Southwest Collaborative Planning & Implementation Group

DHCS CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

PUBLIC CONSULTING GROUP™

Date: Wednesday, October 25	**Start/End Time**:
Location:	In-person: 11:00 am – 2:00 pm PT
In-person: Sonoma County Department of Health Services	Virtual: 11:00 am – 12:30 pm PT
1450 Neotomas Ave., Suite 200, Santa Rosa, 95495	
Total Number of Attendees:	**Facilitator Organization:**
50	Population Health Innovation Lab, Public Health Institute

Meeting Objectives:

- Build relationships and increase awareness of partners in the Southwest CPI Collaborative Region.
- Learn about Partnership HealthPlan's improvements and resources.
- Gain understanding of updated asset mapping features and possibilities for use.
- Enhance countywide and regional collaboration by identifying and pursuing concrete system-level opportunities for improved coordination and resource sharing.
- Collaborate on prioritizing issues and methods to approach CPI initiative in 2024.

High Level Agenda

No.	Topic	Key Questions
1.	Welcome & Framing for the Day	How might we leverage our regional network of partners, resources, and opportunities to ease and improve CalAIM service implementation?
2.	Courageous Leadership & CalAIM Implementation	What specific qualities and actions define courageous leadership in the context of CalAIM implementation, and how do these traits contribute to maintaining staff comfort and morale during the process?
3.	Update from Partnership HealthPlan of California	What updates from PHC will impact existing and prospective ECM and Community Supports workflow processes?
4.	DHCS Request for CPI Participant Feedback	Inquiry on re-authorization timeline for housing Community Supports
5.	Data Design for the Future: Asset Mapping Update	How can asset maps and other data sources be most useful to improve care coordination in the region?
6.	**In-person only:** Systems Collaboration Dialogue	How can we enhance our collective grasp of the regional CalAIM activation, and what insights can we gain by sharing perspectives with our regional and county colleagues?
7.	**In-person only:** Local Systems Vision for the Future	Looking towards 2024, how might we leverage our regional network of partners, resources, and opportunities to ease and improve CalAIM service implementation?
8.	Next Steps: Designing a Successful 2024	

Notes/Meeting Summary

Key Takeaways & Discussion Themes by Agenda Topic

Topic	Discussion Themes/Key Takeaways	Actions Taken/Next Steps	Best Practices/Lessons Learned
Welcome & Framing for the Day	**Design Challenge and Framing:** How might we leverage our regional network of partners, resources, and opportunities to enhance CalAIM activation thereby improving coordinated care across stakeholders in the region?	N/A	N/A
Courageous Leadership & CalAIM Implementation	Transformative systems change is not possible without courageous leaders. PHIL welcomed Zachary Ray of Native Spirit Consulting LLC to talk about his courageous leadership in CalAIM. **Key Takeaways:** • Self-care and self-love are important in maintaining service to communities. • Overcoming challenges in navigating lateral oppression and governmental oppression.	**Next Steps:** Ask yourself the following questions: 1. What are your current barriers? 2. What can you do to practice self-care? 3. What can you do to remove barriers to move forward with CalAIM in a better way? 4. What does success in CalAIM look like? How is it quantified? 5. What do you need to do to make those goals a reality?	**Lessons Learned:** Leaning into CalAIM opportunities can be quite scary, in part due to uncertainty and its complexity. The guest speaker reminded listeners that advocacy and working to address injustices is challenging work but can impact a wide reach of people. **Best Practice:** As part of air travel safety instructions, passengers are instructed to put their oxygen mask on first before helping those they are traveling with. This is to ensure that they do not pass out and are able to attend to those under their care. This same principle relates to those that provide services and care to their communities. If they do not take the time to practice self-care and ensure their own needs are met they will burn out and/or not be able to provide services and care to others.
Update from Partnership HealthPlan of California	**January 2024:** • Justice-Involved and Birth Equity Populations of Focus are going live. • Partnership HealthPlan will no longer have access to Kaiser's capitated members, including those with ECM (30 members) and CS (60 members total). There will be a transition plan.	**Next Steps:** Visit DHCS resources: • TA Marketplace Learn about Populations of Focus going live in January: • Justice Involved • Birth Equity Provide feedback Point Click Cares newest features to Partnership	N/A

	• Partnership HealthPlan is expanding to ten new counties. • Point Click Care has latest updates that promote transparency for ECM providers.	HealthPlan at ECM@partnershiphp.org	
DHCS Request for CPI Participant Feedback	As CPI facilitators, PHIL works with the Department of Health Care Services to support successful implementation of ECM and CS throughout California. A short poll was distributed to attendants to share their opinion on standardized timeline for re-authorizations for Housing Community Supports.	**Survey Questions:** 1. Does your organization provide Housing Community Supports? 2. Is your organization an MCP? As of now, there is not a standard reauthorization timeline for Housing Community Supports. In your opinion, what would be the ideal reauthorization timeline for housing navigation and housing tenancy and sustainability?	**Results for NW and SW region:** **Total responses:** 33 **Total respondents providing housing benefits:** 22 **Count of ideal reauthorization timeline in months.** 12 months- 15 24 months- 8 18 months- 5 6 months- 4 N/A- 1 **See Appendix for more information.**
Data Design for the Future: Asset Mapping Update	**History and Updates:** • Previously the asset maps were split up by NW and SW regions to show providers offering ECM and CS services in your region. They have since been combined. • There will be quarterly updates to providers using Partnership HealthPlan reports. • PHIL would like to know how and if the maps would be utilized, given DHCS efforts to map providers (See ArcGIS project).	**Next Steps:** To request that PHIL update the map with your organization information, please complete this survey. **Next Steps for PHIL:** • PHIL will collaborate with PHC on their Provider Directory. • PHIL will request reports from contracted entities monthly. • PHIL will continue to adapt submission for the asset maps and will monitor its utilization.	**Lessons Learned:** • PHC's Provider Directory is not always up to date. • Collaborative participants find value in having a live directory of service providers.
In-person only:	**Discussion Themes:**	**Next Steps for PHIL:**	**Lessons Learned:**

| Systems Collaboration Dialogue | *Unique Perspectives and Shared Understanding:* Not everyone may see and or experience the system in the same way. Participants were challenged to think in the bigger picture – not just looking at the individual services but collectively how they all work together on behalf of the community and as a region.

Peer Sharing Dialogue: Participants were encouraged to share about the status of "CalAIM Activation" in their counties and regions.

County Conversations: Participants were encouraged to engage in dialogue related to the future of CalAIM in their counties. | • Set a date for Kaiser to share updates with local ECM and CS providers.
• Uplift provider concerns for DHCS' marketing strategies for ECM and CS.
• Identify strategies to address gaps in outreach and recruitment strategies. | These conversations resulted in a few aligned thoughts regarding systems collaboration:
1. Transparency with MCP integration and enrollment processes.
2. Outreach and recruitment efforts to identify more eligible clients.
3. A need for provider database with the following properties:
    o Up to date, easily accessible online and searchable date from Partnership about ECM and CS utilization including service providers with contact information
    o To know who was providing specific services.
    o Understanding the specific type of services being provided by other contracted ECM agencies.
    o One EHR billing system used by all ECM/CS providers.
    o Access /transparency to ECM and CS service providers
    o What actual services are being provided by ECM and how are they doing it?
4. Improved client coordination (recommended modes include case conferencing, improved referral pathways, community care hubs, etc.)
5. Electronic data exchange billing for easier reporting and reimbursements.
6. Integration of county level complex case management. |
| **In-person only:** Local Systems Vision for the Future | After reflecting on the Design Challenge Question and the regional and county conversations from earlier in the session, participants wrote ideas, thoughts, and recommendations to improve CPI, ECM, and CS implementation on a sticky note and shared them with the group. | **Next Steps for PHIL:** Integrate recommended improvements in workplans and programing through 2024. | **Lessons Learned:**
Improvements for CPI Facilitation and CPI Programing
• Improved outreach and engagement to stakeholders and potential providers (including data staff).
• Share as systems develop, learn by example (from others)- don't reinvent the wheel.
• Talking and meeting with other agencies to learn, help, see where |

			others are at how to get there or see where we want to expand.
			• More internal collaborative discussion and expand.
			• County level organization collaboration and coordination
			• Connect organizations considering CalAIM with those engaged in CalAIM to support due diligence/decisions on whether to become a contract CalAIM provider.
			• Focused work groups
			• Get "granular"
Next Steps: Designing a Successful 2024	PHIL is asking for continuous feedback and opportunities to improve ECM and CS implementation with CPI Participants.	**Next Steps:** Share your feedback on our facilitation, including monthly convening and collaborative direction to help us better serve you and your community. This form is available to submit on multiple occasions: https://bit.ly/3MknLRy **Next Steps for PHIL:** Design opportunities for shared leadership with participants to lead efforts.	N/A

Identified Gaps/Challenges in CalAIM/ECM/Community Supports

Topic	Gaps/Challenges Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
Service Accessibility	There is a lack of inpatient resources for detox and recovery.	Incorporate such resources to asset maps.	N/A
Case Conferencing	Difficult to coordinate care for clients without case conferencing.	Learn how HealthBegins is supporting their collaboratives with Case Consulting.	Supporting Case Consult is a feasible method of supporting providers.
Data Exchange	Data exchange needs improvements.	Identify strategies to address gaps in data exchange in organizations and in counties.	N/A
Provider Directory	MCP's Provider Directory is not up to date, making it difficult to understand ECM and CS network.	Collaborate with MCP to learn how we can reduce duplicative efforts with our collaborative's asset maps.	N/A

Identified Successes Experienced by Participants

Topic	Successes Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
Case Management Meetings	Turning Point had a number of case managers attending case management meetings, which has been helpful. They have begun to send out eligible Community Supports clients and connecting them with resources.	PHIL will connect with Turning Point to design workflows on case consultation efforts.	Peer sharing is valued in this collaborative.
Contracting Process Progression	The Child Parent Institute is excited that they are making progress in the contracting process. Santa Rosa Community Health Centers has added ECM Care Plans to their EHR system.	PHIL will connect with Child Parent Institute and Ranta Rosa Community Health Centers to learn more about their ECM implementation improvements.	Peer sharing is valued in this collaborative.
Social Determinants of Health Screening	Sonoma Connect | Somos Unidos shared excitement of CMSs two new measures relate to SDOH screening.	PHIL will share updates with collaborative participants.	Policy landscape developments is valued in this collaborative.
Billing Improvements	Innovative Health Solutions Billed for the first time for Medically Tailored Meals and did not have any denials.	PHIL will connect with IHS to design workflows on their billing improvements.	Peer sharing is valued in this collaborative.

Summary of Complaints & Grievances

Topic	Summary of Complaint/Grievance	Actions Taken	Next Steps
Limited stakeholder engagement	Table does not include partners that can enhance productive ECM and CS implementation improvements.	N/A	Enhance outreach and recruitment efforts.

Specific comments, questions, or concerns regarding policy/implementation/change goals for TPA/DHCS

Topic	Comment/Concern/Question	Actions Taken	Next Steps
Medi-Cal Certification	Request to remove Medi-Cal Certification for individuals wanting to be rural providers, ex. Meals on Wheels/Commercial Kitchens	Follow up conversation with participant who shared this idea pending.	Share conversation updates with TPA/DHCS.
Care Takers	Can we start talks about providing services like Community Supports to care takers. For example, supportive meals are provided for a certain criterion but those who care for the	N/A	Share conversation updates with TPA/DHCS.

	member are also financially burdened.		

Shared Collaborative Resources

#	Resource	Category/Type	Link/Access Information
1.	CITED website	Website	https://www.ca-path.com/cited
2.	Partnership HealthPlan Contact Information	Email	ECM@partnershiphp.org CommunitySupports@partnershiphp.org apeel@partnershiphp.org
3.	Partnership HealthPlan Reports by County	Report	Lake County Marin County Mendocino County Napa County Sonoma County
4.	PATH CPI Asset Map offers an interactive view of the Northwest and Southwest region's	Website	https://bit.ly/3SsCAW5
5.	PATH CPI page on the PHIL website	Website	https://pophealthinnovationlab.org/projects/path/
6.	PATH CPI Registration Form	Form	https://pcgus.jotform.com/222306493964865
7.	Population Health Innovation Lab CPI Feedback Survey	Survey	https://bit.ly/3MknLRy
8.	Post-Event Evaluation	Survey	https://bit.ly/46Y1H7p
9.	TA Marketplace	Website	https://www.ca-path.com/ta-marketplace

Individuals in Attendance

	Name	Organization	Position / Title	MCP Y/N	Email
1.	Alaina Cantor	North Marin Community Services	Director of Wellness Programs	N	acantor@northmarincs.org
2.	Amber Gonzales	County of Sonoma, Home Visiting	Department Analyst	N	amber.gonzales@sonoma-county.org
3.	Amy Anderson	Aliados Health	Director of Community Transformation Initiatives	N	aanderson@aliadoshealth.org
4.	Arif Shaikh	Kaiser Permanente	Director, Medi-Cal Line of Business	N	arif.u.shaikh@kp.org
5.	Ashley Peel	Partnership HealthPlan of California	Executive Director	N	apeel@partnershiphp.org
6.	Athena Kostick	CSN HEP	Lead Care Manager	Y	athena@csn-mh.com
7.	Becca Fink	Population Health Innovation Lab	Communications Manager	N	Bfink@phi.org

8.	Ben Leroi	Santa Rosa Community Health Centers	Director	N	benl@srhealth.org
9.	Beth Paul	Aliados Health	Director of Health	N	bpaul@rchc.net
10.	Brenda Ceres	Community Project	Unknown	N	Unknown
11.	Brittany Lobo	Sonoma County Dept of Health Services	Community & Family Health Section Manager	N	brittany.lobo@sonoma-county.org
12.	Caroline Yoss	Homeward Bound of Marin	Unknown	N	cyoss@hbofm.org
13.	Cayenne Bierman	Marin Community Clinic	Director of Complex Care	N	cbierman@marinclinic.org
14.	Colleen Townsend	Partnership HealthPlan of CA	Regional Medical Director	N	ctownsend@partnershiphp.org
15.	Denise Kirnig	Innovative Health Solutions	Unknown	Y	denisekirnig@innovativehealths.com
16.	Dez Ohlstrom	County of Sonoma	Program manager	N	desiree.ohlstrom@sonoma-county.org
17.	Elizabeth Vermilyea	Child Parent Institute	Deputy Director	N	Elizabethv@calparents.org
18.	Erin Hawkins	Community Action Marin	Vice President of Programs	N	ehawkins@camarin.org
19.	Esmeralda Salas	Population Health Innovation Lab	Research Associate ll	N	Esalas@phi.org
20.	Grace Torres	Serene Health	Unknown	N	grace@serenehealth.com
21.	Heather Criss	Mendocino County HHSA	Program Administrator	N	crissh@mendocinocounty.org
22.	Jessica Sanchez	Population Health Innovation Lab	Program Associate	N	jsanchez2@phi.org
23.	Joann Brewer	RCS	Homelessness and Housing Program Manager	N	brewerj@redwoodcommunityservices.org
24.	Joanne Halliday	Vivalon	Unknown	N	jhalliday@vivalon.org
25.	Jodi Nerell	Sutter Health	Dir. Local Mental Health Engagement	N	jodi.nerell@sutterhealth.org
26.	Karin Pimentel	Ceres Community Project	Ceres Community Project	N	kpimentel@ceresproject.org

27.	Kathryn Stewart	PHIL	Director	N	kastewart@phi.org
28.	Kathy Kane	CAP Sonoma	CPO	N	kkane@capsonoma.org
29.	Katie Christian	Population Health Innovation Lab	Communications Coordinator	N	kchristian@phi.org
30.	Katrina Hopkins	Ceres Community Project	Contracts & Business Development Manager	N	Kpimentel@cereproject.org
31.	Kym Centaro	CSN	Director	N	kym@csn-mh.com
32.	Laura Heintz	Stanford Sierra Youth & Families	CEO	N	lheintz@ssyaf.org
33.	Max Chavez	Population Health Innovation Lab	Research Assistant ll	N	Mchavez@phi.org
34.	Nancy Geisse	Marin Center for Independent Living	Chief Strategy Officer	N	nancy@marincil.org
35.	Phillip Bautista	Community Connect CA	RN Operations Manager	N	phillip.bautista@emcarahealth.com
36.	Rhiannon Coxon	Sonoma County - Human Services Department	Section Manager	N	rcoxon@schsd.org
37.	Sara Avery	Unknown	Unknown	N	Unknown
38.	Sarah Vetter	Santa Rosa Community Health	Unknown	N	sarahve@srhealth.org
39.	Saskia Garcia	Sonoma Connect Sonoma Unidos	Unknown	N	sgarcia@sonomaconnect.org
40.	Seun Aluko	Population Health Innovation Lab	Research Scientist ll	N	Saluko@phi.org
41.	Shari Brenner	Shari Brenner Consulting	Consultant	N	sbrenner@sonic.net
42.	Stefani Hartsfield	Hartsfield Health Systems Consulting	PHIL Consultant	N	stefani@hartsfieldhealth.com
43.	Stephanie Bultema	Population Health	Director of Research	N	Sbultema@phi.org

		Innovation Lab			
44.	Sue Grinnell	PHI	Population Health Innovation Lab Director	N	sgrinnell@phi.org
45.	Tammy Chandler	North Coast Opportunities Inc.	CalAIM Project Director/Community Action Development Director	N	tchandler@ncoinc.org
46.	Teresa Tillman	Teresa Tillman, Community Health Consulting	Contracted COTS CalAIM Implementation Director	N	teresat319@gmail.com
47.	Whitney Vonfeldt	Anchor Health Management	ECM Program Director	N	vonfeldtw@anchorhm.org
48.	Zachary Ray	Native Spirit Consulting	Executive Director	N	zray@nativespiritconsulting.com
49.	Zenia Leyva Chou	North Coast Opportunities	Project Manager	N	zchou@ncoinc.org
50.	17075654832	Unknown	Unknown	?	Unknown

MCP Engagement (List all MCPs who should be engaged regardless of attendance)

MCP Name	Current Status of Relationship i.e. Excellent > Acceptable > Needs Improvement > In Direct Contact With > No Contact	MCP Engagement in Collaborative Yes/No	Engagement Concerns & Notes
Partnership HealthPlan of California (PHC)	Excellent	Yes	Members of PHC and Northern California PATH CPI Facilitators met on 10/11/23 to discuss regional collaboration of prioritized issues listed in the Issue Tracker.
Kaiser Permanente	Acceptable	Yes	Participating in collaborative meetings but not 1:1 with PHIL.
KEY Acceptable	MCP attends 50%-75% collaborative convenings, MCP is responsive to collaborative requests but follow up is needed by facilitator		
Excellent	MCP is engaged in collaborative, MCP attends 75%-100% collaborative convenings, MCP is presenter during collaborative meetings, MCP provides feedback and data where applicable, MCP works in partnership with facilitator and collaborative		
In Direct Contact With	Facilitator has direct contact with MCP, MCP may not currently be attending collaboratives, MCP may be transitioning in 2024 and not yet active in collaborative		
Needs Improvement	MCP is not or inconsistently engaged in collaborative, MCP attends 0%-25% of collaborative convenings, difficulties consulting with MCP, further partnership and relationship building is required		
No Contact	There is no contact with MCP, MCP is not present for collaborative meetings, no relationship built with MCP		

New Action Items (Identified this Meeting)

No.	Action Item	Owner	Created	Deadline	Status
1.	PHIL will connect with Turning Point to design workflows on case consultation efforts.	PHIL	11/01/2023	11/15/2023	Incomplete

No.	Action Item	Owner	Created	Deadline	Status
2.	PHIL will connect with Child Parent Institute and Ranta Rosa Community Health Centers to learn more about their ECM implementation improvements.	PHIL	11/01/2023	11/15/2023	Incomplete
3.	PHIL will share updates with collaborative participants.	PHIL	11/01/2023	11/15/2023	Incomplete
4.	PHIL will connect with IHS to design workflows on their billing improvements.	PHIL	11/01/2023	11/15/2023	Incomplete
5.	Learn how HealthBegins is supporting their collaboratives with Case Consulting.	PHIL	11/01/2023	11/15/2023	Incomplete
6.	Identify strategies to address gaps in data exchange in organizations and in counties.	PHIL	11/01/2023	11/15/2023	Incomplete
7.	Collaborate with MCP to learn how we can reduce duplicative efforts with our collaborative's asset maps.	PHIL	11/01/2023	11/15/2023	Incomplete
8.	Design opportunities for shared leadership with participants to lead efforts.	PHIL	11/01/2023	11/15/2023	Incomplete
9.	Integrate recommended improvements in workplans and programing through 2024	PHIL	11/01/2023	11/15/2023	Incomplete
10.	Set a date for Kaiser to share updates with local ECM and CS providers.	PHIL	11/01/2023	11/15/2023	Incomplete
11.	Uplift provider concerns for DHCS' marketing strategies for ECM and CS.	PHIL	11/01/2023	11/15/2023	Incomplete
12.	Identify strategies to address gaps in outreach and recruitment strategies.	PHIL	11/01/2023	11/15/2023	Incomplete
13.	Asset Map Updates: PHIL will collaborate with PHC on their Provider Directory. PHIL will request reports from contracted entities monthly. PHIL will continue to adapt submission for the asset maps and will monitor its utilization.	PHIL	11/01/2023	11/15/2023	Incomplete

Action Items (Ongoing)

No.	Action Item	Owner	Created	Deadline	Status
1.	Integrate tools for sustainability through the upcoming convenings, resources and conversations.	PHIL	8/28/2023	Continuous	Incomplete
2.	Integrate updated tools and resources in the Pre-Contract and Post-Contract Process, Tools, and Solutions packet. Share updates with collaboratives and CPI Facilitators as they become available.	PHIL	8/28/2023	Continuous	Incomplete

3.	Follow up with organizations who show great and minimal progress along the Readiness Roadmap for support and guidance.	PHIL	6/29/2023	Continuous	Strategizing
4.	Re-vamp website with developing resource and information needs to continue serving current and prospective CPI participants	PHIL	5/30/2023	Continuous	Implementing
	Re-connecting with participants with whom we've had discovery calls and other forms of communication to provide continuous support, assess progress and satisfaction	PHIL	5/30/2023	Continuous	Implementing
6.	Develop *collaborative systems improvement* strategies.	PHIL	4/21/2023	Continuous	Strategizing
7.	Identify specific *capacity building* training.	PHIL	4/21/2023	Continuous	Outlined and finalizing
8.	*Network and relationship building* with new members added to the asset maps.	PHIL	4/21/2023	Continuous	Strategizing
9.	MERLIN to review accuracy of maps (e.g., Redwood Quality Management were combined with Aliados)	MERLIN	4/21/2023	Continuous	Updating with new CPI participants
10.	Develop *collaborative systems improvement* strategies.	PHIL	4/21/2023	Continuous	Strategizing
11.	Identify existing coalitions, collaboratives and roundtables for ECM, Community supports	PHIL and CPI Partners	3/30/2023	Continuous	Data synthesized by mapping project will help to identify these initiatives.
12.	Appropriately share DHCS updates as they become available during this season of major updates to ECM and CS policy and implementation.	PHIL	1/29/2023	Continuous	Implementing during convenings and newsletters.
13.	Recruitment of new CPI participants	PHIL and CPI Partners	1/1/2023	Continuous	Implementing

Open Action Items

No.	Action Item	Owner	Created	Deadline	Status
1.	PHIL staff will review existing barriers identified by the collaborative. Additional actions to improve the Readiness Roadmap website include: o Peer created process tools. o Process maps and workflows. o User feedback from the community.	PHIL	09/26/2023	9/30/2023	Incomplete
2.	PHIL will discuss the most appropriate way to bring transparency on updates on the Solutions Approach Issue Tracker.	PHIL	09/26/2023	9/30/2023	Incomplete
3.	Continue collaboration with Camden Coalition on the development of a CalAIM tool for value case for complex care financing tool.	PHIL	8/28/2023	9/30/2023	Pending updates

No.	Action Item	Owner	Created	Deadline	Status
4.	Follow-up with CPI participants who have notable progression on the Readiness Roadmap.	PHIL	8/28/2023	9/30/2023	Incomplete
5.	Invite leadership from Humboldt Continuum of Care.	PHIL	8/28/2023	8/31/2023	Incomplete
6.	Invite interested and invested stakeholders to collaboratively work on solutions for identified issues	PHIL and CPI Partners	6/29/2023	7/15/2023	Strategizing
7.	Follow up with organizations who are willing to share their process maps.	PHIL	6/29/2023	7/7/2023	Planning process for distribution.
8.	Continue populating a system for collecting, collating, collaborating, and sharing workarounds to issues identified in the collaborative.	PHIL	6/14/2023	7/15/2023	Drafting
9.	Updating stakeholder information with participants' positions on the readiness roadmap to track advancement towards our Aim.	PHIL	5/30/2023	7/15/2023	Updating
10.	Incorporating breakout discussions into our Solutions Approach strategy	PHIL	5/30/2023	6/12/2023	Strategizing
11.	Create a concrete plan for the future of PHIL's Asset Maps	PHIL + MERLIN	4/21/2023	5/15/2023	Strategizing

Closed Action Items

No.	Action Item	Owner	Created	Deadline	Status
1.	Issue Tracker additions: o Accessibility to tools from PHC including z codes, g code sheets, and eligible participant lists. o ECM and/or CS implementation barriers unique to school-based clinics.	PHIL	8/28/2023	9/15/2023	Completed
2.	Mapping care coordination processes.	PHIL	6/29/2023	8/5/2023	No longer a priority of the collaborative
3.	Propose monthly meetings with Camden, HC2, HealthBegins and Partnership to efficiently collate common issues among CPI collaboratives across Northern California counties	PHIL	5/30/2023	6/5/2023	Completed
4.	Strategize methods of collecting the step all participants are at on the Readiness Roadmap (polled during meetings as well as follow-up conversations)	PHIL	4/21/2023	5/5/2023	Completed
5.	A report of the initial Asset Mapping Survey findings is to be shared with the participants on the website.	MERLIN	4/21/2023	6/5/2023	Completed
6.	Incorporating charter feedback	PHIL	1/1/2023	3/31/2023	Completed
7.	PATH CPI Asset Mapping Survey	PHIL	1/1/2023	5/15/2023	Completed

#	Does your organization provide Housing Community Supports?	Is your organization an MCP?	As of now, there is not a standard reauthorization timeline for Housing Community Supports. In your opinion, what would be the ideal reauthorization timeline for housing navigation and housing tenancy and sustainability?	Do you have any additional comments/ideas/considerations you would like to share with DHCS?
1	Yes	No	12 months	
2	Yes	No	12 months	
3	No	No	24 months	
4	No	No	6 months	
5	No	No	18 months	Our housing inventory is at a negative, even with several housing developments coming online over the last few years. We are maxed in our HUD vouchers and CalWORKS doesn't have money for THA currently
6	No	No	12 months	
7	Yes	No	12 months	
8	Yes	No	12 months	Housing is the most challenging issue to address in our area and it takes a VERY long time to address. The engagement tends to be more challenging as well.
9	Yes	No	18 months	
10	Yes	No	12 months	
11	No	No	12 months	
12	Yes	No	6 months	
13	Yes	No	12 months	
14	Yes	No	24 months	
15	Yes	No	12 months	
16	Yes	No	24 months	
17	Yes	No	6 months	

18	Yes	No	12 months	Not at this time.
19	Yes	No	18 months	Still need to work on workflow. If you do not have the ECM portion. When working with CS, it would be very helpful to work with the person for ECM.
20	Yes	No	24 months	It should be 12 months at a minimum. 24 Months would be ideal given barriers to housing; Availability and ht elack of affordable housing; and a lack of other tenancy/ sustainabilityy funding and its importance for long term success (wgich is particulatly important for a "once in a lifetime" benefit).
21	Yes	No	24 months	
22	Yes	No	24 months	
23	Yes	No	18 months	
24	No	No	6 months	
25	No	No	24 months	
26	No	No	N/A	
27	No	No	12 months	
28	No	No	12 months	
29	Yes	Yes	18 months	Removing Medi-Cal certificatioh for individuals wanting to be rural providers, ex. "meals on wheels" commercial kitchens.
30	Yes	No	12 months	N/A
31	No	No	12 months	N/A
32	Yes	No	12 months	

33	Yes	No	24 months	Can we start talks about providing services like community supports to care takers. For example, supportive meals are provided for a certain criteria but those who care take for the member are also financially burdened.