



PATH – Collaborative Planning & Implementation (CPI)

Southwest Collaborative Planning Meeting

July 17, 2025



POPULATION HEALTH
INNOVATION LAB

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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.

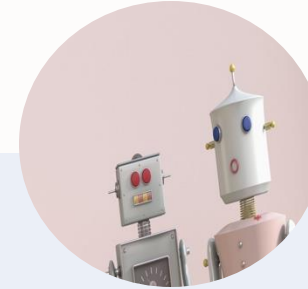


Welcome & Housekeeping



Roll Call

Please share your name, location, title, and organization in the chat.



Participation Request

Vendors and salespeople should recuse themselves from soliciting during this collaborative convening.

Population Health Innovation Lab (PHIL)

PATH CPI Project Team



Tammy Chandler
PATH CPI Policy & Quality
Improvement Manager
tchandler@phi.org



Kathryn Stewart
Director of Strategy
& Operations
kastewart@phi.org



Sue Grinnell
Director of PHIL
sgrinnell@phi.org



Megan Kenney
Program Specialist
mkenney@phi.org



Seun Aluko
Associate Director of Applied
Research & Implementation
saluko@phi.org



Christina Olson
PHIL Collective Director
colson@phi.org



Cassandra Mohan
Education & Training Specialist
cmohan2@phi.org



Zachary Ray
Consultant
zray@nativespiritconsulting.com



Stefani Hartsfield
Consultant
stefani@hartsfieldhealth.com



Esmeralda Salas
Research Associate III
esalas@phi.org

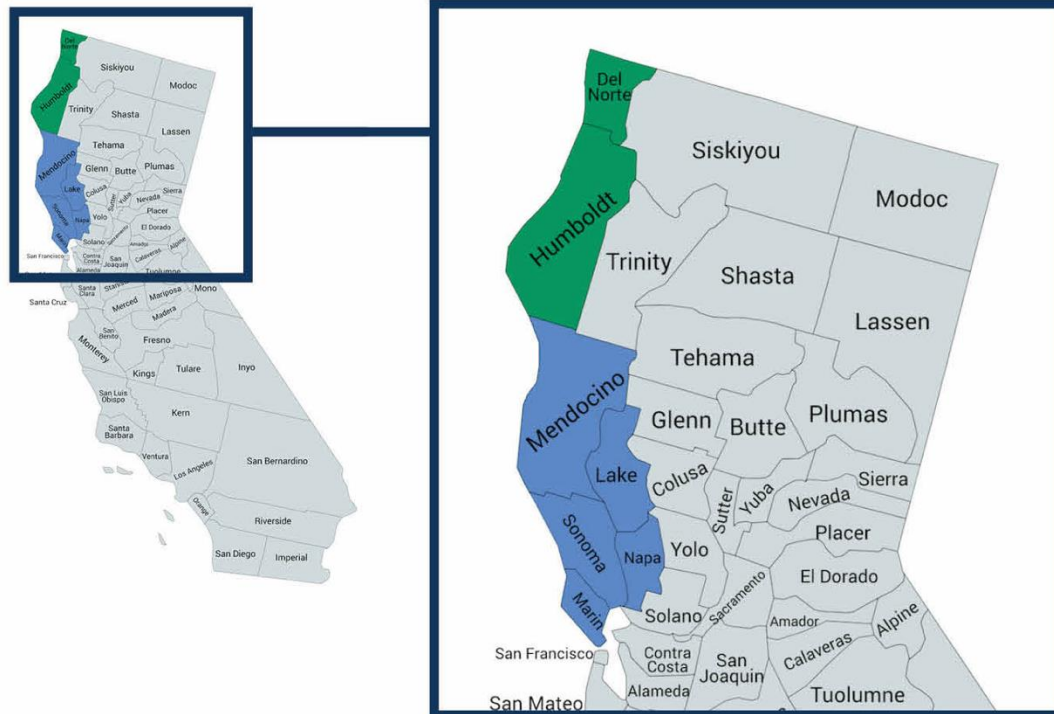


April Phan
Research Associate I
aphan@phi.org



Collaborative Planning & Implementation Overview

Region Counties Supported by PHIL



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](#).



Southwest CPI Agenda for Today

- Welcome, Framing, and Check-In
- Digging Deeper: Quality and Equity in CalAIM Ecosystems of Care
- Spotlight: Katie Ray, Executive Director, Indigenous Futures Foundation
- Highlights Sprouting from Our Data and Equity Discussions
- Managed Care Plan Updates from Partnership HealthPlan of California and Kaiser Permanente
- CalAIM Announcements and Policy Updates
- Closing and Evaluation



Meeting Objectives

- Deepen approaches to integrating health equity into the CalAIM Ecosystem of Care.
- Share Partnership HealthPlan of California's health equity objectives, role of the Tribal Liaison, and efforts to implement Medi-Cal's new Traditional Healer Benefit.
- Encourage shared learning and provide a platform for open dialogue with CalAIM providers, local Managed Care Plans, and other local stakeholders to strengthen a culture of collaboration.
- 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**



Acknowledging Recent Federal Legislation

Response from the California Department of Health Care Services (DHCS)

“The recently signed House Resolution (H.R.) 1, the federal budget reconciliation bill, will significantly reduce funding for Medi-Cal, CalFresh, and other safety net programs that are lifelines for millions of Californians.

DHCS leaders have emphasized that these cuts pose real risks to essential services that support the health, stability, and economic security of families and communities across California.

DHCS is reviewing the impacts of these changes and will provide more information and direction as it becomes available.”

“Stories, like all
language, have
power.”



Check-in: Speculative Storytelling



Chelsea Vowels, author of *Indigenous Writes:
A Guide to First Nations, Metis, & Inuit Issues in Canada*



What would your community look like if your town or city ran on collective wellbeing rather than gross domestic product (GDP)?

How would this shape your personal, professional, and institutional practices?



Digging Deeper: Quality and Health Equity in CalAIM Ecosystems of Care

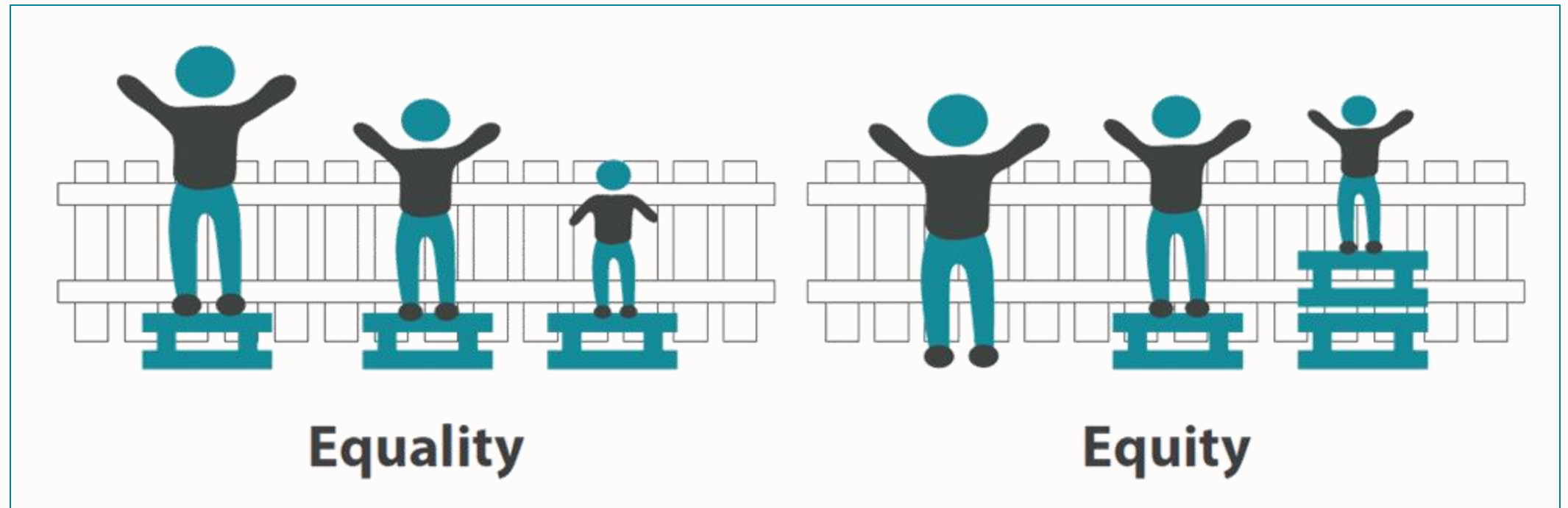




Equality means each individual or group of people is given the same resources or opportunities. Equity recognizes that each person has different circumstances and allocates the exact resources and opportunities needed to reach an equal outcome.



Equity v. Equality





DHCS Seeking Input: Quality and Equity



DHCS released the new [2025 Comprehensive Quality Strategy](#) (CQS)



Renewed commitment to improving **Health Equity and Quality** in CA



Seeking Public Comment until August 30, 2025



Input will be incorporated before the new strategy is finalized



Advice from Zachary Ray, Native Spirit Consulting on Engaging Thoughtfully

1. Be intentional about the reason for engaging, build a relationship that communicates clearly about what commitments will be made and upheld.
2. Meet them where they are physically located. Having your doors open to everyone does not mean you are open to everyone in the community.
3. Bring a thoughtful and authentic gift, something you offer without any expectations of anything in return.
4. Meetings, gatherings, and workshops should include meals and drinks. This is deeply tied to many indigenous cultures requirement to connect.
5. Move intentionally along the spectrum from transactional to individual to operational relationships.



Partnership's Tribal Liaison

Partnership is the first health plan in California to have a Tribal liaison. The liaison works to create lasting bonds between Partnership and Tribal communities. The liaison also aims to improve Tribal members' health and access to care. At Partnership, we are committed to diversity and equity as we serve to be a partner in our Tribal members' health and wellness.

Yolanda Latham

triballiaison@partnershiphp.org

Member Services: (800) 863-4155

TTY users: (800) 735-2929

Helpful Resources

- ALL PLAN LETTER [24-002](#)
- [Tribal Health and Wellness](#) at Partnership Healthplan of California
- Register to join the Statewide [Indian Health Collaborative](#)



Statewide Indian Health CalAIM PATH Collaborative Meetings

Register here for the next Indian Health Collaborative on July 24, 2025:

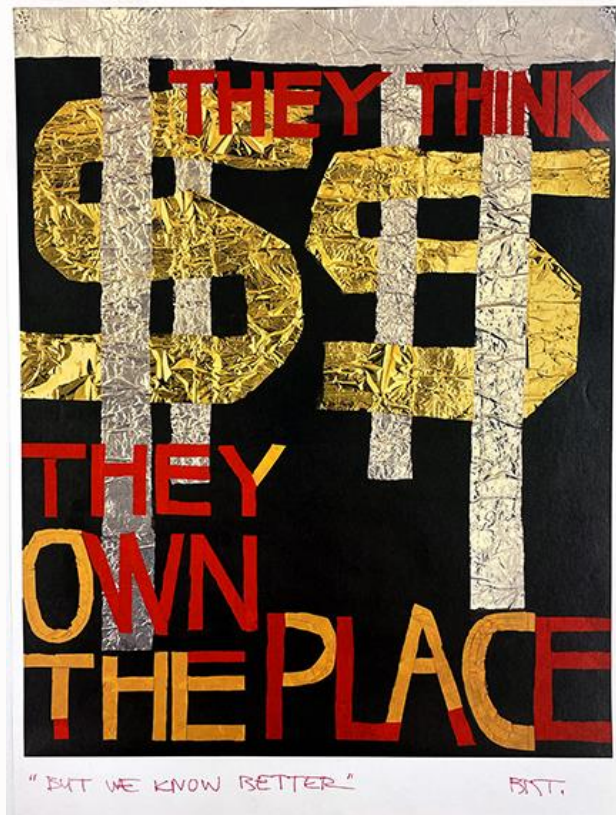
<https://us02web.zoom.us/meeting/register/tZlufuivrzsJG9KgY3ZxQP2bMM5W7J-rjh7K>

- Feel free to share this appointment with other organizations serving tribal communities.
- More information about the Indian Health PATH Collaborative Planning and Implementation Group is available on this website: <https://www.ca-path.com/collaborative/collaborative-group-directory/26>.





Historical Trauma



"They Think They Own the Place"
Brian D. Tripp,
Karuk Tribe, 1992



Mural in honor of David Josiah Lawson by the Arcata
High School's Black Student Union (BSU), 2024





By Pauline Cuevas / @pauline.c.cuevas for
the California Endowment, 2021



Justice Involved ECM Population: Geography

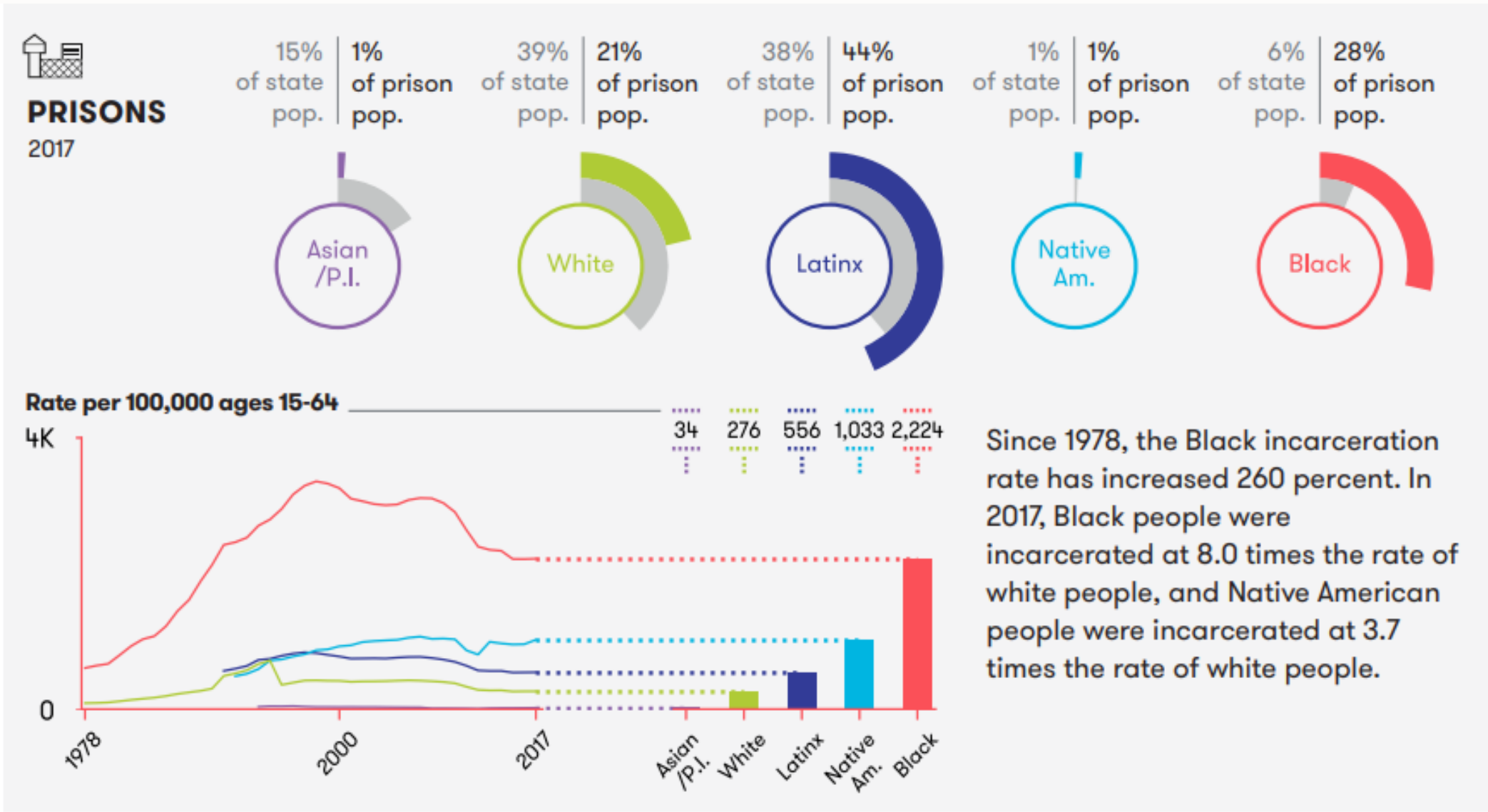
Incarceration is not only an urban phenomenon. In fact, on a per capita basis, the most rural places in the state often lock up the most people in jail and send the most people to prison.

Top admission rates, 2015 (rate per 100K)

 COUNTY JAILS		 COUNTY PRISONS	
Mendocino	12,628	Tehama	361
Del Norte	12,591	Kings	335
Siskiyou	11,333	Shasta	324
Humboldt	10,796	Lake	308
Plumas	10,755	Yuba	299



Justice Involved ECM Population: Prisons





CalAIM JI Initiative Liaison



- Ronald Klinger
- Phone Number: (707) 639-5362
- Email: rklinger@partnershiphp.org
- Alternate Email: CalAIM@partnershiphp.org
- Counties Serving: Butte, Colusa, Del Norte, Glenn, Humboldt, Lake, Lassen, Marin, Mendocino, Modoc, Napa, Nevada, Placer, Plumas, Shasta, Sierra, Siskiyou, Solano, Sonoma, Sutter, Tehama, Trinity, Yolo, and Yuba.



How Can Ecosystems of Care Help in Advancing Equity?

- With time, care and intentionality....
- Streamline financing models that sustain care across sectors.
- Create space for non-traditional provider organizations to have voices in the health continuum conversation.
- Continue to redesign the health delivery systems that fail to meet the needs of the population they serve by including the social care providers at equal value.
- Build ecosystems of care that enhance cross-sector partnerships and elevate marginalized voices, encouraging health systems to share power with members of the community.



Elevating the Expertise of Local Partners

Welcome:

*Katie Ray, Executive Director,
Indigenous Futures Foundation*



ECM and Community Support Data Follow Up



ECM and Community Supports Quarterly Implementation Report Update

ECM Highlights

Key ECM highlights include:

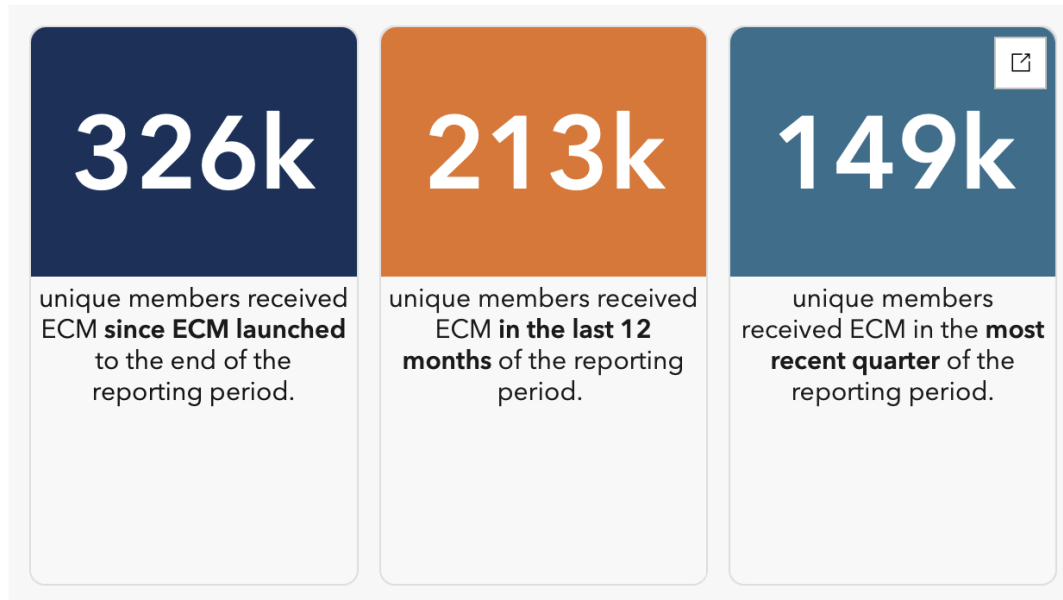


Chart 1.0 - Summary ECM Member Data

Community Supports Highlights

Key Community Supports highlights include:

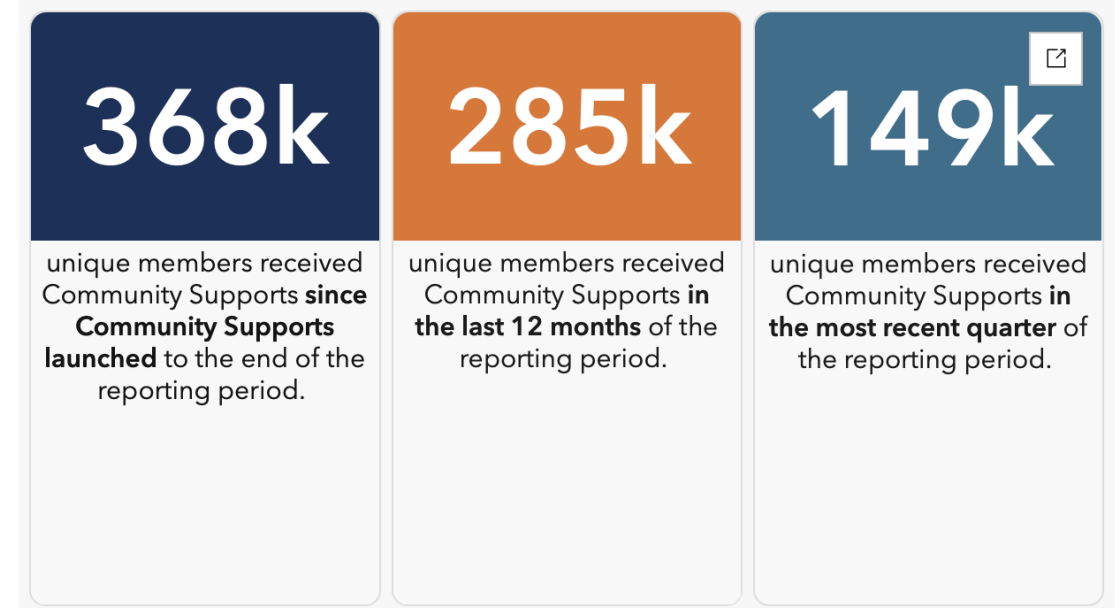


Chart 3.0 - Summary Community Supports Member Data

- This report was updated in July 2025 and reflects data from January 1, 2022, through December 31, 2024.



ECM and Community Supports Quarterly Implementation Report

Update Southwest

County	MCP	Adult ECM Utilization Rate in the Last 12 Months of the Reporting Period	Youth ECM Utilization Rate in the Last 12 Months of the Reporting Period	Number of Members Who Utilized Community Supports	Percentage of Members Utilizing Community Support Services	Number of Community Supports Services Utilized	Rate of Community Supports Services Utilization per 10,000 MCP Members
Lake	Partnership Health Plan of California	1.78	0.42	887	2.56%	2067	598
Marin	Kaiser Permanente	1.21	0.52	58	0.83%	99	141
Marin	Partnership Health Plan of California	1.67	1.26	478	1.02%	981	210
Mendocino	Partnership Health Plan of California	2.3	0.67	310	0.75%	464	112
Napa	Kaiser Permanente	0.42	missing	31	0.41%	48	64
Napa	Partnership Health Plan of California	1.92	0.47	311	1.15%	756	280
Sonoma	Kaiser Permanente	0.56	0.38	131	0.51%	181	71
Sonoma	Partnership Health Plan of California	2.31	0.41	1442	1.30%	2670	241



PATH CPI Data and Equity Discussion Follow-Up

DHCS Data
Discrepancy
Quality
improvement

County Level
Demographics



Medi-Cal Enrollment and Renewals Dashboard

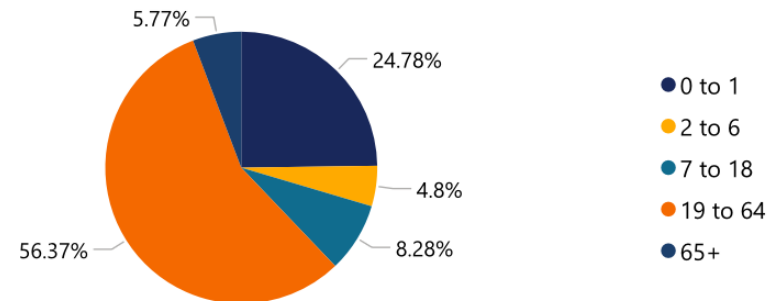
Newly Enrolled in April 2025

County

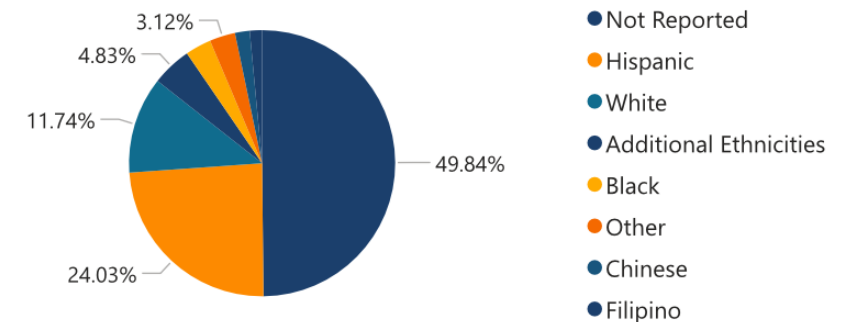
- ☒ Statewide
- ☐ Alameda
- ☐ Alpine



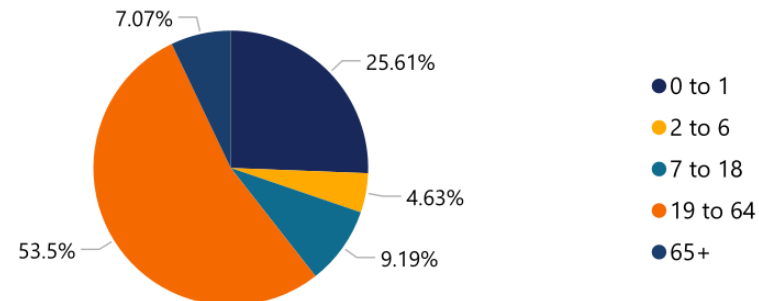
Male by Age



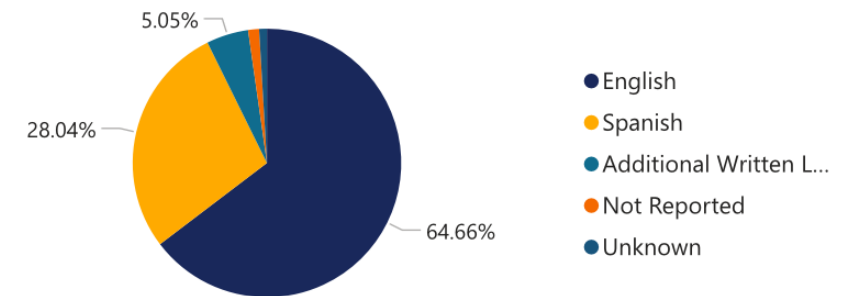
Race/Ethnicity



Female by Age

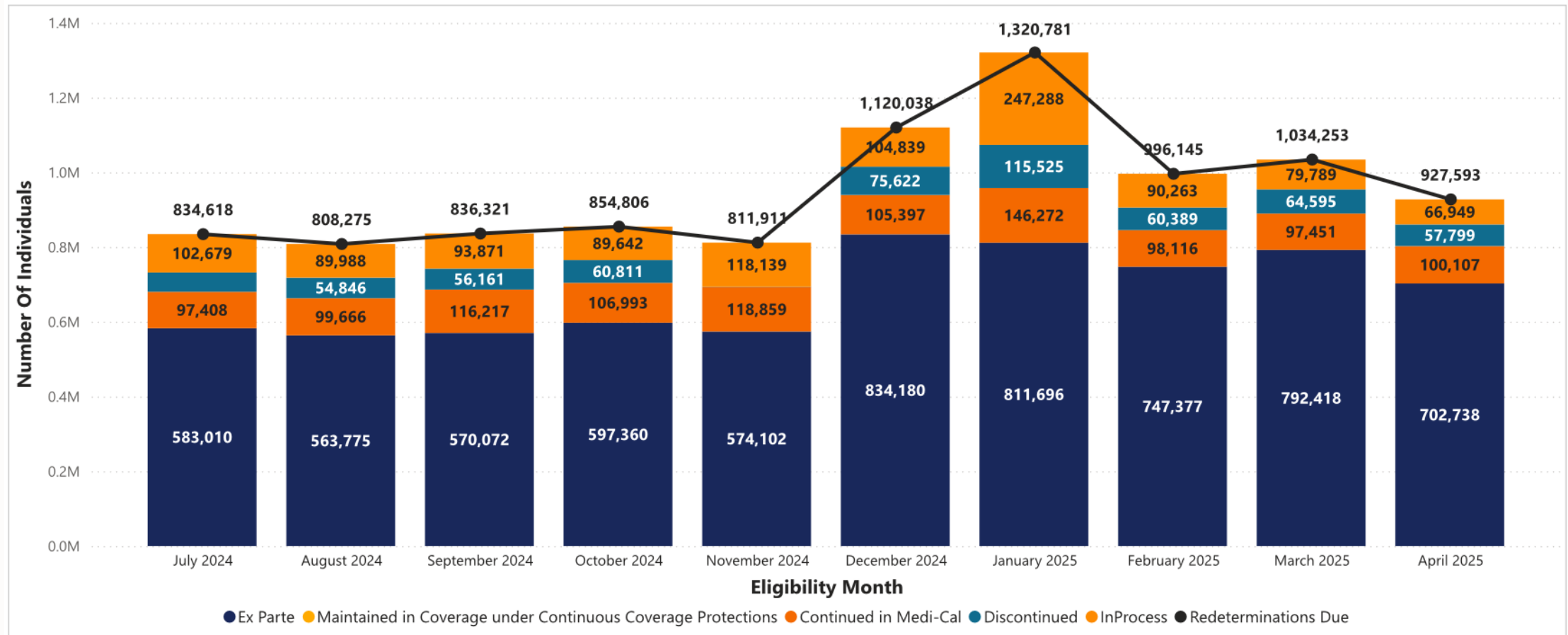


Written Language





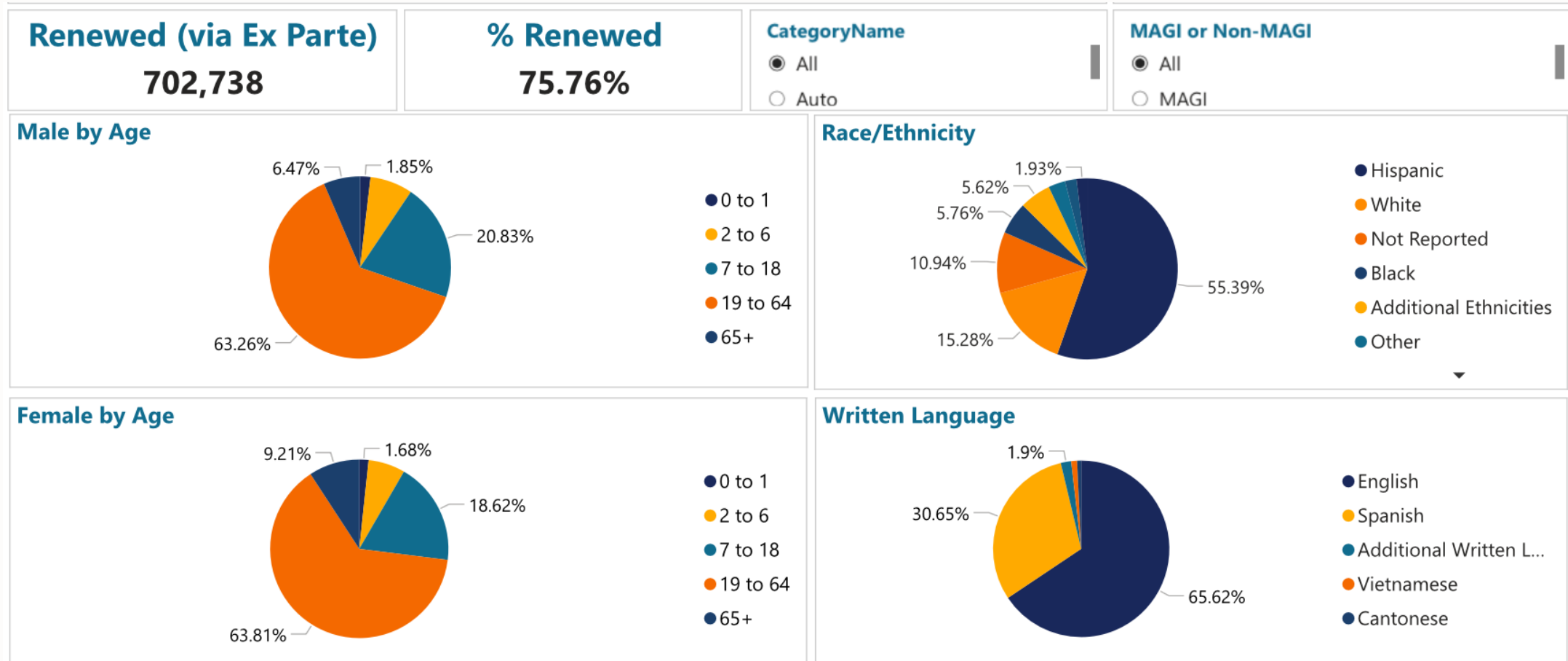
Medi-Cal Enrollment and Renewals Dashboard (cont.)



<https://www.dhcs.ca.gov/dataandstats/dashboards/Pages/Medi-Cal-Enrollment-and-Renewals-Dashboard-April2025.aspx>



Medi-Cal Enrollment and Renewals Dashboard (cont.)



PATH CPI Enhanced Care Management and Community Supports Contracted Providers List Updated



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

PATH CPI Enhanced Care Management and Community Supports Contracted Providers List for Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, and Sonoma Counties California

Where is this data coming from?

The data in this provider list is **sourced directly** from Partnership Health Plan's PDF directory and Kaiser Permanente's directory.

Date of last Partnership Health Plan Contracted Providers update: 5/11/25

Data retrieved from: Partnership Health Plan Directory: <https://www.partnershiphp.org/Providers/Medi-Cal/Pages/Provider-Directory.aspx>

Date of last Kaiser Contracted Providers update: March 2025

Data retrieved from: Data shared by Kaiser Permanente ad-hoc

How to View All Sheets in This Workbook

This workbook contains multiple sheets with information on Enhanced Care Management (ECM) and Community Supports programs.

Navigating Between Sheets

To switch between sheets, use the sheet tabs at the bottom. Click the hamburger (≡) at the bottom left corner to see the full list of sheets in the file, or use your trackpad to scroll to the right to see all sheets for all counties.

Sheet Overview

ECM County Dashboard— ECM providers by county and Population of Focus (PoF)

Values represent the number of contracted providers offering ECM for each Population of Focus (PoF)

To filter the data table to display information on specific counties, see instructions and image to the right in column B

Community Supports County Dashboard— Community Supports providers by county and Service area

Values represent the number of contracted providers offering Community Supports for each Service area

To filter the data table to display information on specific counties, see instructions and image to the right in column B

"County" ECM (e.g. Del Norte ECM)— List of contracted providers for ECM.

Values under each Population of Focus (PoF):

- "Yes" — The provider is listed as a contracted provider for this PoF.
- "—" — The provider is contracted for adults and/or children, but the specific PoF was not identified in PHC PDF directory or Kaiser directory.
- " " Empty red cells represents that this organization does not provide services to that columns' PoF.
- "N/A" — PoF not applicable. PoF is only available for Kaiser.

"County" Community Supports (e.g. Del Norte Community Supports) — List of contracted providers for Community Supports.

Values under each Service Area:

- "Yes" — The provider is listed as a contracted provider for this Service Area.
- " " Empty red cells represents that this organization does not provide services to that columns' Service Area

How to filter the data tables on the dashboards and a specific county's ECM or Community Supports Sheet:

1. Click Data in the top Menu of Google Sheets
2. In the drop down list, click "Create Filter View"
3. Once clicked, this will now enable you to filter the columns under each county in the dashboard and PoF/Service Area interest (pictured below)

Provider Name	Address	MCP	Adult – Homelessness	Adult – At Risk for IP and Hospital/ED	Adult – Serious Mental Health (SMI)/SU D	Adult – Nursing Facility (NF) Transition	Adult – At Risk for LT Institutional
Arcata Community Health Center	Sort A to Z	Sort Z to A		Yes	Yes	No	Yes
	Sort by color						



Information



ECM County Dashboard



Community Supports County Dashboard

Del Norte ECM

Del Norte Community Supports





Discussion

1. How could you utilize PHIL's [PATH CPI County-Level Dashboard for ECM and Community Supports](#), PATH CPI Providers List, and the DHCS' Medi-Cal Enrollment & Renewals Dashboard to assess equity and help identify gaps in your organization's efforts?
2. What other information do you have access to that might help assess equity in your work?

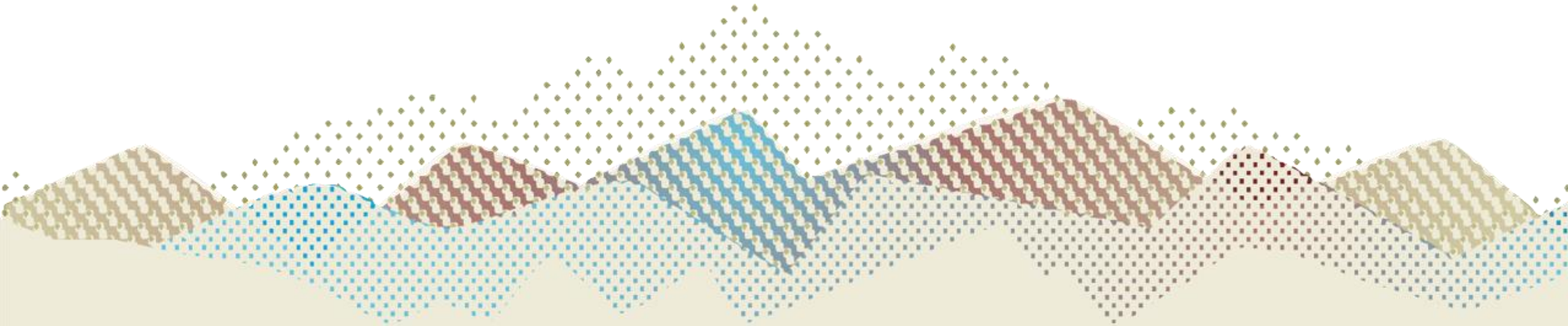


Partnership HealthPlan of California (PHC)

Managed Care Plan CalAIM Updates
July 2025

Selene Sanchez-Aliva

MCP Updates



Agenda

- Recap Policy Updates
 - Global Cap
 - STPHH/Recuperative Care
 - Housing Trio Services
 - ✓ Deposits
- Place of Service
- Reporting Updates

Effective Dates

Effective dates from DHCS. DHCS has indicated to Partnership on June 26th that they will update the effective dates document to include changes to Housing Deposits.

<https://www.dhcs.ca.gov/Documents/MCQMD/Community-Supports-Policy-Guide-Effective-Dates.pdf>

Global Cap Effective January 1, 2025

Room and Board Services

Recuperative Care

Short-Term Post-Hospitalization Housing (STPHH)

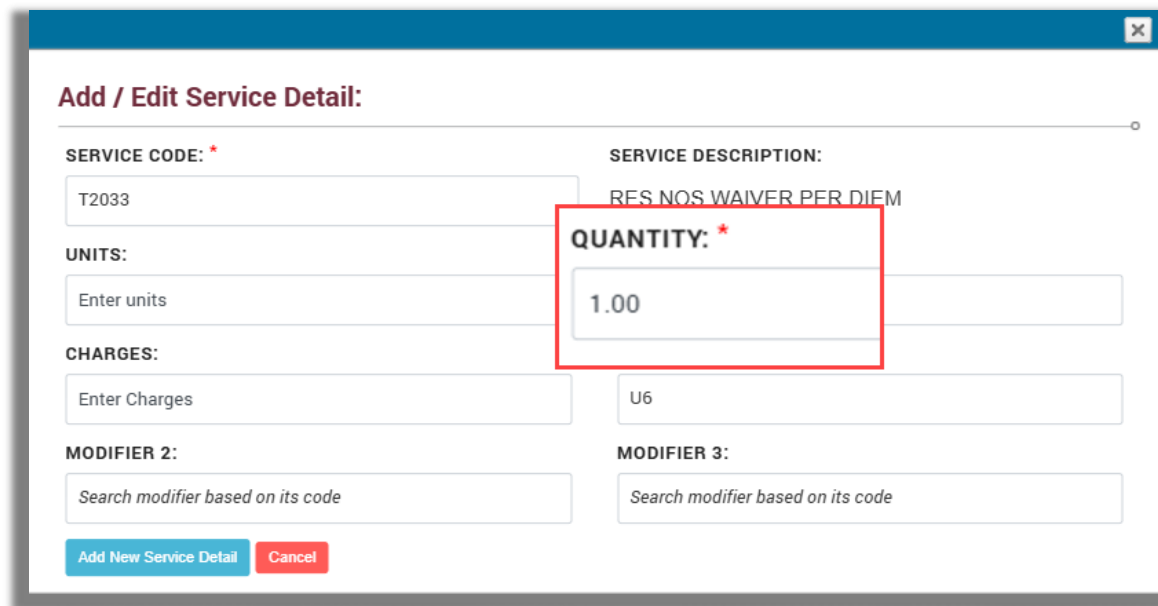
Transitional Rent *Not effective until 1/1/2026*

- ✓ Recuperative Care and STPHH is 6-month limit (182 days) per rolling 12-month period per member.
- ✓ Transitional Rent is 6-month limit (182 days) per household in a 5-year period.
- ✓ Global Cap applies to all three Room and Board services, no more than 182 days of all three in a rolling 12-month period.
- ✓ Room and Board Global Cap is counted in days.
- ✓ **Effective date is 1/1/2025.**
- ✓ Partnership has begun to count number of days for members from 1/1/2025 per DHCS.
- ✓ Partnership is notifying members that have less than 30 days left of Recuperative Care and/or STPHH.
- ✓ Using Claims data, but TARs should be submitted correctly with first day member receives services and end dated for last day of service.

Community Supports TAR Reminders

STPHH/RC TARs

- ✓ Submit with a single quantity – Partnership will update with remaining allowable units
- ✓ Check TAR status on the provider portal



The screenshot displays a web form titled "Add / Edit Service Detail:". The form contains several input fields and labels:

- SERVICE CODE: ***: A text box containing "T2033".
- SERVICE DESCRIPTION:**: A text box containing "RES NOS WAIVER PER DIEM".
- UNITS:**: A text box containing "Enter units".
- QUANTITY: ***: A text box containing "1.00", which is highlighted with a red rectangular border.
- CHARGES:**: A text box containing "Enter Charges".
- MODIFIER 2:**: A text box containing "Search modifier based on its code".
- MODIFIER 3:**: A text box containing "Search modifier based on its code".
- Buttons:** At the bottom, there are two buttons: "Add New Service Detail" (blue) and "Cancel" (red).

Deposit Request Requirements

Submit with Deposit TAR

- Housing Support Plan
- Signed Lease Agreement

New – add to TAR Notes:

- Add to TAR notes confirmation the landlord meets criteria for requesting 2x monthly rent
– ***only applicable to those landlord types***
- Date of landlord engagement by CS Provider
- Date of visit to living environment to ensure it is safe and ready for move-in

**Partnership will provide a form to submit with Deposit TARs
AFTER 1/1/2026**

Community Supports TAR Reminders

Housing Deposit

- ✓ Signed lease
- ✓ Date of landlord engagement
- ✓ Date of unit inspection
- ✓ Housing Support Plan
- ✓ CS Referral

Service Details & Additional Notes		
Service Code	Service Description	Modifier 1
H0044	SUPPORTED HOUSING, PER MONTH	U2
Add New Service Code		
ADDITIONAL NOTES: (MAX CHARACTER LIMIT IS 700 CHARACTERS)		
Landlord engagement: 6/20/2025 Unit inspection: 7/1/2025		

Other Policy Guide Updates

- ✓ Partnership will be providing notifications to members as required by the DHCS Policy Guide for CS Services
- ✓ Partnership will offer Asthma Remediation in 1/1/2026
 - ✓ Please email the CalAIM inbox if you are interested in contracting with Partnership in 1/2026
 - ✓ Information about services can be found at <https://www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf>

Place of Service (POS)

DHCS requirement states POS 99 is not valid or appropriate for Community Supports and ECM services. Providers can use the following codes when billing for services.

POS Code		
04	Homeless Shelter	Temporary housing for individuals experiencing homelessness
12	Home	Private residence
16	Temporary Lodging	Hotel or other short-term accommodations not classified under another POS code

» **POS 12** is the most commonly appropriate code for home-delivered Community Supports such as Personal Care, Respite, or Day Habilitation services.

Reporting Updates

- New templates for both ECM and CS providers were sent out and they will be posted on the CalAIM webpage
- Please use the new templates moving forward beginning July 1, 2025 as it is a requirement of the Close Loop Referral process from DHCS

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)

File Template: RTF Updates

- Referral status
- Date of referral status
- Reason for CLR closure

Questions?



Contact Information

- ✓ ECM@partnershiphp.org
- ✓ CommunitySupports@partnershiphp.org
- ✓ ClaimsECMhelpdesk@partnershiphp.org
- ✓ CalAIM@partnershiphp.org

Visit Partnership website at:

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





Kaiser Permanente

Updates on CalAIM implementation

Tamar Kurlaender, MPH
County Lead | Northern CA
Medi-Cal Policy & Local Engagement



Southwest PATH Collaborative CPI Monthly Update

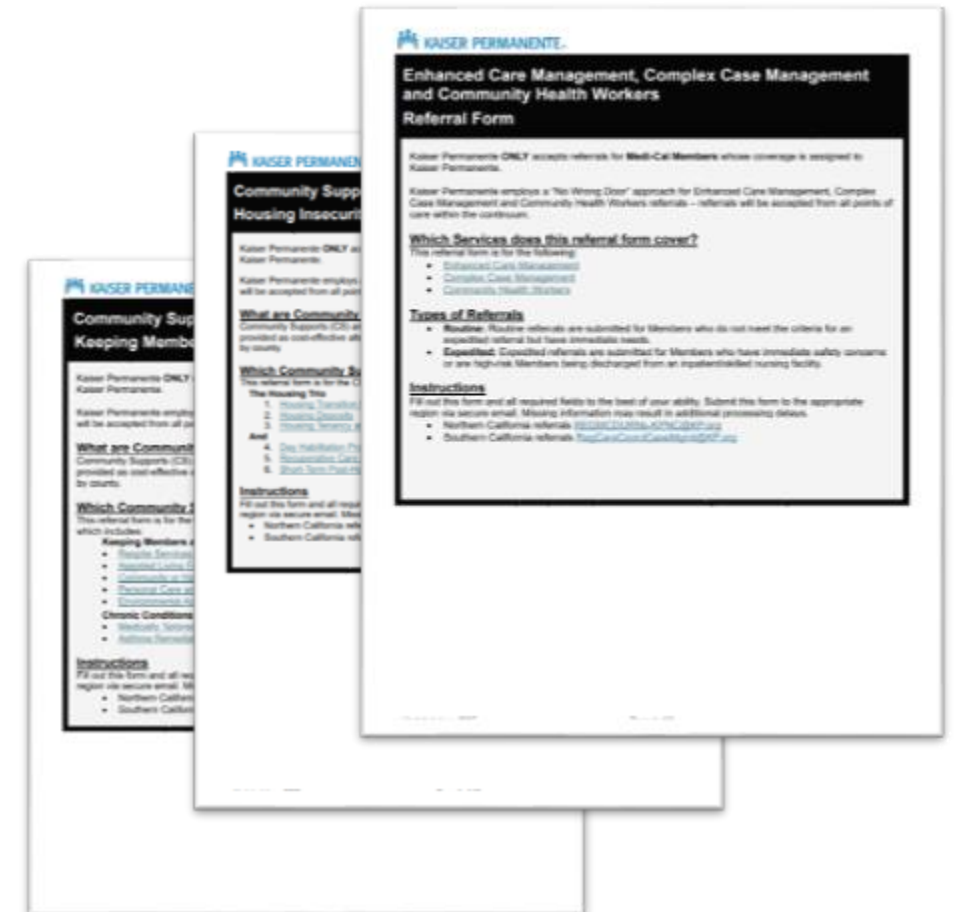
Tamar Kurlaender, Medi-Cal Local Engagement

July 2025

NEW Kaiser Permanente Referral Forms




Kaiser Permanente has released new CalAIM referral forms as of July 2025. New referral forms aim to improve successful linkages and enhance information collected, thereby reducing authorization delays.

1. [Enhanced Care Management, Complex Care Management \(CCM\), and Community Health Workers Referral Form](#)
2. [Community Supports – Referral Form Housing Insecurities](#)
3. [Community Supports – Referral Form Keeping Members at the Home and Chronic Conditions](#)



Submitting Referrals | ECM, CS, and CHW

- Kaiser Permanente (KP) has a no-wrong-door approach to referrals.
- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
 - Referrals may be placed via email, via phone, or through KP Health Connect.

 AREA	NORTHERN CALIFORNIA COUNTIES	SOUTHERN CALIFORNIA COUNTIES
 PHONE (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
 EMAIL (Counties/CBOs)	Send completed referral form to REGMCDURNS-KPNC@kp.org Subject line: “ECM Referral” or “CS Referral” or “CHW services request”	Send completed referral form to RegCareCoordCaseMgmt@kp.org Subject line: “ECM Referral” or “CS Referral” or “CHW services request”

NEW: For KP contracted providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity.

Community Resources



- [Health Care Providers and Immigration Enforcement: Know Your Rights, Know Your Patients' Rights](#)
- [Migrant Family Safety Plan Toolkit \(English and Spanish\)](#)
- [New DHCS Immigration FAQ](#)

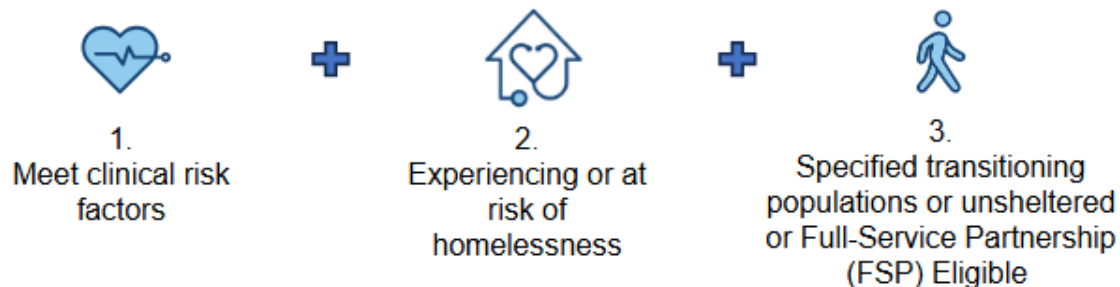
Transitional Rent Program Overview

What is it?

Six months of rent for Med-Cal members experiencing or at risk of homelessness and meet certain additional eligibility criteria (e.g. Behavioral Health services)

Who is this for?

Transitional Rent is designed to provide a time limited opportunity to help those who:



Behavioral Health Integration:

- In each county the MCP operates, it must offer a contract to the county behavioral health department, or their designated county department or agency, to serve as a Transitional Rent (TR) Provider.
- DHCS will launch the BH Population of Focus first to establish a pathway from Transitional Rent to Behavioral Health Services Act (BHSA)-funded housing, particularly for individuals with significant BH needs.




Key Takeaways:

DHCS states that “MCPs and county behavioral health agencies must establish stronger partnerships, coordination, and communication to serve Members with significant behavioral health needs.”

- County BH agencies are required spend 30% of BHSA funds on housing interventions.
- DHCS expects members who receive TR from their MCP to **seamlessly continue to receive coverage** of rental assistance and other housing interventions.

Eligibility Criteria for Transitional Rent

On 1/1/2026, Kaiser Permanente will be offering Transitional Rent (TR) to individuals who qualify under Population of Focus (PoF) 1. To qualify for TR, individuals must meet all three eligibility criteria, including specific clinical risk factors, homelessness status, and being part of designated transitioning populations.

POF	 Clinical Risk Factor	 Social Risk Factor	 Specified Transitioning Criteria
POF 1 (BH POF)	<ul style="list-style-type: none">• Meet the access criteria for SMHS, or• Meet the access criteria for DMC, or• Meet the access criteria for DMC-ODS services	Experiencing or at risk of homelessness	Transitioning out of an institutional or congregate residential setting
POF 2			Transitioning out of a carceral setting
POF 3			Transitioning out of an interim setting
POF 4			Transitioning out of recuperative care or short-term post-hospitalization housing ¹
POF 5			Transitioning out of foster care
POF 6			Experiencing unsheltered homelessness
POF 7			

For more information on Transitional Rent (TR) and TR Populations of Focus, please reference the DHCS Concept Paper: [Transitional Rent Concept Paper 08222024](#)



Questions?



Reflections?



Ideas?

Contact your Medi-Cal Local Engagement Representative!

Tamar Kurlaender (She/Her)

tamar.x.kurlaender@kp.org



CalAIM Announcements and Policy Updates



Important TA Marketplace Update

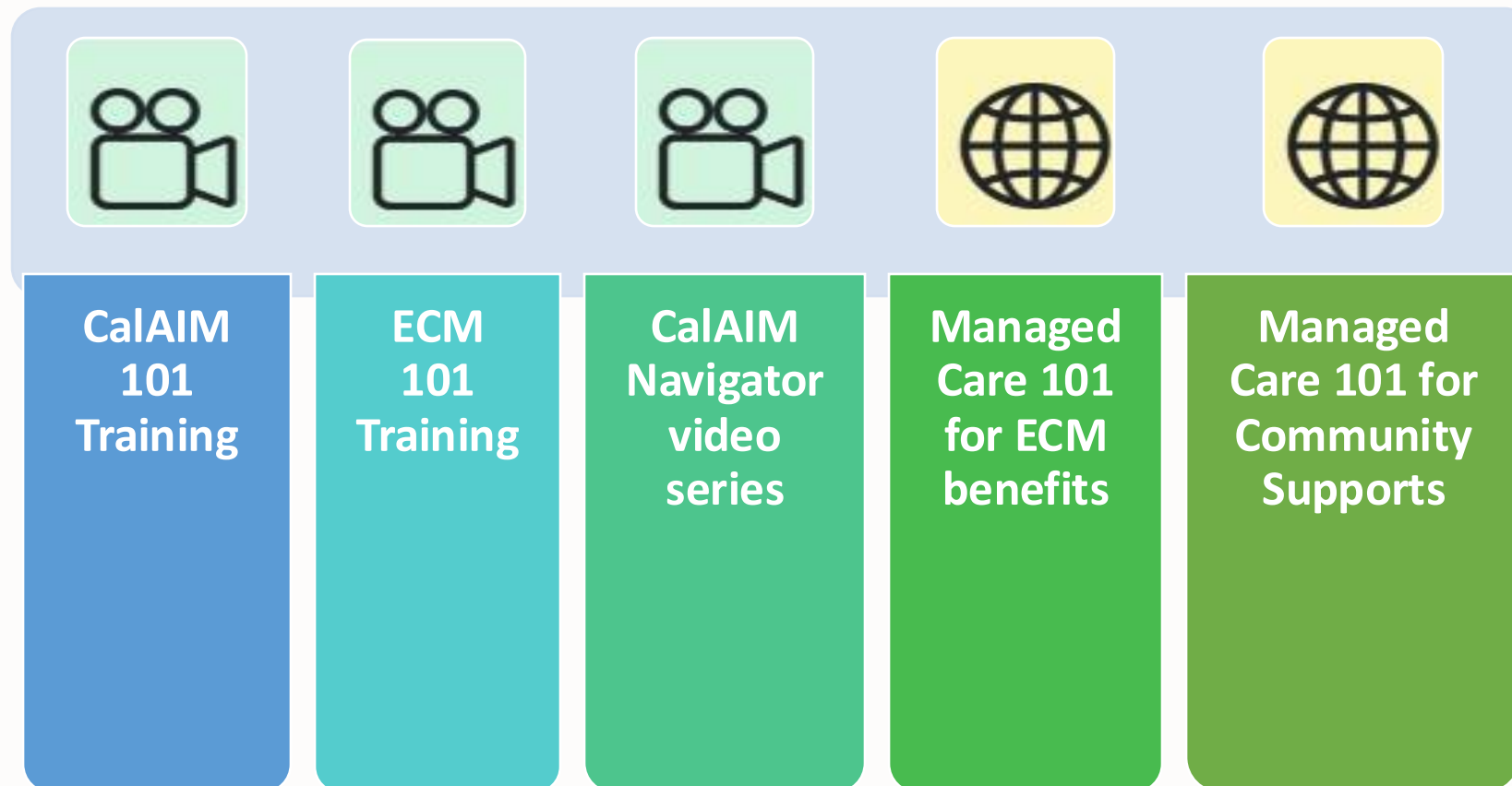
New Guidance for the TA Marketplace [announced in June](#), due to its success...the money is going FAST...ACT NOW!

1. Apply before January 2026
2. NEW TA applicants only
3. \$150,000 limit on all new projects
4. 1 year time limit to completion



New! TA Marketplace Instant Resources

New CalAIM Resources Available on the [PATH On-Demand Resource Library](#)





RSVP! September In-Person Southwest PATH CPI Collaborative

Roundtable for Tribal Organizations

9:30 – 11:00 am

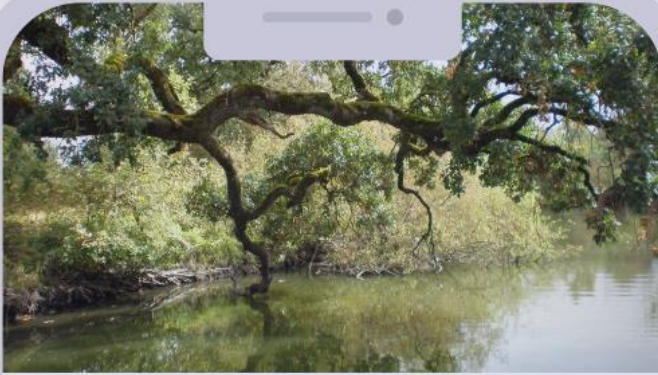
Breakfast will be served

Southwest PATH CPI Collaborative

11:30 – 2:30 pm

Lunch will be served

[Register Here](#)



 Population Health Innovation Lab

Tribal CalAIM Roundtable and Southwest PATH CPI Collaborative

Sep 18
9:30 AM - 2:30 PM

 **SOMO Village Event Center 110...**
Rohnert Park, CA 94928, USA

The Population Health Innovation Lab
invites you to join us in-person for the
Southwest PATH CPI Collaborative
[More details...](#)

Tribal CalAIM Roundtable



See You Virtually In August

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

Thursday, August 21st at 11:00 AM*

[Register here](#)



Save the Date!

4th Annual Rural ACEs Summit: Strengthening Rural Resilience

In-Person – December 9 & 10, 2025

Redding, California – Location & Registration Coming Soon!

[Sign up for our mailing](#) list to learn more and receive updates.



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://s.zoom.us/j/bPFf2waFB>



Thank You!

Feel free to contact our PATH CPI team

Kathryn Stewart

Director of Strategy & Operations

kastewart@phi.org

Tammy Chandler

PATH CPI Policy & Quality

Improvement Manager

tchandler@phi.org

Megan Kenney

Program Specialist

mkenney@phi.org

Zachary Ray

Consultant

zray@nativespiritconsulting.com

Stefani Hartsfield

Consultant

stefani@hartsfieldhealth.com

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

Thank you!

