

*Welcome to the December 2025 Rural Resilience
Innovation Hub Convening. The meeting will begin shortly.*

Strengthening Partnerships Across Systems

December 18, 2025
1:00pm – 2:30pm PT

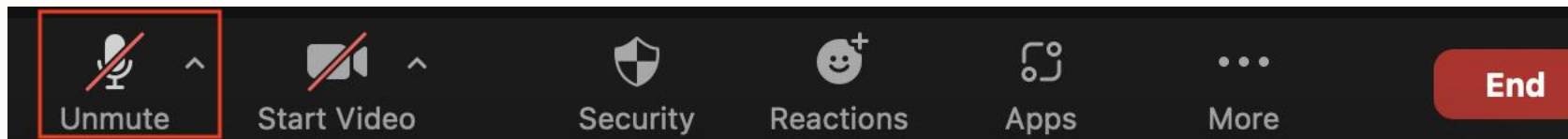


This event is being recorded and transcribed.

Why? PHIL uses the recording and transcription to assess key takeaways, participant needs, and to develop better events for you in the future.

Recordings will be available by request after the event.
Email info@pophealthinnovationlab.org to request access.

Please mute your microphone during the presentation.



Strengthening Partnerships Across Systems

December 18, 2025
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*December 2025 Rural Resilience
Innovation Hub Convening*



*There is immense power when
a group of people with
similar interests gets together to
work toward the same goals.*



~ Idowu Koyenikan





Thank You for Your Support!

The Rural Resilience Innovation Hub is made possible through support from the **Office of Youth and Community Restoration (OYCR)**.

OYCR's investment allows rural partners to learn together, strengthen systems, and improve outcomes for youth and families.





Welcome In & Context

Kathryn Stewart, MPP
*Population Health Innovation
Lab (PHIL)*





Beyond 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.

Acknowledgment is the beginning. Acknowledgment—and the research required to do it with integrity—should be an invitation to deeper analysis, relationship, and action.

Learn more about how to go *beyond* land acknowledgments. Visit www.nativegov.org



Welcome & Housekeeping



Roll Call

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



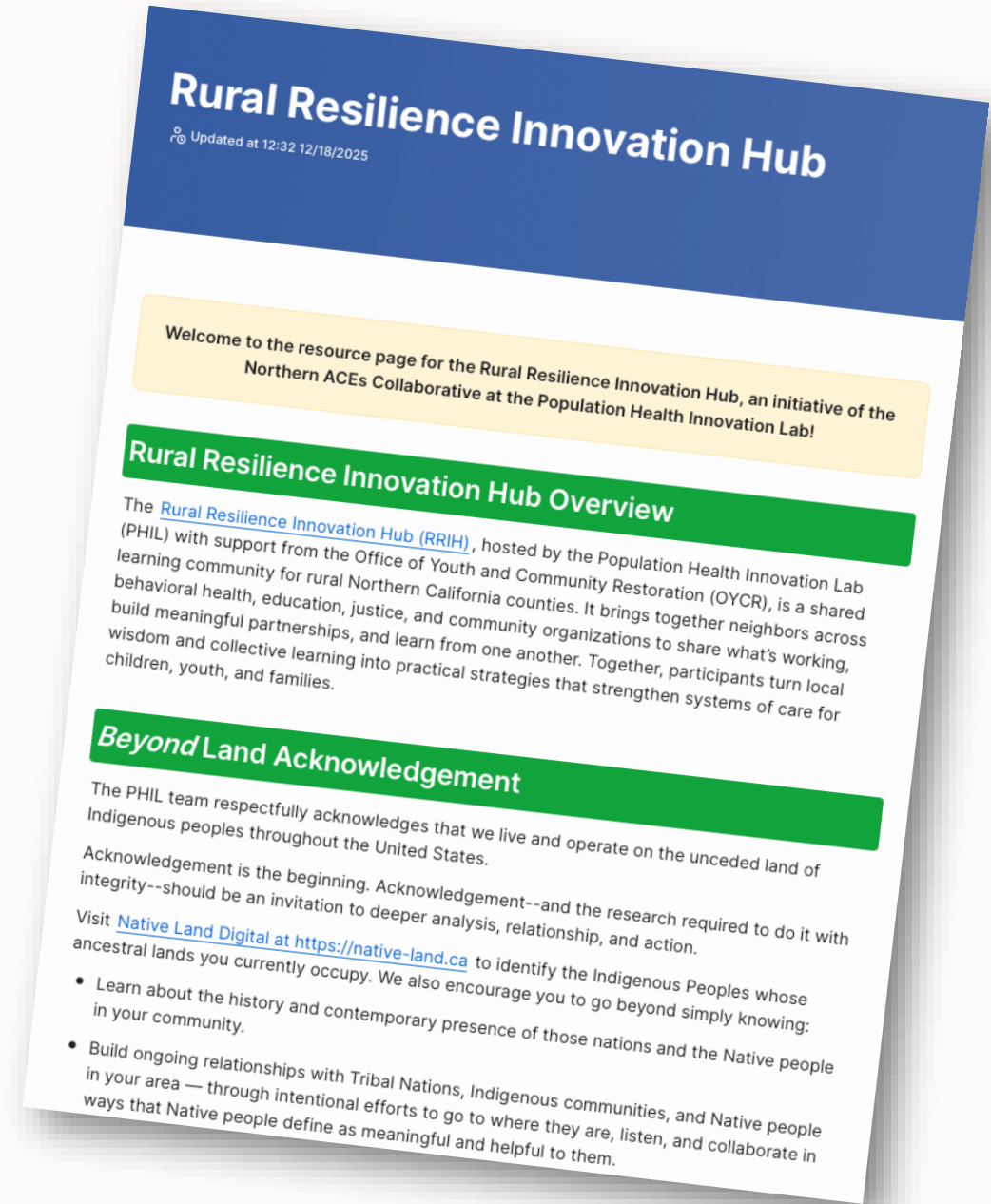
Housekeeping

Be present & take care of yourself. Place questions in the chat. Slides will be shared after the meeting

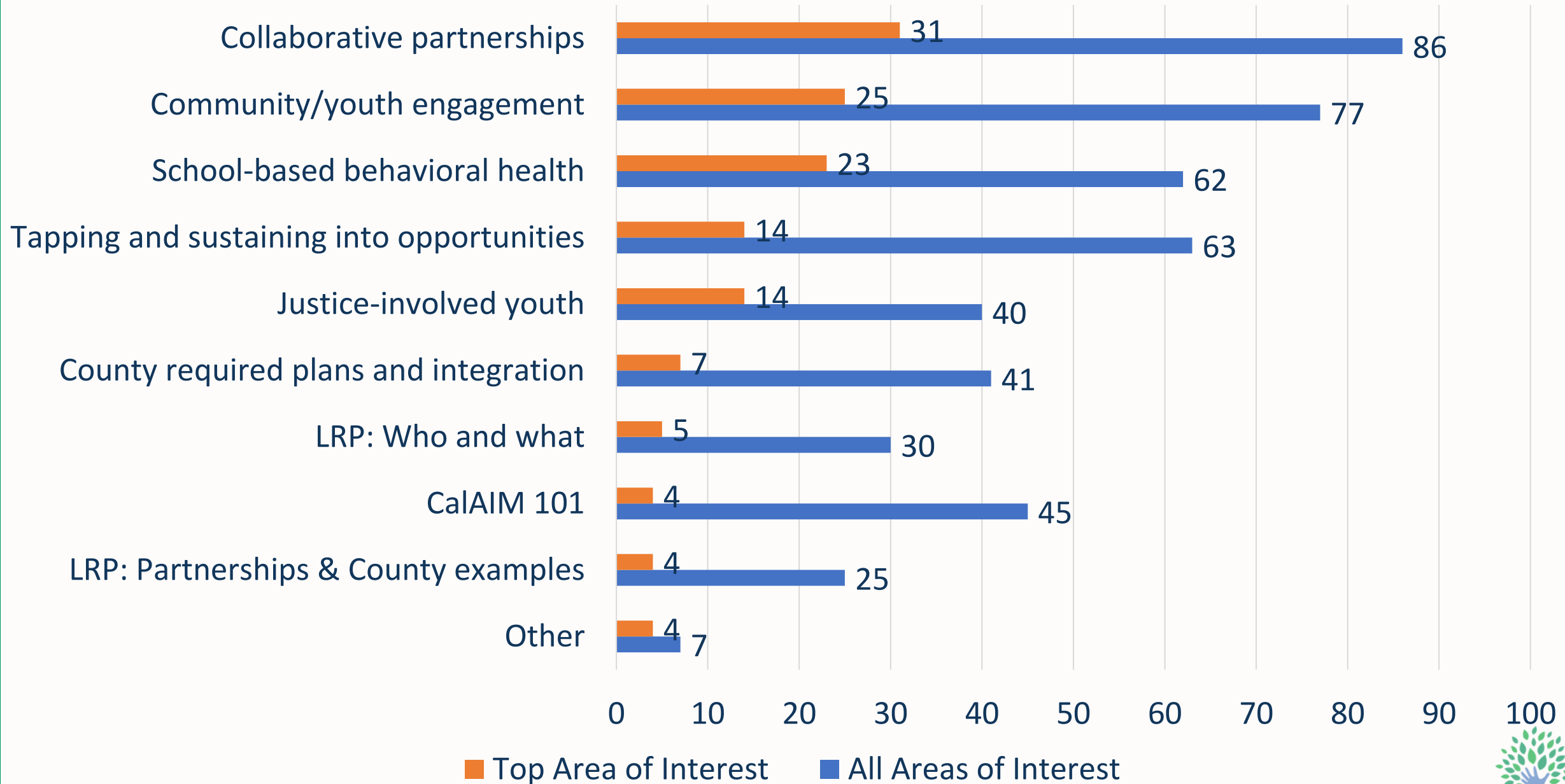
Rural Resilience Innovation Hub Resource Doc



[Link to Resource Document](#)



Areas of Interest From Rural CA Counties





Agenda

- Welcome and Framing
- Partnership to Support Behavioral Health: Lake County
- World Café
 - What are the conditions that make for a good conversation, and an innovative and collaborative culture?
- Closing and Next Steps





NAC

A Rural Resilience Innovation Hub

The Northern ACEs Collaborative (NAC): Becoming a Rural Resilience Innovation Hub

Background & Context





2019: Northern ACEs Collaborative (NAC)

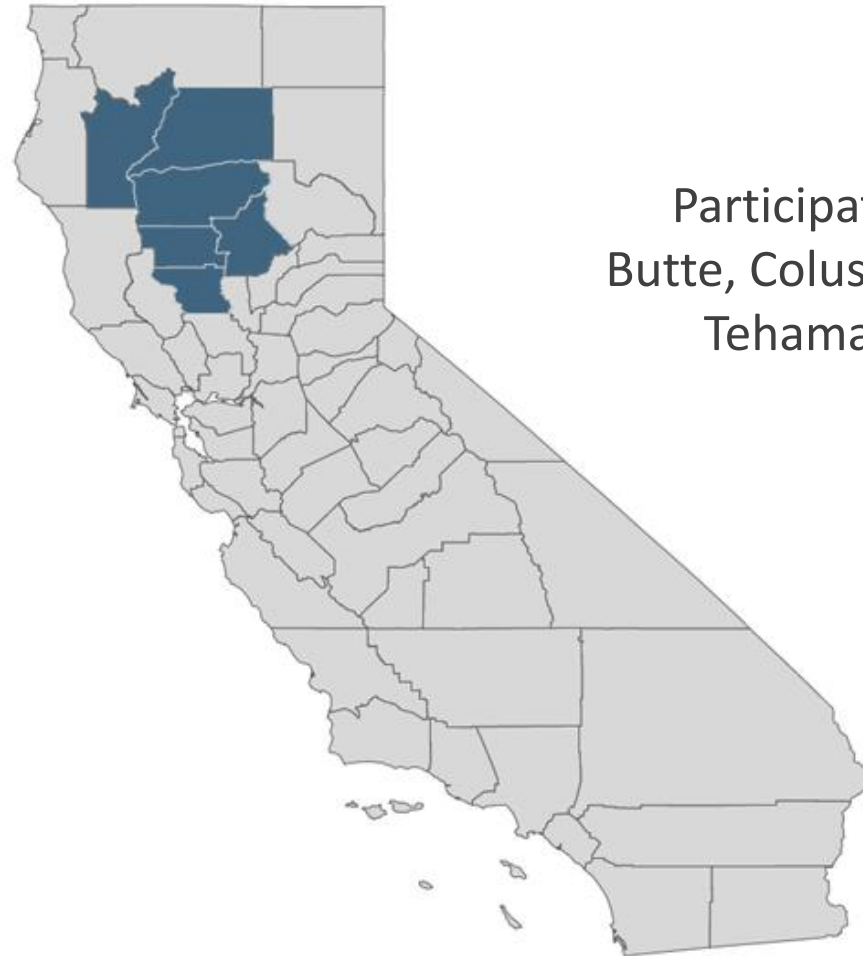
Advancing opportunities for policy and systems changes that mitigate issues of Adverse Childhood Experiences (ACEs), trauma, and domestic violence.

VISION

All Northern California residents have everything they need to live resilient and happy, healthy lives.

GOAL

Reduce ACE scores in Rural Northern California while ending domestic violence.



Participating Counties:
Butte, Colusa, Glenn, Shasta,
Tehama, and Trinity





Becoming a Rural Resilience Innovation Hub: 2024 Strategic Refresh & Future Plans

- **REGION:** All of **rural Northern California** – and anyone else committed to supporting the mission & vision of NAC.
- **FOCUS:** 3 Realms of ACEs
 - Household
 - Community
 - Environment

REVISED MISSION

NAC brings together rural Northern California champions to address trauma and promote resilience in the region through a collaborative approach of building relationships and sharing, learning, examining, and generating new ideas.





Rural Resilience Innovation Hub (RRIH): 2025 - 2026

Purpose: To strengthen rural county systems serving children and youth by aligning behavioral health and justice efforts through peer learning, cross-sector collaboration, and shared problem-solving.

Format:

- Monthly convenings through May 2026
- Curated resources relevant to topics of focus
- Technical Assistance





RRIH Meeting Dates

- January 22, 2026 | 1:00-2:30 pm PT
 - **Focus:** Community Engagement
 - [Link to Register](#)
- February 19, 2026 | 1:00-2:30 pm PT
 - **Focus:** Integrated County Plans
- March 19, 2026 | 1:00-2:30 pm PT
- April 23, 2026 | 1:00-2:30 pm PT
- May 21, 2026 | 1:00-2:30 pm PT

Additional meeting topics and registration links will be coming soon!





Who's in the Room

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Partnerships

Sue Grinnell

*Population Health Innovation
Lab (PHIL)*



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Definitions

Partners

- Any person or organization that has an interest or concern in something, such as your project, organization, community, or business, and can contribute to the creation and support of your collaborative partnership activities

Collaborative Partnerships

- A collaborative partnership is a trust-based relationship where organizations work together intentionally—sharing power, resources, and responsibility—to achieve goals they cannot accomplish alone.
- Collaborative Partnerships take a systems approach to their work and are driven by a common goal and accountability to the communities they serve.



Community Health Programs and Community Partnerships

Ronni Duncan, LCSW

Adventist Health Clear Lake

Duncanrl@gmail.com



Lake County, California

Lake County Population: 67,594

17% Persons below poverty line **about 1.4 times** the rate in California

511 Unhoused Adults 2025 Point in Time Count

206 Juveniles in Probation which includes 89 pending cases

600 Adults in Probation

Mortality rate double state average

Ranked 56 out of 57 unhealthiest counties in the State

Our programs support some of our most vulnerable community members including people experiencing homelessness, substance use, mental health disorders, poverty and socio-economic disadvantages.

They are designed to increase access to care and reduce hospital and emergency service utilization.



The Lake County Community HUB

Started in 2022 as a partnership with the Lake County Continuum of Care to create a centralized system that navigated people through homelessness.

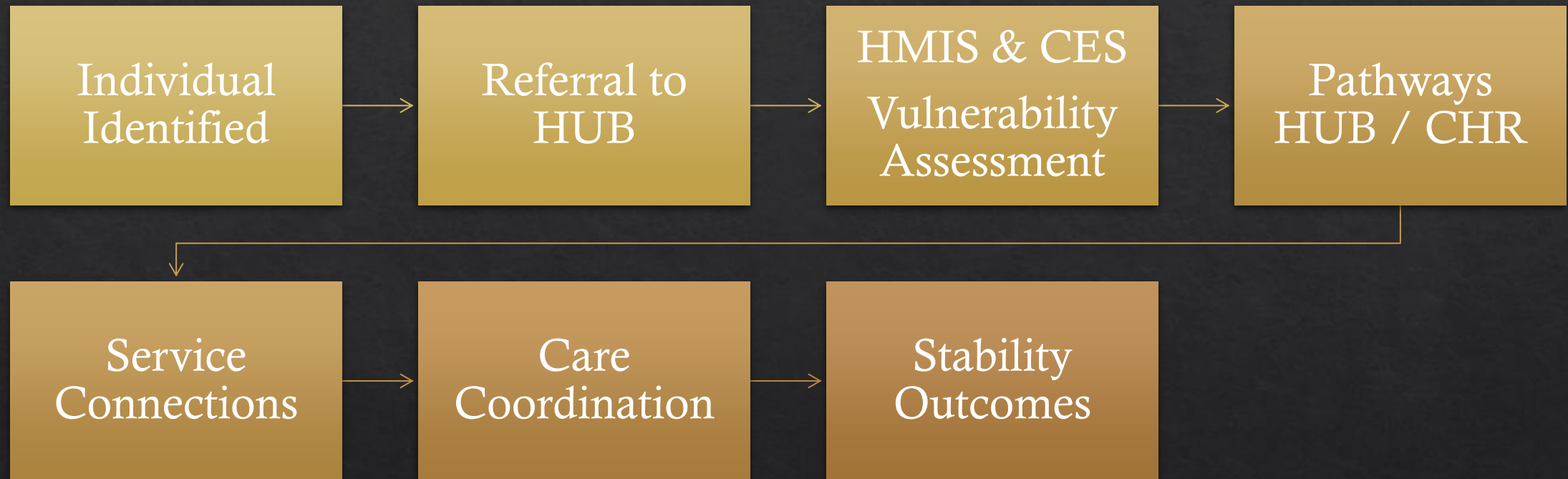
Accessed by calling the Hotline or Walking into any of our Access Points

Used by local Non-Profits, Behavioral Health Services, Peer Support Centers, Homeless Service Providers, Office of Education, Probation, Jail Medical and Health Care Systems

Over 1,300 individuals are registered in the HUB



Lake County Community HUB – Flow Overview



Tools Used:

MOU with County of Lake as Administrative Entity

Individual User Agreements with every agency involved







Triage Tools

ROI that all parties sign to eliminate delays in care

Vulnerability Assessment

Lake County Community HUB – Escalation Process 2025







Lake County Community HUB receives calls from individuals with housing and medical needs, Homelessness Coordinated Entry System Access Points, and other Service Providers requesting immediate assistance or assistance with problem solving an individual's needs to refer them to service provider that best meets their needs. There are times when an individual's needs require escalating to another party or service provider. Below is the defined Lake County Community HUB Escalation process. Please refer to this process when you are unsure how to assist the individual.

 Participant Issue	 Escalation Tiers	 Escalation Standard	 Responsible Person(s)	 Action to Take	 Response / Resolution Times
Health/Safety Concern	Tier 1 – Urgent, Immediate Response	Any life-threatening issue to the participant	The staff member/person in contact with the participant	Call 911	Immediately Right away Stat!
Privacy Breach	Tier 2 – High Priority	Participant HIPAA and PII data: system leak or access shared	The staff member that made the privacy breach/error or that discovered the privacy breach/ error	For HUB (CCS): report all details to Adventist Health Ticket System For HMIS report all details to Heather Frawley , HUB Program Manager, and Melissa Kopf , HMIS System Administrator	Within 30-60 minutes of identified incident @Frawley,Heather , Add Adventist Health Data Privacy Breach policy link here.
Service Delay	Tier 3 – Critical	Examples include any time sensitive applications and appointments, etc.	The participant case manager or the individual assisting the participant with their housing plan.	Document in the HUB and other required systems (ex. HMIS, Power Chart) the reason(s) for the delay and the remedy for the delayed service.	@Frawley,Heather , are these the correct service types? What would their response/resolution time

[ADVENTISTHEALTH:INTERNAL]

					be and examples? Financial: Medical: Social:
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Lake County Community HUB – Escalation Process 2025

 Participant Issue	 Escalation Tiers	 Escalation Standard	 Responsible Person(s)	 Action to Take	 Response / Resolution Times
Documentation Delay	Tier 4 – Moderate Priority	Examples include but are not limited to: <ul style="list-style-type: none">• Release of Information• Program enrollment• Birth certificate	The participant case manager or the individual assisting the participant with their documentation.	Document and upload in the HUB and other required systems (e.g. HMIS, Power Chart) the missing/required documentation.	@Frawley,Heather , are these the correct service types? What would their response/resolution time be and examples? Financial: Medical: Social:

Partnerships

- ◆ **Lake County Behavioral Health Services:** mental health treatment, Full-Service Partnership, Crisis Services and Peer Support Centers
- ◆ **Lake County Probation:** Support with our justice involved individuals, help our team advocate at individual levels for people in the system
- ◆ **The Build Program :** Workforce Development Program
- ◆ **Lake County Continuum of Care:** Funding, Power, Advocacy

- ◆ Many of these collaborations have shared responsibility with the client meaning we all have a stake in making sure someone meets their goals.
- ◆ Community Health's unique responsibility with these individuals is to ensure that they become housed. That means we need to break down all barriers and encourage shared responsibility in their success.



Community Collaboration

- ◆ HUB Users Group
- ◆ HUB Advisory Board
- ◆ Housing Navigation Meetings
- ◆ Lake County Continuum of Care
- ◆ Jail Medical Coordination Meetings
- ◆ Community Health Worker Training Program
- ◆ Bi-Weekly Care Coordination

Case Study

- ◆ The HUB received a call from a local hospital about a 55-year-old veteran living in his car. He had been in the hospital 4 days and diagnosed with MS.
- ◆ The HUB screened the individual, conducted a vulnerability assessment and contacted the VA and Hope Center.
- ◆ Hope Center coordinated with the hospital. The gentleman was moved into the shelter 1 day later.
- ◆ He was assigned to a case manager, housing navigator, HUD VASH case manager, enrolled in services at the VA, enrolled in behavioral health services and Department of Rehabilitation services. We wrapped intensive medical care around him.
- ◆ Gentleman was able to use his HUD VASH to purchase a 3 bedroom home and decided to rent his additional rooms to other residents in the shelter.
- ◆ The HUB discharged him as permanently housed and he is doing phenomenally.

Challenges and Lessons Learned

- Limited rural capacity and housing supply
- Complex, multi-system navigation for clients
- Alignment across data, partners, and priorities
- Relationships and peer support drive engagement
- Coordination matters more than adding programs
- Flexibility and shared ownership are essential

Community Health Programs and Community Partnerships

Ronni Duncan, LCSW

Adventist Health Clear Lake

Duncanrl@gmail.com



Questions & Reflections





World Café Etiquette

The World Café is a method for creating a living network of collaborative dialogue around questions that matter in real-life situations.



World Café Process



General Flow:

- Seat 4-5 people at round tables / virtual breakout rooms
- Set up progressive rounds of conversation, usually of 20-30 minutes each –a theme and good questions are important.
- One person to stay at the table/breakout room as a **“host”** and invite the other table members to rotate to different tables /rooms
- Ask the **host** to share key insights and ideas briefly with new table members from the previous round. Dive into the next question.
- Once the rounds are complete, allow time for a *whole-group harvest* of the conversation rounds

Set Up Needed:

- Small tables /Chairs or breakout rooms
- Tablecloths and something beautiful on the centerpiece
- Flip chart paper or paper placemats for covering the tables and Markers /
- Flip chart or large butcher paper for harvesting collective knowledge or insights
- Café Etiquette Poster





Round 1

- *What struck you about Ronni's presentation?*
 - How might the partnership insights shared today inform or strengthen your work?





Round 2

Where do you feel momentum in your local partnerships—and where do you feel stuck?

- What is your partnership currently doing or trying to do?
- What's worked for you to get 'unstuck'?





Harvest

The term harvest refers to the process of capturing the essence, insights, and outcomes of conversations to make meaning, support learning, and enable wise action





Wrap Up & Evaluation

PHIL Team





We want to hear how today went!

Before you go, we invite you to share your thoughts! Please complete our quick survey using the poll or clicking on the link in the chat.



<https://s.zoom.us/j/bPIRxNoT1>



A healthcare worker, likely a nurse, is shown from the chest up, wearing blue scrubs. They are holding a pink stethoscope that is shaped into a heart. The stethoscope has a silver chest piece with a logo. The worker has long brown hair and is wearing several rings on their fingers. The background is a blurred indoor setting.

Thank You!



POPULATION HEALTH INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE

Learn more about PHIL at pophealthinnovationlab.org