



PATH – Collaborative Planning & Implementation (CPI)

Welcome! The Northwest Collaborative Planning Meeting will be starting shortly.

March 18, 2025



POPULATION HEALTH
INNOVATION LAB

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PATH – Collaborative Planning & Implementation (CPI)

Northwest Collaborative Planning Meeting

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Thank you to our sponsors



PUBLIC™
CONSULTING GROUP



The Big Welcome



Introductions and Housekeeping

Introductions around the Circle

Who is part of the PHIL team?

Where is the restroom?

Where are the exits?

What time is lunch?

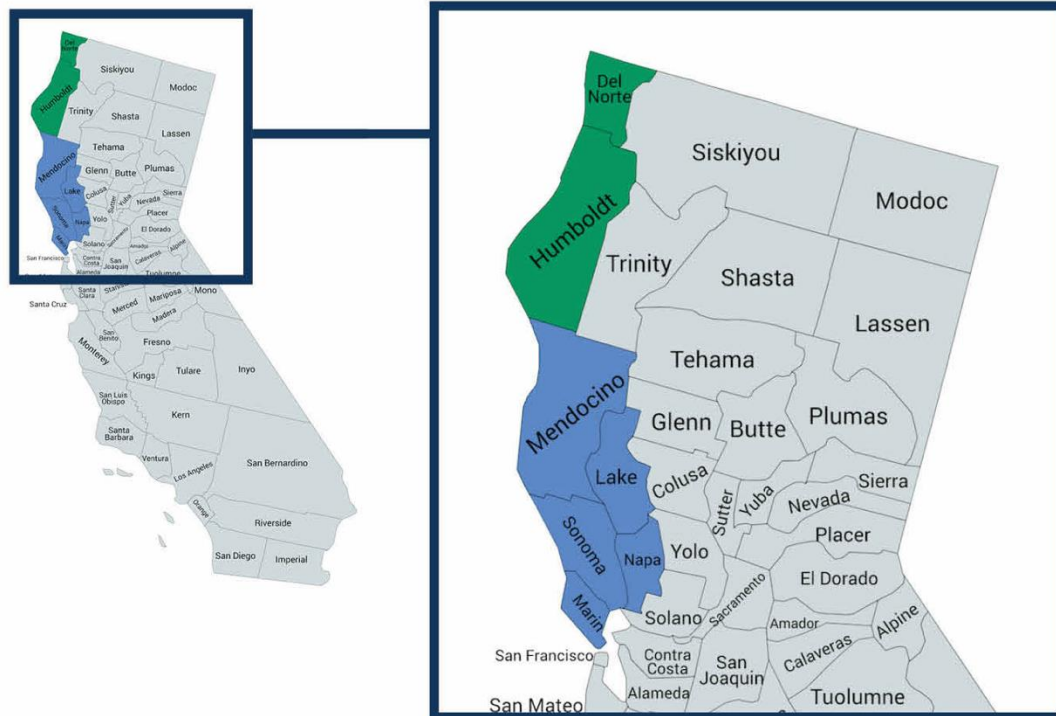




Collaborative Planning & Implementation Overview

Region Counties Supported by PHIL

-  Northwest
-  Southwest



CPI collaboratives will work together to identify, discuss, and resolve CalAIM implementation issues.

- Learn more about the PATH CPI initiative [here](#).
- Catch up with us! Find meeting minutes, Readiness Roadmap Resources, and registration links on the [PHIL website](#).



Key Collaborative Goals/Drivers for 2025

1. Increase knowledge about CalAIM eligibility requirements to improve provider understanding and increase enrollment into services.
2. Overcome barriers to community-based referrals.
3. Ensure robust and equitable provider networks for each ECM Population of Focus (PoF) and Community Support.
4. Increase awareness of ECM and Community Supports among Medi-Cal members to enhance utilization.
5. Strengthen data sharing among CalAIM providers to improve care coordination.



Agenda for Today

1. Highlights from Partnership HealthPlan of California
2. Zoom-In on CIE and Engaging Children and Families
3. Networking Lunch
4. County Group Activity: Assessing Provider Networks within the CalAIM Ecosystem of Care:
5. Upcoming CalAIM Events and Announcements
6. Evaluation and Closing



Objectives

- Increase understanding about county-specific provider networks for CalAIM services.
- Highlight promising practices to promote community information exchange through *North Coast Care Connect* and engage children and families through *Family First Community Pathways Sites*.
- Encourage shared learning and provide a platform for open dialogue.
- Facilitate an open forum to enhance transparency surrounding challenges, successes, and innovations in CalAIM Enhanced Care Management (ECM) and Community Supports services.



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

[Sacramento Briefing: CalAIM Housing Community Supports - California Health Care Foundation](#)



Partnership HealthPlan of California (PHC)

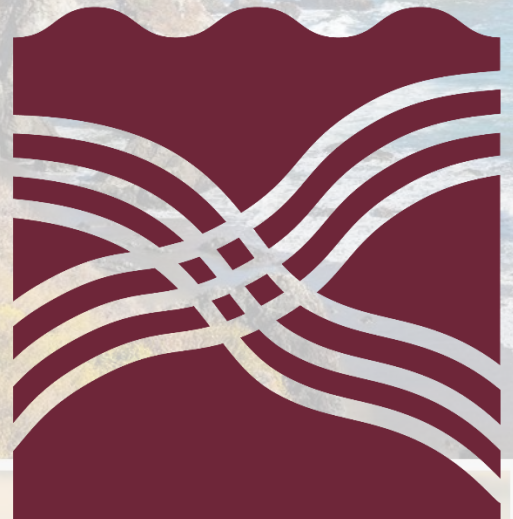
Updates on CalAIM

Danielle Biasotti, MBA, RPhT

Associate Director

Enhanced Health Services Department and
Victoria Sacramento

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Managed Care Plan CalAIM Updates

March 2025

Agenda

Closed-Loop Referral Provider Reporting Changes

CalAIM Webpage

Funding Opportunities

Justice Involved ECM Provider Training



Closed-Loop Referral (CLR) Provider Reporting Changes



Closed-Loop Referral (CLR) Provider Reporting Changes

ECM:

File Template: MIF Update

Referral Type (Community vs. Identified by MCP)

File Template: RTF Updates

- Referral status
- Date of referral status
- Reason for CLR closure
- ECM Lead Care Manager's email address

CS:

File Template: ASF Updates (CS)

Referral Type (Community vs. Identified by MCP)





Partnership HealthPlan's CalAIM Webpage





Partnership HealthPlan's CalAIM Webpage

Partnership HealthPlan of California is happy to announce that our new and improved CalAIM (Transforming Medi-Cal) webpage is officially live!

The CalAIM webpage contains several valuable resources on topics such as:

- DHCS
- Enhanced Care Management
- ECM Reporting
- Community Supports
- CS Reporting
- Claims/Billing
- Justice Involved Programs
- Partnership Contacts

PHC CalAIM Webpage:

<https://www.partnershiphp.org/Community/Pages/CalAIM.aspx>





Funding Opportunities

DHCS PATH CITED Funding

PATH CITED Round 4 application window opened on January 6, 2025

The deadline to apply for PATH CITED Round 4 funding has been extended to 11:59 p.m. PST on May 2, 2025

CITED Eligibility

Organizations eligible to apply:

- CBOs
- County, city, or local government agencies
- Federally Qualified Health Centers
- Medi-Cal Tribal and Designee of Indian Health Program
- Others as approved by DHCS.

Round 4 Priorities

PATH CITED Round 4 priorities include:

- ECM/Community Supports in rural counties
- Statewide ECM needs
- Tribal partners and providers
- Statewide Community Supports services needs
- County-specific gaps in ECM by Population of Focus
- County-specific gaps in Community Supports services by Community Support type
- Counties providing Transitional Rent

DHCS PATH CITED Funding

Upcoming PATH Webinars:

- March 13, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)
- March 20, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)
- March 27, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)
- April 10, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)
- April 17, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)
- April 24, 2025, 10 a.m. – 11 a.m. PATH CITED Round 4 Office Hours [Registration](#)

- Submissions due May 2, 2025

Resources:

- <https://www.ca-path.com/cited>

2025-2026 IPP Funding

- Partnership is accepting applications for the 2025-2026 CalAIM Grant Program
- Grants available for the following categories:
 - Justice Involved Population of Focus – capacity building
 - Access – projects that support PCP/Specialty access for Members to establish care
 - Rural Focus – capacity building
 - Build capacity and/or expansion of Short-Term Post Transition Housing and/or Short-Term Recuperative Care facility
- Applications due by 5PM on May 16, 2025
 - Approval Announcements will be made in June 2025
 - Funding must be spent by December 31, 2026.
- The budget template and application can be found on the [CalAIM webpage](#) under Additional Resources, questions can be directed to Grants@partnershiphp.org

[Partnership CalAIM Grant Program Application](#)



Justice Involved Enhanced Care Management Provider Training





Justice Involved ECM Webinar

Partnership HealthPlan of California's CalAIM team invites our Justice Involved (JI) Enhanced Care Management (ECM) providers to attend an educational training session

Tuesday, March 25, 2025 2:00 – 3:00 PM

Registration Here:

[Justice Involved ECM Provider Training Registration](#)





Questions

Contacts:

- **ECM@partnershiphp.org**
- **CommunitySupports@partnershiphp.org**
- **ClaimsECMhelpdesk@partnershiphp.org**

Register for upcoming CalAIM Office Hours [here](#)



Elevating the Expertise of Local Partners

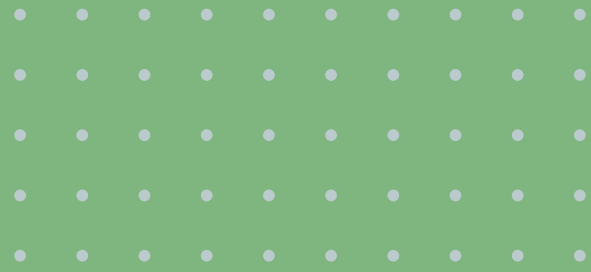
**Local approaches in the CalAIM
implementation journey.**

Welcome:

North Coast Care Connect

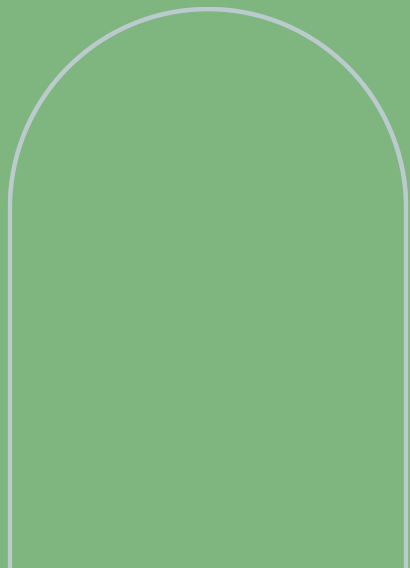
*Jessica Osborne-Stafsnes,
Chief Operating Officer, NCHIIN*





North Coast Care Connect

An Introduction





NORTH COAST HEALTH IMPROVEMENT AND INFORMATION NETWORK

Humboldt County non-profit organization with a mission to improve the wellbeing of the people of Humboldt County through information exchange and community health improvement activities.



BACKGROUND

- 2010: Established– HIE Services
- 2015: Added “Improvement”
- 2015: Cross–Sector Data
- 2017: Accountable Community for Health
- 2019: Community Information Exchange



BARRON CLARK
MAD RIVER COMMUNITY HOSPITAL

BRUCE KESSLER, MD
NCHIIN BOARD CHAIR

JEFF RIBORDY, MD
PARTNERSHIP HEALTH PLAN

LIZ LARA–O’ROURKE
UNITED INDIAN HEALTH SERVICES

NANCY STARK
HUMBOLDT COUNTY DHHS

TERRY WILLIAMS
OPEN DOOR FQHC

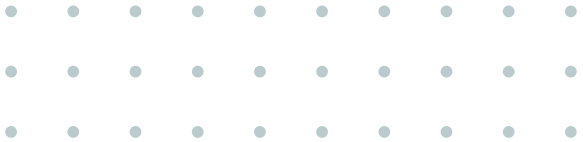
SOFIA PEREIRA
HUMBOLDT COUNTY DHHS

TIM RINE
NORTH COAST CLINICS NETWORK

WES RISHEL
IT EXPERT

Community Information Exchange

- Network of Partners
- Technology Platform
 - Referrals/Resources
 - Care Planning
 - Case Management
 - Longitudinal record of Care
 - Shared Assessment
 - Reporting Tools
- Enduring Structure focused on system-level planning, coordination, and improved outcomes



North Coast Care Connect (Demo Site- No PHI)



22 Years - Decline to State Gender (They/Them) DOB: (01/14/2003)

Sara Day

NCCC ID: 88247644 | ● Consent thru 06/30/2026 | Household Members HD Join Care Team

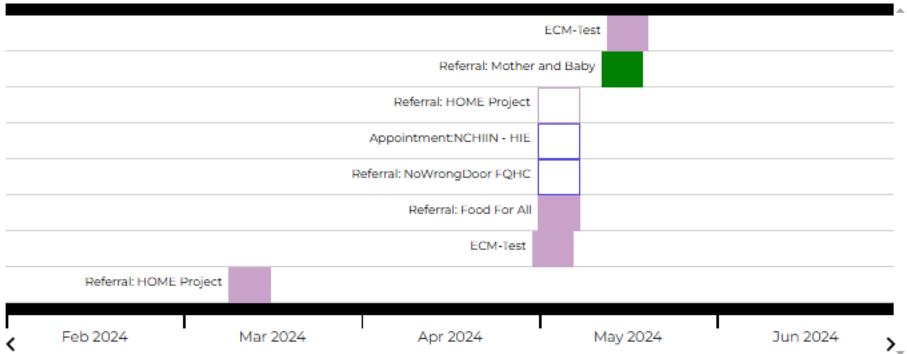
Client Launchpad

Shared Client Profile My Case Work Case Activity Find Resources

Sara's OneView



Sara's Services Timeline



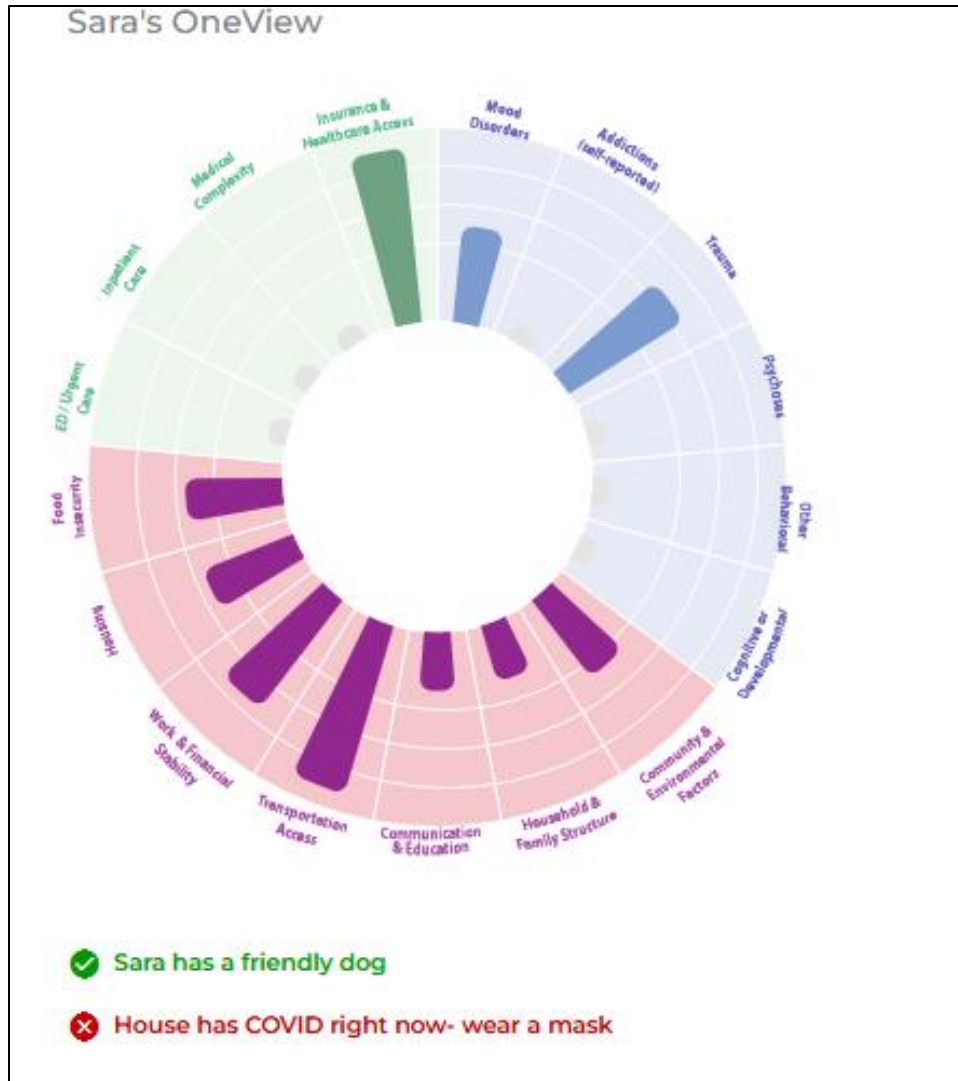
+ Add a New Care Task

Sara's Care Team | Team Messages

- Client Communications**
- KE Kerri Escudero**
Intake Coordinator
McKinleyville Family Resource Center
care team since Mar 2025
Dec 2023 - May 2024
[See Bio and Contact Info...](#)
- CD Chris Davis**
Project Manager
NCHIIN - HIE
care team since Jul 2024
Jun 2024 - Jun 2024
[See Bio and Contact Info...](#)
- CD Chris Davis**
Project Manager
DHHS Social Services The Center at McKinleyville
care team since Jul 2024
Jun 2024 - Jun 2024
Oct 2023 - May 2024
[See Bio and Contact Info...](#)
- AM Athena Murrish**
Office Assistant
DHHS Social Services The Center at McKinleyville
care team since Nov 2024

- ✔ Sara has a friendly dog
- ✘ House has COVID right now- wear a mask

North Coast Care Connect (Demo Site- No PHI)



Functionality:

- One View: Dynamic way to identify client's current needs
- Capture and track close-loop referrals
- Shared assessments and custom forms
- Document social and family networks
- Capture case management notes and tasks
- Securely message and coordinate with members of the care team across the community
- Securely store documents tied to client record

CURRENT STATE

Network

36 Network Partners

Adding more regularly

In contact with 130+
programs

Alignment

Enhanced Case
Management and
Community Supports

Family First Prevention
Services Act

Community's Organizing
Against Disaster (COAD)

Aging Disability Resource
Connection

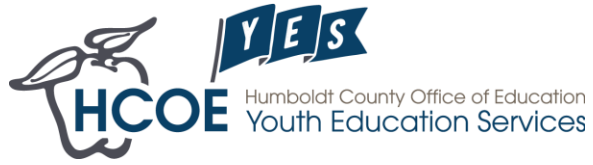
EQUITY

Building an anti-racist
and equitable CIE

Resident engagement

Data Sovereignty

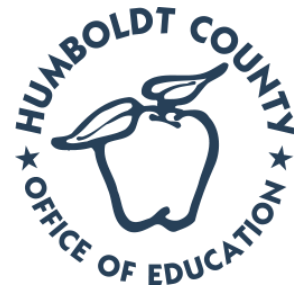
Current Partners



Peninsula Union School District



McKinleyville
FAMILY RESOURCE
CENTER



School Based Wellness Programs
A program of the Humboldt IPA



CR Student Accessibility
Support Services



North Coast Care Connect: ECM- Training Site No PHI

The screenshot displays the 'ECM Care Plan Guide' interface. At the top, it shows the title 'ECM Care Plan Guide'. Below this, there are input fields for 'First Name' (containing 'Sara') and 'Last Name' (containing 'Day'). Further down, there are fields for 'DOB' (containing '2003-01-14') and 'Member ID / CIN'. A navigation bar below these fields includes tabs for 'Identity & Demographics', 'Health-Related Social Needs', 'Clinical & Behavioral Data', and 'Goals'. The 'Health-Related Social Needs' tab is active, showing a section for 'Acuity' with radio buttons for 'High Risk', 'Low Risk', and 'No Risk'. To the right, there is a 'Self-Management Assessment' section with radio buttons for 'Poor', 'Moderate', and 'Good'. Below this is a 'Social Determinants of Health' section with a checkbox for 'If current member has any changes to SDOHs, check the box and fill out only the changes.' This section contains several input fields: 'Education', 'Employment Status', 'Income Status', 'Food Security', 'Housing Stability', and 'Transportation'.

ECM Tools:

- ECM Care Plan that pulls in content from the client record
- Standardized assessments (DAST-10; PHQ-9/2) that populate care plan
- Outreach tracker that does standard exports to support billing/reporting to PHC
- ECM Consent Tracking
- Ability to ingest MIF to create client records
- Ability to export RTF to excel for monthly reporting
- Single SSO ability to Point Click Care
- Ability to report on referrals made on behalf of clients

North Coast Care Connect: Group Chat

In an ideal state, what additional ECM functionality would North Coast Care Connect have?

- > Current capacities*
- > Meet closed loop referral requirement*
- > QIP reporting?*

In an ideal state, what Community Supports Functionality might this included?

In an ideal state, what additional features might the CIE have?



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Kerri Gowdy
Implementation
Manager
kgowdy@nchiin.org
707.443.4563 ext.157



THANK YOU

Let's chat further...

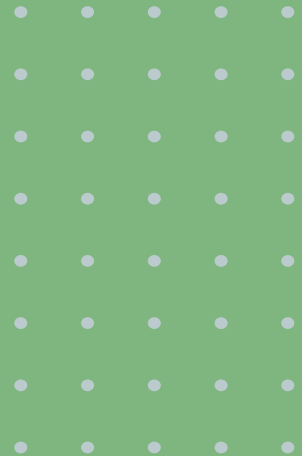
707-443-4563 x 170
www.nchiin.org



04.

NCCC DEMONSTRATION

(Training Site)



KEY ACTIVITIES: 2018-2021

CIE Model

Adopt Strategy

Learning Cohort

Development
Budget

Co-Design





Elevating the Expertise of Local Partners

**Local approaches in the CalAIM
implementation journey.**

Welcome:

**Family First Prevention Services
Community Pathways Program**

*Cindy Sutcliffe, Program Manager, Humboldt
County Department of Health & Human Services*





Open Space Technology

1. Host a topic you'd like to talk about.
2. Denote which conversation you'd like to join.
3. Meet, take notes, or walk around to participate in multiple conversations.

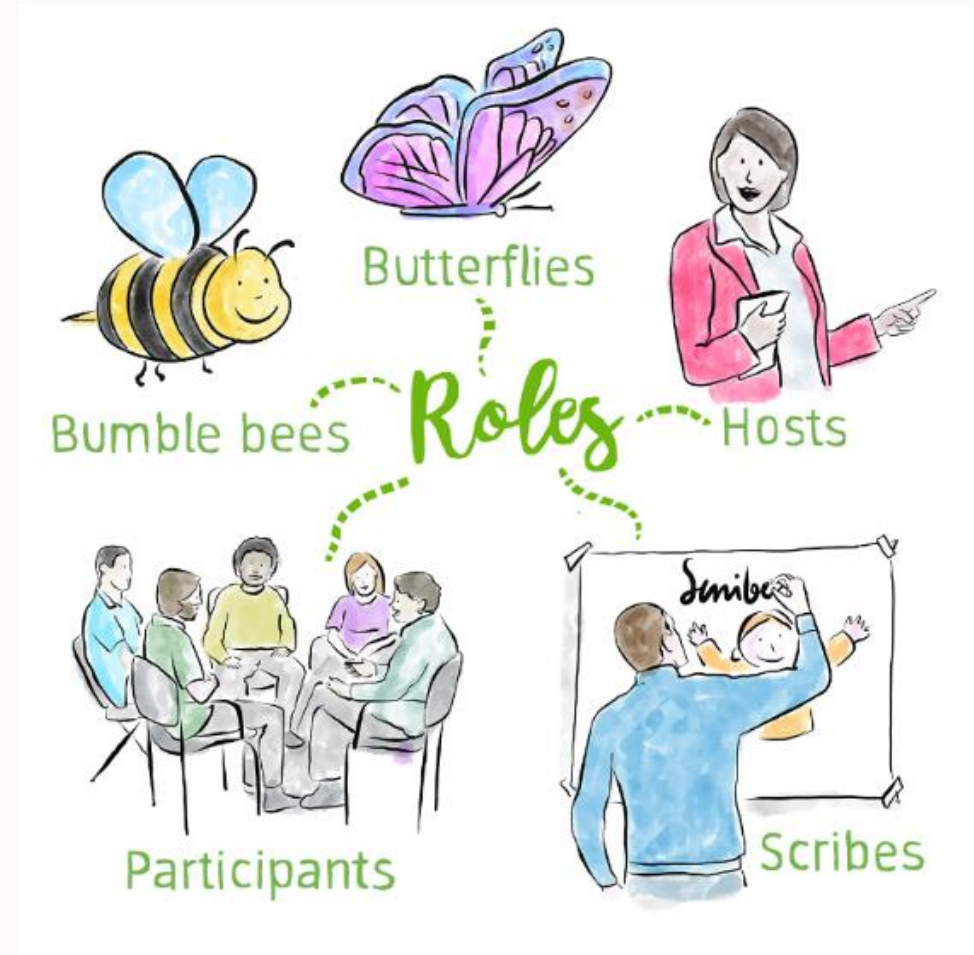




Principles of Open Space and Roles

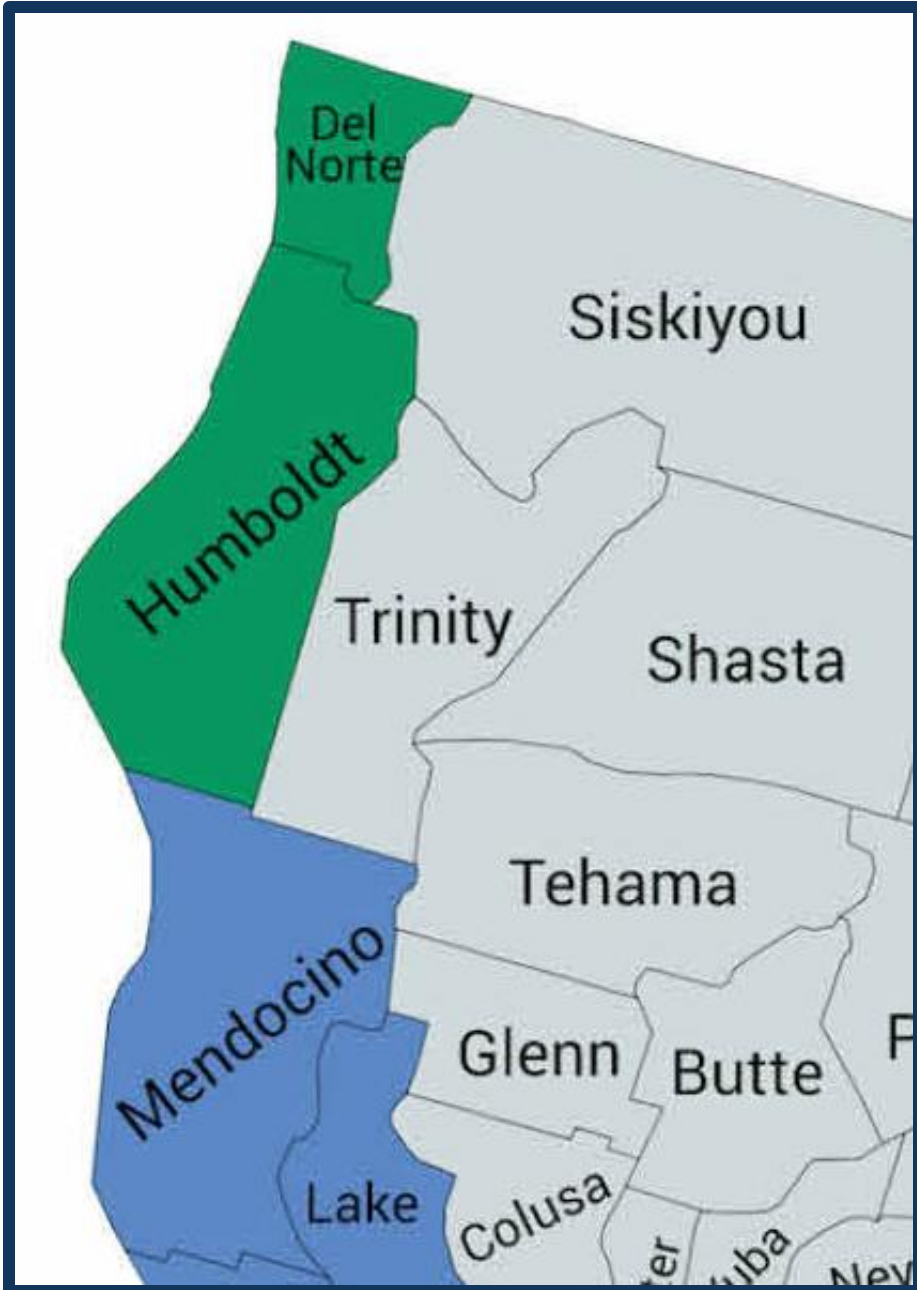
The four principles and the law work to create a powerful event motivated by passion and bounded by the responsibility of the participants.

1. Whoever comes are the right people
2. Whenever it starts is the right time
3. Whatever happens is the only thing that could have
4. When it's over its over





Networking Lunch!



Human Map



Assessing Provider Networks within the CalAIM Ecosystem of Care: County-specific data for Enhanced Care Management

Utilization Data and County Group Activity



Enhanced Care Management (ECM) Populations of Focus (PoFs)

ECM Populations of Focus		Adults	Children & Youth
1b	Individuals Experiencing Homelessness: <i>Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness</i>	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (<i>Formerly "High Utilizers"</i>)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓



ECM Utilization Rates by County

County	Last Date In the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period - <u>Adults</u>	Number of Unique Members Who Received ECM in the Last 12 Months of the Reporting Period - <u>Adults</u>	ECM Utilization rate in the last 12 Months of the Reporting Period - <u>Adults</u>	Average MCP Members <u>Under Age 21</u> in the Last 12 Months of the Reporting Period	Number of Members <u>Under Age 21</u> Enrolled in ECM At Any Point in the Last 12 Months of the Reporting Period	ECM Utilization rate in the Last 12 Months of the Reporting Period - <u>Under Age 21</u>
Del Norte	6/30/24	12582	247	<u>1.96%</u>	4670	36	<u>0.77%</u>
Humboldt	6/30/24	60376	976	<u>1.62%</u>	20005	90	<u>0.45%</u>

Data Source: [DHCS ECM and Community Supports Quarterly Implementation Report](#)



Adult ECM Utilization Breakdown- Del Norte

County	MCP	Last Date In the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	Number of Unique Members Who Received ECM in the Last 12 Months of the Reporting Period	Percentage of MCP Members Who Were Enrolled in ECM in the Last 12 Months of the Reporting Period	Quarter	Adult – Individual s Experienc ing Homeless ness	Adult – Individual s At Risk for Avoidable Hospital or ED Utilization	Adult – Individual s with Serious Mental Health and/or Substance Use Disorder (SUD) Needs	Adult Nursing Facility Residents Transition ing to Communi ty	Adults Living in the Communi ty and At Risk for Long-Term Care Institutionalization	Adult – Individual s Transition ing from Incarcerat ion (some WPC counties only)	Adult – Birth Equity
Del Norte	Partnership Health Plan of California	6/30/24	12582	247	1.96	2024 Q2	130	84	115*		0*	*	
						2024 Q1	123	89	35	0	0	0*	
						2023 Q4	85	72	35*	*	*		0
						2023 Q3	59	61	26*		0*		0

Data Source: [DHCS ECM and Community Supports Quarterly Implementation Report](#)



Children ECM Utilization Breakdown- Del Norte

County	MCP	Last Date In the Reporting Period	Average MCP Members Under Age 21 in the Last 12 Months of the Reporting Period	Number of Members Under Age 21 Enrolled in ECM At Any Point in the Last 12 Months of the Reporting Period	Percentage of MCP Members Under Age 21 Who Were Enrolled in ECM in the Last 12 Months of the Reporting Period	Quarter	Children and Youth – Individuals Experiencing Homelessness	Children and Youth – Individuals At Risk for Avoidable Hospital or ED Utilization	Children and Youth – Individuals with Serious Mental Health and/or Substance Use Disorder (SUD) Needs	Children and Youth – Enrolled in California Services (CCS) with Additional Needs	Children and Youth – Involved in Child Welfare	Children and Youth – Individuals Transitioning from Incarceration (some WPC counties only)	Child – Birth Equity
Del Norte	Partnership Health Plan of California	6/30/24	4670	36	0.77	2024 Q2	18	12*		0	0	0*	
						2024 Q1	14	11*	0	0	0	0	
						2023 Q4	*	*	*	0	0	0	0
						2023 Q3	0	0	0	0	0	0	0

Data Source: [DHCS ECM and Community Supports Quarterly Implementation Report](#)



Adult ECM Utilization Breakdown- Humboldt

County	MCP	Last Date In the Reporting Period	Average MCP Members in the Last 12 Months of the Reporting Period	Number of Unique Members Who Received ECM in the Last 12 Months of the Reporting Period	Percentage of MCP Members Who Were Enrolled in ECM in the Last 12 Months of the Reporting Period	Quarter	Adult – Individuals Experiencing Homelessness	Adult – Individuals At Risk for Avoidable Hospital or ED Utilization	Adult – Individuals with Serious Mental Health and/or Substance Use Disorder (SUD) Needs	Adult Nursing Facility Residents Transitioning to Community	Adults Living in the Community and At Risk for Long-Term Care Institutionalization	Adult – Individuals Transitioning from Incarceration (some WPC counties only)	Adult – Birth Equity
Humboldt	Partnership Health Plan of California	6/30/24	60376	976	1.62	2024 Q2	563	182	240	28	54	25	31
						2024 Q1	478	139	185*		21*	*	
						2023 Q4	249	79	121	12	13*		0
						2023 Q3	132	81	63*	*		0	0

Data Source: [DHCS ECM and Community Supports Quarterly Implementation Report](#)



Children ECM Utilization Breakdown- Humboldt

County	MCP	Last Date In the Reporting Period	Average MCP Members Under Age 21 in the Last 12 Months of the Reporting Period	Number of Members Under Age 21 Enrolled in ECM At Any Point in the Last 12 Months of the Reporting Period	Percentage of MCP Members Under Age 21 Who Were Enrolled in ECM in the Last 12 Months of the Reporting Period	Quarter	Children and Youth – Individuals Experiencing Homelessness	Children and Youth – Individuals At Risk for Avoidable Hospital or ED Utilization	Children and Youth – Individuals with Serious Mental Health and/or Substance Use (SUD) Needs	Children and Youth – Enrolled in California's Children's Services (CCS) with Additional Needs	Children and Youth – Involved in Child Welfare	Children and Youth – Individuals Transitioning from Incarceration (some WPC counties only)	Child – Birth Equity
Humboldt	Partnership Health Plan of California	6/30/24	20005	90	0.45	2024 Q2	61	23	16*		0	0	0
						2024 Q1	32	15	11*		0	0	0
						2023 Q4	*	0*		0*		0	0
						2023 Q3	*	0*		0	0	0	0

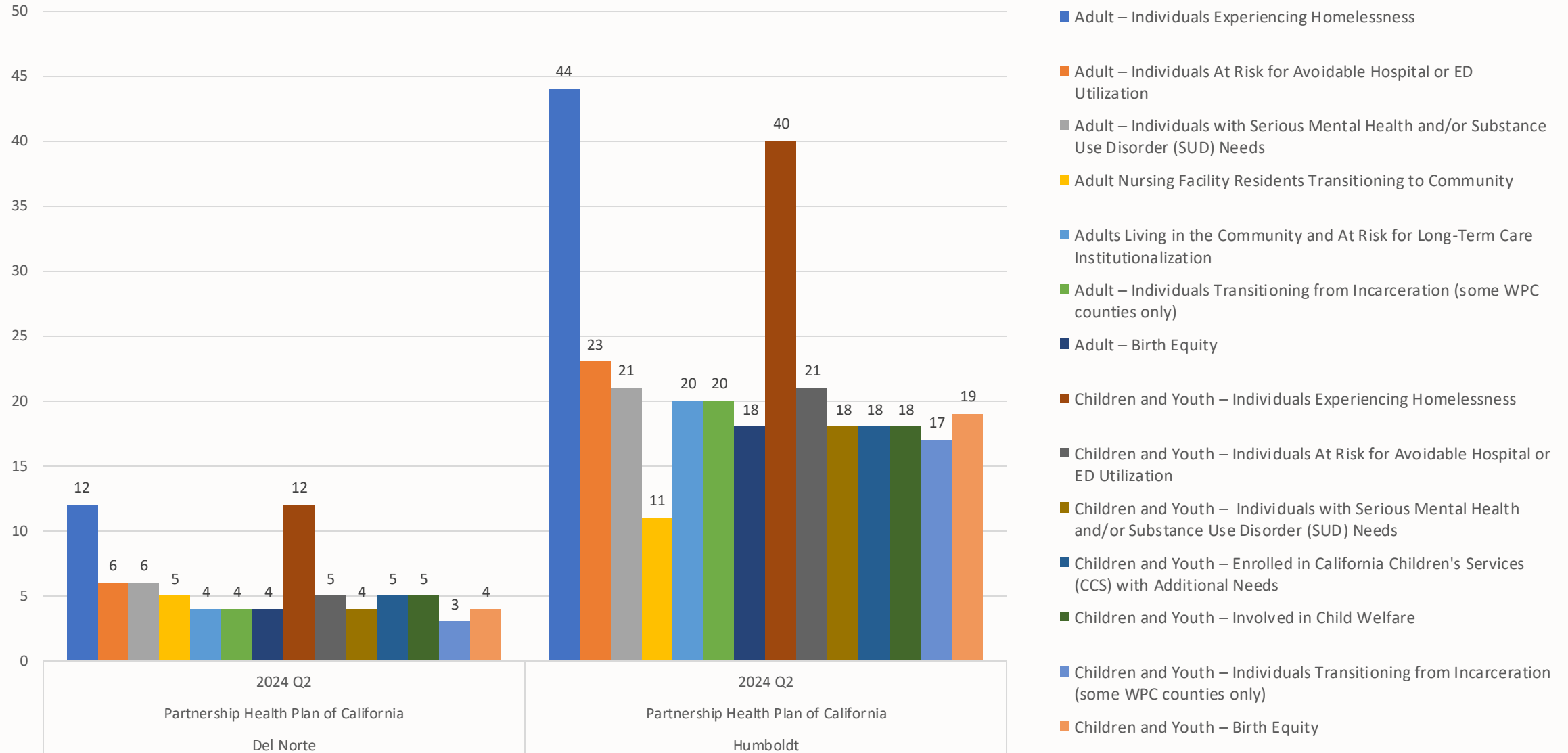


ECM Provider Takeaways from February's Convening

- Lack of Tribal providers enrolled to provide ECM services for children and their families
- Ratio of non-local providers to local providers
- Challenges in successfully referring to other ECM providers



Northwest ECM Contracted Providers



DEL NORTE

County Map, California



Humboldt County Total Population: 132,380
 Medi-Cal Population: 80,381

Del Norte County Total Population: 27,009
 Medi-Cal Population: 17,252





Questions?

**Break Into
County Specific
Groups**



ECM Contracted Provider Details

- County Specific Questions Worksheet
- Provider Network Chart
 - Handout
 - Google docs link



Harvest





Open Space Technology

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2. Denote which conversation you'd like to join.
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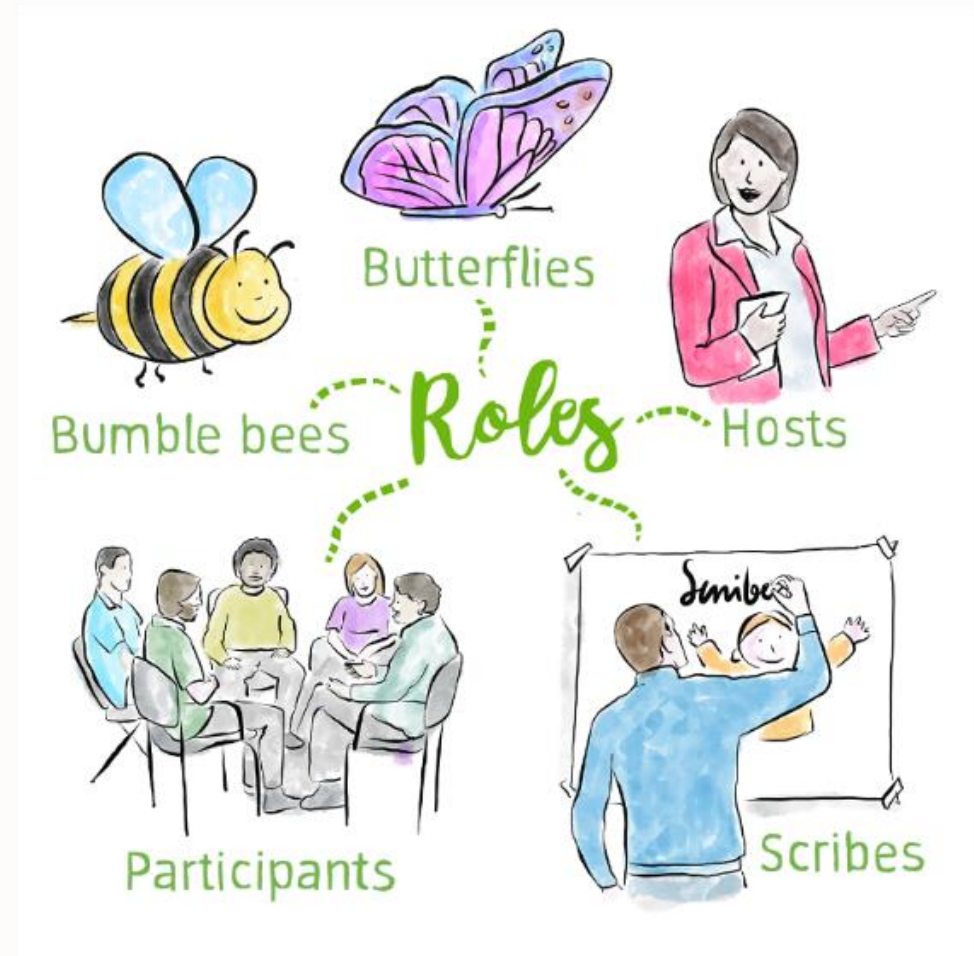




Principles of Open Space and Roles

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Upcoming PATH CPI Events

Our next CPI regional meeting is virtual. We hope to see you there!

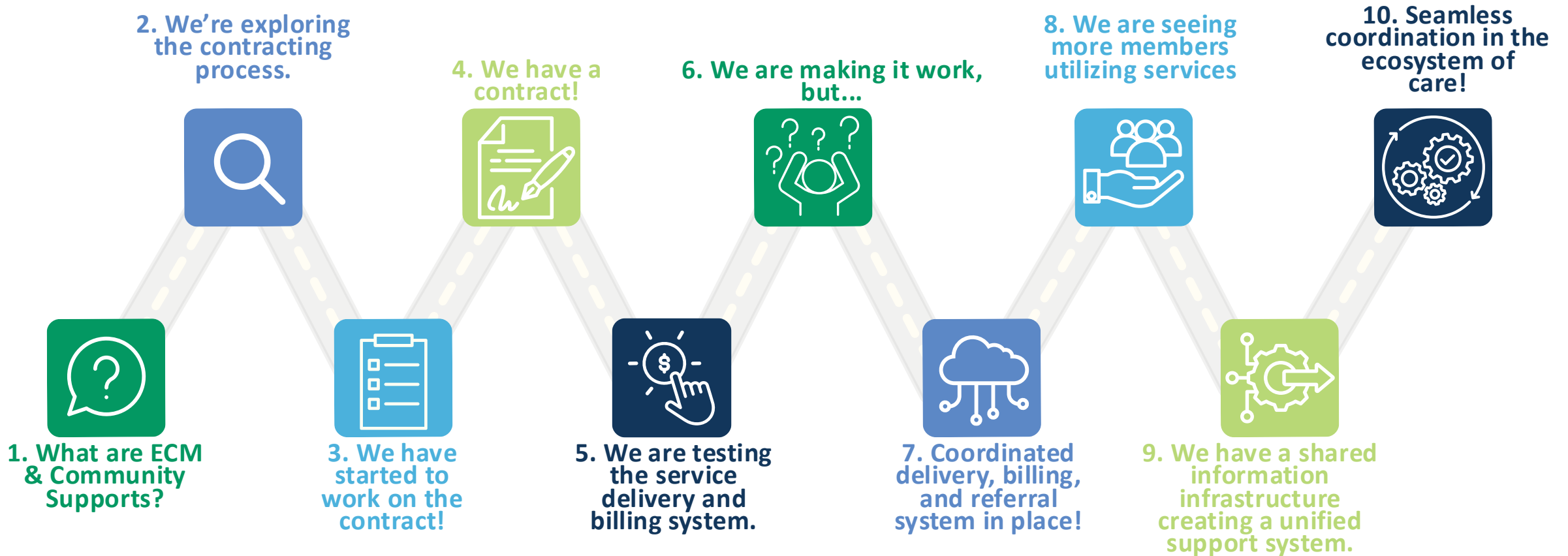
Tuesday, April 15th

1:00 – 2:30 pm

[NEW! RSVP Link](#)

Readiness Roadmap

Where am I on the Readiness Roadmap?





Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete the brief survey that pops up in a new tab at the close of the meeting. Your feedback ensures quality improvement and will inform planning and activities through the evolution of the collaborative.



<https://bit.ly/3Fvyqs2>



Thank You!

Feel free to contact our PATH CPI team

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Director of Learning and Action

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Tammy Chandler

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Improvement Manager

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For general inquiries, please feel free to email path@pophealthinnovationlab.org

Thank you!

