knowledge, connections, or other resources that could be of use for individuals and communities seeking to advance their health and well-being.

INDIVIDUAL/ORGANIZATIONAL RESOURCES

Client/patient recruitment and retention
 Community connections
 Data resources (e.g., data sets, collection, and/or analysis)
 Facilitation/leadership
 In-kind resources (e.g., meeting space, printing)

SERVICES

Addiction treatment Adult education Adverse Childhood Experiences (ACEs) screening Asthma remediation Behavioral health Community transition services/nursing facility transition to a home Criminal justice and re-entry services Day habilitation programs Developmental referral Developmental screening Diabetes prevention/self-management Domestic violence support Elder care Employment assistance Enhanced Care Management (ECM)

 IT/web resources (e.g., software access, server space, web site development)
 Communications resources (e.g., newsletter announcements, blog posts, social media)
 Training or technical assistance
 Paid staff or staff sharing
 Volunteers or volunteer staff

Environmental accessibility adaptations (home modifications) Employment assistance Family planning Finding culturally appropriate interventions/approaches Health education Health insurance assistance Health system navigation Home visits Housing assistance Housing deposits Housing tenancy and sustaining services Housing transition navigation services Immunization referral Immunization screening Legal/civil assistance

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CPI Asset & System Mapping Activity

Life skills training

Life skills training

Medical home enrollment

Medical referral

Medical treatment

Medication management

Medication management

Nursing facility transition/diversion to
assisted living facilities

Patient advocacy

Peer counseling and support

Personal care and homemaker services

Postpartum care
 Pregnancy care
 Respite services
 Screen for pre-existing conditions
 Short-term post-hospitalization housing
 Smoking/tobacco cessation
 Social service/community resource
 referral
 Transportation to/from appointments
 Trauma-informed care
 Wrap-around case conferencing

ASSETS FOR ECM POPULATIONS OF FOCUS:

Individuals experiencing homelessness
 Individuals at risk for avoidable hospital
 or emergency department (ED) utilization
 Individuals with serious mental health
 and/or substance use disorder (SUD) needs
 Individuals transitoning from
 incarceration
 Adults living in the community and at risk
 for Long Term Care (LTC) institutionalization
 Adult nursing facility residents
 transitioning to the community

Children and youth enrolled in California
Children's Services (CCS) or CCS Whole
Child Model (WCM) with additional needs
beyond the CCS condition
Children and youth involved in child
welfare
Individuals with intellectual or
developmental disabilities (//DD)
Pregnant and postpartum individuals;
Birth equity population of focus

Respond to the survey to add to the CPI Asset Map!

Survey link: https://bit.ly/41goBna Or snap a photo of the QR code:



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Reference Sheet



CPI Participa		System Map	pping Activity
cribes, please complete this wor			and return to PHIL staff.
ey reflections from group discus		9 p	
1. 2. 3.			
	IDENTIFYING 8	& FILLING GAPS	
Who or what is missing from the map?	Why are they missing from the map?		How can they be engaged?
	BARRIERS &	SOLUTIONS	
What barriers are you experie exchanging referrals or data		What are pos	sible solutions for overcoming these barriers?

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Barriers, continued	Solutions, continued		

How can you and other leaders in your organization/tribe/community use this information?

Takeaways / major themes:

1.

2.

Asset that everyone should know about:

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Kumu Maps

Access the map here: https://bit.ly/3mPopwy



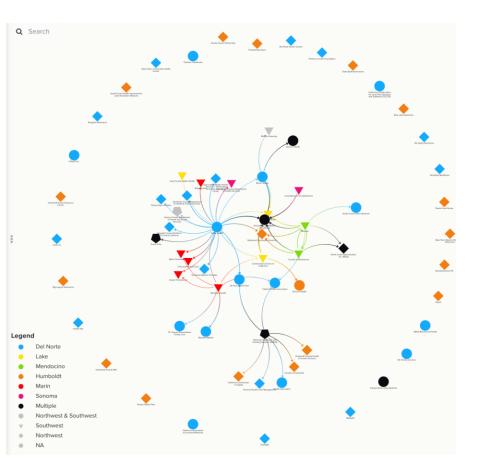


PATH CPI NORTHWEST NETWORK

The PATH CPI Northwest Asset map shows all the network data collected through the PATH CPI Collaborative Planning Survey 2023. This survey helps inform cross-sector care coordination efforts in Northwest and Southwest California by: -Informing collaborative planning among cross-boundary partners.

-Creating an interactive directory of your region's network of Enhanced Care Management (ECM) providers, Community Supports providers, and other types of providers, resources, and services that support the PATH initiative, other CalAIM initiatives, or entities participating in the Medi-Cal system in the Northwest and Southwest regions of Northern California.

In the Northwest region: A total of 105 connections were reported among 68 organizations and tribes engaged in the CPI: 50 collaboration linkages, 17 data exchange linkages, and 38 referral linkages. All identified organization, counties, and tribal nations, and their linkages and shown in the network map to the right. Linkages were determined from responses received in the PACTH CPI Collaborative Planning Survey. If you would like your





Ready, set, go!

• In-person:

- 6-8 people per table
- PHIL facilitators: Max, Jessica, Rachel, Kathryn, Stephanie
- Online:
 - 4-6 people per Mural room
 - PHIL facilitators: Seun, Esmeralda, Stefani
- Tools:
 - System map posters
 - Activity handouts
 - Supplies: markers, sticky notes
 - Kumu maps





NW Update

Vicky Klakken

North West Regional Manager



Questions?



Next Steps

- Asset & System Mapping
 - Please respond to the CPI Planning & Asset mapping survey!
 - PHIL will update Asset Maps with new information by mid-May and embed as public resources on the PHIL CPI website.
 - Develop workflow for keeping maps up to date?
- Please complete the Post Event Survey to receive your \$25 gift card or to submit for mileage reimbursement.
- Check out the PATH Collaborative Planning and Implementation page on the PHIL website: <u>https://pophealthinnovationlab.org/projects/path/</u>
- Next CPI regional meeting is virtual. Calendar holds will be updated with a Zoom link
 - Northwest Region- May 23, 1:00 2:30 pm



Thank You! Feel free to contact our CPI team:

Rachel McCullough-Sanden Program Manager

rmcculloughsanden@phi.org

Jessica Sanchez Project Coordinator jsanchez2@phi.org





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