



PATH Collaborative Planning and Implementation Initiative (CPI)

Southwest Regional CPI Meeting

October 25, 2023



POPULATION HEALTH
INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE



Check-In

Please share any ECM or
Community Supports
implementation "wins" or
"aha moments."



CPI Participant Eligibility

The following entities are eligible and strongly encouraged to participate:

- Community-Based Organization (CBO)
- County, City, or Local Government Agency
- Federally Qualified Health Center (FQHC)
- Managed Care Plans (MCPs)
- Medi-Cal Tribal and Designee of Indian Health Program
- Providers (including but not limited to hospitals and provider organizations)

We kindly request vendors and salespeople to remove themselves from the meetings and collaborative.

These regional convenings are designed to be a safe and intimate space to resolve local implementation challenges.



Agenda & Objectives

Agenda

- Courageous Leadership
- Update from Partnership HealthPlan
- Data Design for the Future
- Virtual: Designing a Successful 2024
- Systems Collaboration Dialogue
- Local Systems Vision for the Future
- Designing a Successful 2024

Objectives

- Build relationships
- Learn about Partnership HealthPlan's improvements and resources.
- Enhance countywide and regional collaboration
- Prioritize issues and methods to approach 2024



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.



Commitments to Community Inclusivity

Be Present, Brave, and Curious

- Encourage different opinions and respectful disagreement
- Embrace conflict which can deepen our understanding
- Acknowledge the risk speakers take, and value the privilege to learn from one another
- Make use of opportunities to connect person-to-person

Create An Inclusive Space

- Invite the unheard voices
- Take responsibility for our own voices (make space)
- Resist the temptation to only witness the dialogue (take space)

Invite Anti-Racist Dialogue

- Be aware we all have a bias that may impact action; biases are learned and can be unlearned.
- Address racially biased systems and norms
- Recognize the vast and varied lived experiences participants have with racism.
- Be intentional about power dynamics and how you exercise your privilege
- Avoid defensive responses when people speak from lived experiences with racism

Be Accountable

- Foster awareness of unrepresented community members not “in the room”
- Respect each other’s time - participate fully and prepare for each activity
- Commit to actions that move items beyond discussion
- Practice patience and persistence – we cannot solve everything in a single conversation and will revisit topics that require additional discussion



PATH Collaborative Planning and Implementation (CPI) Initiative Overview



CPI Regions

Northwest Region

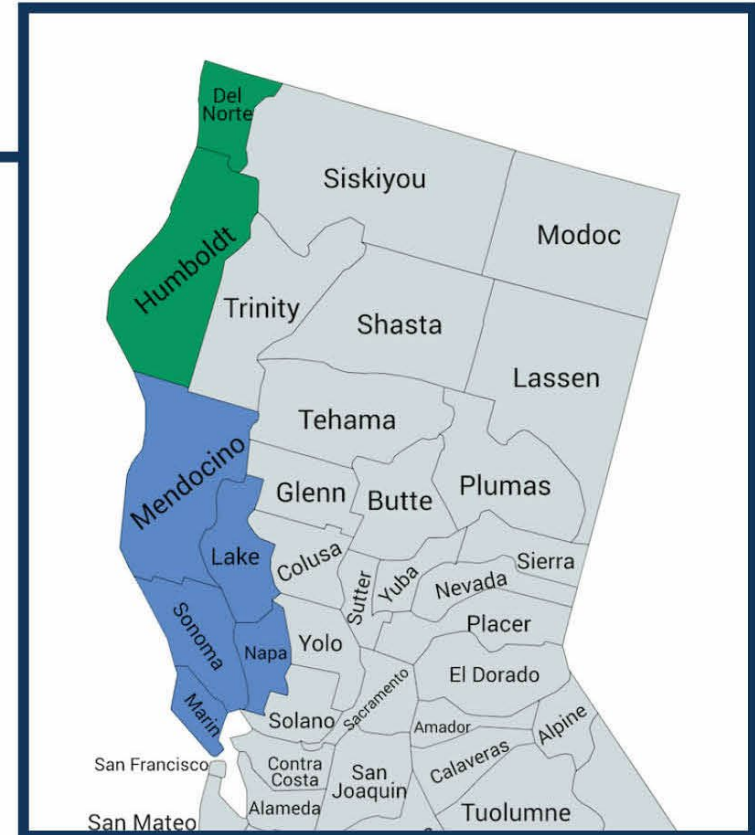
- Del Norte
- Humboldt

➔ Southwest Region

- Lake
- Marin
- Mendocino
- Marin
- Sonoma

Region Counties Supported by PHIL

-  Northwest
-  Southwest





PHIL PATH CPI Support Strategies

We propose a multi-pronged approach:

Capacity Building

Technical Assistance offered to CPI organizations

Training opportunities to address challenges

Collaborative Systems Improvement

Foster cross-county systems solutions across all regional stakeholders, including the Managed Care Plan

Relationship and Network Building

Networking opportunities (including monthly CPI meetings) will address siloes and support the establishment of regional collaboration.



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?





Courageous Leadership



Zachary Ray
Native Spirit Consulting
LLC



Partnership HealthPlan of California

Update on Process Improvements

Ashley Peel



DHCS Request for CPI Participant Feedback

Re-authorization Timeline for
Housing Community Supports



Data Design for the Future

Asset Mapping Update

Updated Asset Map



PATH CPI NETWORK

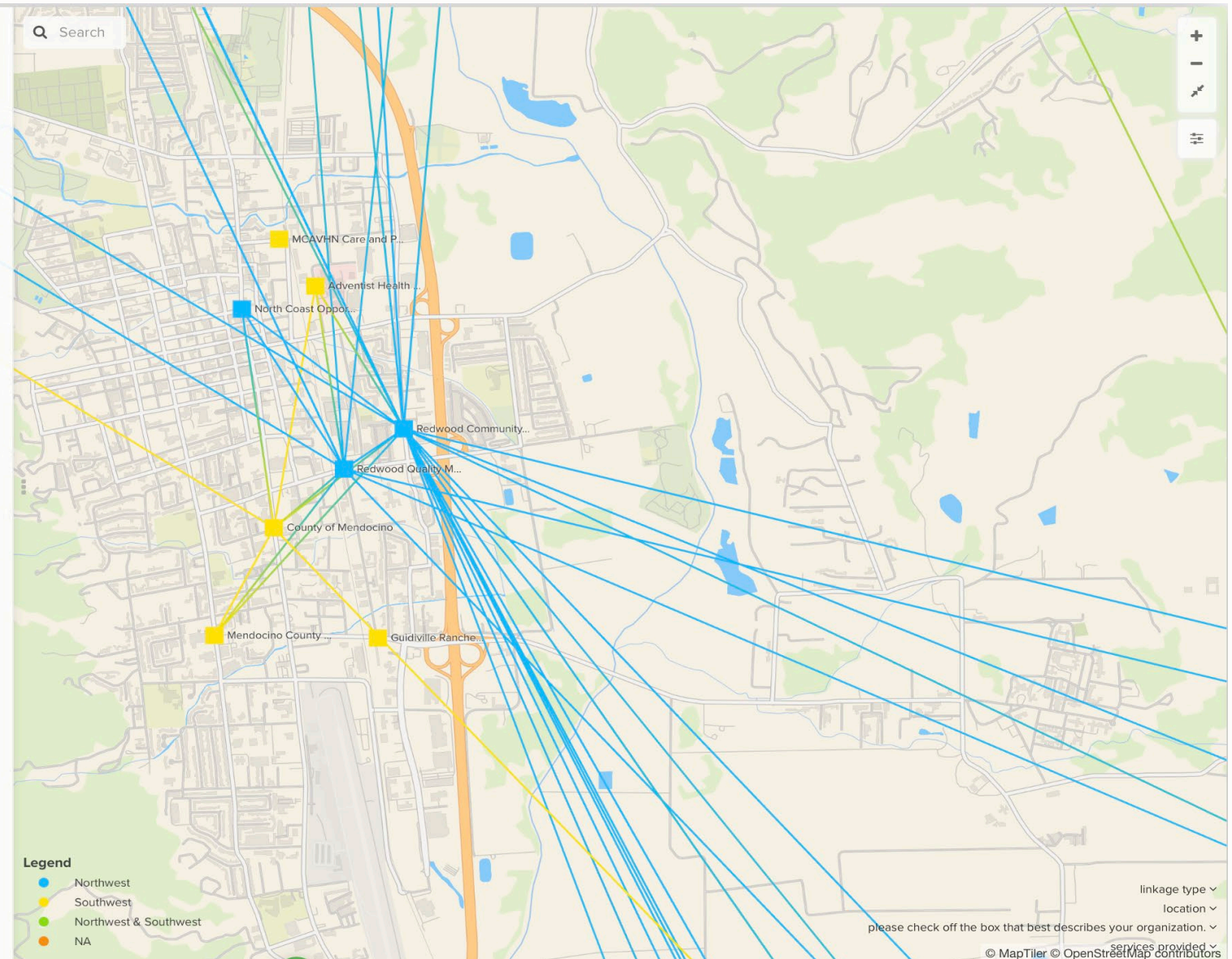
The PATH CPI Asset map offers an interactive view of the Northwest and Southwest region's community health system and organizational assets.

This asset map 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.

The map includes all network data collected through the 2023 PATH CPI Collaborative Planning Survey, monthly COI convening workshops, data provided directly by partners, and PATH CPI registration lists. The asset map is updated quarterly with information received from the Partnership Health Plan of California ECM & CS directory.

All identified organization, counties, and tribal nations, and their linkages and shown in the network map to the right.





Systems Collaboration Dialogue

In-Person Participants Only



“If I had an hour to solve a problem and my life depended on the solution, I would spend the first 55 minutes determining the proper question to ask, for once I know the proper question, I could solve the problem in less than five minutes.” ~ Albert Einstein

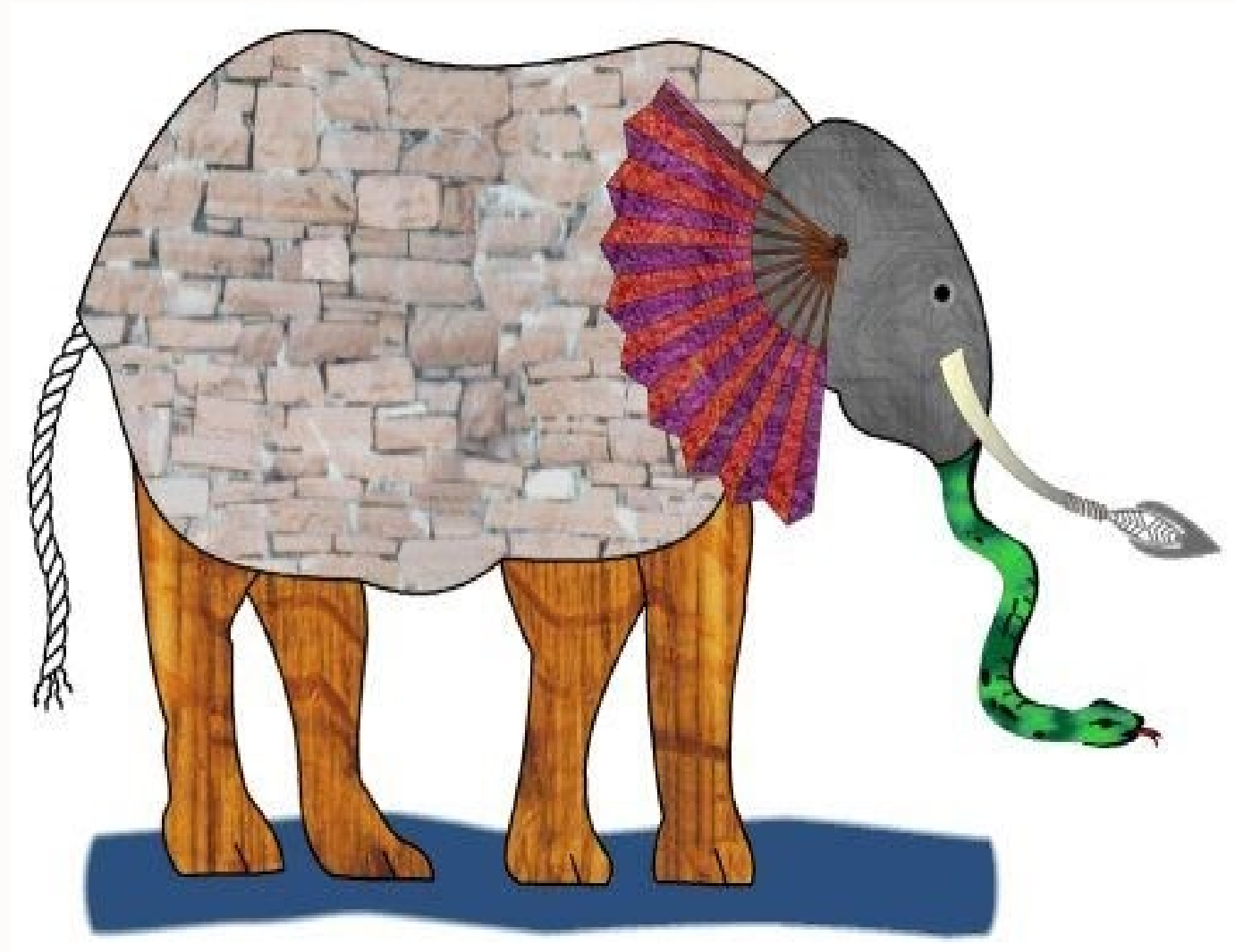




Unique Perspectives and Shared Understanding

Views of ECM and CS depend on the perspective from which they are viewed or experienced.

Coming to a shared understanding of the core purpose and the way in which it serves our range of different stakeholders benefits everyone.



Elephant illustration (C) Jason Hunt, naturalchild.org/jason



Language and Level-Setting

- **CalAIM Curious:** Organizations curious about contracting with Managed Care Plans to implement CalAIM services. You may be CalAIM curious if you are interested in learning the basics of Enhanced Care Management, Community Supports, or Community Health Worker Benefit.
- **CalAIM Activated:** Qualifying organizations that are engaged in the process of integrating CalAIM services to their organization. You may be CalAIM Activated if you have met with your MCP to learn more about reimbursement processes, if you utilized the TA Marketplace or are assessing the feasibility of ECM integration.



Systems Collaboration Dialogue

Activity Overview:

- Round 1: Peer Sharing (15 m)
 - Grouping: Random
- Round 2: County Visioning (20 m)
 - Grouping: County
- Full group harvest (10 m)

Ground Rules:

- Share the make space, take space
- Make sure every voice is heard



Systems Collaboration Dialogue

Part 1: Peer Sharing (15 m)

Discussion Prompts:

- What would a CalAIM activated county look like?
 - What elements would be in place in each county if it were CalAIM Activated?
- What is working well? What would you like to see more of ...or less of?
- What inspires you to improve care for those you serve?



Systems Collaboration Dialogue

Peer Sharing Debrief (5 m)

Any key takeaways to share?



Systems Collaboration Dialogue:

Part 2

County Conversations

If you were to look back a year from now, what would you want to see in place in the county?

What opportunities are there to collectively capitalize on CalAIM opportunities?



Systems Collaboration Dialogue

Full Group Harvest (10 m)



Design Challenge

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?





Local Systems Vision for the Future

Instructions:

- 1. After reflecting on the Design Challenge Question, write ideas, thoughts and recommendations to improve CPI, ECM and CS implementation on a sticky note.*
- 2. Share themes with the group.*



Next Steps & Designing a Successful 2024

- Virtual pop-up for 2024 CPI planning
- Feedback Survey available on our website for ongoing quality improvement



Upcoming Events

Our next CPI regional virtual meeting

- Southwest Region: November 29, 2023 | 1:00 pm – 1:30 pm PT

PHC Roundtables

- If you were unable to attend the last ECM RoundTable and would like the Chat Q&A: Please let Vicki, Lynn, or the PHIL team know and one of us will get those out to you.
- [Register](#) for the monthly ECM roundtable.
- Community Supports roundtable
- [Register](#) November 16th, 9-10 a.m., is the next Community Supports roundtable. [Link to join](#) is at the bottom of the [PHC CS page](#).

November Office Hours

- Thursday, November 9, 2023 | 12:00 - 1:00 pm PT
- Tuesday, November 14, 2023 | 2:00 - 3:00 pm PT



Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete this brief survey.



https://corexms9fmhcx4nh6y8v.qualtrics.com/jfe/form/SV_bJkP2bObRBKPH14

Your feedback ensures quality improvement, helps DHCS improve CaAIM processes and will inform planning and activities through the evolution of the collaborative.



Thank You!

Feel free to contact our PATH CPI team

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Thank you!



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Policy Landscape Updates

DHCS and CalAIM Strategy



Policy Landscape Updates

DHCS and CalAIM Strategy



Data Policy Updates

Equity and Practice Transformation Payments Program

The Department of Health Care Services is implementing a one-time \$700 million primary care provider practice transformation program to advance health equity and reduce COVID-19-driven care disparities by investing in up-stream care models and partnerships to address health and wellness and funding practice transformation. These efforts aligned with value-based payment models will allow Medi-Cal providers to better serve the state's diverse Medi-Cal enrollee population. These funds will be allocated in [three separate pathways](#) throughout the phases of the program year(s).



Funding Opportunities

Indigenous-Led Solutions to Advance Health Equity and Wellbeing

- E4A is launching a new call for proposals, [Indigenous-Led Solutions to Advance Health Equity and Wellbeing](#), in November of 2023. **Anticipated Timeline**
 - November 2023: Anticipated CFP release date
 - December 7, 2023, 11am PST: [Informational applicant webinar](#).
 - [Learn more and sign up](#) for alerts.



Birth Equity Resources: Jan. 1, 2024 Start

1. CA: [California Health Care Foundation](#)
2. National: [National Birth Equity Collaborative](#)
3. Ntl. Best Practices: [Addressing Birth Equity and Family Wellbeing Through Cross-Sector Alignment and Policy](#)
4. DHCS Doula Benefit: [Doula Services as a Medi-Cal Benefit](#)



Funding Available: Children and Youth Behavioral Health Initiative (CYBHI)

- The 5th round of grant funding is now accepting proposals to scale early intervention programs.
 1. Applications due by November 3rd
 2. A [Bidders Conference webinar](#) will be held on September 20, from 1 to 2:30 p.m., to review the application and offer the opportunity to ask questions about the process.
- For more information on Round 5: Early intervention programs and practices, and the priority Populations of Focus. Visit the [CYBHI Grant Strategy Overview](#).

“National research has shown that 50 percent of all mental health conditions appear before age 14.”

BMI Journals



Data Exchange Framework Initiative

- What is the Data Exchange Framework?
 - The data exchange framework is an agreement across health and human services systems and providers to share information safely. That means every health care provider can access the information they need to treat you quickly and safely; health care, behavioral health and social services agencies can connect to each other to deliver what Californians need to be healthy; and our public health system can better assess how to address the needs of all communities.
- Why is it needed?
 - Every Californian, no matter where we live, should be able to walk into a doctor's office, a county social service agency, or an emergency room and be assured health and human services providers can access the information they need to provide safe, effective, whole person care—while keeping our data private and secure.



Data Exchange Framework Resources

1. [Information is Power – May 2023 Slides](#)
2. [DSA Signatory Grants Guidance Document](#)
3. [Data Exchange Framework \(DxF\) Glossary of Defined Terms](#)
4. Upcoming Webinar



CalHHS Data Exchange Framework Frequently Asked Questions (FAQ)

- How are signatories to the Data Sharing Agreement (DSA) supposed to share data?
 - The Data Exchange Framework allows Participants to provide access to or exchange information including through any health information exchange network, health information organization, or technology that adheres to the DSA and Policies and Procedures found on our web site at Data Sharing Agreement and Policies & Procedures. The DxF is not intended to be an information technology system or single repository of data, rather it is a collection of organizations that are required to share health information using national standards and a common set of policies.
- Many more helpful FAQ's here: <https://tinyurl.com/4uh9kv9b>