PATH – Collaborative Planning & Implementation (CPI)

Southwest Collaborative Planning Meeting

Lake, Marin, Mendocino, Napa, and Sonoma Counties

April 19, 2023

POPULATION HEALTH
INNOVATION LAB
A Program of the PUBLIC HEALTH INSTITUTE

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.

Photo by Ralph (Ravi) Kayden on Unsplash

Introductions

- Name, Organization, County(ies) you serve
- What are your organization's strengths?

CPI Framing & Updates

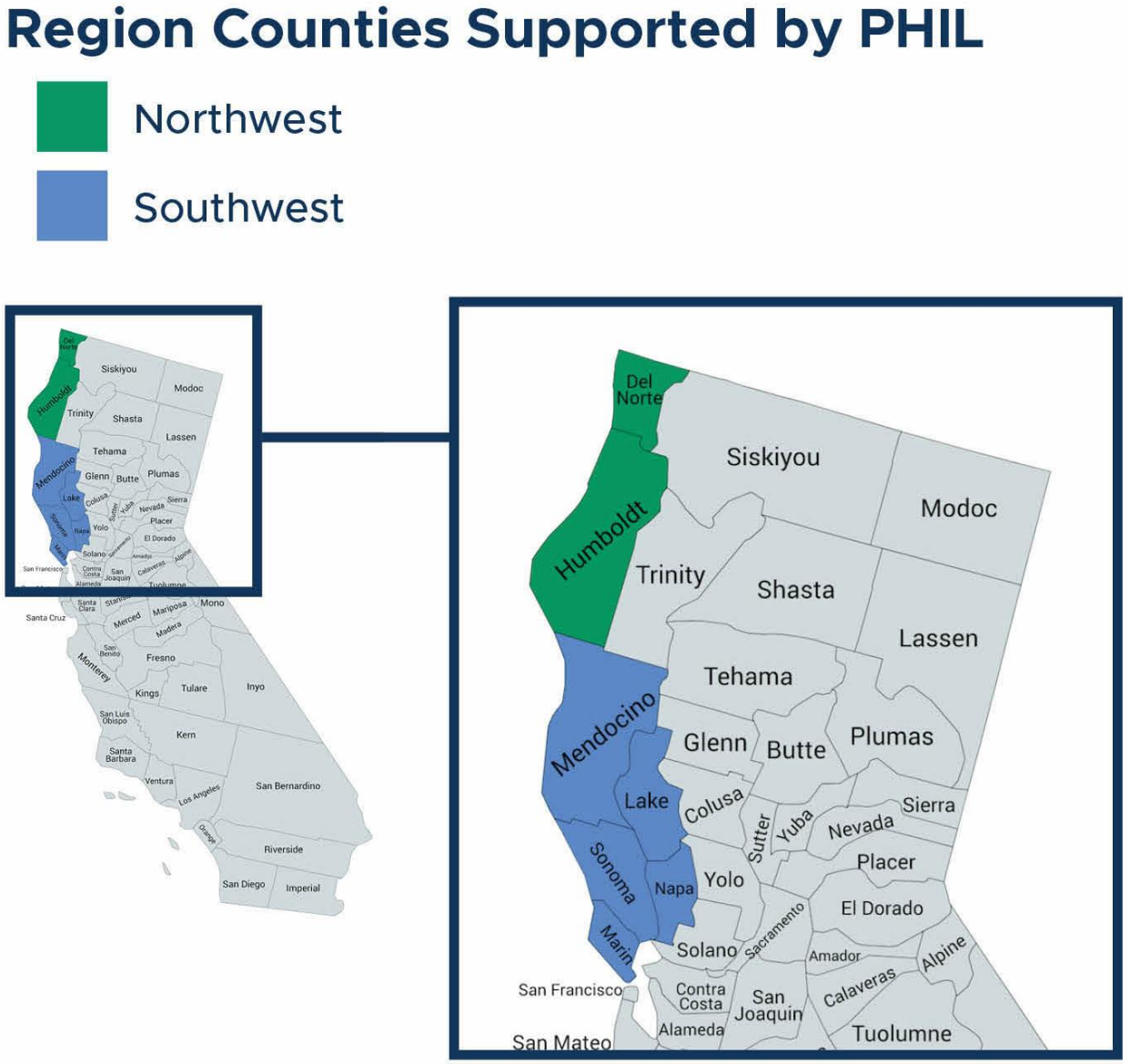
CPI Regions

Northwest Region

- Del Norte County
- Humboldt County

Southwest Region

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



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?

1. What are ECM & CS?

My colleagues are talking about these services. What are they? We are learning more about them.

2. We're exploring the contracting process.

What are the steps to becoming an ECM or CS provider? How can I be sure my organization can manage?

3. We have started to work on the contract!

Our team began the application. BUT... we may be experiencing roadblocks or challenges.

4. We have a contract!

We are finalizing workplans and internal processes.

5. We are testing the service delivery and billing system.

Eligibility confirmation, service delivery, claim submission and payment processes are ready to test on a small client group.

6. We are making it work, but...

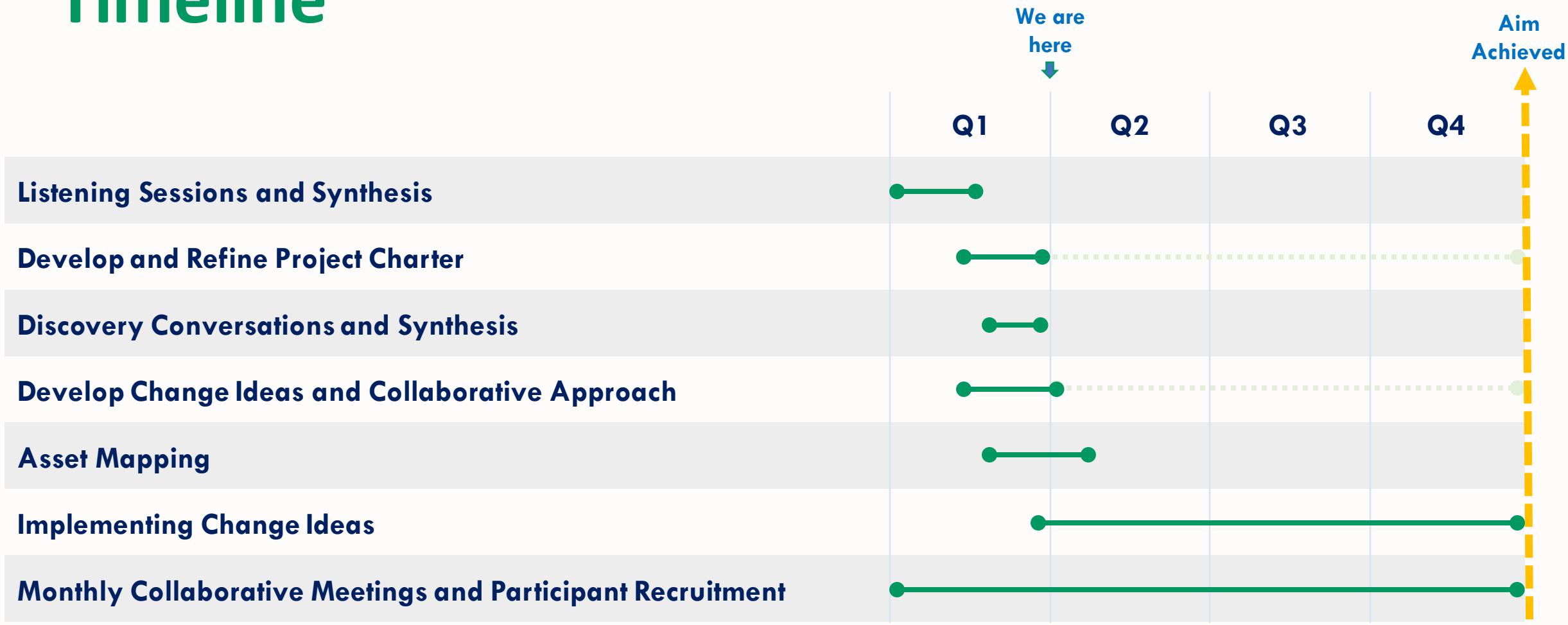
We are delivering services and have an internal process, but are having issues with referrals, reimbursements, or other workflow complications.

7. Coordinated delivery, billing, and referral system in place!

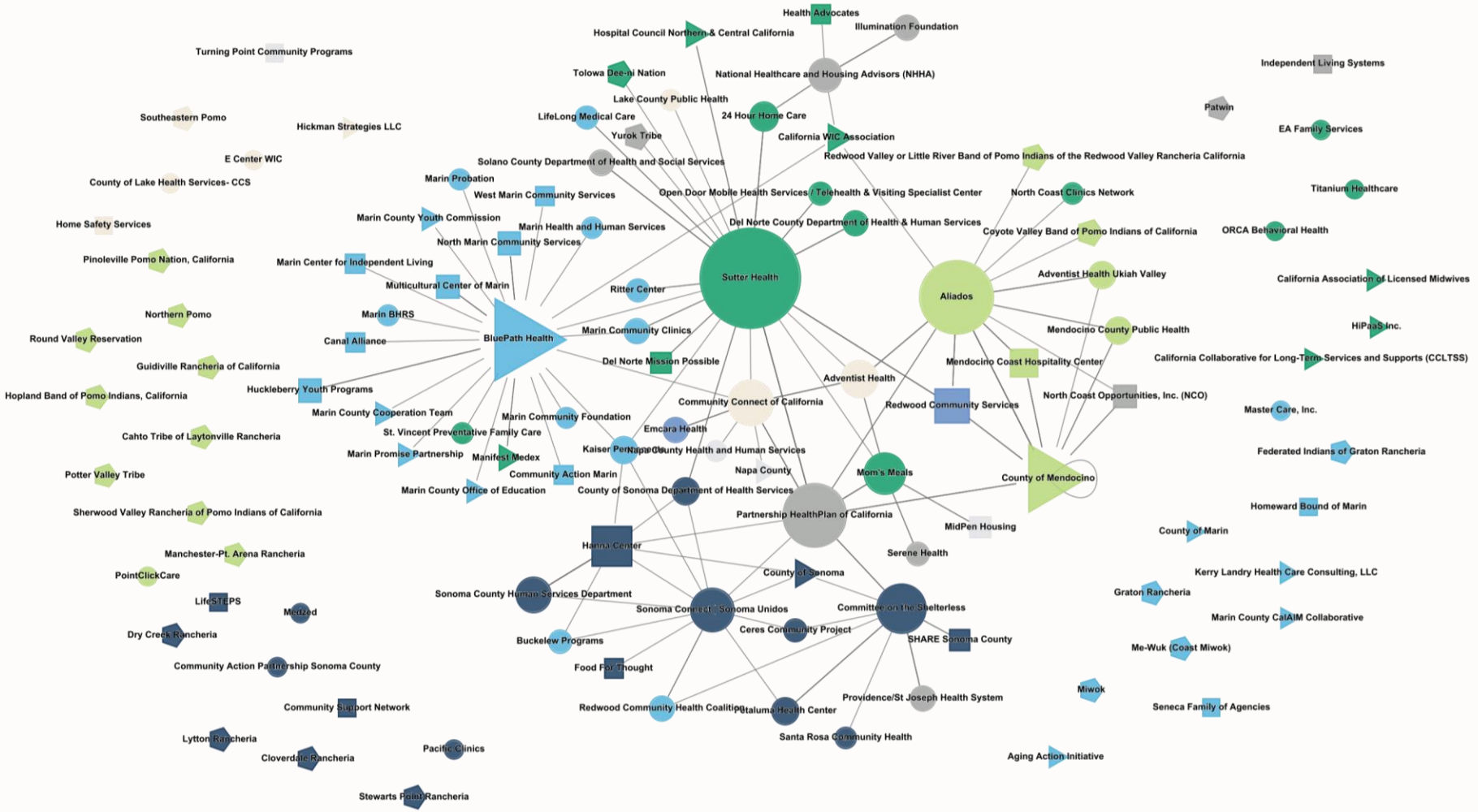
Our organization is part of a regional system delivering seamless and equitable cross-sector ECM & CS services.

(updated 4/15/23)

Timeline


We are here
Aim Achieved
Q1
Q2
Q3
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

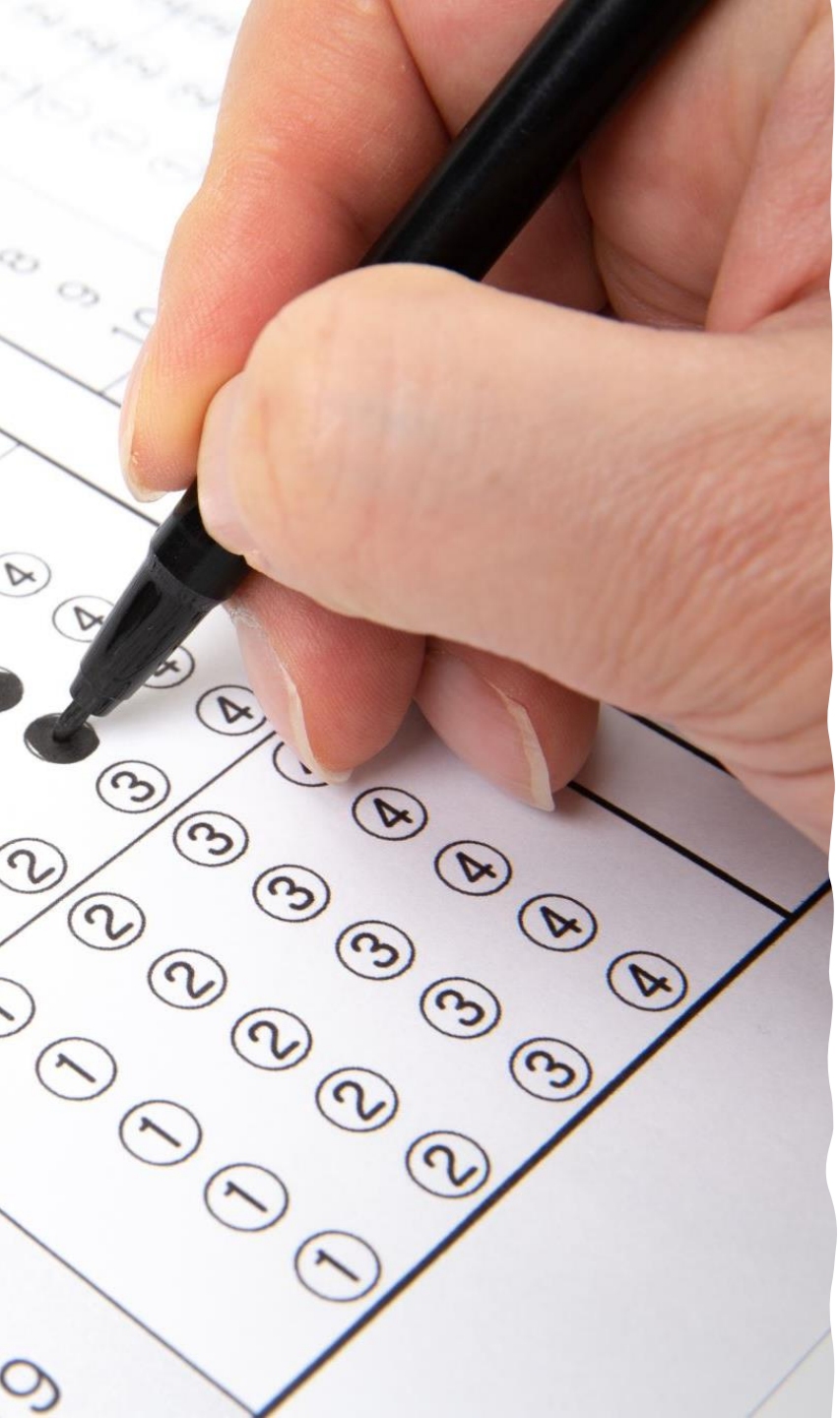
Meeting Objectives

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

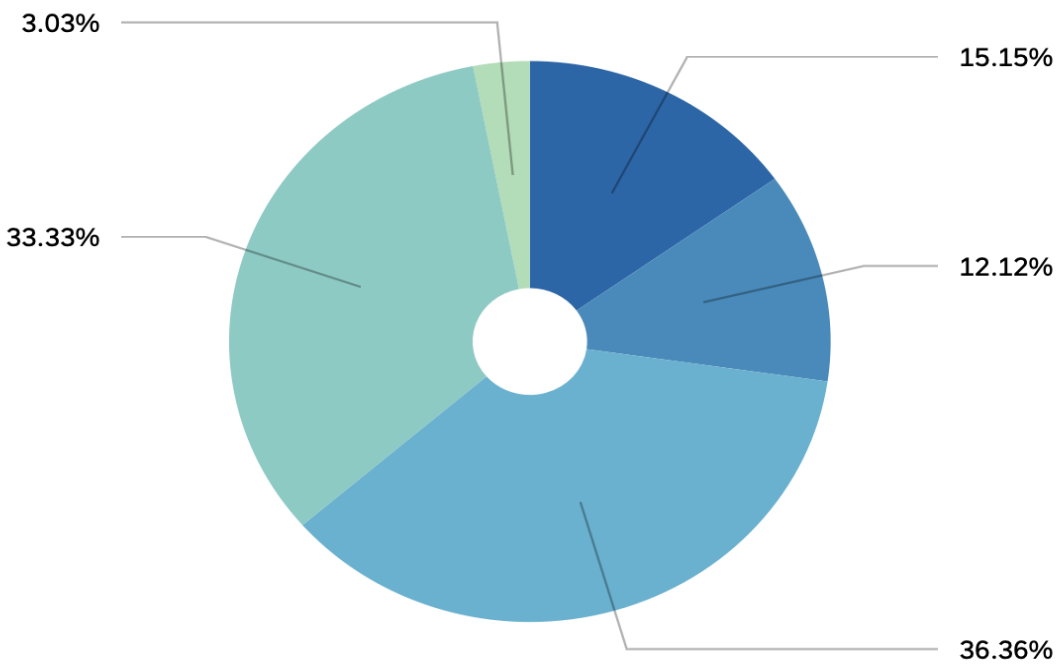
- **What is the purpose of this survey?**
  - To help inform cross-sector care coordination efforts in Northwest and Southwest California.
- **How?**
  1. Informing collaborative planning among cross-boundary partners.
  2. Creating an interactive directory of your region's network of Enhanced Care Management (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



Business: Private sector, businesses, and economic development.

Public: Government, libraries, fire, police, etc.

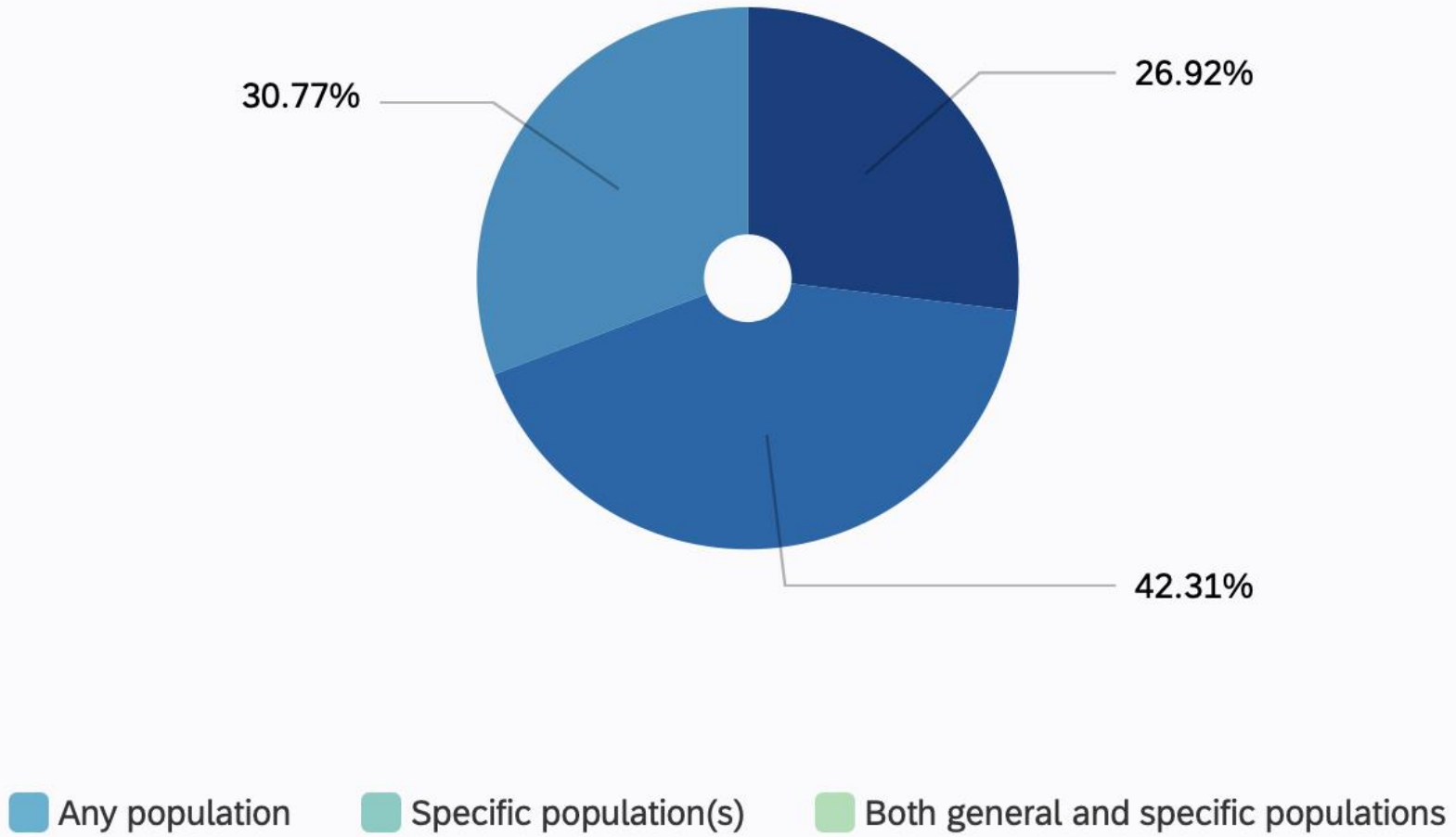
Social: Non-profit, faith-based, social services, community centers, etc.

Health: Hospitals, clinics, health care providers, public health, mental health, substance abuse, Managed Care Plans (MCPs), etc.

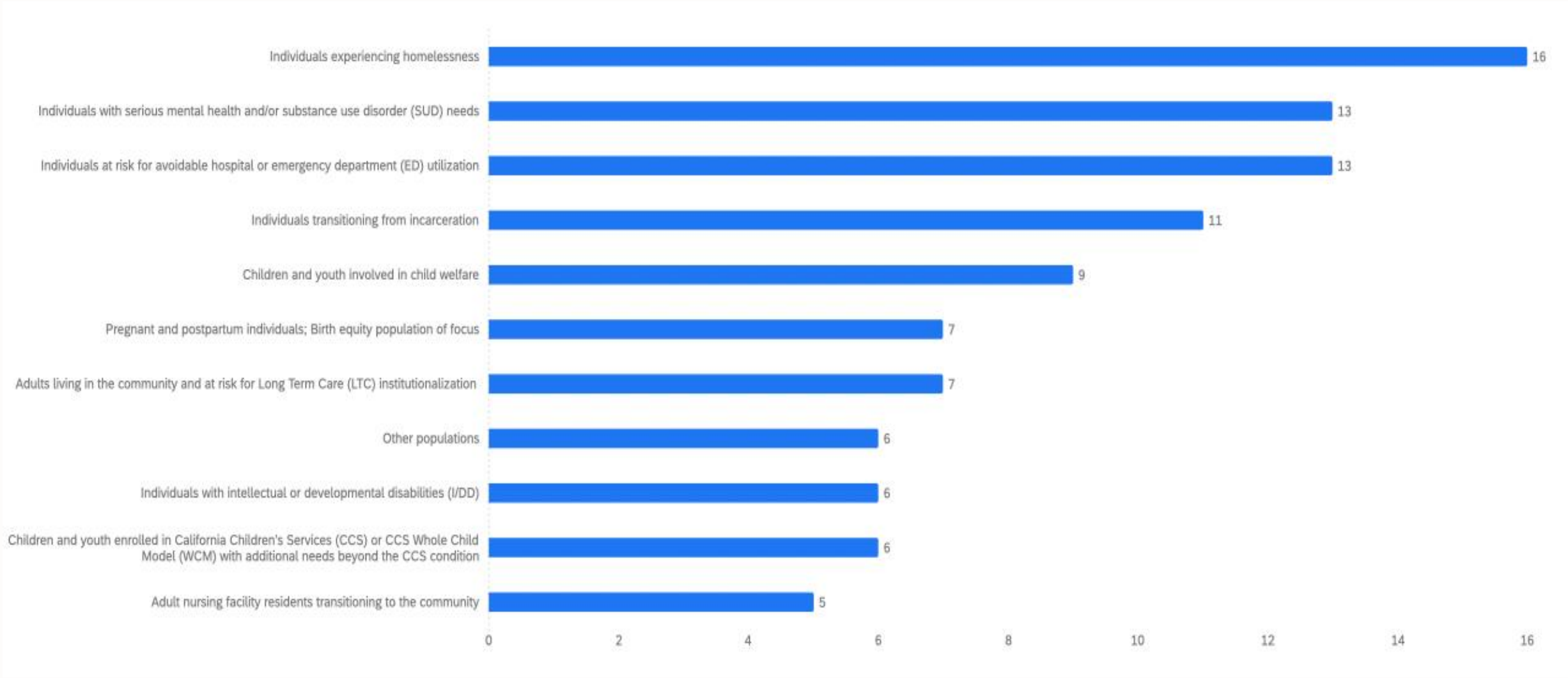
Education: School districts, higher education, early learning, education centers, etc.

Other (please describe below):

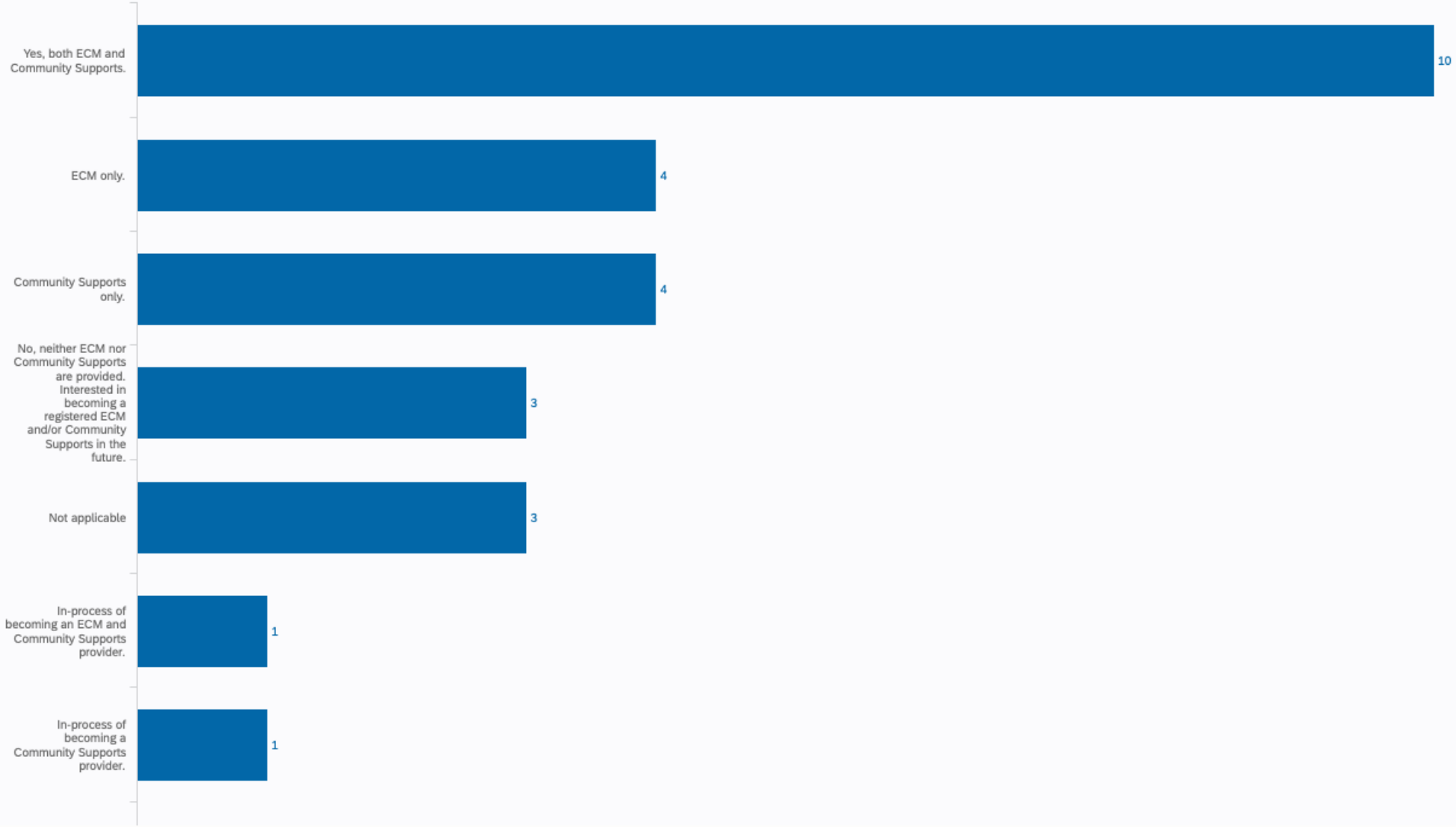
Target Population



Populations of subject matter expertise or a specific focus



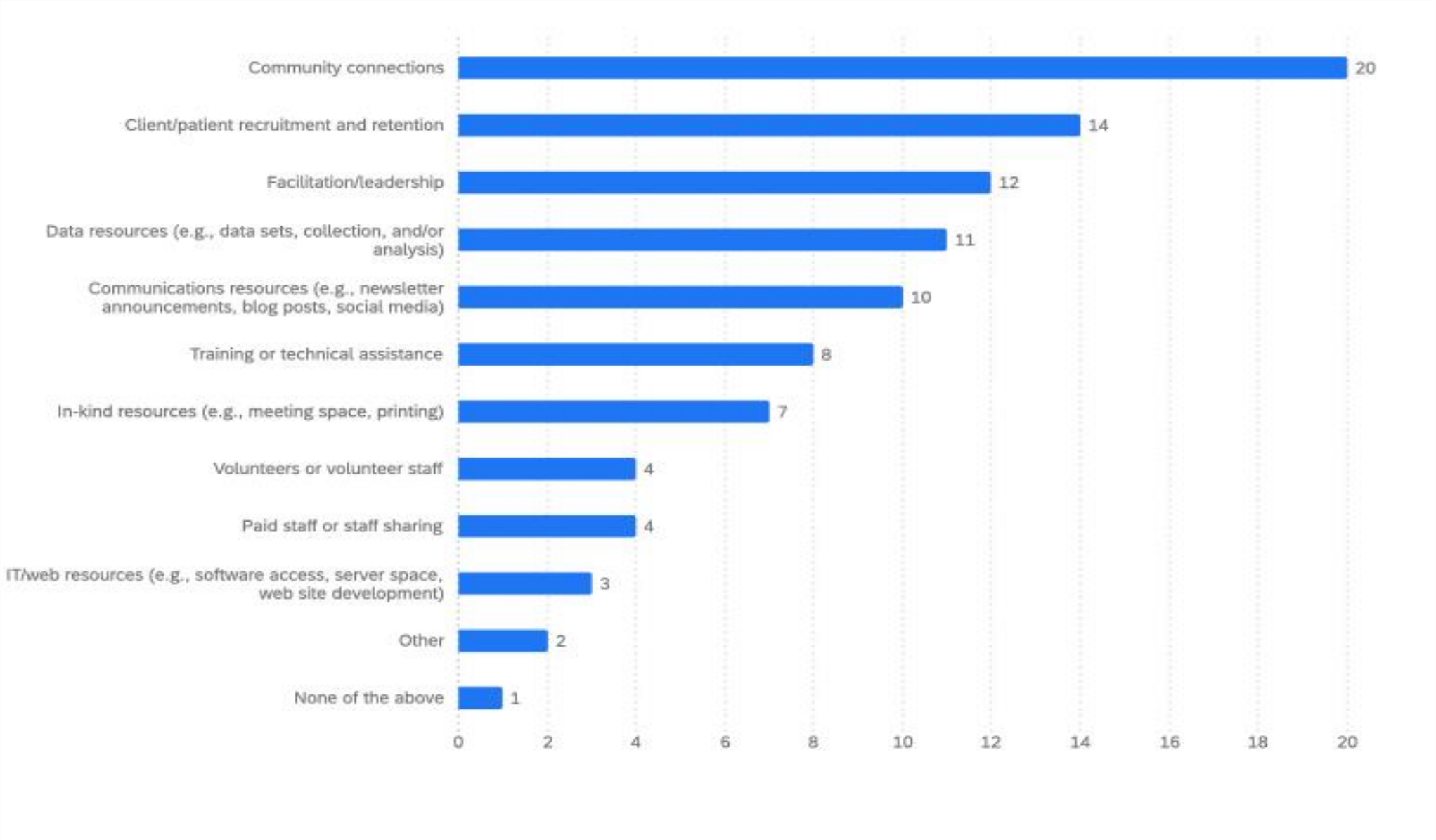
ECM/Community Support Provider



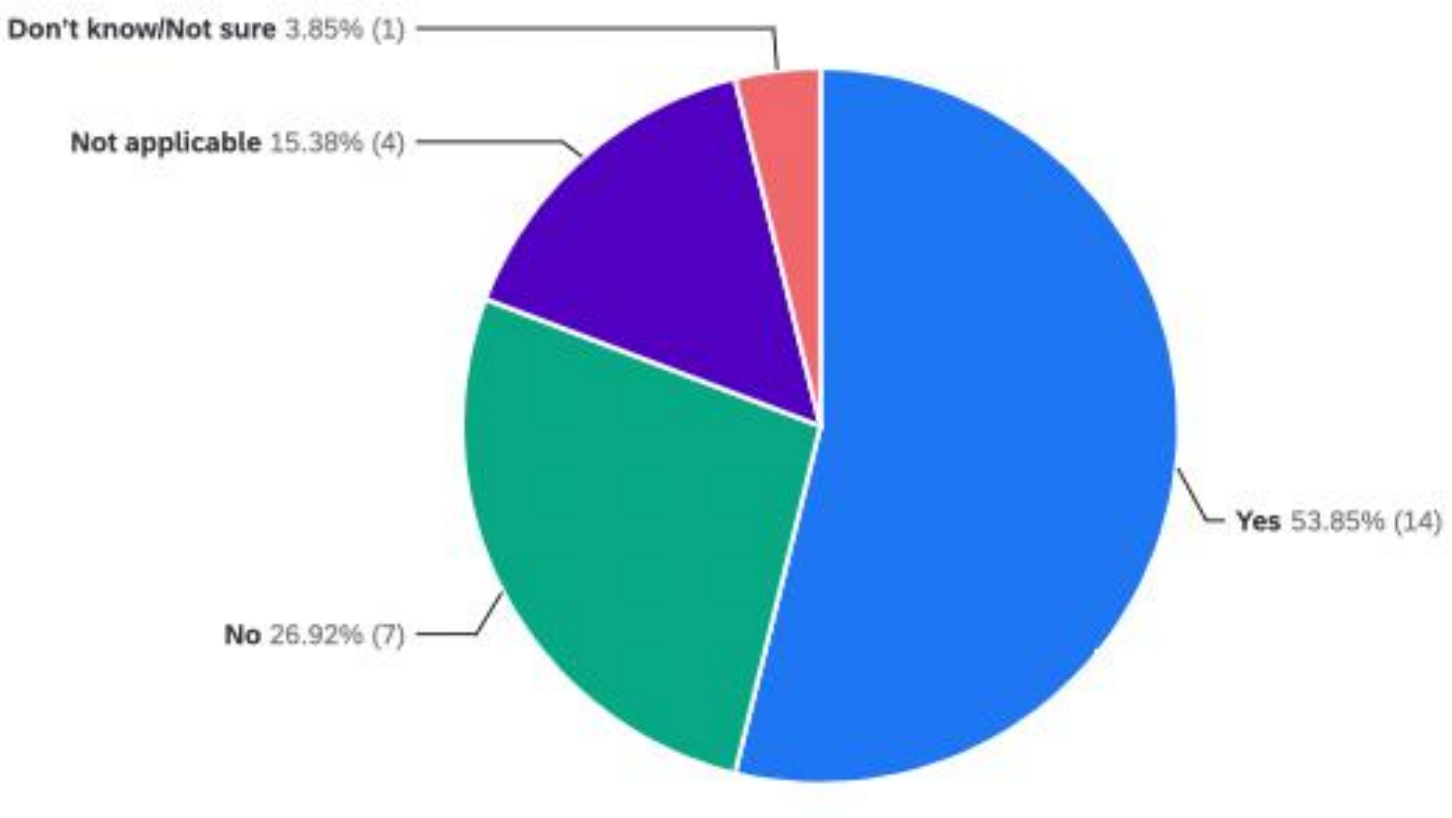
Services provided under CalAIM funding

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

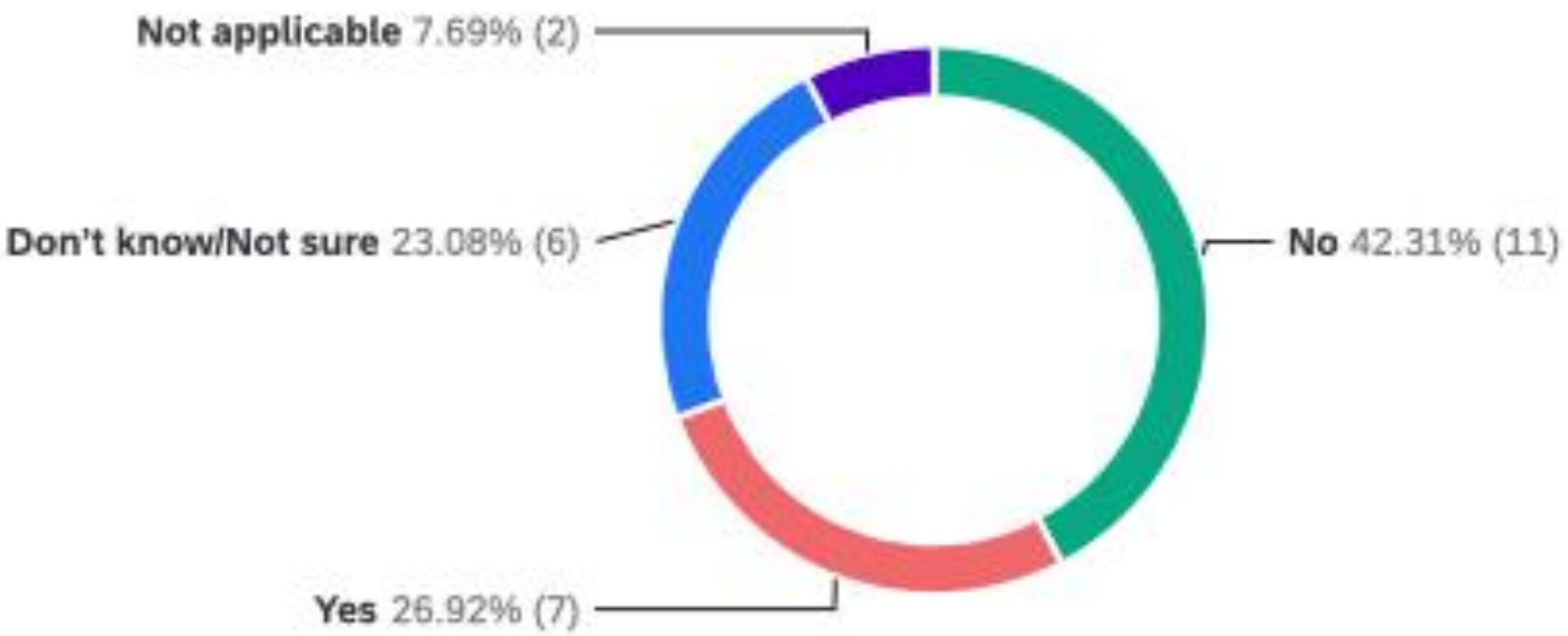
Organization’s contribution to region's community health system and/or the PATH CPI Collaborative



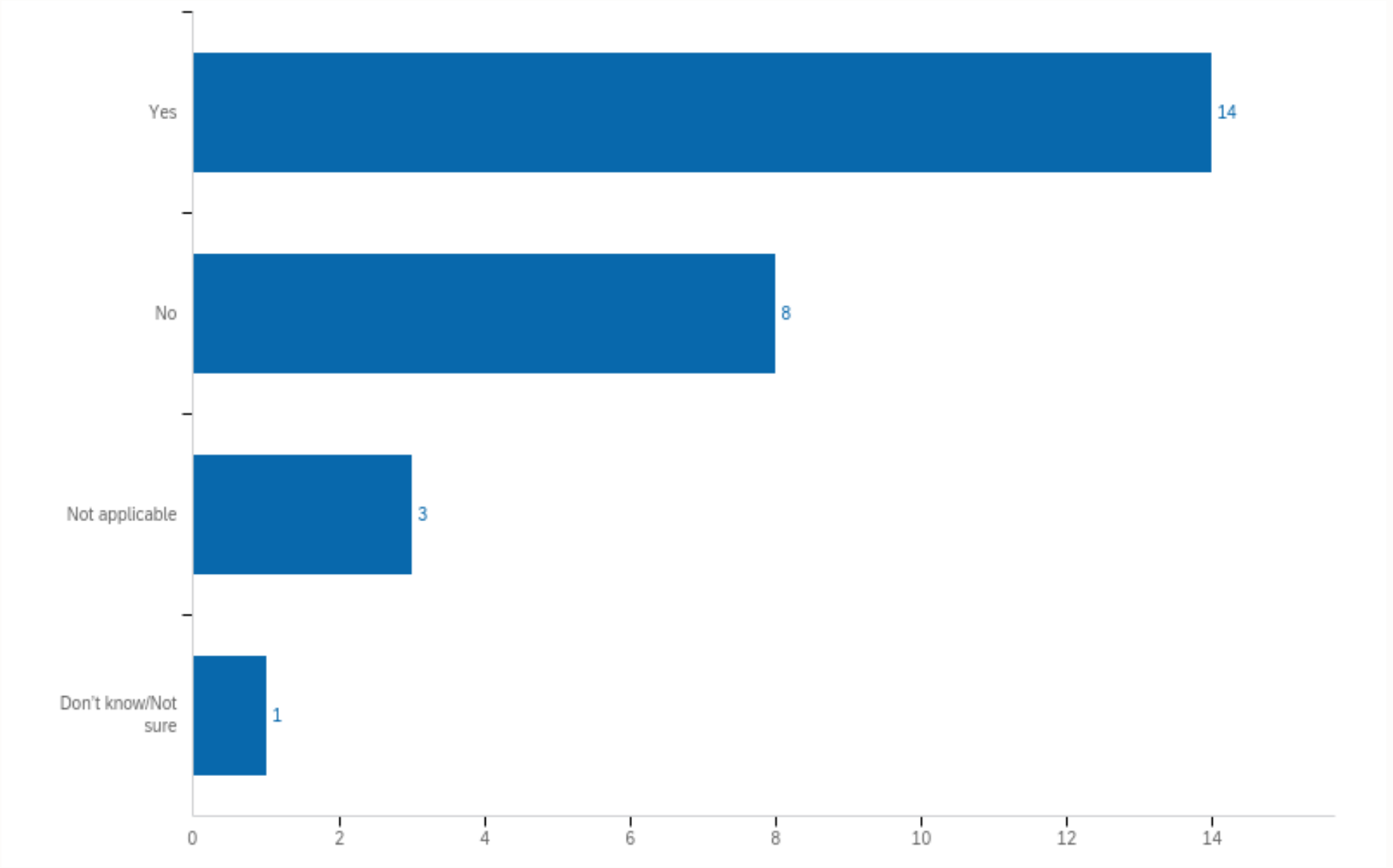
Does your organization use an EHR platform?



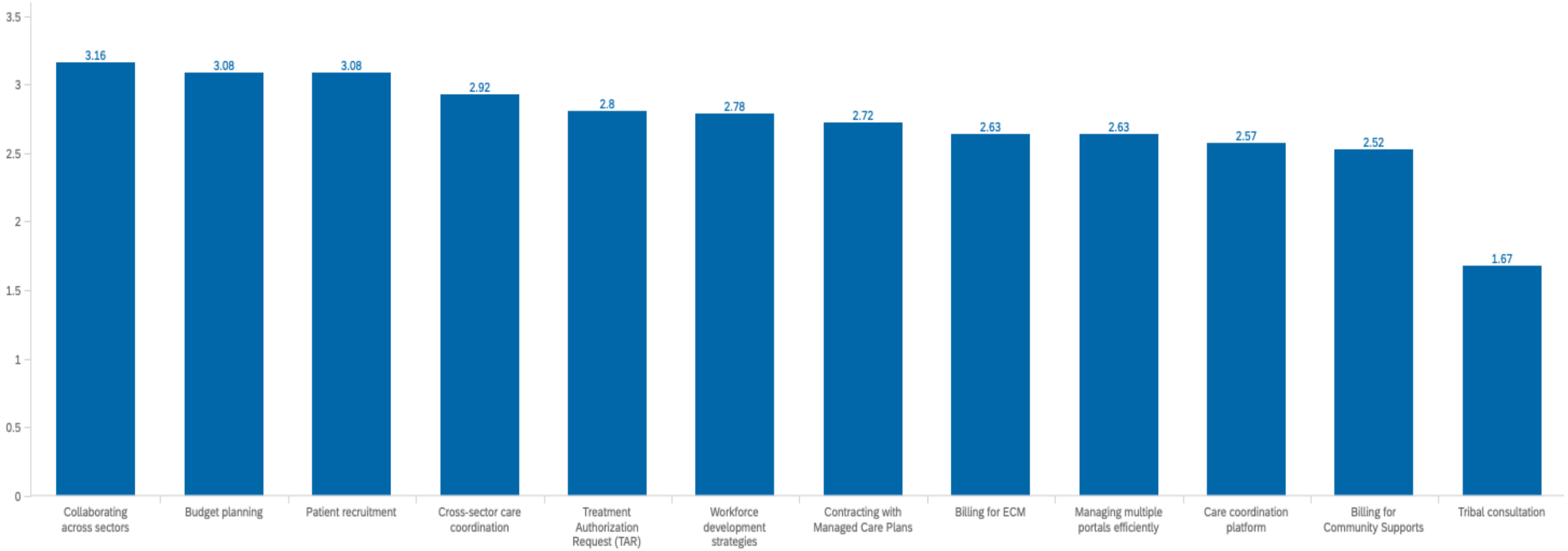
Does your organization participate in a local or regional Health Information Exchange (HIE)?



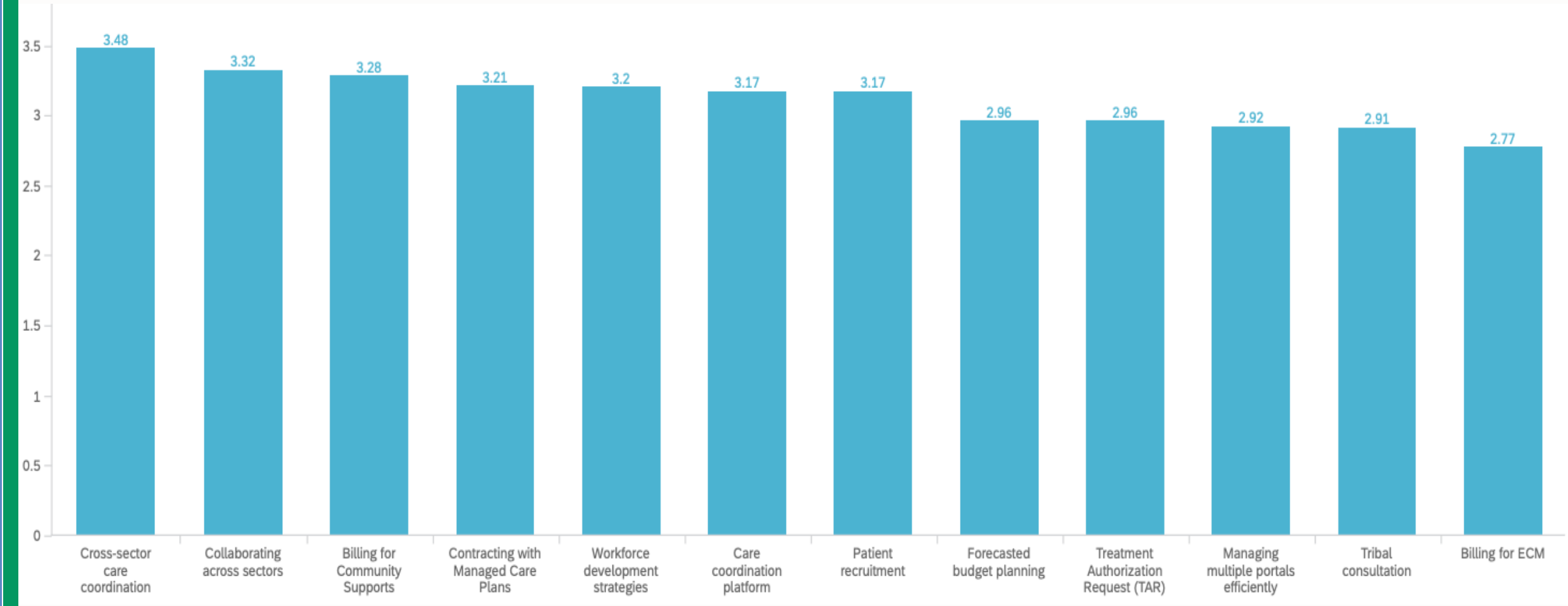
Does your organization use a care coordination platform?



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!


CAUTION
Work in progress

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:

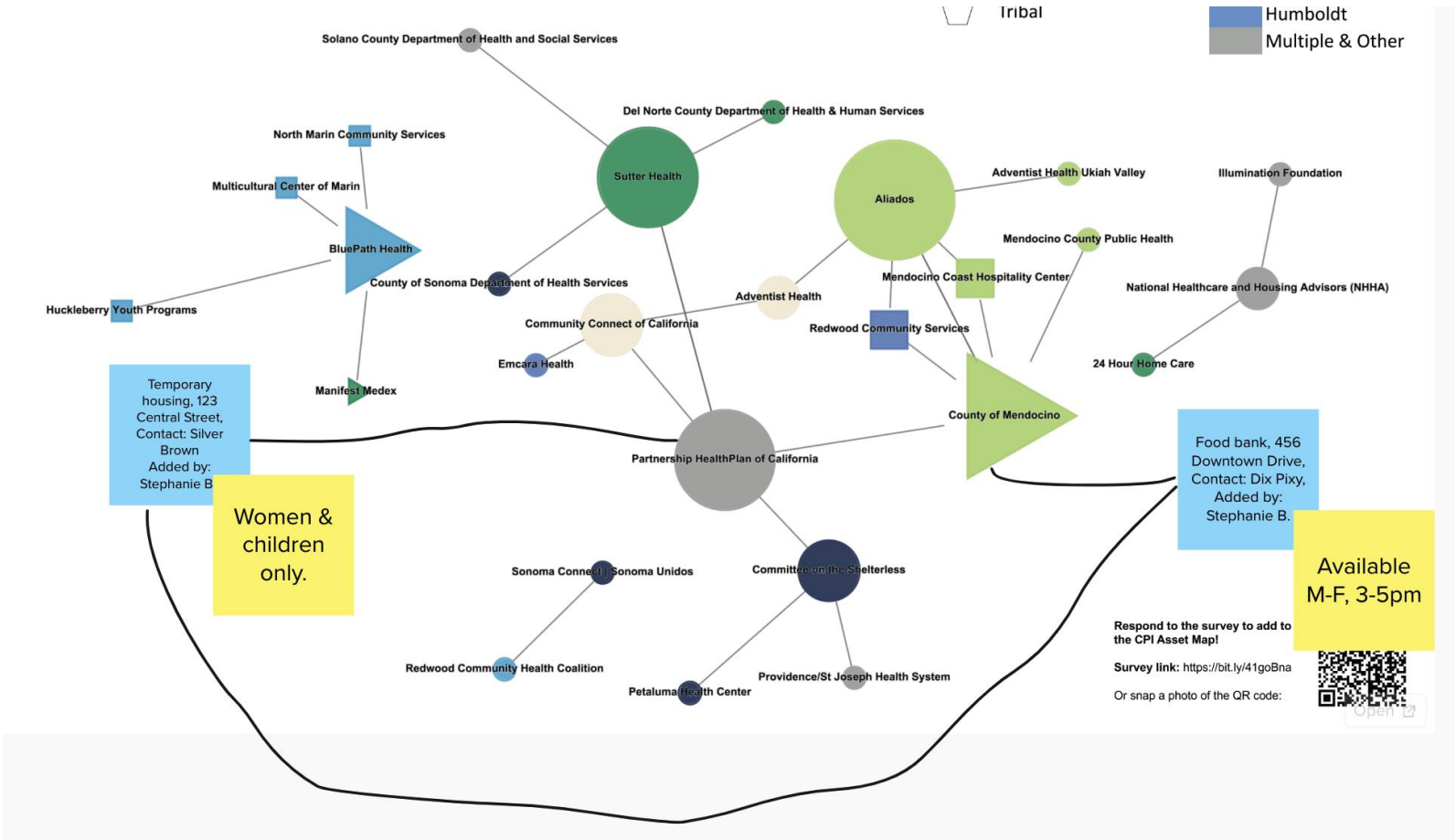
a. **Scribe** – fills out worksheet
b. **Spokesperson** – shares major themes and takeaways with large group.

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:

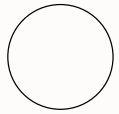
a. Use **blue** stickies for ***assets***. Include as much information about the asset as you can (description of the asset, how to access the asset, your name and contact info).
b. Use **yellow** stickies to add ***notes*** about assets. Notes might be questions, recommendations, useful information,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

Adding to the Map

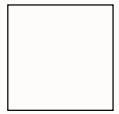


Interpreting Maps

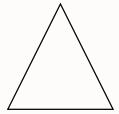
Shapes = Representation



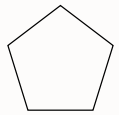
Health



Social (non-profit, community services)

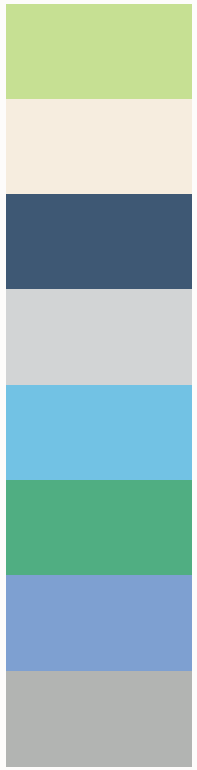


Other (public, business, education)



Tribal

Colors = Location



Mendocino

Lake

Sonoma

Napa

Marin

Del Norte

Humboldt

Multiple & Other

Notes About Network Maps & Concepts

This 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.

Asset & System Mapping Activity

Supporting Resources

CPI Aim Statement & Readiness Roadmap

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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?

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Instructions

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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

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.

Reference Sheet

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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)
- ☐ 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

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)
- ☐ 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

- ☐ Life skills training
- ☐ Medical home enrollment
- ☐ Medical referral
- ☐ Medical treatment
- ☐ Medically-supportive food/meals/medically tailored meals
- ☐ Medication management
- ☐ Medication-assisted treatment
- ☐ Nursing facility transition/diversion to assisted living facilities
- ☐ Patient advocacy
- ☐ Peer counseling and support
- ☐ Personal care and homemaker services
- ☐ Postpartum care
- ☐ Pregnancy care
- ☐ Recuperative care (medical respite)
- ☐ Respite services
- ☐ Screen for pre-existing conditions
- ☐ Short-term post-hospitalization housing
- ☐ Smoking/tobacco cessation
- ☐ Sobering centers
- ☐ 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 transitioning 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 (I/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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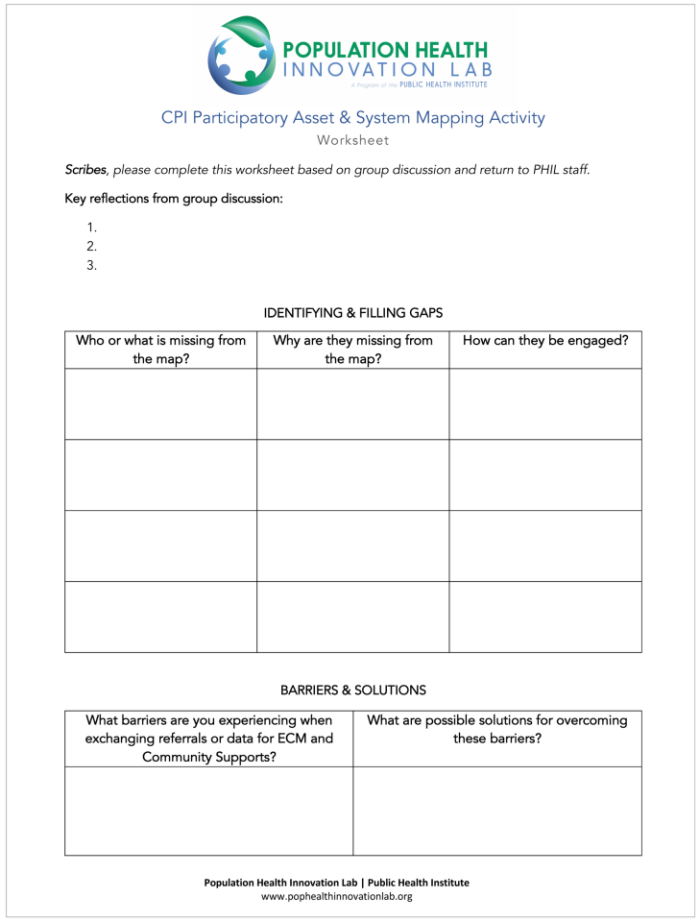
Worksheet



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CPI Participatory Asset & System Mapping Activity
Worksheet

Scribes, please complete this worksheet based on group discussion and return to PHIL staff.

Key reflections from group discussion:

1.
2.
3.

IDENTIFYING & 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 experiencing when exchanging referrals or data for ECM and Community Supports?	What are possible solutions for overcoming these barriers?

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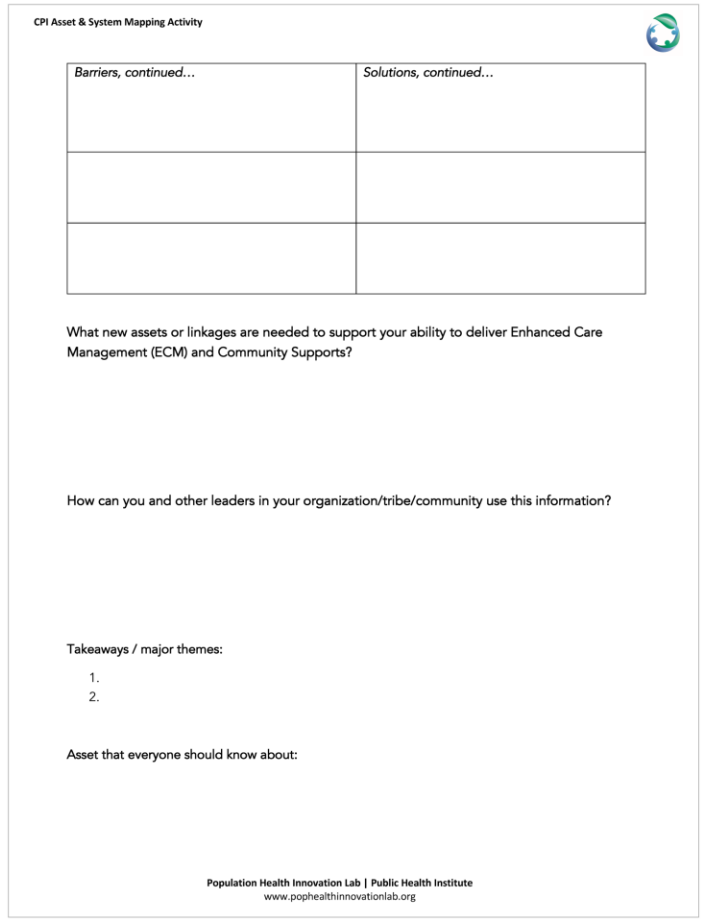

CPI Asset & System Mapping Activity

Barriers, continued…	*Solutions, continued…*

What new assets or linkages are needed to support your ability to deliver Enhanced Care Management (ECM) and Community Supports?

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/3UIyHLs

Overview Discussions

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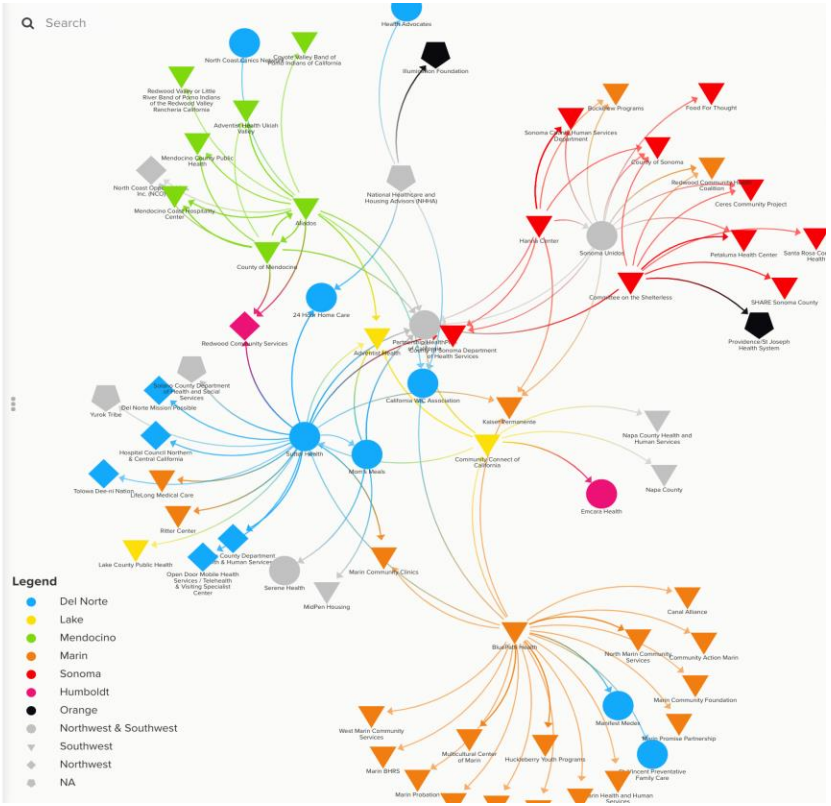
PATH CPI SOUTHWEST NETWORK

The PATH CPI Southwest 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 177 connections were reported among 113 organizations and tribes engaged in the CPI: 101 collaboration linkages, 28 data exchange linkages, and 48 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

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

SW Update

Janelle Ramirez

ECM Program 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: https://pophealthinnovationlab.org/projects/path/
- Next CPI regional meeting is virtual. Calendar holds will be updated with a Zoom link
  - Southwest Region- May 24, 1:00 – 2:30 pm

Thank You!

Feel free to contact our CPI team:

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