



PATH Collaborative Planning & Implementation (CPI)

Welcome! The CPI convening will begin shortly.

September 15, 2026 | 1:00-3:00 pm



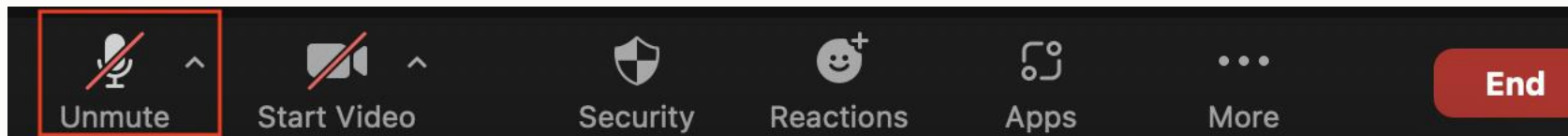


This event is being recorded and transcribed.

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

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

Please mute your microphone during the presentation.





PATH Collaborative Planning & Implementation (CPI)

**Continuing the Conversations:
The Transition State for Your Ecosystems of Care**

September 15, 2026 | 1:00-3:00 pm





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, Native Hawaiian, 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, and organization in the chat.



Request for Vendors

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

Population Health Innovation Lab (PHIL)

PATH CPI Project Team



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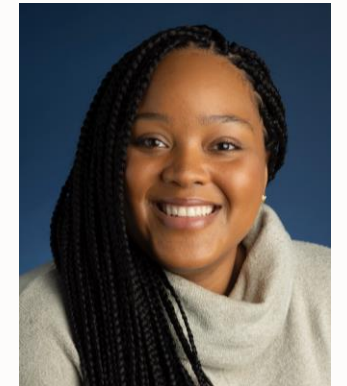
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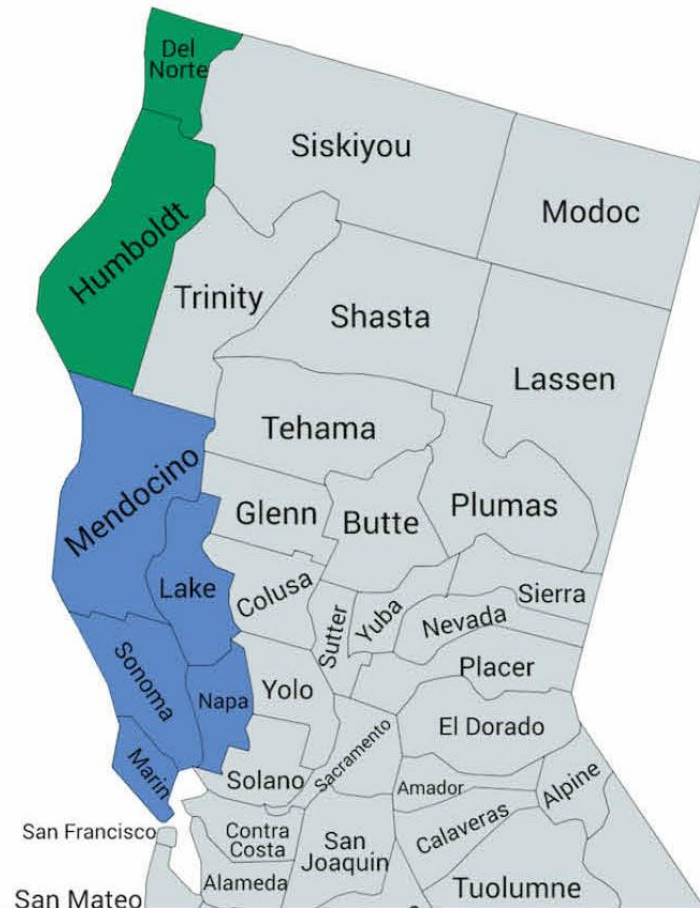


Erin Brown
Communications Specialist
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Collaborative Planning & Implementation Overview



CPI REGIONS SUPPORTED BY PHIL



ABOUT CPI

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



QUICK LINKS



Learn more about the PATH CPI initiative [here](#).



Catch up with us! Find meeting materials, Readiness Roadmap Resources, and registration links on the [PHIL website](#).



Find all the specific resources for today's meeting on our [Joint CPI Resource Hub](#).

Virtual Monthly Meeting Time:

The third Tuesday of the month from 1:00-3:00 pm PT



Reminder: Register on the DHCS PATH CPI Website

Why Register?

Receive regular policy and implementation updates directly from DHCS related to ECM and Community Supports.

[Link to Register on DHCS PATH CPI site](#)





PATH NW + SW CPI Meeting Plans

- September 15 | Continue Conversations from In-Person Meetings
- October 20 | Virtual Convening
- November 17 | Virtual Convening
- December 15 | Virtual Convening *Recognition of Our Collective Achievements & Sharing Gratitude*



Agenda for Today

- Welcome & Framing
- Recap of In-Person Meetings
- Regional-Based Breakouts: Continuing Conversations – The Transition & Future States
- Readiness Roadmap Updates
- DHCS Survey: How is your experience going with the CPI?
- Managed Care Plan Updates: Partnership HealthPlan
- CalAIM Announcements
- Closing

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

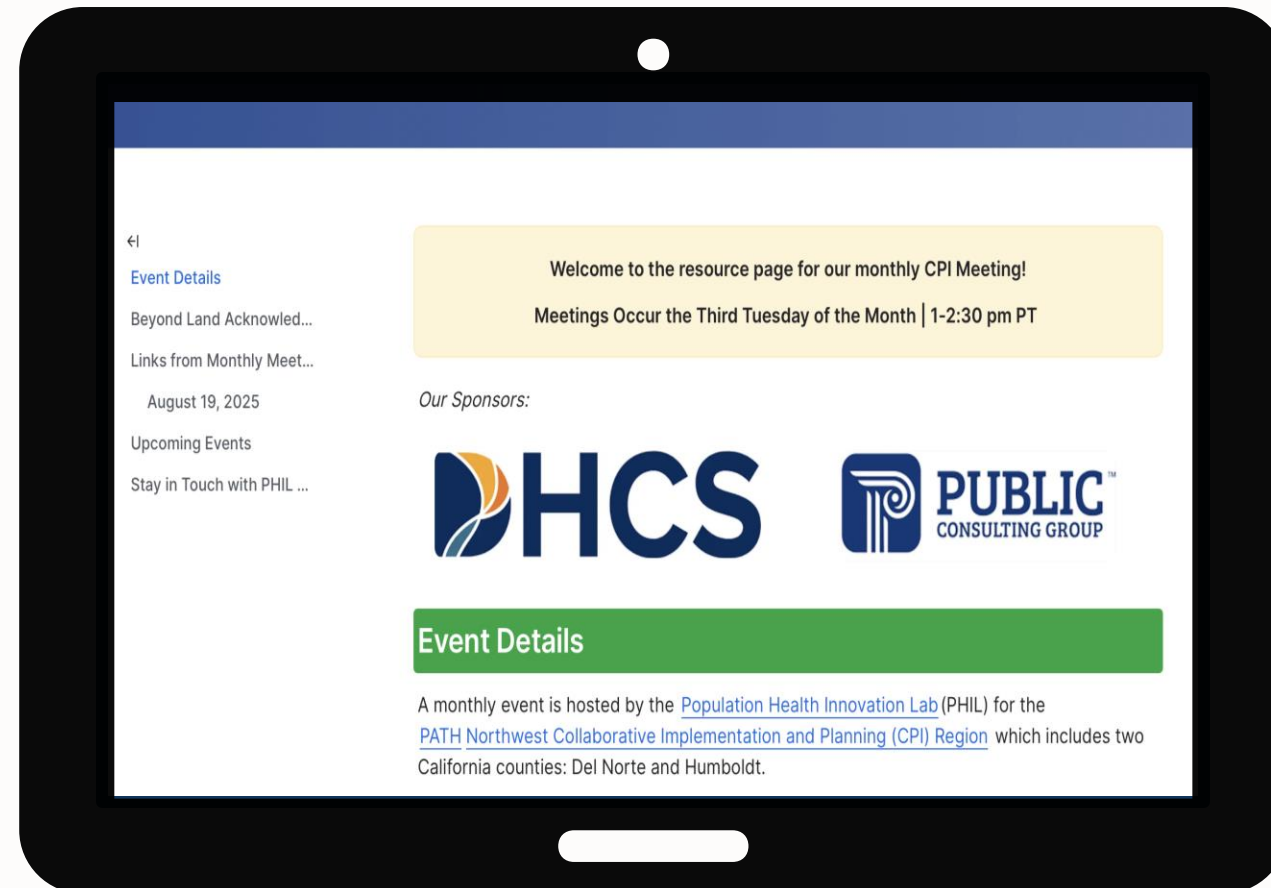
- Be aware we all have a bias that may impact action; biases are learned and can be unlearned
- Address racially biased systems and norms
- **Recognize the vast and varied lived experiences participants have with racism**
- Be intentional about power dynamics and how you exercise your privilege
- Avoid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



Joint CPI Resource Hub (Zoom Docs)



Scan to Access the
Resource Hub!



Or Click the Link in the
Chat



Recap: In-Person Meetings Local Ecosystems of Care

August 27: Lake & Mendocino Counties
August 31: Del Norte & Humboldt Counties
September 2: Marin, Napa, & Sonoma Counties



Thank you to our local presenters and facilitators!

Humboldt & Del Norte

Kinu Fukui

[Kee Cha'a-neyr
Corporation](#)

Darlene Spoor

[Arcata House
Partnership](#)

Sonoma, Napa & Marin

Diana Billy-Elliott

[Indigenous
Wellness Alliance](#)

Dana Swilley

[Health Equity
Rising](#)

Lake & Mendocino

Priest Martinez

[Northern Circle
Indian Housing
Authority](#)

Heather Criss

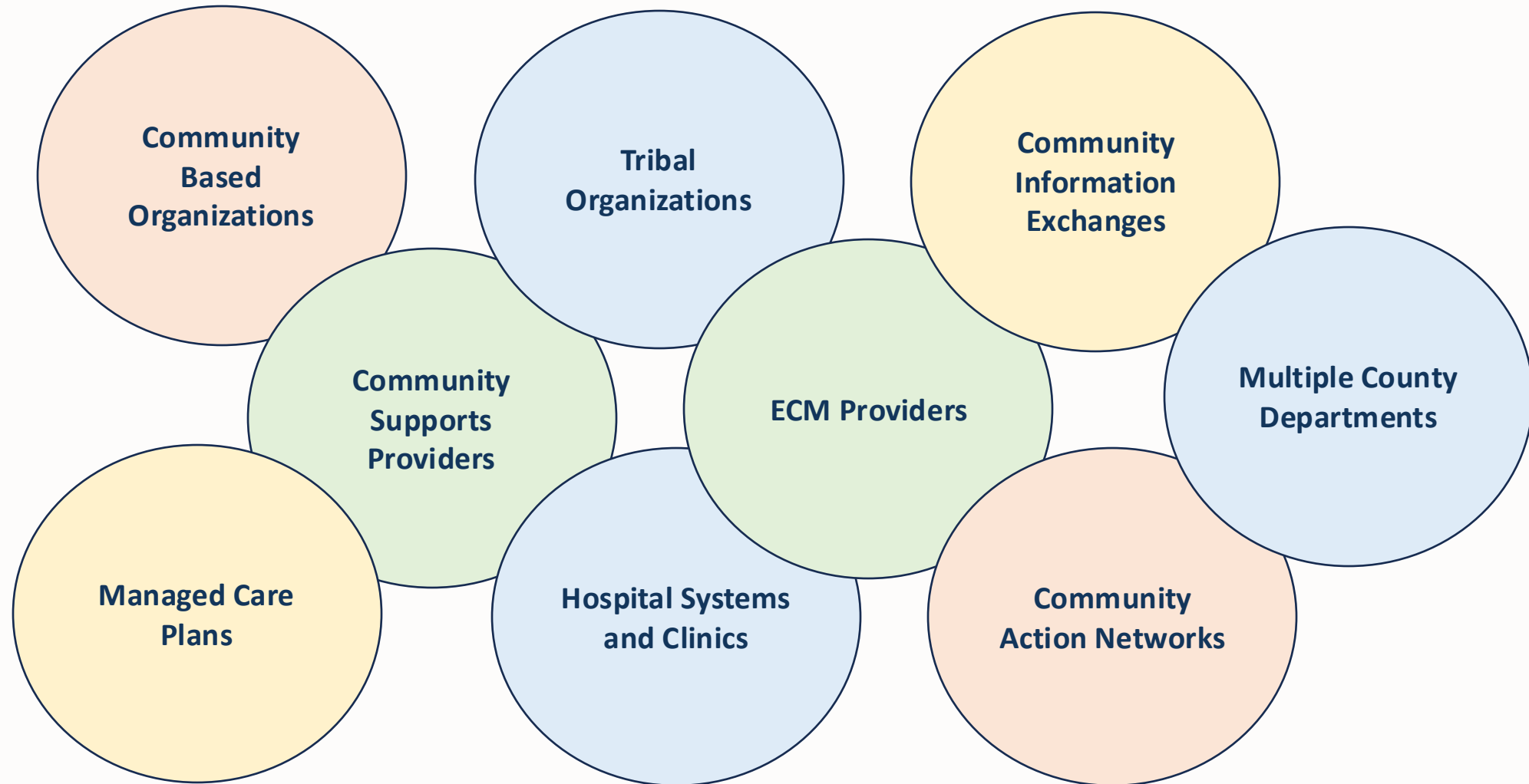
[Mendocino
County](#)

Laurie Allen

[Adventist Health
Clear Lake](#)



Thank you to all who attended and participated!





Shared Learnings from Provider Spotlights

Build	Build on trusted community relationships
Honor	Honor culturally grounded, whole-person approaches
Sustain	Make CBO participation financially sustainable
Protect	Protect continuity, member choice and appropriate provider matching
Remove	Remove system barriers that interfere with direct care

MCP Highlights



ECM & Community Supports
Update

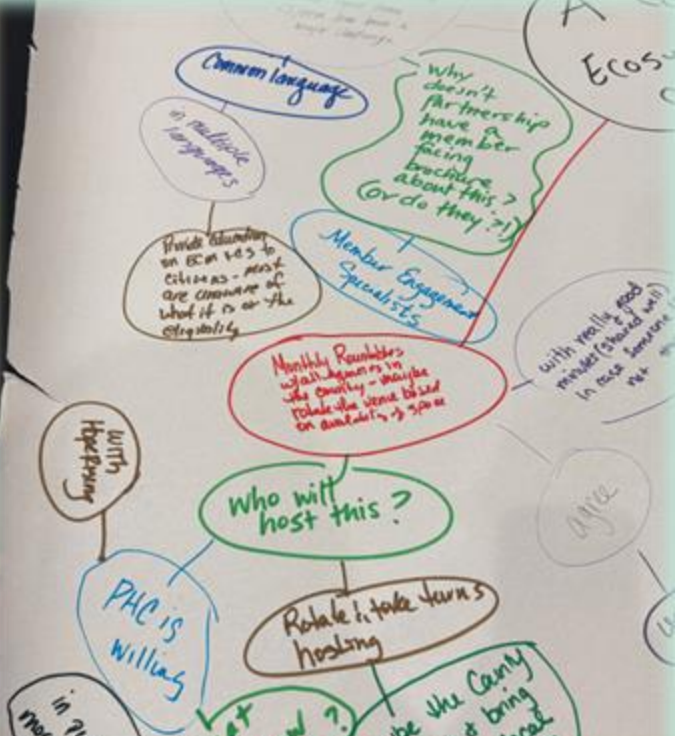
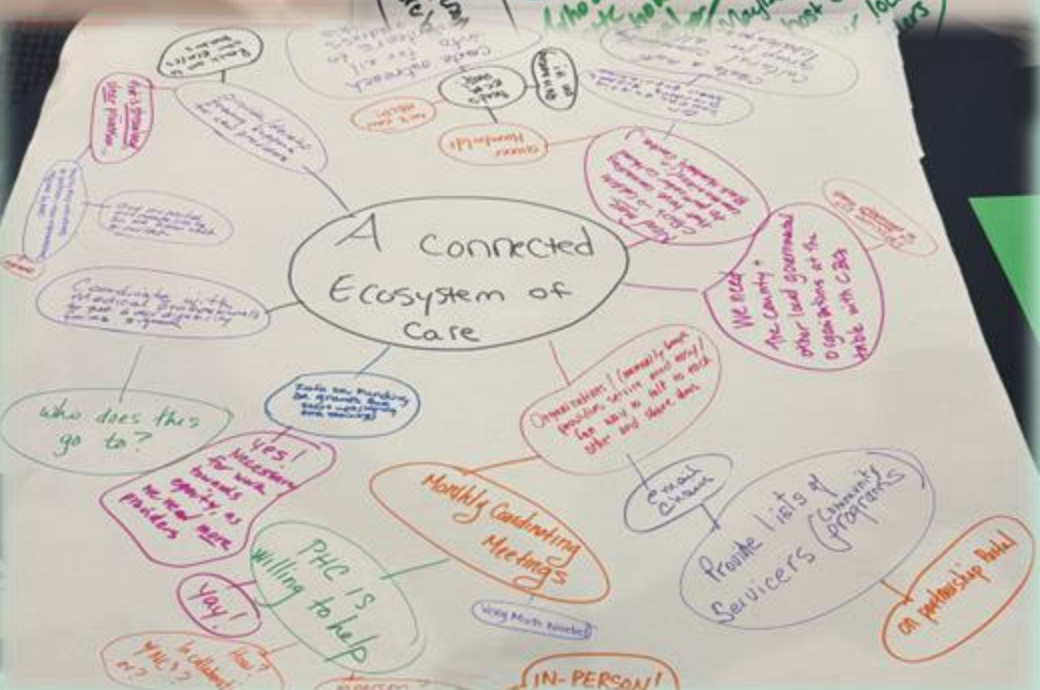
CalAIM: What We Know &
Don't Know

Current State of ECM and
Community Supports

Medi-Cal Changes Jan 1, 2027

CalAIM: Partnership's Vision &
The Future

Thank You!
***Katherine Barresi, RN,
BSN, PHN, NE-BC, CCM***
***Chief Health Services
Officer***



What's Working: Lake/Mendocino



Meeting People Where They Are

Showing up for people rather than asking them to navigate a system alone.

Relationships and trust, built over time

Genuine, durable relationships and trust across organizations— not just funding or programs, but working relationships

Rural advocacy at the state level.

Pride in advocating for rural communities' needs directly with the state — punching above the region's size.

Real housing outcomes.

Moving people from unhoused to housed — and housing navigation support reaching hundreds of families, despite extreme housing shortage.

New service lines taking hold.

New SUD services, medically tailored meals helping people manage chronic conditions, and even practical, dignity-centered supports like showers and washing machines.

A culture of humility and compassion

Pride in the team's compassion for vulnerable community members.

Small, local organizations stepping up

Pride in the opportunities CalAIM created for small, local CBOs — including Tribal CBOs — to deliver services in ways that fit their communities.

Getting the operational mechanics right.

Pride specifically in figuring out how to bill Partnership smoothly — a sign of real operational maturity after a complex program rollout.

What's Working: Del Norte/Humboldt



Real Impact on People's Lives

- ★ The number of people being reached and served through ECM
- ★ The shift in mindset and sense of empowerment that ECM permits — being part of meeting people's holistic needs, not just processing them in silos.
- ★ Bridging the gap between healthcare, human connection, and community need.



Provider Resilience & Growth

- ★ Ride the ups and downs of standing up ECM/Community Supports and still succeeding.
- ★ Four years of helping people, and the sustained support providers have been able to offer.
- ★ Simply “not having given up” — named explicitly as a point of pride.



Culturally-Grounded Care

- ★ Traditional healing approaches to treatment.
- ★ Being able to provide services and support to those who need help — and having the support itself to do that work.



Collaboration & Network Strength

- ★ The network of support between Native-led/Native-serving CBOs, and the persistence to keep that network going.
- ★ NC3 as a pathway for networking and referral collaboration.
- ★ The positive effect of current collaboration on the Tribal communities.
- ★ Growing CBO involvement as providers, and growing county involvement in the ecosystem of care overall.
- ★ Building CalAIM workflows directly into NC3 (CIE).



What's Working: Napa/Marin/Sonoma



Expanded access to services and supports

- ★ CalAIM has expanded the ability to reach people who previously had limited or no access to needed supports
- ★ Member outcomes and continuity of care
- ★ Increased access for children and youth



Cross-organizational collaboration

- ★ Connecting people with different services.
- ★ Collaboration to make a complicated system easier to navigate



Valuing the whole person and their broader circumstances

- ★ Being able to address family needs related to the member
- ★ Non-medical Community Supports



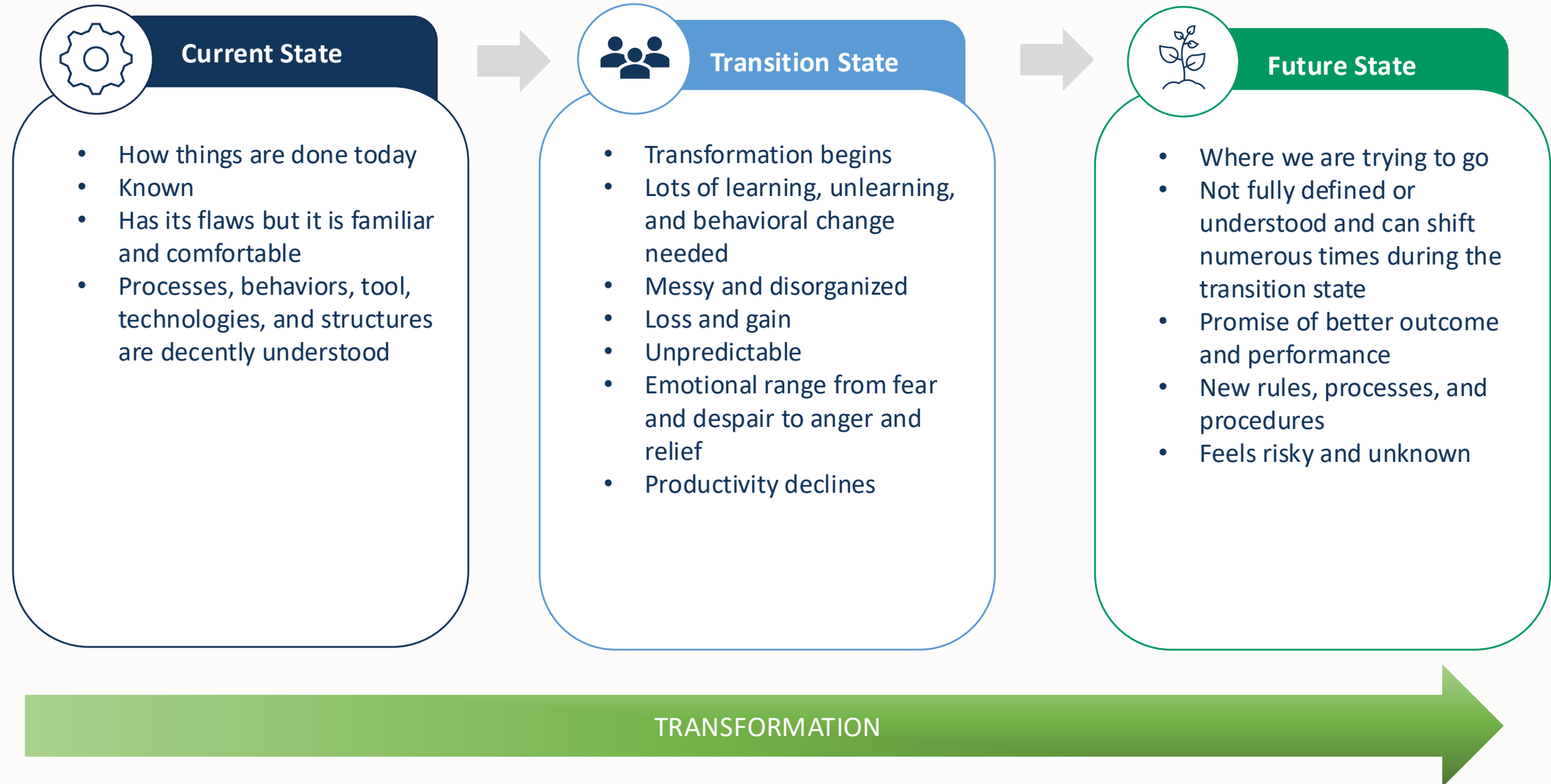
CBO participation and capacity

The network of support between Native-led/Native-serving CBOs, and the persistence to keep that network going.

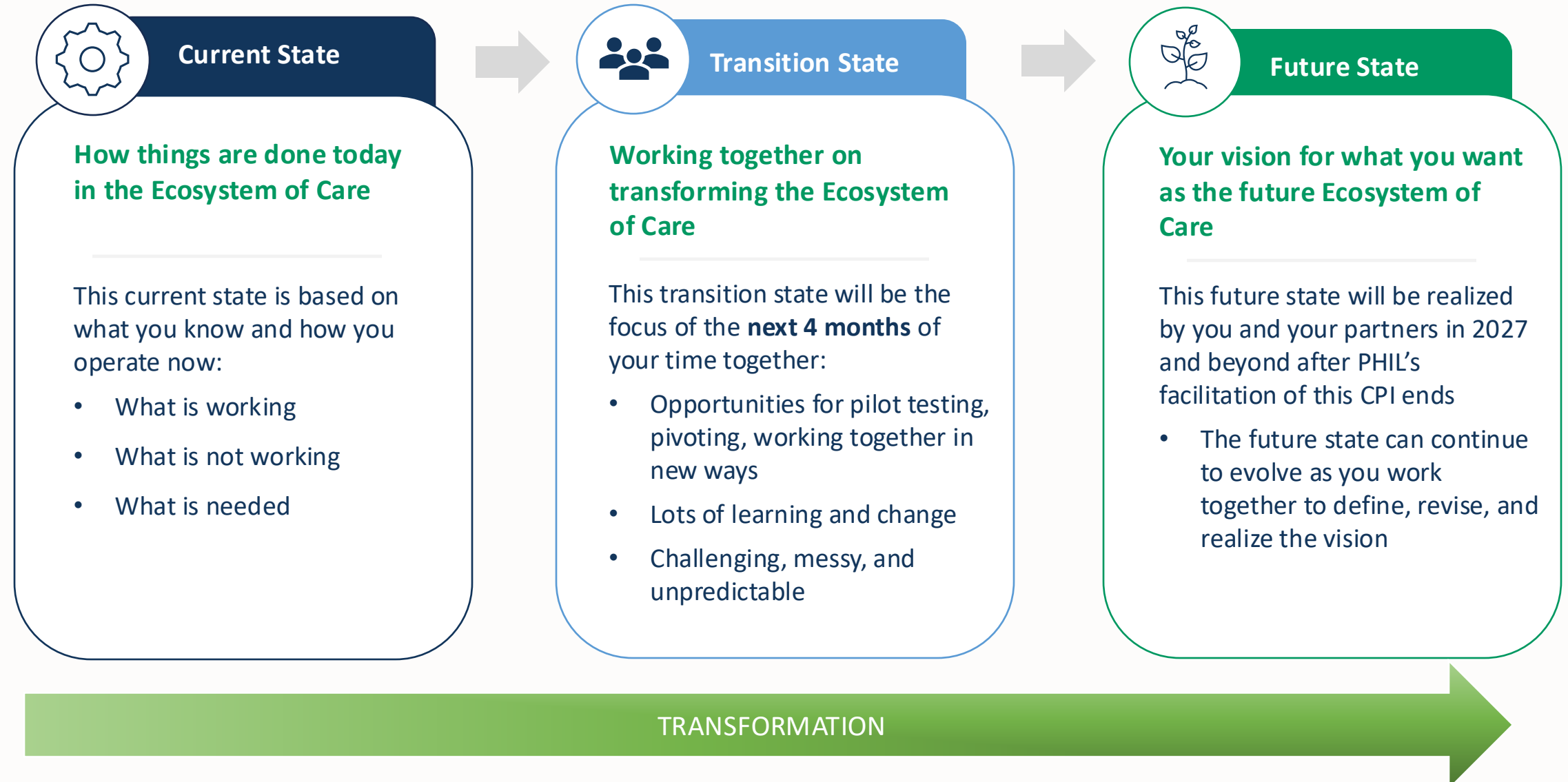
- ★ CBOs being able to receive compensation for work embedded in their services
- ★ Organizations expanding and accepting new ideas.



Making Sense of Change: A Transformation Framework



Applying the Transformation Framework to the Ecosystem of Care





A Coordinated and Connected Ecosystem of Care – Commonalities Across Regions

Strategic Priorities

1. Sustained collaboration and relationships
2. Reduce system complexity and improve navigation
3. Strengthen and sustain CBO capacity
4. Shared information and communication infrastructure
5. Person-centered, culturally safe and inclusive access



Continuing the Ecosystem Action Planning

Time to Connect with Other Providers on Next Steps and Requests to Sustain Your
CalAIM Services



What can we accomplish together that none of us can accomplish alone?

STRATEGIC PRIORITIES: Vote for your top choices and leave comments.

+

S

Stefani Hartsfield

2 hours ago

1. Sustained local collaboration infrastructure

Strong relationships exist, but the community wants regular, facilitated, ongoing cross-agency collaboration

0

+

Add comment

S

Stefani Hartsfield

2 hours ago

2. Shared resource visibility & closed-loop navigation

Providers need current knowledge of resources and members need seamless referrals and handoffs

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Add comment

S

Stefani Hartsfield

2 hours ago

3. Communication, clarity & shared learning

Need reliable communication channels. common

ECOSYSTEM ACTIONS & OFFERS

+

S

Stefani Hartsfield

2 hours ago

Space

"ABC organization" has a space for brown bag lunch meetings

0

+

Add comment

S

Stefani Hartsfield

2 hours ago

Recuperative Care Workflow

XYZ org can share our workflow for transitioning from STPHH to recup care

0

+

Add comment

ECOSYSTEM NEEDS & REQUESTS

+

S

Stefani Hartsfield

2 hours ago

External Request

Need \$50k annually to continue hosting collaboratives to sustain ecosystem services

0

+

Add comment

OUT OF OUR CONTROL

+

S

Stefani Hartsfield

2 hours ago

End of PATH

0

+

Add comment

S

Stefani Hartsfield

2 hours ago

End of Short Term Post Hospitalization

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Add comment



Ecosystem Breakout Conversations

- **Review:** *Take a few minutes individually to review the Strategic Priorities summary table and Conversation Maps below.*
- **Reflection:** *Vote for your top strategic priorities, add comments, note what is missing.*
- **Transition Phase Action Planning:** *Share your ideas related to your Ecosystem of Care's next steps for a stronger future state.*
 - *Ecosystem Actions & Offers: What actions can we take on our own? What can your organization offer?*
 - *Ecosystem Needs & Requests: What actions require us to work with external influences in the system? What do we need and who do we need to ask?*

A group of people's hands are visible, interacting with a large sheet of paper. The paper is covered with various sticky notes in blue, yellow, and pink. Some sticky notes have handwritten text like "CUSTOMER", "PROBLEM", "JOURNEY MAP", and "ES". There are also diagrams and sketches on the paper, including a circular flow diagram and a diagram with a person's head and shoulders. The overall scene suggests a collaborative design or brainstorming session.

Breakout Conversations

A group of people's hands are visible, working on a large sheet of paper. The paper has a grid of cards, some of which are being moved or pointed to. There are several sticky notes of different colors (blue, yellow, pink) with handwritten text and drawings. The text 'Welcome Back!' is overlaid in a large, bold, yellow font. The background is a dark, blurred image of people's hands and arms.

Welcome Back!



Reflections from Breakout Conversations

What You Shared: Lake & Mendocino



Top Themes

Lake and Mendocino together see significant value in the CalAIM ecosystem and are proud of the relationships, expanded services and increased capacity it has helped create. The primary concern for the future is whether the local infrastructure needed to sustain and deepen the progress will exist in light of diminishing support and upcoming changes. Participants are calling for consistent cross-agency collaboration, shared resource information, clearer communication and training, streamlined workflows, adequate funding and stronger support for rural and community-based organizations.

Strategic priority	Community Requests
1. Sustained local collaboration infrastructure	Strong relationships exist, but the community wants regular, facilitated, ongoing cross-agency collaboration
2. Shared resource visibility & closed-loop navigation	Providers need current knowledge of resources and members need seamless referrals and handoffs
3. Communication, clarity & shared learning	Need reliable communication channels, common understanding, ongoing training and translation of system changes
4. Sustainable CBO/community capacity	Funding, reimbursement, workforce and infrastructure are necessary to maintain the ecosystem
5. Administrative simplification	Billing, workflows, eligibility, guidance and requirements create barriers to participation
6. Person-centered, culturally responsive access	The community values meeting people where they are and wants fewer eligibility and cultural barriers
7. Rural/community-specific service gaps	Rural/community-specific service gaps

What You Shared: Del Norte & Humboldt



Top Themes

Del Norte & Humboldt are asking for a connected, locally rooted ecosystem that makes it easier for providers to collaborate, easier for organizations to build capacity, easier to share information and measure results, and easier for people—particularly culturally and linguistically diverse populations—to get the right care without unnecessary administrative barriers. Help us sustain and strengthen a collaborative ecosystem that is already producing meaningful results.

Strategic priority	Community Requests
1. Sustained collaboration & community of practice	Create regular structures for CBOs, providers, counties and public agencies to learn and problem-solve together
2. Practical implementation support	Translate DHCS/CalAIM requirements into clear workflows, examples, templates and accessible guidance
3. Workforce & provider capacity	Recruit, fund, onboard, train, mentor and retain enough providers to meet community needs
4. Shared information & interoperability	Enable appropriate data sharing, reduce duplicate assessments and improve knowledge of local resources
5. Meaningful outcomes & shared measurement	Define what success means and collect data that demonstrates meaningful, long-term change
6. Cultural & linguistic responsiveness	Strengthen culturally specific CBO capacity, cultural humility and bilingual/translation resources
7. Simplified, person-centered navigation	Reduce paperwork and administrative friction while improving warm handoffs and access to the right services

What You Shared: Marin, Napa, & Sonoma



Top Themes

This region's community is proud of the ecosystem that CalAIM has created, while simultaneously describing many of the structures of that ecosystem as barriers to the kind of care CalAIM is intended to produce. Participants feel that the underlying CalAIM vision is right and have seen that it can work. They need capacity and support to remove the administrative, financial, technological and structural barriers that prevent the vision from becoming the normal way of doing business.

Strategic priority	Community Requests
1. Trust-based collaboration	Strong desire for genuine collaboration, transparency, warm handoffs and relationships rather than competition
2. Person-centered whole-person care	Organizing services around the person's needs and cultural considerations rather than organizational boundaries
3. Administrative simplification	Documentation, billing, contracting, approvals, care plans and compliance are consuming capacity
4. Shared data & interoperable infrastructure	CIE, data sharing, referral systems, documentation and interoperability repeatedly identified as a unified need
5. Sustainable CBO capacity & shared infrastructure	Rates, funding, administrative capacity, sustainability and contracting process adaptation for survival
6. Adequate community resources & service capacity	Housing, behavioral health, transportation, culturally specific services and other gaps
7. Shared power, communication & community voice	CBO participation, frontline input, public-sector/CBO relationships and better, accessible communication systems

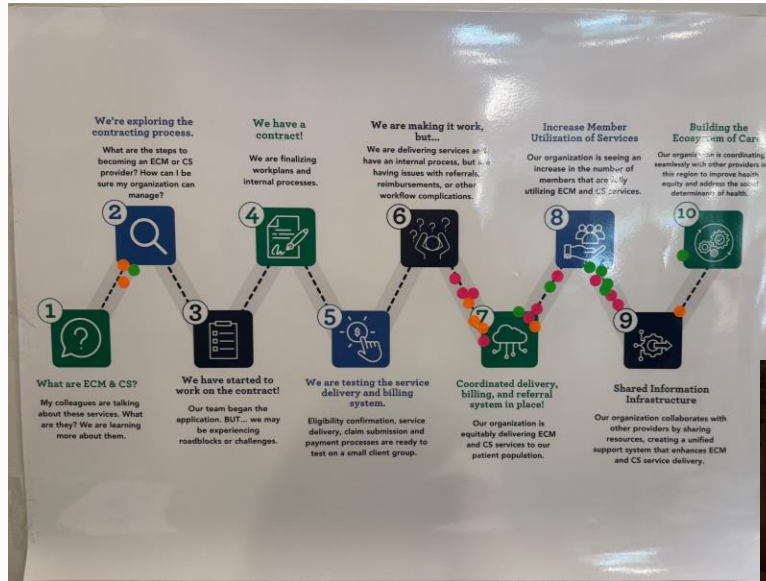


Readiness Roadmap Updates

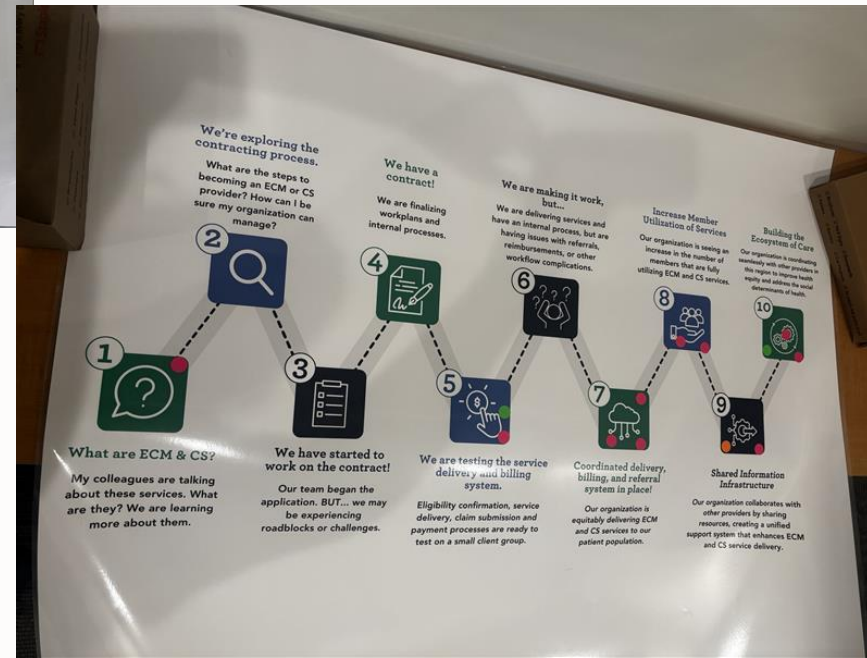


Readiness Roadmap Artifacts

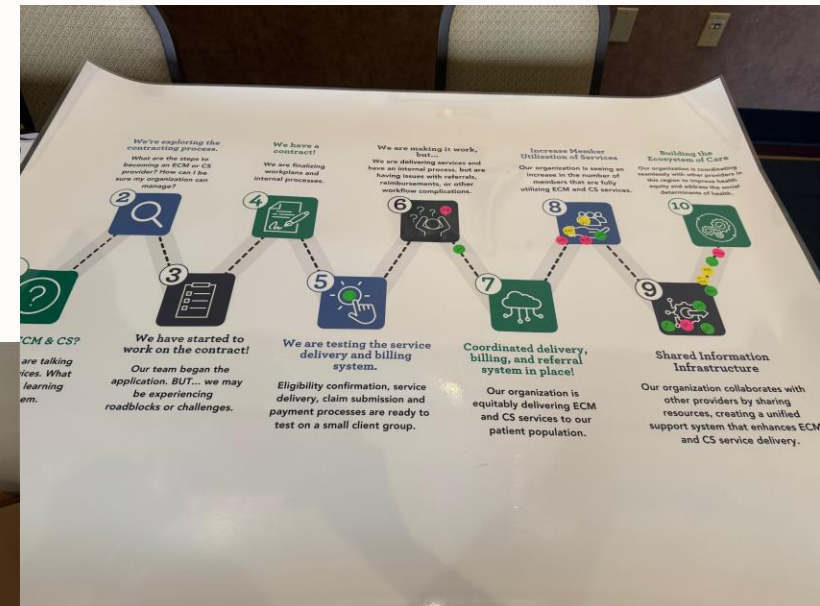
Sonoma, Napa, & Marin



Humboldt & Del Norte

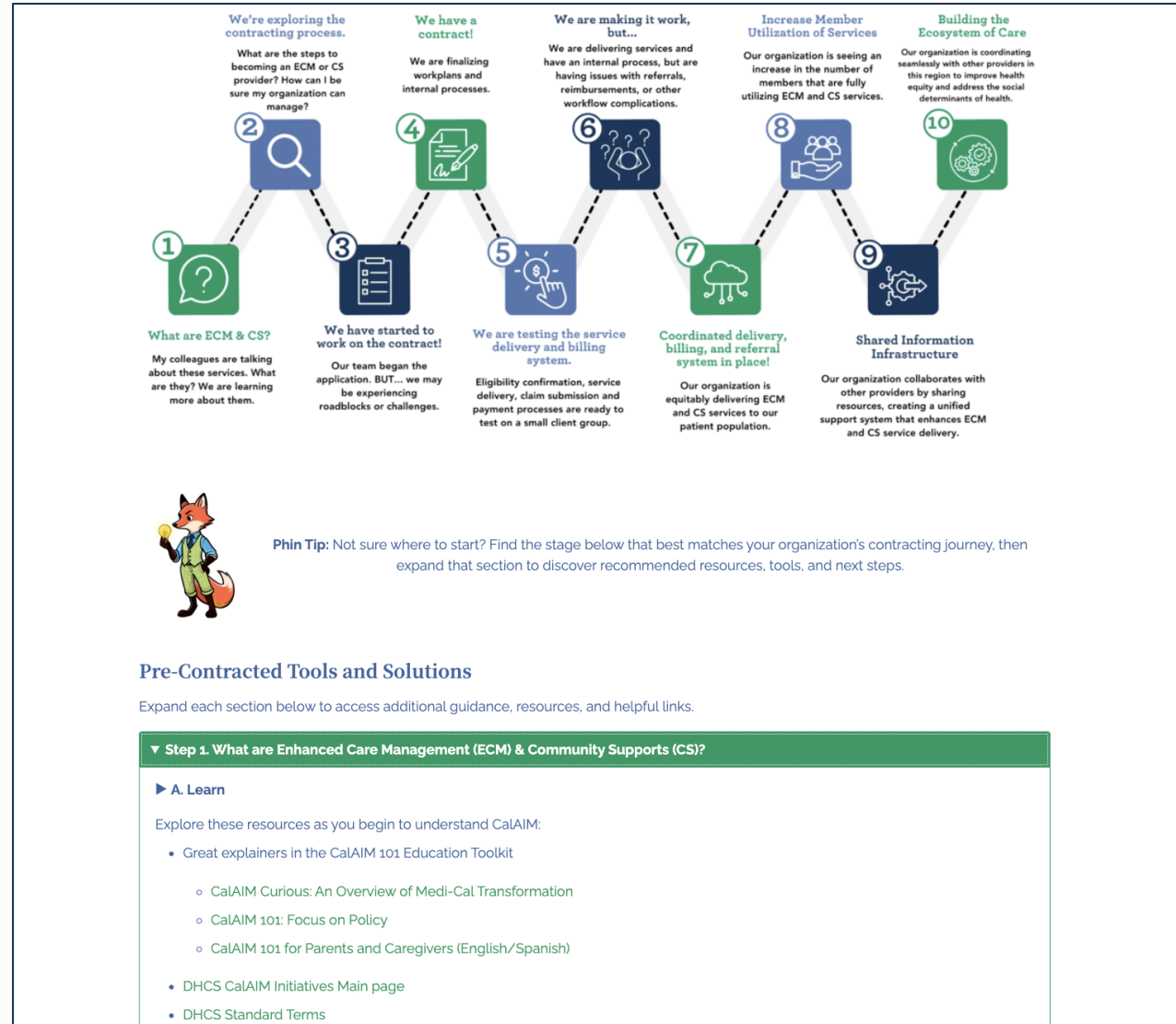


Lake & Mendocino





Updated Readiness Roadmap Interactive Tool





Survey: How is your experience going with the CPI?

Please take a moment to respond to this quarterly DHCS survey.



Meet Phin the Fox, PHIL's mascot!

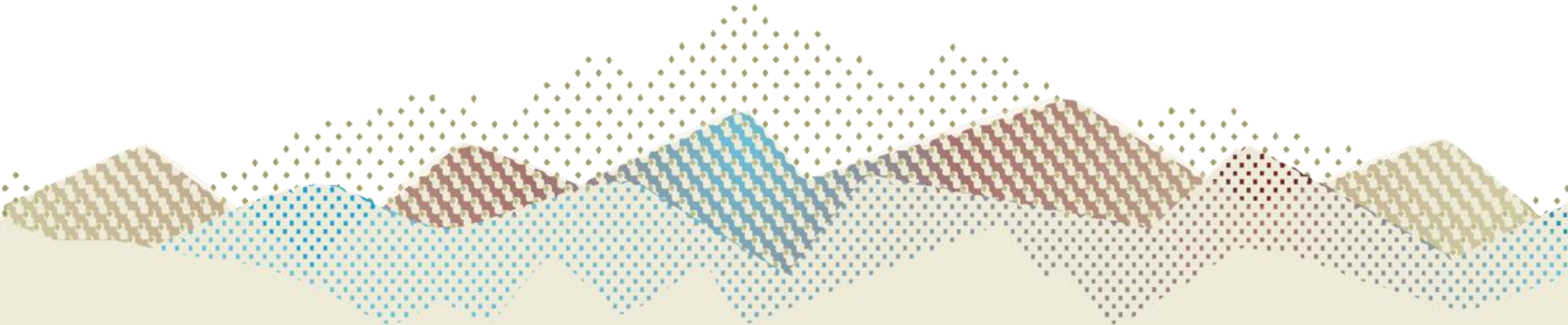


Partnership HealthPlan of California (PHC)

Managed Care Plan CalAIM Updates
September 2026

Erick Frausto

MCP CalAIM Updates September 2026



Agenda



Department of Health Care Services (DHCS) updates



Enhanced Health Services Updates



ECM Referral Form & TAR Submission Update



Community Supports Updates



Medi-Cal Changes



Current State of ECM and Community Supports



Upcoming Webinars

Department of Health Care Services (DHCS) Proposals

DHCS released proposed updates to Community Supports Policy Guide Volume 1 and Select Housing-Related CS, developed these proposals informed by data, stakeholder feedback, and changes at the federal level.

1. [Summary of Proposed Updates to the Community Supports Policy Guide: Volume 1,](#)
2. [Proposed Updates to the Community Supports Policy Guide: Volume 1, and](#)
3. [Proposed Updates to Select Housing-Related Community Supports](#)

Enhanced Health Services Provider ACD Line Go-live

The Enhanced Health Services (EHS) ACD Line is now available for provider related inquiries Monday to Friday from 8 a.m. – 5:00 p.m. This line does not receive member calls and members should be directed to member services or care coordination teams.



- ☐ TAR or referral status (up to 5)
- ☐ Urgent or expedited TAR requests
- ☐ General TAR or referral submission questions



- ☐ Claims or billing inquiries
- ☐ Member calls for reassignment
- ☐ ECM and CS program inquiries

EHS Department Phone Line: (866) 894-0489 Ext. 0490

OLS Redetermination Indicator

Partnership HealthPlan of California is pleased to announce that providers can now view a member's Medi-Cal redetermination date directly from the eligibility screen in the Online Services Portal!

Eligibility Details:

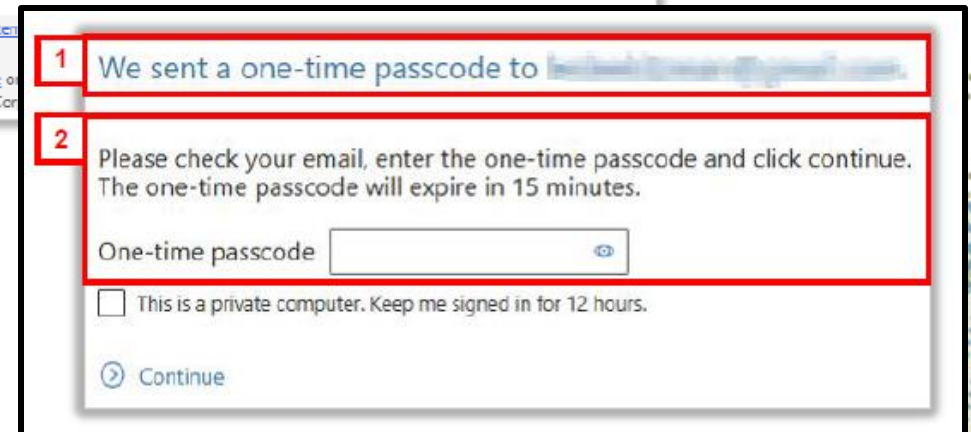
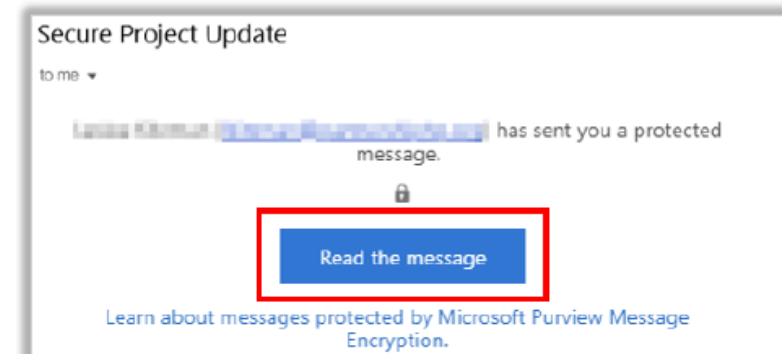
Member Eligible:	Yes
Program:	Medi-Cal
AID Code:	1H [AGED, DISABLED, BUT NOT IN LTC (DERIVATIVED OF 17, 27, 67)]
COUNTY	NEVADA
CCS Eligible	No
American Indian:	No
DSNP	No
 Member Redetermination:	Yes (Due 05/31/2026) (90-day grace period from due date.)

If you have any questions about the new member redetermination indicator, please feel free to reach out to PartnershipProviderEducation@partnershiphp.org

Email Encryption

Partnership is transitioning from Cisco Secure Email Encryption Service to Microsoft Purview Message Encryption for all company email encryption.

New Experience (Microsoft Purview):



ECM Referral Form and TAR Submission Update

Beginning July 1, 2026, providers will be required to attach an ECM Referral Form with each **initial** ECM TAR submission. This does not apply to re-authorization TARs unless the member's PoF has changed.

Any initial TAR submissions that do not include an ECM Referral Form will be "Pended" for 14 days. Providers will be required to attach a referral form to the TAR. If a referral form is not received within 14 days, the TAR will be voided.

[ECM Referral Form – Adult Members](#)

[ECM Referral Form – Youth Members](#)

[Provider Relations: Authorization Module](#)

Short-Term Post-Hospitalization and Recuperative Care

Short-Term Post-Hospitalization Housing

- DHCS has provided language to Managed Care Plans (MCPs) that will be sent to members about Short-Term Post-Hospitalization (STPHH) sunsetting as a Community Supports Service
- As of 7/1/2026 no STPHH TARs will be approved past 12/31/2026
- No STPHH TARs will be reviewed after 12/01/2026

[CMS Waiver Document](#)

Recuperative Care (Medical Respite)

- Ensure providers meet standards that align with National Institute for Medical Respite Care (NIMRC) certification standards to the extent applicable.
- We are currently waiting on DHCS guidance regarding Recuperative Care Requirements and the changes to this service. We will update our providers once the guidance has been released.

[Standards for Medical Respite Care Programs](#)

Medi-Cal Changes January 1, 2027

- **Unsatisfactory Immigration Status (UIS) transition**
 - ✓ 2 Million members statewide; ~84,000 Partnership Members
 - ✓ Move from Medi-Cal Managed Care to Medi-Cal FFS
 - ✓ No longer eligible for ECM or CS
- **Work and Community Engagement Requirements**
 - ✓ H.R. 1
 - ✓ Adults in the ACA Medi-Cal expansion group must work, attend school/job training, or volunteer for at least 80 hours per month unless they qualify for an exemption
 - ✓ 3.5 Million Medi-Cal enrollees subject to Work/Community Requirements
- **Six-Month Medi-Cal Renewals**
 - ✓ H.R. 1
 - ✓ Requires the New Adult Group members to renew Medi-Cal every six months instead of once a year.
- **Retroactive Medi-Cal timeframes**
 - ✓ H.R. 1
 - ✓ Limits retroactive coverage timelines
 - ✓ Reduces retroactive coverage from three months to one month for New Adult Group members and two months for all other Medi-Cal members



<https://www.dhcs.ca.gov/tracking-federal-policy-impacts-on-medi-cal/>

Current State of ECM and Community Supports

What's Working

- Strong provider commitment and partnerships
- Effective connections to community resources
- Meaningful impact on member outcomes

Current Challenges

- Poor documentation or lack of documentation of activities
- Providers struggling with basic workflow and referral process challenges
- Lack of intensive services being delivered – or delivered and not documented

What We Know

- Sunsetting of STPHH effective 1/1/2027
- ECM is not going away and is not dependent on waiver renewals
- CS will continue in 2027, though service definitions and eligibility criteria may change



Upcoming Webinars

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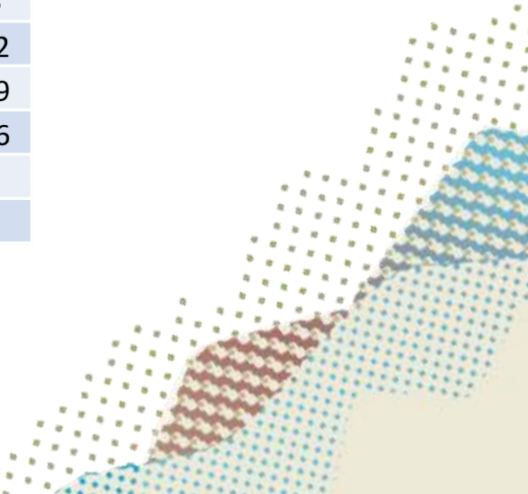
- ECM
- CS
- CalAIM
- Observed Holiday

September						
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27	28	29	30	31		



Questions

Contacts:

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





CalAIM Announcements

All event registration links and resources can be found in the Joint CPI Resource Hub



Event Registration

Stay up to date on upcoming events



Resources

Tools, guides, and materials



Announcements

Latest news, and updates

Scan to Visit the Joint CPI Resource Hub!



Or Click the Link in the Chat



New Sustainability Toolkits from DHCS

Revised with feedback from all of you! The PATH facilitators from throughout California are sharing tools and best practices to support implementing ECM and Community Supports and building local networks of care for Medi-Cal members with complex needs.



Sustaining and Spreading Medi-Cal Transformation: The Revised Sustainability Toolkit

A Toolkit for Providers

and

A Toolkit for Community Integrators



View and download toolkits and resources here:

<https://www.ca-path.com/on-demand-resource-library>



Webinar: Practical Applications of the CalAIM Best Practices and Sustainability Toolkits

On October 30, from 10 to 11 a.m. PDT, DHCS will host a public webinar, "Practical Applications of the CalAIM Best Practices and Sustainability Toolkits" (advance registration required).

The webinar will show participants how to use the Best Practices and Sustainability Toolkits in real-world settings.

Register Today!



<https://tinyurl.com/8dhwu7f5>



Resources for Upcoming Medi-Cal Changes

Transition of UIS Population from Managed Care to Fee-for-Service Medi-Cal



Policy Guide

LATEST UPDATES

Stay up to date with DHCS updates, key timelines, and guidance. The Policy Guide includes easy-to-read charts and tables, is searchable, and provides template language for communicating with members about the changes.

Includes specific information on transitions from ECM, Community Supports, and CCS, care management, CHW and other key services will begin in 2027.

<https://tinyurl.com/4v9653bd>



Fee-for-Service Transition Webinar

SEPTEMBER 30, 2026

Learn about the upcoming transition of Medi-Cal members with Unsatisfactory Immigration Status from managed care to Medi-Cal Fee-for-Service beginning January 1, 2027. This public webinar is designed to help providers and advocates deliver clear, consistent, plain-language guidance during this transition.

<https://tinyurl.com/ur9avphs>



Medi-Cal Changes Toolkit

PRACTICAL RESOURCES

Searchable tools and resources by Medi-Cal Change, tool and language.

<https://tinyurl.com/52dz6wt t>



Fee-for-Service Transition Website

ADDITIONAL RESOURCES

Access the latest information, including a member-focused webpage, stakeholder transition page, fact sheet, member FAQ, provider FAQ, and updates to Find Doctors and Services tool to help members locate fee-for-service providers.

<https://tinyurl.com/y3mpbphk>



If you want to get updates at the same time as the MCPs, keep this bookmarked.

They include everything you need to get ahead of the curve and have your questions answered.

Medi-Cal Eligibility: Work and Community Engagement Rule and 6 Month Renewal Rule Notice



Impacts Adults Ages 19-64

There are some exceptions including; American Indians, Pregnant People, People with Disabilities and more (restrictions apply!)



DHCS Presentation of Changes

The August [presentation](#) on these changes is now available. Including [slides](#).



CalFresh Changes

Important updates covered for the CalFresh program

What This Means for You



Watch for forthcoming state guidance



Prepare for operational adjustments



CalHHS reaffirmed its commitment to protecting Californians and sustaining health and social services programs



[View the Full Presentation](#)

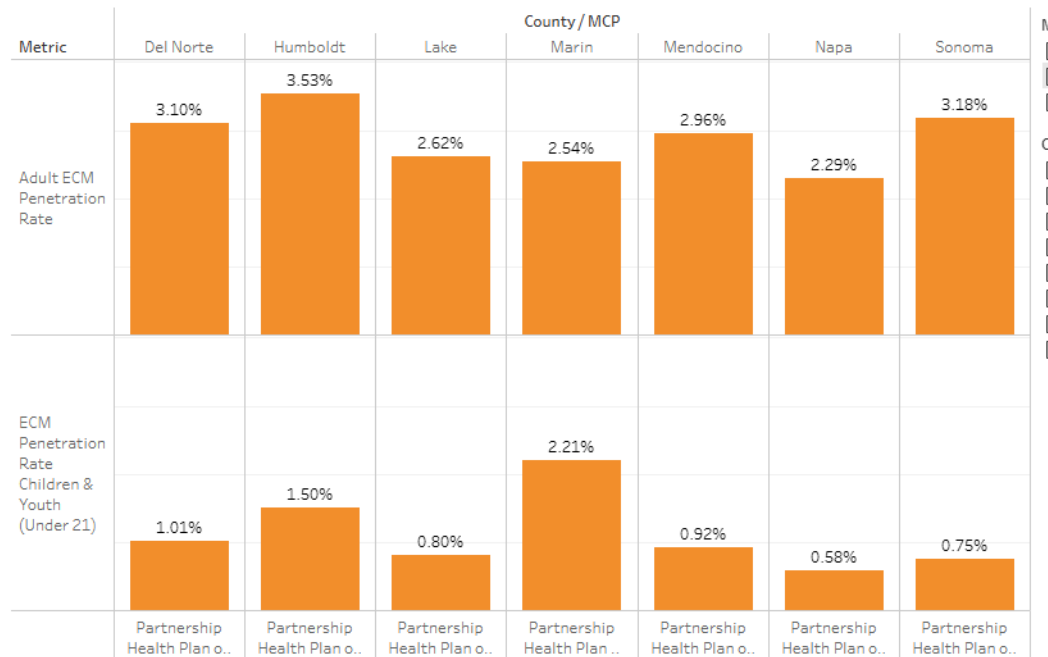


New Data Updates on Provider Services and Utilization by County for Enhanced Care Management (ECM) and Community Supports

PATH CPI County-Level Dashboard for Enhanced Care Management and Community Supports

Instructions ECM Members ECM Providers Community Support Members Community Support Providers Additional Dash

ECM Penetration Rates Through December 31, 2025



Check out the PHIL [County-Level Dashboard for ECM and Community Supports](#)



Updates were made for all **7 counties** with DHCS data through December 2025 (Q4)



This is the **first update** with DHCS' new data model. Check this out!



More Discussion in October



Justice Involved Office Hours



Back by Popular Demand:
Office Hours for JI ECM
Providers, Tuesday,
September 29th



Open discussion

Bring your questions, share experiences, and connect with peers.



Just in time

For the final round of correctional facility go-lives.

OFFICE HOURS

JI ECM PROVIDERS

SEPTEMBER 29, 2026 · 3:00 - 4:00 PM PT

Hosted by Rebekah Kharrazi, MPH, CPH



CalAIM Provider Forum

Join the CalAIM Provider Forum on September 16 for a Conversation on Caring for Justice-Involved Individuals

You're invited to join CalAIM providers from throughout the state at the monthly CalAIM Provider Forum from 2 to 3 p.m. PT.

[Please Register for the Provider Forum Series Here,](https://bit.ly/3U1cFEF)

or copy and paste this address into your browser:

<https://bit.ly/3U1cFEF>





Doula Resources



Birthworkers of Color Collective

PAVE Medi-Cal Portal Training For CA Doulas

**HYBRID OFFERING:
IN PERSON OR VIRTUAL**

Every 1st
Tuesday of
The Month
4-6 PM PST



Scan Code or Register at:
[birthworkersofcolor.com/medi-cal](https://www.birthworkersofcolor.com/medi-cal)



@birthworkersofcolor

PAVE ENROLLMENT 1:1 SUPPORT

Free & in person and virtual PAVE portal assistance! We're here to support you in every step of the application process.

Every First and Third Tuesday Of The Month
10 AM - 12 PM

Andrea Howard
Medicaid Program Manager
Doulabenefit@birthworkersofcolor.com

BWOCC- Long Beach Office
Drop In, No Registration Required.
***Virtual Option Available Upon Request**



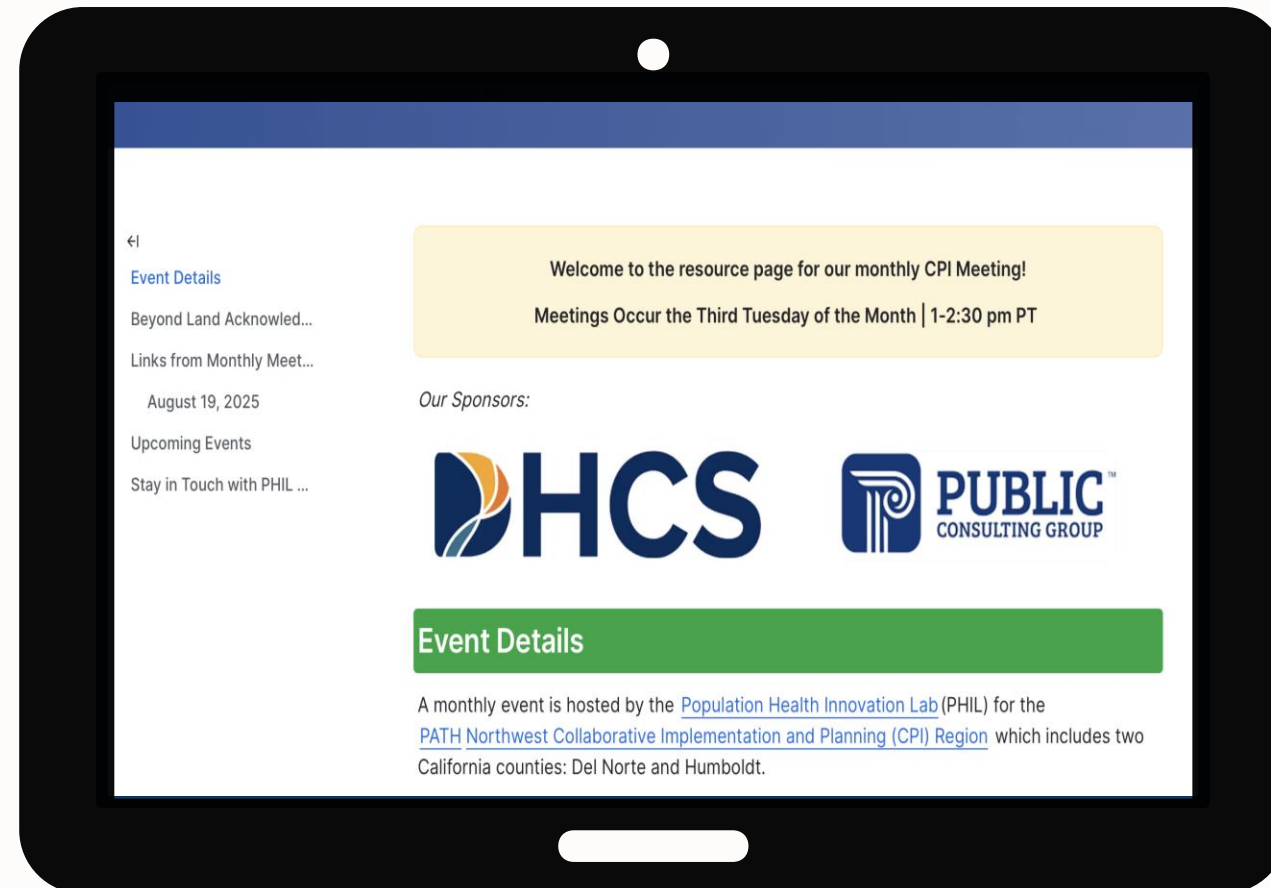
Sponsored by:

Sign Up & More Information: <https://www.bwoclearning.com/trainings>





Joint CPI Resource Hub (Zoom Docs)



Scan to Access the
Resource Hub!



Or Click the Link in the
Chat



PATH NW + SW CPI Meeting Plans

- September 15 | Continue Conversations from In-Person Meetings
- October 20 | Virtual Convening
- November 17 | Virtual Convening
- December 15 | Virtual Convening *Recognition of Our Collective Achievements & Sharing Gratitude*



Thank You!

Feel free to contact our PATH CPI team any time at
PATH@pophealthinnovationlab.org