Northwest Collaborative Planning & Implementation Group

Date:
Tuesday, November 28

Start/End Time: 01:00 pm – 2:30 pm PT

Location:
Access Zoom

Facilitator Organization:
Population Health Innovation Lab, Public Health Institute

Total Number of Attendees: 38

Meeting Objectives:

- Build relationships and increase awareness of partners in the Northwest CPI Collaborative Region.
- Learn about Partnership HealthPlan's improvements and resources.
- Cultivate a comprehensive understanding of the vision and trajectory outlined in the Population Health Management Initiative to align stakeholders with its overarching goals and principles.
- Heighten awareness of state initiatives designed to equitably address clients' needs and bolster the effectiveness of agencies, fostering a deeper commitment to supporting diverse communities.
- Strengthen participating organizations' grasp of upcoming advancements in interoperability, particularly within cross-sector approaches to whole-person care. Emphasize the significance of non-clinical Community-Based Organizations (CBOs) gaining access to integrated delivery systems for a more holistic and interconnected healthcare landscape.

High Level Agenda

No.	Topic	Key Questions
1.	Welcome & Framing for the Day	
2.	Local Organization Spotlight with Open Door Community Health Centers	• Which CalAIM benefits and opportunities are being leveraged locally to serve communities? • What are your successes and challenges of implementing ECM and/or Community Supports in your community.
3.	Presentation and Facilitated Q&A from the Department of Health Care Services (DHCS) – Randi Arias-Fontenot RN, MS-L, Doctoral Candidate	• What is the vision and trajectory outlined in the Population Health Management Initiative? How does it link to the vision of PATH initiatives, and overall integrated service delivery for Medi-Cal beneficiaries in our communities? • How might Managed Care Plans support care coordination, navigation, and referrals across all health and social services, including community supports between health centers, CBO's, and similar social services providers? • How is DHCS aiming to support more CBO's, tribal entities, and organizations that serve historically underserved populations for interoperability with health clinics without them having to compromise culturally appropriate services?
4.	Update from Partnership HealthPlan of California	• What updates from PHC will impact existing and prospective ECM and Community Supports workflow processes?
5.	Wrap-up and Next Steps	

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	N/A	N/A	N/A
Local Organization Spotlight with Open Door Community Health Centers	**Discussion Themes:** Open Door Community Health Centers in Humboldt County presented their Community Health Worker (CHW) workflow. Their goal was to strengthen partnerships among Open Door, First 5 and Medi-Cal managed care plans to screen for ACEs and respond to and help prevent toxic stress. Their second goal aimed to develop sustainable, community-informed, evidence-based services that treat and prevent toxic stress physiology and ACE-Associated Health Conditions among Medi-Cal beneficiaries. Lastly, they provided an update about their CITED award, ECM contract, and aspirations for community-based collaborations.	**Next Steps:** Ask Open Door Community Health Centers if we can share their CHW workflow on: • Northwest Region Readiness Roadmap website • Best Practices	**Lessons Learned:** This presentation emphasized the importance of coordinating various efforts in California's public health initiatives. PHIL learned about Open Door's workflow through an ACEs Aware PRACTICE grant. Their development of this workflow is relevant, especially for partners seeking examples to implement additional billing opportunities, like the Community Health Worker benefit. **Best Practice:** Open Door Community Health Centers shared the importance of leveraging local entities to improve care coordination for a variety of priority populations.

Presentation and Facilitated Q&A from the Department of Health Care Services (DHCS) – Randi Arias-Fontenot RN, MS-L, Doctoral Candidate	**Discussion Themes:** *See video posted on website* • Transforming Medi-Cal • Medi-Cal Transformation Initiatives • Population Health Management • ECM and Community Supports • Long-Term Care (LTC) • Funding & Capacity Building Programs: PATH, IPP, HHIP • MCP Transition • Dual Eligible Members • Behavioral Health • Justice-Involved	**Next Steps:** Develop a Q&A document for questions that were not answered. Once answered, the Q&A document will be sent to participants and will be added to the Readiness Roadmap website.	**Lessons Learned:** Having the Department of Health Care Services present on the Population Health Management (PHM) Strategy was mostly received well. Participants responses to the meetings objectives are as followed: 1. 5 of 9 survey respondents selected “Agree” or “Somewhat agree” to the following statement: This session helped me cultivate a comprehensive understanding of the vision and trajectory outlined in the Population Health Management Initiative 2. 5of 9 survey respondents selected “Agree” or “Somewhat agree” to the following statement: I have a better understanding of how the Population Health Management Initiative intends to improve access and opportunities, such as cross-sector approaches to whole-person care, using non-traditional Medi-Cal providers such as non-clinical Community-Based Organizations (CBOs). 3. 6 of 9 survey respondents selected “Agree” or “Somewhat agree” to the following statement: I have increased my awareness of state initiatives that are designed to equitably address clients' needs and bolster the effectiveness of agencies.
Update from Partnership HealthPlan of California	**Discussion Themes:** • Partnership Health Plan of California updates and upcoming events • Resources and webpages	**Next Steps:** Coordinate a conversation with PHC to learn how they can deliver	**Lessons Learned:** Participants are wanting clarity and direction from DHCS on the Birth Equity Population of Focus.

	See "Shared Collaborative Resources" section below for links.	updates regarding Birth Equity.	
Wrap-up and Next Steps			

Identified Gaps/Challenges in CalAIM/ECM/Community Supports

Topic	Gaps/Challenges Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
2025 Closed Loop Referral Process	Organizations would like to learn more about DHCS's aims in information exchange, including DHCS's plans to work with existing HIE and CIE networks in localities.	Facilitate and support conversations with local HIE and CIE leadership and DHCS.	CPI Participants would benefit from learning anticipated policies and procedures regarding data exchange. Local community assets might be best leveraged to accomplish shared goals.

Identified Successes Experienced by Participants

Topic	Successes Identified	Actions Taken/Next Steps	Best Practices/Lessons Learned
Leveraging Community Assets for Mutual Benefit to Populations of Focus	A Federally Qualified Community Health Center (FQHC) Program successfully coordinated with the county's First 5 program to develop a CHW workflow.	Ask Open Door Community Health Centers if we can share their CHW workflow on: • Northwest Region Readiness Roadmap website • Best Practices	Co-development of tools and processes is helpful in sustaining CalAIM initiatives, including between County programs and FQHCs.

Summary of Complaints & Grievances

Topic	Summary of Complaint/Grievance	Actions Taken	Next Steps

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

Topic	Comment/Concern/Question	Actions Taken	Next Steps
2025 Closed Loop Referral Process	Organizations would like to learn more about DHCS's aims in information exchange, including DHCS's plans to work with existing HIE and CIE networks in localities.	Facilitate and support conversations with local HIE and CIE leadership and DHCS.	CPI Participants would benefit from learning anticipated policies and procedures regarding data exchange. Local community assets might be best leveraged to accomplish shared goals.

Shared Collaborative Resources

#	Resource	Category/Type	Link/Access Information
Partnership HealthPlan of California Resources			
1.	PHC ECM Webpage	Website	http://www.partnershiphp.org/Community/Pages/Enhanced-Care-Management.aspx

#	Resource	Category/Type	Link/Access Information
2.	PHC Community Supports Webpage	Website	http://www.partnershiphp.org/Community/Pages/Community-Supports.aspx
3.	Care Coordination Department	Phone Number	800-809-1350
4.	Transportation Services Department	Phone Number	866-828-2303
5.	Provider Relations Department	Phone Number	707-863-4100
6.	Claims Customer Service	Phone Number	855-798-8757
7.	Registration page for Partnership HealthPlan ECM RoundTables	Website	https://bit.ly/3GkjqKL
Other Resources Shared			
8.	PHIL PATH CPI Website	Website	https://pophealthinnovationlab.org/projects/path/
9.	Native Lands map	Website	https://native-land.ca
10.	PHIL Post-event Survey	Survey	https://bit.ly/3Rj1yGf
11.	PHIL Continuous Feedback Survey	Survey	https://bit.ly/3MknLRy
12.	PATH CPI Best Practices Webinar	Registration	https://bit.ly/47Xms3o
13.	Full DHCS Q2 Data Implementation Update	Website	https://www.dhcs.ca.gov/Documents/MCQMD/ECM-and-Community-Supports-Q2-2023-Implementation-Update.pdf
14.	2024 Medi-Cal Managed Care Plan Transition Policy Guide	Policy Guide	https://www.dhcs.ca.gov/Documents/Managed_Care_Plan_Transition_Policy_Guide.pdf

Individuals in Attendance

	Name	Organization	Position / Title	MCP Y/N	Email
1.	Aaron Wythe	Unknown	Unknown	N	Unknown
2.	Addie Sherman	Department of Health Care Services	Section Chief, Policy	N	Addie.Sherman@dhcs.ca.gov
3.	Alissa Smith	Arcata House Partnership	Community Health Worker	N	asmith@arcatahouse.org
4.	Ashley Peel	Partnership HealthPlan of California	ECM Program Manager	Y	apeel@partnershiphp.org
5.	Barbara LaHaie	Humboldt Senior Resource Center	Director Population Health	N	blahaie@humsenior.org
6.	Bianca Veneracion	Partnership HealthPlan of California	Unknown	Y	Bianca Veneracion
7.	Desiray Avila	Arcata House Partnership	Lead Community Health Worker	N	davila@arcatahouse.org
8.	Erin Hall	Arcata House Partnership	Care Manager for the Pathway Program	N	ehall@arcatahouse.org

9.	Genesis Acuna	Open Door Community Health Centers	Administrative Associate and ACES Grant Program Coordinator	N	gacuna@opendoorhealth.com
10	Jessica Osborne-Stafsnes	North Coast Health Improvement and Information Network	COO	N	josborne@nchiin.org
11	Jessica Sanchez	Population Health Innovation Lab	Program Associate	N	jsanchez2@phi.org
12	Jon Brumbach	Advocates for Human Potential	Senior Associate	N	jbrumbach@ahpnet.com
13	Kari Hinkle	Home & Health Care Management, Inc.	Unknown	N	khinkle@homeandhealthcaremgmt.com
14	Karina Vazquez-Lopez	Open Door Community Health Centers	Child & Family Health Navigator	N	kvazquez-lopez@co.humboldt.ca.us
15	Kathryn Power	Partnership Health Plan of California	Community Relations and Policy Manager	Y	kpower@partnershiphp.org
16	Kathryn Stewart	Population Health Innovation Lab	Research Scientist	N	SAluko@phi.org
17	Katie Christian	Population Health Innovation Lab	Communications Coordinator	N	KChristian@phi.org
18	Kim Rhoads-Brooks	McKinely Union School District	Community Schools Coordinator	N	Kim Rhoads-Brooks
19	Leslie Goodyear-Moya	Manifest Medex	Sr Advisor Strategic Initiatives	N	leslie.goodyear-moya@manifestmedex.org
20	Mary-Ann Hansen	Open Door Community Health Centers	Executive Director	N	mhansen@co.humboldt.ca.us
21	Max Chavez	Population Health Innovation Lab	Research Assistant II	N	MChavez@phi.org
22	Meredith Wolfe	County of Humboldt	CCS Administrator	N	mwolfe@co.humboldt.ca.us
23	Nicole Gamache-Kocol	Public Consulting Group	Operations Supervisor II	N	ngamachekocol@pcgus.com
24	Rachael Sovereign	Humboldt Senior Resource Center	Unknown	N	rsovereign@humsenior.org
25	Ramon Anguiano	Serene Health	Unknown	N	'ramon@serenehealth.com'
26	Randi Arias-Fontenot,	Department of Health Care Services	Nurse Consultant III	N	Randi.Arias-Fontenot@dhcs.ca.gov
27	Roxanne Minott	Mom's Meals	Community Supports Coordinator	N	Roxanne.Minott@momsmeals.com
28	Sandy Miliotti	Open Door Community Health Centers	Health Resources Manager	N	smiliotti@opendoorhealth.com
29	Sarah Ross	Open Door Community Health Centers	LCSW	N	sross@opendoorhealth.com

30	Shari Brenner	Private Consultant	Consultant	N	sbrenner@sonic.net
31	Sharon Hunter	St. Joe's	Advisor/Analyst, Community Health Investment	N	sharon.hunter@stjoe.org
32	Stefani Hartsfield	Population Health Innovation Lab	Consultant	N	stefani@hartsfieldhealth.com
33	Sue Grinnell	Population Health Innovation Lab	Director	N	SGrinnell@phi.org
34	Tracey Rattray	Public Health Institute	Division Director	N	TRattray@phi.org
35	Virginia Beckman	Arcata House Partnership	Consultant	N	vbeckman@arcatahouse.org
36	Zachary Ray	Native Spirit Consulting	Executive Director	N	zray@nativespiritconsulting.com

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 11/14/23 to discuss regional collaboration of prioritized issues listed in the Issue Tracker.

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.	Ask Open Door Community Health Centers if we can share their CHW workflow.	PHIL	12/05/2023	12/15/2023	Incomplete
2.	Develop a Q&A document for questions that were not answered. Once answered, the Q&A document will be sent to participants and will be added to the Readiness Roadmap website.	PHIL	12/05/2023	12/15/2023	Incomplete
3.	Coordinate a conversation with PHC to learn how they can deliver updates regarding Birth Equity.	PHIL	12/05/2023	12/15/2023	Incomplete

No.	Action Item	Owner	Created	Deadline	Status
4.	Support conversations between local HIE and DHCS to learn more about the "Closed Loop Referral System".	PHIL	12/05/2023	12/15/2023	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
5.	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.

No.	Action Item	Owner	Created	Deadline	Status
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 will learn more about the pilot between NCHIIN and Arcata House.	PHIL	11/15/2023	11/15/2023	Incomplete
2.	Integrate recommended improvements in workplans and programing through 2024.	PHIL	11/15/2023	11/15/2023	Incomplete
3.	Learn how HealthBegins is supporting their collaboratives with Case Consulting.	PHIL	11/01/2023	11/15/2023	Incomplete
4.	Identify strategies to address gaps in data exchange in organizations and in counties.	PHIL	11/01/2023	11/15/2023	Incomplete
5.	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
6.	Design opportunities for shared leadership with participants to lead efforts.	PHIL	11/01/2023	11/15/2023	Incomplete
7.	Integrate recommended improvements in workplans and programing through 2024	PHIL	11/01/2023	11/15/2023	Incomplete
8.	Uplift provider concerns for DHCS' marketing strategies for ECM and CS.	PHIL	11/01/2023	11/15/2023	Incomplete
9.	Identify strategies to address gaps in outreach and recruitment strategies.	PHIL	11/01/2023	11/15/2023	Incomplete
10.	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
11.	PHIL staff will review existing barriers identified by the collaborative. Additional actions to improve the Readiness Roadmap website include: • Peer created process tools. • Process maps and workflows. User feedback from the community.	PHIL	09/26/2023	9/30/2023	Incomplete
12.	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

No.	Action Item	Owner	Created	Deadline	Status
13.	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
14.	Follow-up with CPI participants who have notable progression on the Readiness Roadmap.	PHIL	8/28/2023	9/30/2023	Incomplete
15.	Invite leadership from Humboldt Continuum of Care.	PHIL	8/28/2023	8/31/2023	Incomplete
16.	Invite interested and invested stakeholders to collaboratively work on solutions for identified issues	PHIL and CPI Partners	6/29/2023	7/15/2023	Strategizing
17.	Follow up with organizations who are willing to share their process maps.	PHIL	6/29/2023	7/7/2023	Planning process for distribution.
18.	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
19.	Updating stakeholder information with participants' positions on the readiness roadmap to track advancement towards our Aim.	PHIL	5/30/2023	7/15/2023	Updating
20.	Incorporating breakout discussions into our Solutions Approach strategy	PHIL	5/30/2023	6/12/2023	Strategizing
21.	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: • Accessibility to tools from PHC including z codes, g code sheets, and eligible participant lists. 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

No.	Action Item	Owner	Created	Deadline	Status
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