
Welcome

PATH Collaborative Planning & Implementation (CPI)

CalAIM Meeting: Del Norte & Humboldt Ecosystems of Care

August 31, 2026 | 10 am – 2:30 pm

Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we are currently standing on the unceded land of the Rohnerville Rancheria, Wiyot, Yurok, Hoopa, Karuk, Blue Lake Rancheria, Trinidad, Big Lagoon, Tolowa Dee-ni, Elk Valley Rancheria, and Resighini Rancheria people.

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.

Photo by Ralph (Ravi) Kayden on Unsplash

Welcome and Introductions

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August 31, 2026 | 10 am – 2:30 pm

Reminders and Information

TODAY'S DETAILS

Restrooms

Where is the restroom?

Emergency Exits

Where are the exits?

Lunch

What time is lunch?

WI-FI

Network:

Bear River Hotel

Resource Hub

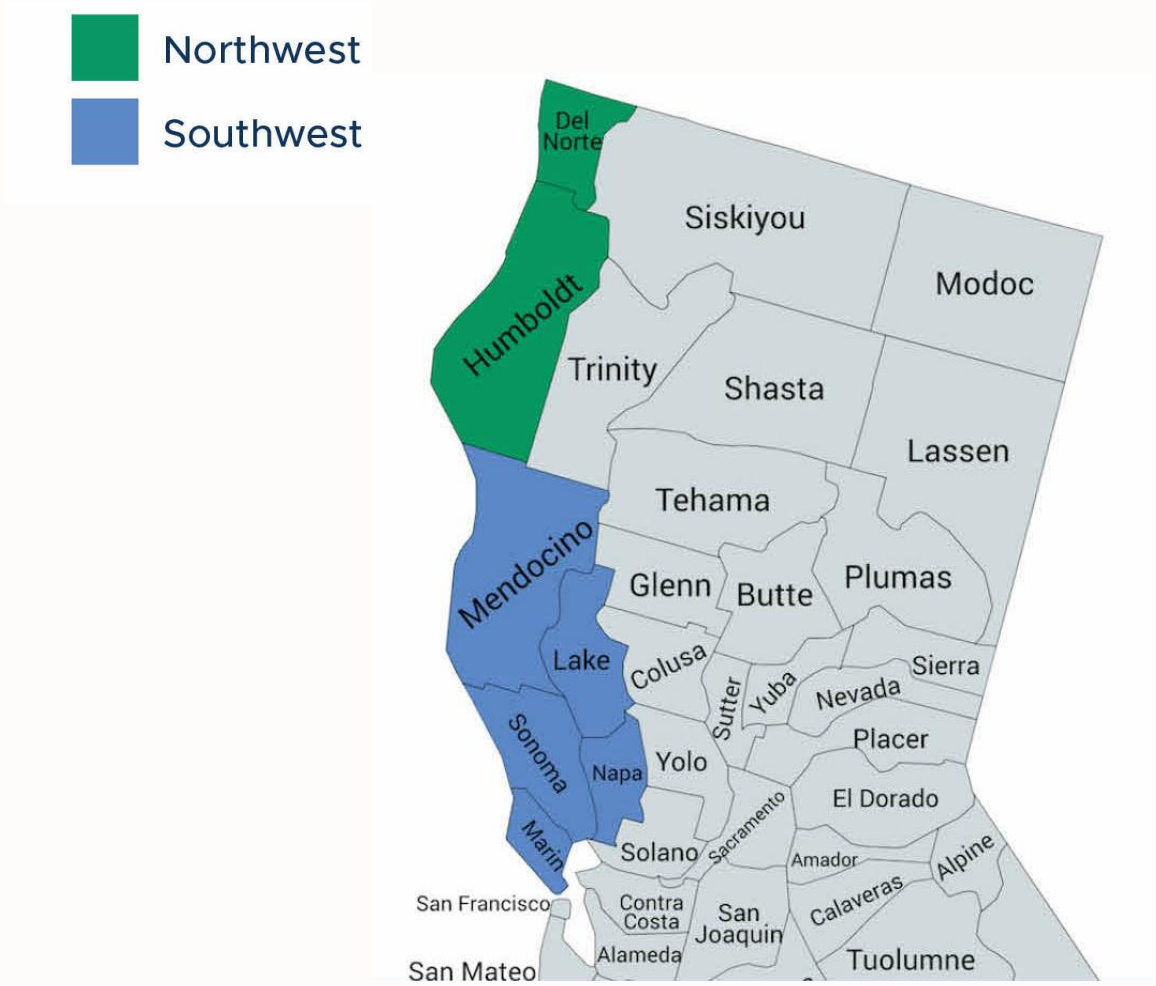
Scan QR code for Joint Resource Hub (NW + SW)

Thank you to our sponsors

Framing and Flow

Collaborative Planning & Implementation Overview

WHERE WE WORK



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

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

Commitments Courtesy of: Community Health Worker & Promotor Workforce Development Resource Library — Health Leads. (2023, June 29). Health Leads. https://healthleadsusa.org/communications-center/resources/community-health-worker-promotor-workforce-development-resource-library/

Agenda for Today

- **Welcome, Framing, & Flow**
- **State of the Ecosystem**:

  Tammy Chandler, PHIL; Darlene Spoor, Arcata House Partnership

- **Local CalAIM Provider Spotlight**:

  Presenter: Kinu Fukui, Kee Cha'a-neyr Corporation

  Facilitator: Zachary Ray, PHIL & Native Spirit Consulting

- **Reflection & Connection**
- **Lunch & Updates from Partnership HealthPlan of California**

  Katherine Barresi, Chief Health Services Officer, Partnership HealthPlan of California

- **Conversation Mapping: A Coordinated Ecosystem of Care**
- **Final Reflections, Evaluation, and Closing**
- **After-Event Networking** *(Optional)*

Access the Resource Hub Throughout the Day

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

Making Sense of Change: A Transformation Framework

Current State

- How things are done today
- Known
- Has its flaws but it is familiar and comfortable
- Processes, behaviors, tool, technologies, and structures are decently understood

Transition State

- Transformation begins
- Lots of learning, unlearning, and behavioral change needed
- Messy and disorganized
- Loss and gain
- Unpredictable
- Emotional range from fear and despair to anger and relief
- Productivity declines

Future State

- Where we are trying to go
- Not fully defined or understood and can shift numerous times during the transition state
- Promise of better outcome and performance
- New rules, processes, and procedures
- Feels risky and unknown

TRANSFORMATION

Applying the Transformation Framework to the Ecosystem of Care

Current State

How things are done today in the Ecosystem of Care

This current state is based on what you know and how you operate now:

- What is working
- What is not working
- What is needed

Transition State

Working together on transforming the Ecosystem of Care

This transition state will be the focus of the **next 4 months** of your time together:

- Opportunities for pilot testing, pivoting, working together in new ways
- Lots of learning and change
- Challenging, messy, and unpredictable

Future State

Your vision for what you want as the future Ecosystem of Care

This future state will be realized by you and your partners in 2027 and beyond after PHIL's facilitation of this CPI ends

- The future state can continue to evolve as you work together to define, revise, and realize the vision

TRANSFORMATION

Join Us for Remaining PATH CPI Meetings (Virtual)

- September 15 | Connect & Continue Conversations from In-Person Meeting
- October 20
- November 17
- December 15

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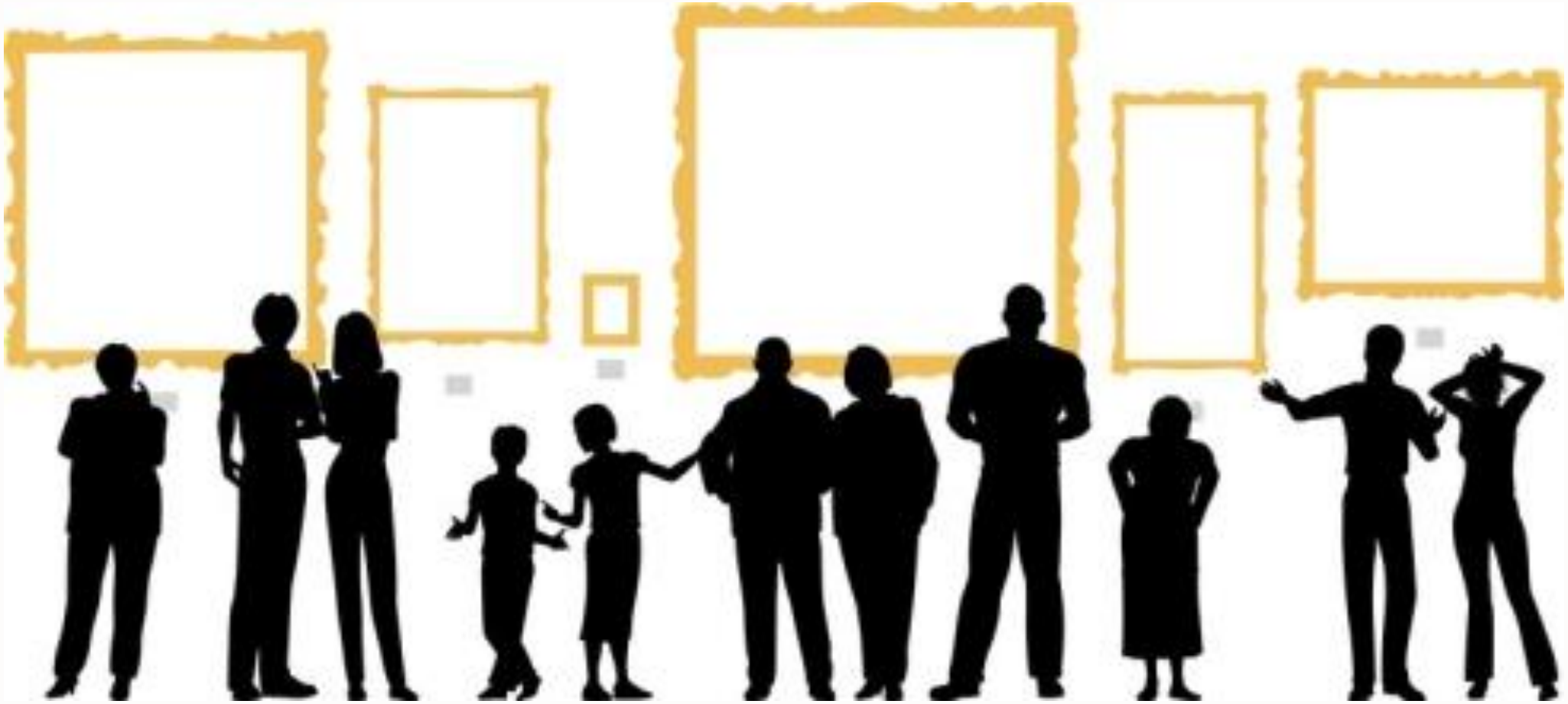
from 1:00-3:00 pm PT

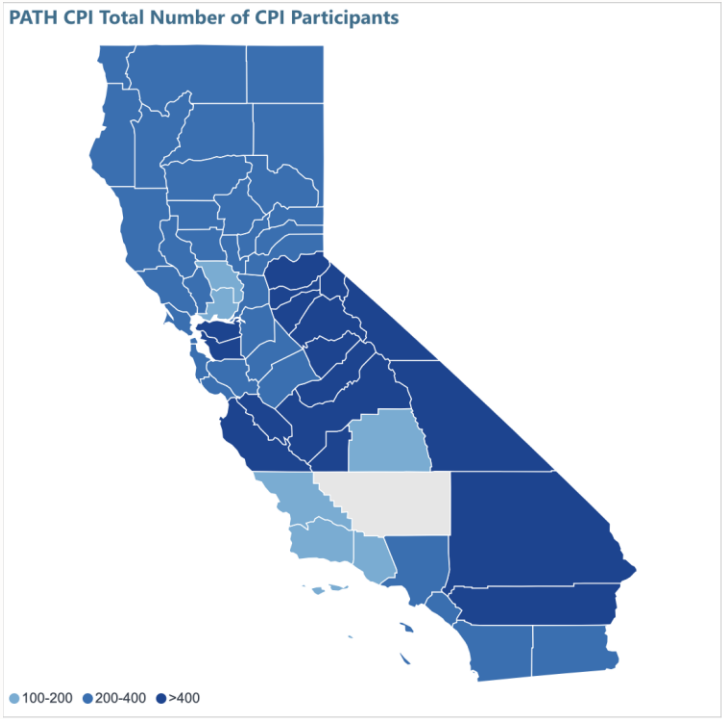
Share Your Ideas:
Add Stickies to Tables and Gallery Walk



State of the Ecosystem

History of PATH CPI

- PATH = Providing Access and Transforming Health
- CPI = Collaborative Planning and Implementation



County	Collaboratives	Total Individuals	Total Organizations
All Counties	Indian Health	360	210
Alpine	Central Collaborative	854	486
Amador	Gold Country Collaborative	445	245
Butte	Nor Cal Collaborative	330	187
Calaveras	Gold Country Collaborative	445	245
Colusa	Nor Cal Collaborative	330	187
Contra Costa	Contra Costa Collaborative	444	254
Del Norte	Northwest Collaborative	301	162
El Dorado	Central Collaborative	854	486
Fresno	Central Valley Collaborative	581	300
Glenn	Nor Cal Collaborative	330	187
Humboldt	Northwest Collaborative	301	162
Imperial	Imperial Collaborative	362	215
Inyo	Gold Country Collaborative	445	245
Kings	Central Valley Collaborative	581	300
Lake	Southwest Collaborative	231	120
Lassen	Northeast Collaborative	317	181
Los Angeles	Los Angeles Collaborative	332	198
Madera	Central Valley Collaborative	581	300
Marin	Southwest Collaborative	231	120
Mariposa	Gold Country	445	245

The Current State:

CalAIM, ECM, and Community Supports in Our Region

What's Shifting vs. What's Staying

What is at stake?

Urgency to Coordinate Across Sectors

Where We Go Between Today and December 31

Turn and Talk Reflection

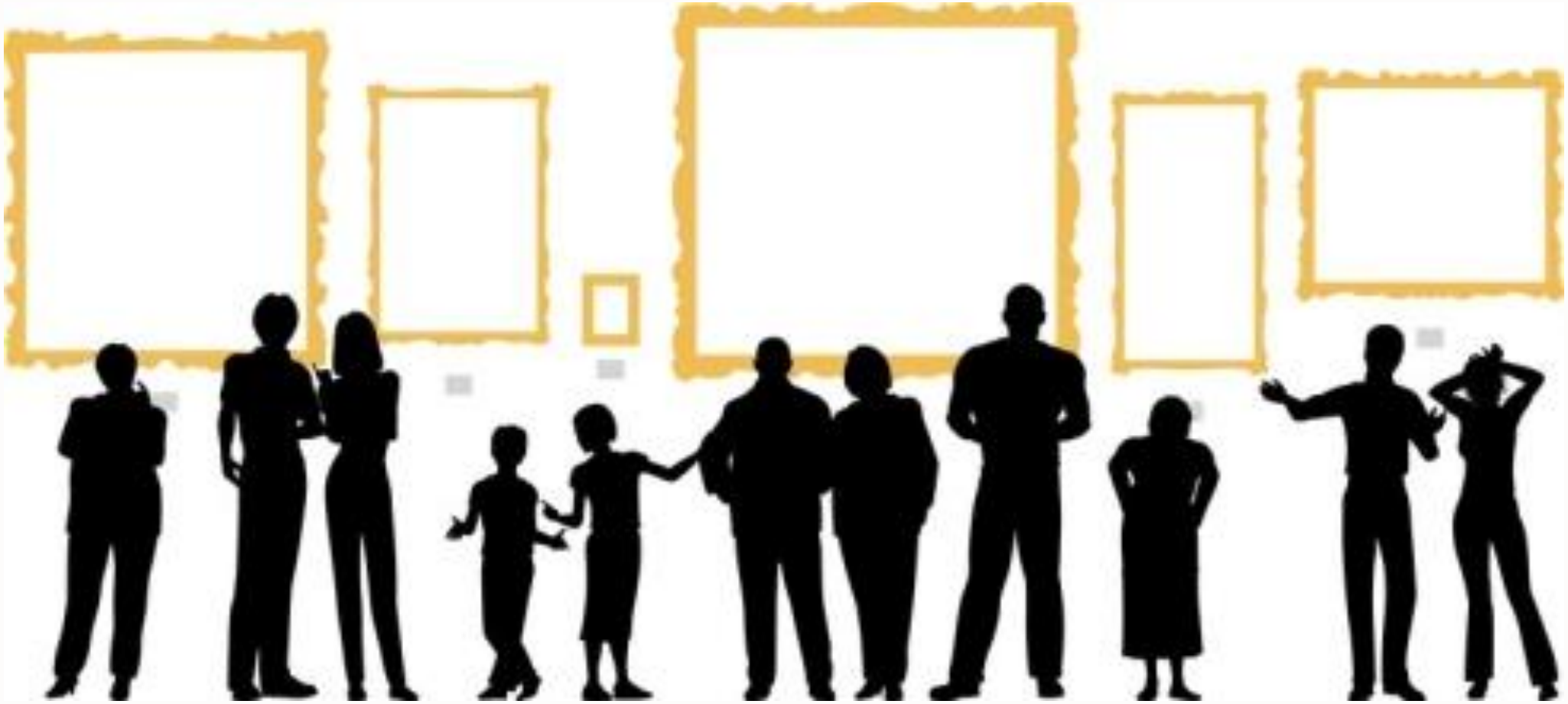
Turn and Talk: Current State

1. What is one thing from the current CalAIM ecosystem of care that you are proud of?

2. What is one thing in the current ecosystem of care that needs improvement?

This could be at your organization,
in the community, or even at a policy level.

Share Your Ideas:
Add Stickies to Tables



Local Provider Spotlight

Local CalAIM Provider Spotlight: Kee Cha'a-neyr Corporation

Kinu Fukui

CalAIM Manager Manager

Kee cha'a-neyr corporation

A nonprofit organization of the Yurok Tribe for public and charitable purposes

Del Norte & Humboldt CalAIM Ecosystems of Care

August 31, 2026

Presented by Kinu Fukui

BOARD OF DIRECTORS

Chief Abby Abinanti
Chairperson

Amber Miller
Vice Chairperson

Jessica Carter
Secretary

Celina Kleinhans
Treasurer

Mission Statement

- **Promote and preserve Yurok culture**, language, and traditions
- **Restore, protect, and preserve the natural resources** and ancestral lands located within the Yurok aboriginal territory
- Promote **social, ecological, and sustainable communities** that support the traditions, values, and relationships of the Yurok tribal community
- Work to **improve the quality of life of the Yurok tribal community**
- **Promote educational, vocational, employment, and training** opportunities within the Yurok tribal community
- **Foster collaborative relationships** and partnerships to meet the objectives of the Corporation and better serve the Yurok Tribal community

Why CalAIM

CalAIM aligned with our mission to improve quality of life, strengthen community wellness, and serve Tribal members through culturally grounded and relationship-based care.

CalAIM allowed us to create a sustainable funding source for services we were already providing

Build long-term capacity within our organization and community

We were already doing the work.
CalAIM gave us an option for a renewable funding source

Meeting People Where They Are: CalAIM in the Tribal Court Setting

Services We Provide

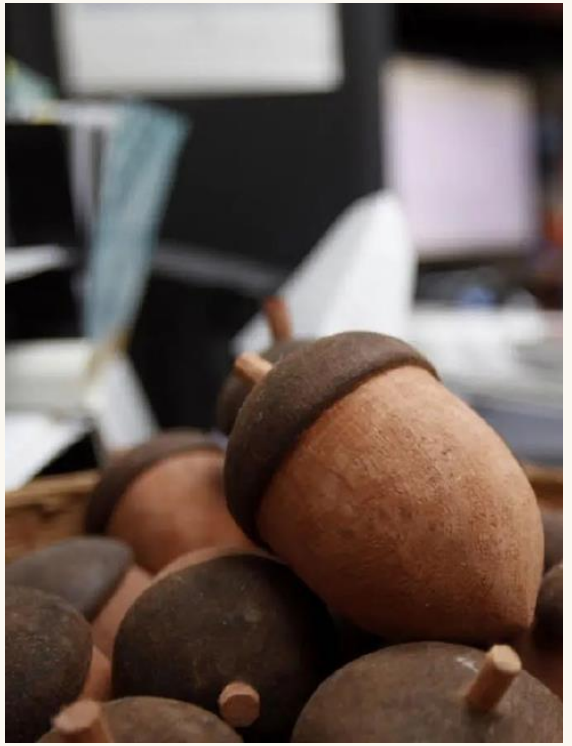
- Enhanced Care Management (ECM)
- Housing Transition Navigation Services
- Housing Tenancy & Sustaining Services
- Housing Deposits
- Short-Term Post-Hospitalization Housing

Population of Focus

- Justice-involved individuals
- People experiencing homelessness
- Individuals with substance use challenges
- Individuals living with serious mental illness
- Justice impacted Native Youth

What Makes Kee Cha’a-neyr Different

- Embedded within the Yurok Tribal Court
- Culturally grounded case management
- Community relationships built over years, not months
- Ability to engage members who may not otherwise connect with traditional systems



> We did not build our CalAIM Program and then look for people to serve
> **We built CalAIM around relationships that already existed**

Timeline

August 2024

Awarded PATH CITED round 3

May 2025

Contracted with Partnership Health Plan

November 2025

Awarded PATH CITED Round 4

May 2026

Onboarded:
4 Case Workers
1 CalAIM Manager
1 Administrative Assistant

July 2026

First claims billed to Partnership HealthPlan

Today

Enrolled Members:
ECM: 15
Housing Navigation: 11
Short-Term Post: 1

Community Challenges:
Housing Availability & Community Barriers & Stigma and Historical Trauma

What We See

- Housing shortage
- Limited housing options for individuals with justice involvement and/or substance use histories
- Limited low-barrier housing
- Few willing landlords/property agencies

The Impact

- Delays in community integration
- Longer periods of housing instability and home
- Employment, court compliance and healthcare engagement goals take longer to achieve
- Promote recovery-oriented approaches

What We See

- Stigma associated with justice involvement
- Stigma related to substance use disorders
- Misunderstanding of behavioral health challenges
- Lingering impacts of historical and intergenerational trauma within Tribal communities.

The Impact

Stigma creates barriers to:

- Housing
- Employment
- Healthcare engagement
- Community reintegration
- Recovery

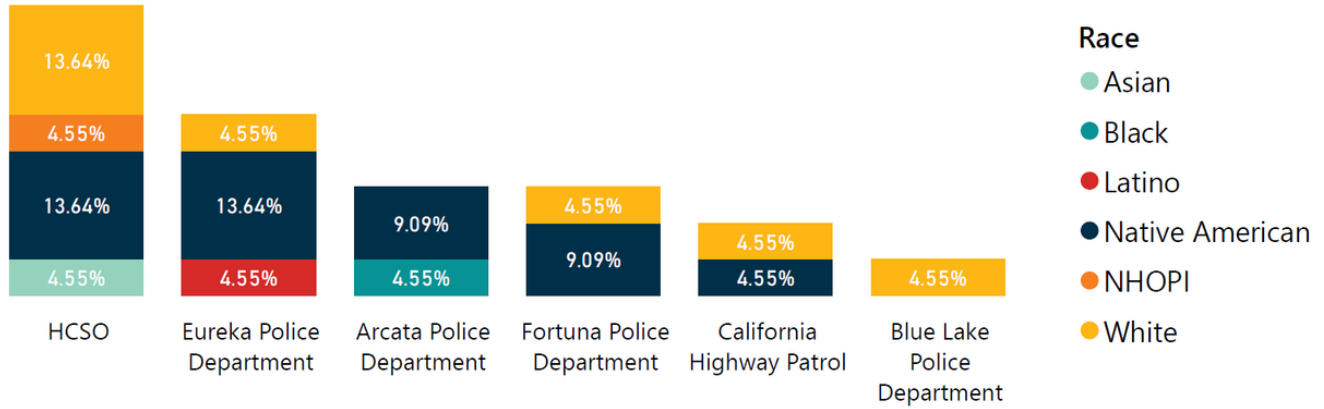
Participants cannot access housing that does not exist.

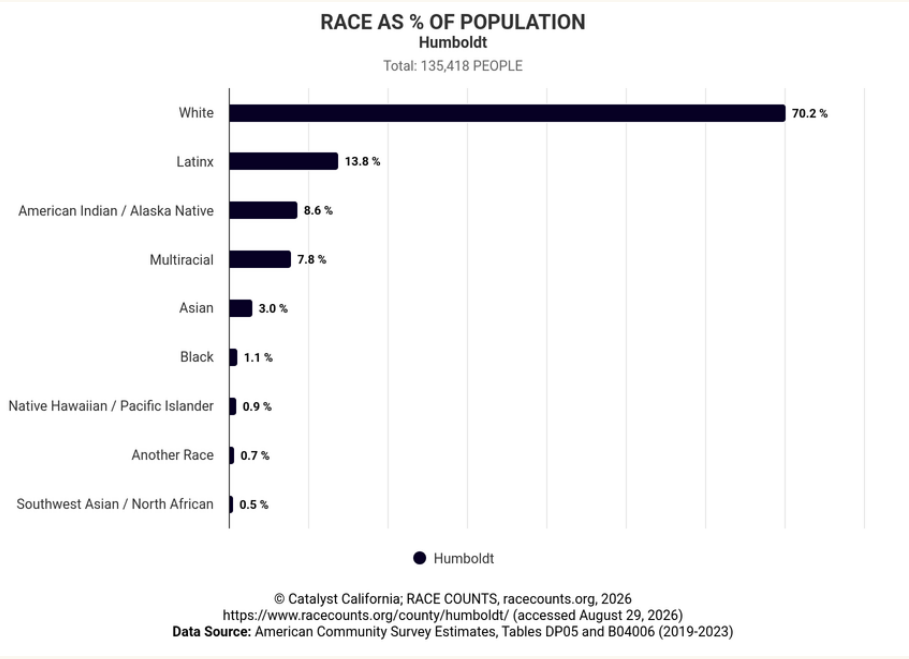
Humboldt County:
Ranked 4th in California for Racial Disparities

Humboldt County Probation
Juvenile Division FY 25/26 Quarter 4

Between 4/1/2026 and 6/30/2026 there were 28 bookings housed in the Juvenile Hall. 23 were admitted during the evaluation period. Bookings are shown by age at initial admission, proportion of population per program, average length of stay per program, race and ethnicity of bookings by arresting agency, and charge category for referrals that came in with youth presented for detention.

Total Bookings by Race/Ethnicity and Arresting Agency N = 22





Enrollment Challenges:
Existing CalAIM Enrollment & Member-Initiated Provider Transfer

Many participants are referred to a different provider while currently working with Kee Cha'a-neyr Case Workers

Sometimes the provider is geographically distant or has never actively engaged with the member

Participants are unaware that they have a lead case manager and are enrolled in services

Opportunity

Partnership could consider member choice and cultural preference before making referrals. This connect members with the provider best positioned to support them.

Participants are required to initiate provider transfer themselves.

Many individuals we serve are simultaneously navigating multiple systems.

Opportunity

Explore streamlined transfer workflows that preserve member choice while reducing barriers for members with complex needs.

How We Can Strengthen the Ecosystem

From Partnership Health Plan

- Improved visibility into ECM enrollments and current services being provided
- Referrals that consider member preference
  - Tribal affiliation
  - Existing Community Relationships
- Streamlined transfer processes when members choose a different provider
- Greater engagement with Tribal and community-based providers to better understand local community needs and strengths

Our Goal

> **The right member receiving the right services from the right provider at the right time**

How We Can Strengthen the Ecosystem

From Community Partners

- Warm hand-offs instead of passive referrals
- Coordination around shared members
- Education on historical and intergenerational trauma
- Reduction of stigma related to justice involvement, homelessness, and substance use
- Explore low-barrier housing options
- Consider expanding access to substance use disorder treatment within correctional settings rather than waiting until after release
- Cultural approaches to healing in different communities

Our Vision

> **A community where individuals are not defined by their past experiences or current challenges**

CalAIM Through a Tribal Lens

Tribal communities have always understood the importance of whole-person care.

CalAIM has helped us sustain and strengthen that work.

We built CalAIM around relationships that already existed.

Thank you

https://keechaenar.org

kc-calaim@yuroktribe.nsn.us

Reflection and Connection

Reflection & Connection: Current State

Health Equity

3. How is health equity currently addressed in your local CalAIM Ecosystem of Care?

Needs

4. What do you **need from others** in your community's ecosystem of care?

Reflection & Connection: Current State

Health Equity

3. How is health equity currently addressed in your local CalAIM Ecosystem of Care?

Needs

4. What do you **need from others** in your community's ecosystem of care?

PART 1

Individually

Jot down your answer to one or both of the prompts above on a sticky note.

PART 2

As a Triad (Group of 3)

- Share your name, organization, & role.
- Briefly share your individual reflections.
- Identify at least one idea, concept, or concern that resonates with all of you.
- Choose a word or short phrase to summarize your idea/concept/concern to then share out with the whole room.

Reflection & Connection: Current State

Health Equity

3. How is health equity currently addressed in your local CalAIM Ecosystem of Care?

Needs

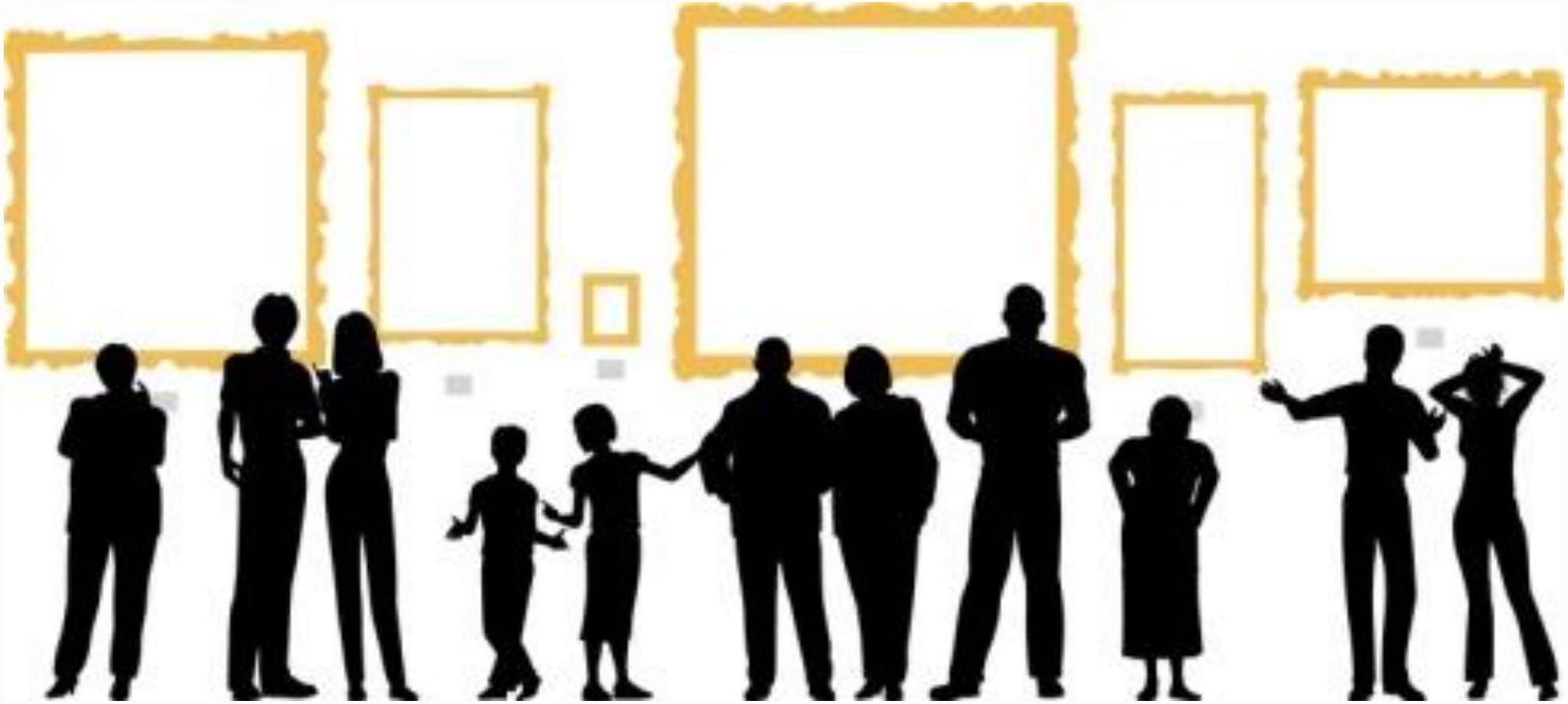
4. What do you **need from others** in your community's ecosystem of care?

PART 3

Whole Group

Share a short phrase or concept that was resonating with your group.

Share Your Ideas:
Add Stickies to Tables and Gallery Walk



Applying the Transformation Framework to the Ecosystem of Care

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TRANSFORMATION

Lunch Logistics

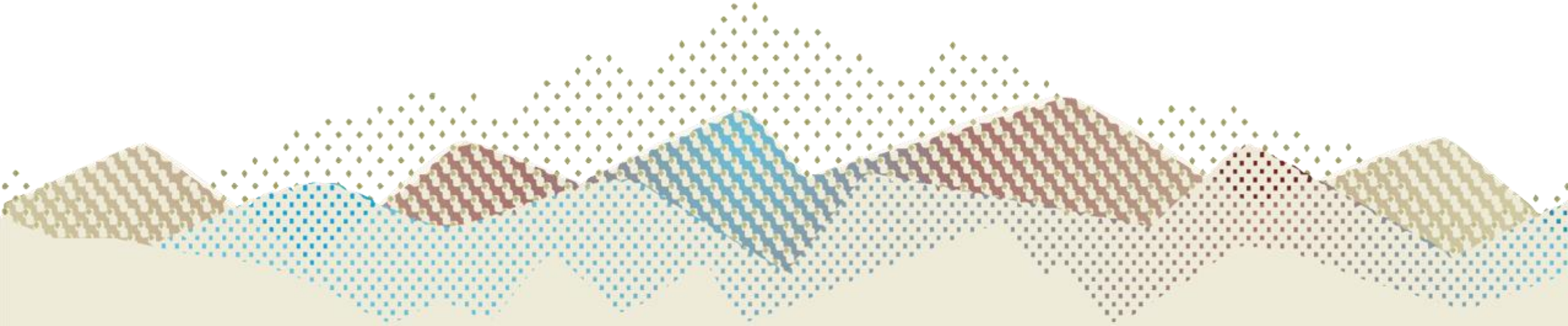
Partnership HealthPlan of California (PHC)

Managed Care Plan CalAIM Updates

Katherine Barresi, Chief Health Services Officer

CalAIM Update: Partnership HealthPlan of California

Katherine Barresi, RN, BSN, PHN, NE-BC, CCM
Chief Health Services Officer



ECM & Community Supports Update

Purpose of Today's Discussion

- Share what is currently known (and not yet known)
- Discuss what's working and areas for improvement
- Review anticipated Medi-Cal changes for Jan 1, 2027
- Share Partnership's vision for the future
- Gather provider feedback and answer questions

We are committed to transparency, collaboration, and minimizing disruption for members and providers.

CalAIM: What We Know & Don't Know

What We Know

- DHCS is refining ECM and Community Supports policies; final guidance is still pending.
- Increased focus on service intensity, documentation, program integrity, and outcomes. DHCS has indicated ECM should be more intensive, with expectations generally moving toward 3+ member contacts per month.
- Community Supports will continue in 2027, though service definitions and eligibility criteria may change.
- MCPs must submit Community Supports Models of Care to DHCS this fall; however, MCPs need their rates from DHCS to evaluate their service offerings based on waiver requirements for cost effectiveness.
- In May, DHCS submitted their waiver renewal to CMS. CMS has until December to review the request.
- ECM is not going away and is not dependent on waiver renewals. However, providers should prepare for greater accountability, stronger documentation expectations, and a more intensive service model.

CalAIM: What We Know & Don’t Know

What We Don’t Know Yet

- Final ECM & CS policy requirements, eligibility criteria, and implementation timelines.
- Final ECM and CS rates to Managed Care Plans
- Our final Community Supports services election beginning 1/1/2027again, dependent on DHCS rates and plan fiscal analysis
- Any new documentation or administrative requirements to demonstrate the stronger expectations for demonstrating member engagement, outcomes, and value for ECM and CS services

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

What's most utilized?

- Enhanced Care Management (ECM) – 23,674 members enrolled as of July 2026
- Community Supports – 14,201 members enrolled as of July 2026
  - Housing Transition & Navigation Services
  - Housing Tenancy & Sustaining Services
  - Medically Tailored Meals/Medically Supportive Foods

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

Medi-Cal Changes Jan 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 & 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 Engagement 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.

KEEP YOUR MEDI-CAL

CalAIM: Partnership's Vision & The Future

Guiding Principles: **Member experience, quality & outcomes, provider partnership, accountability, continuous process improvement.**

- As ECM and CS policies and rates shift – Partnership is continuing to evaluate many aspects of the program.
- Partnership will continue to require high-quality services while supporting providers capable of delivering value and outcomes for members.
- The organizations that understand and prepare for Medi-Cal's evolving expectations will be most successful in the next phase of CalAIM.

There will be:

- Changes to ECM rates & structure – timing TBD
- Sunsetting of STPHH effective Jan 1, 2027.
- Continued provider oversight and accountability for ECM and CS model fidelity (ex: reporting, billing, documentation, care plans, etc.)
- Support to our ECM and CS providers through these changes

Questions & Feedback Gathering

CalAIM@partnershiphp.org

Keep Your Medi-Cal — Partnership HealthPlan of California | Partnership HealthPlan of California

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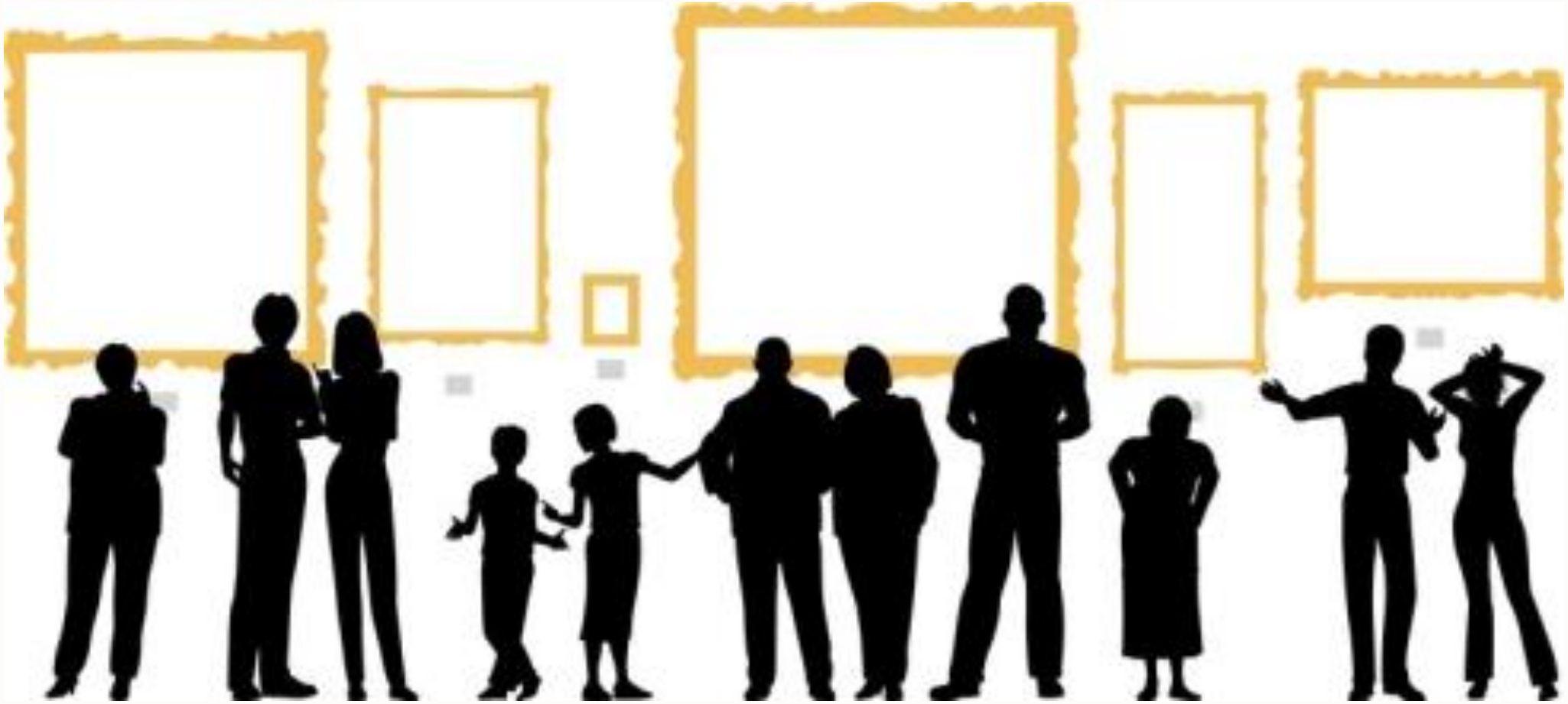
TRANSFORMATION

Brief Break & Gallery Walk



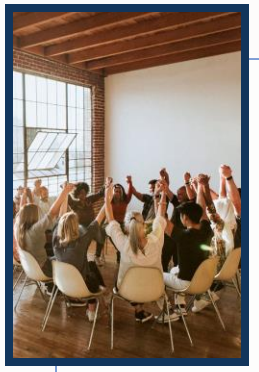
Conversation Mapping: A Coordinated Ecosystem of Care

What is conversation mapping?

- Workshop tool that helps people to converse
- **Your pen is your voice!**
- Use pen and paper to record ideas, thoughts, questions, and concerns

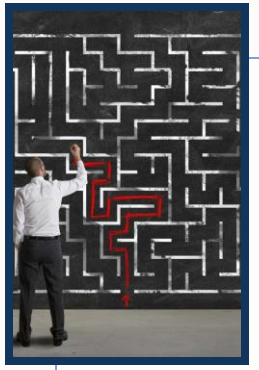
Why are we using Conversation Mapping today?

When you are trying to solve complex, systemic problems



When you want to increase communication

When you want to generate ideas



Identify important topics and themes

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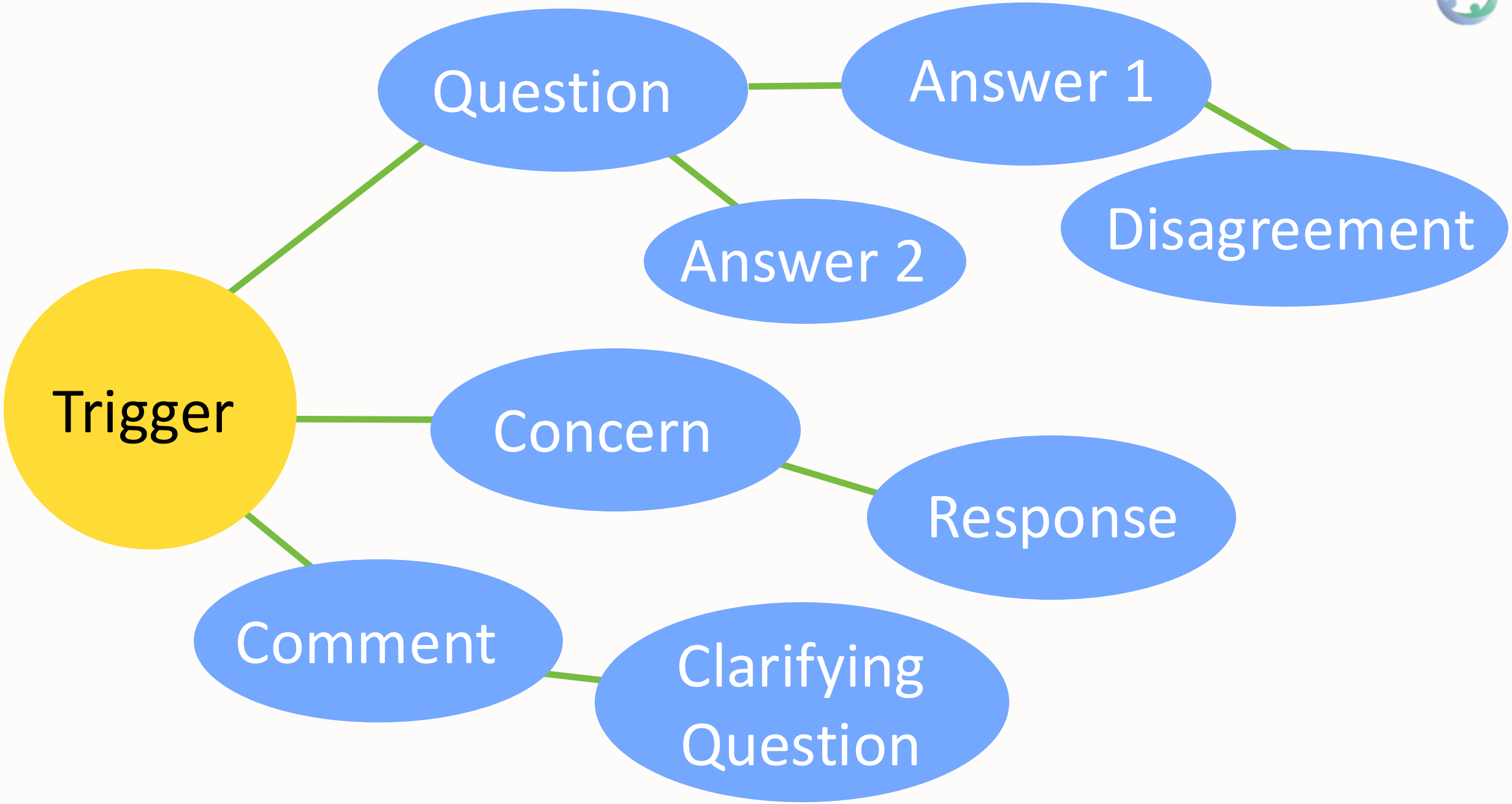
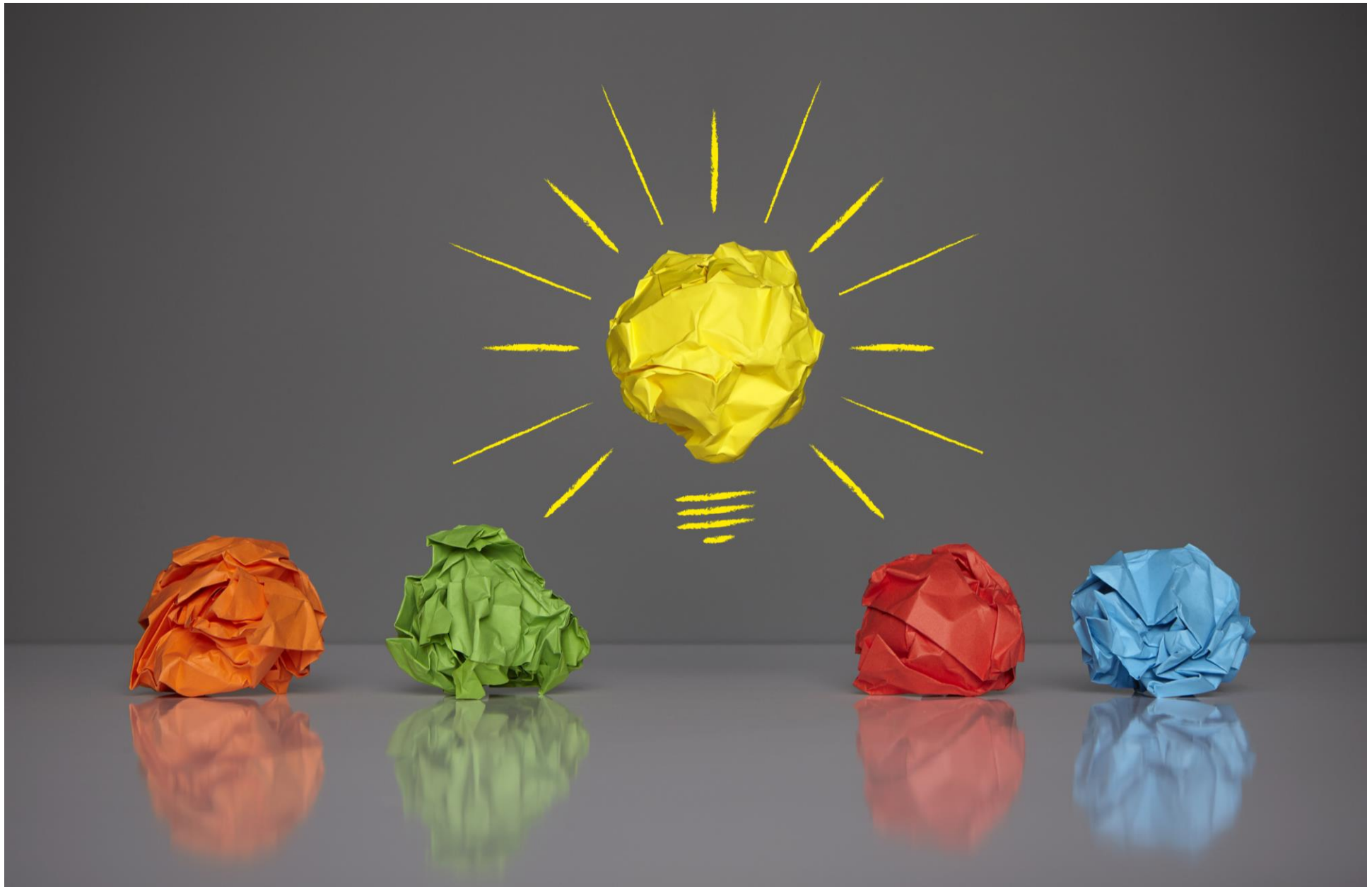
TRANSFORMATION

How does Conversation Mapping work?


Question
Answer 1
Answer 2
Disagreement
Trigger
Concern
Response
Comment
Clarifying Question

What It Will Look Like Today



Share Thoughts & Ideas

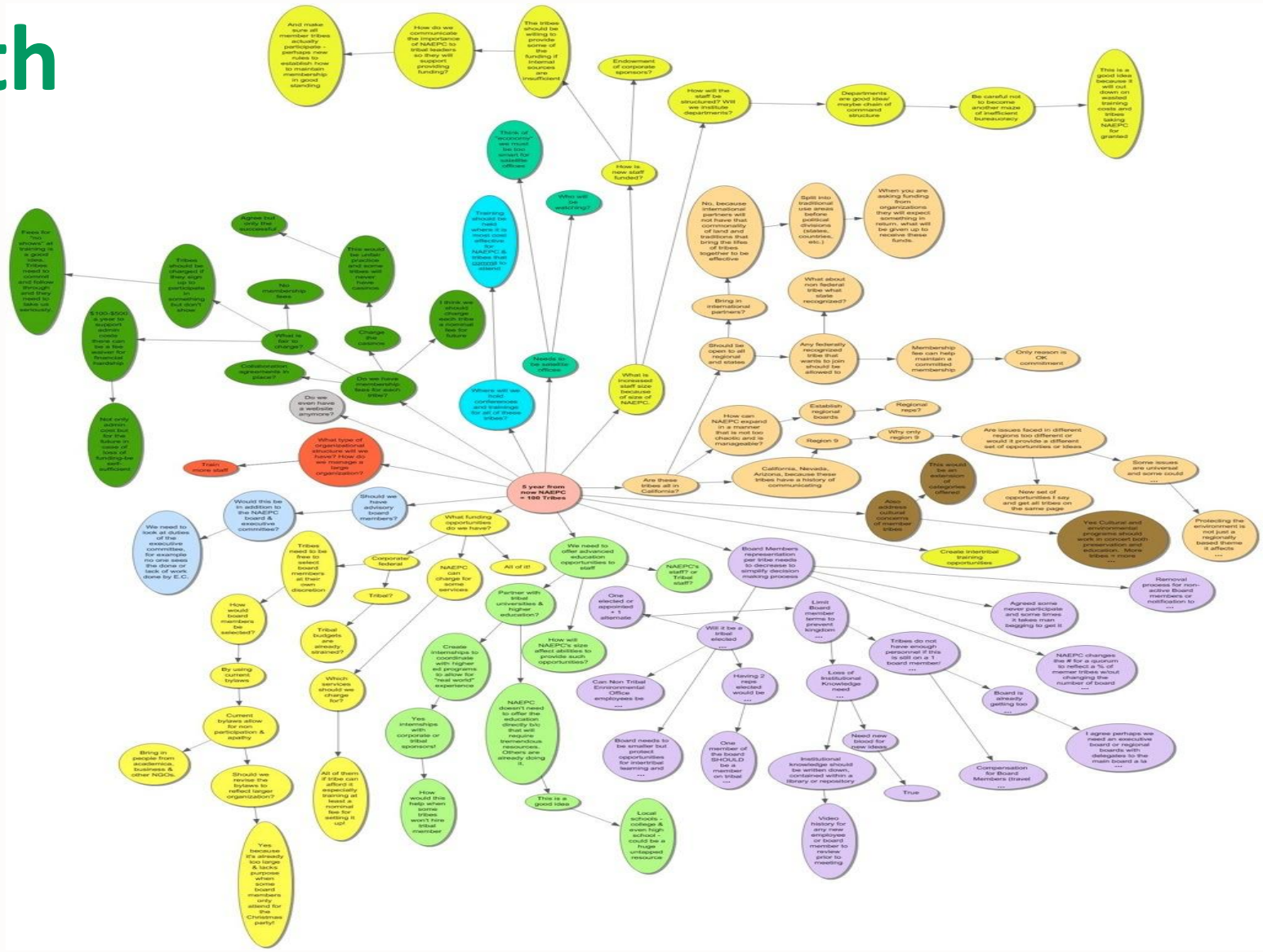
Ask Questions

Have Debates & Disagreements

Create Branches of Conversation

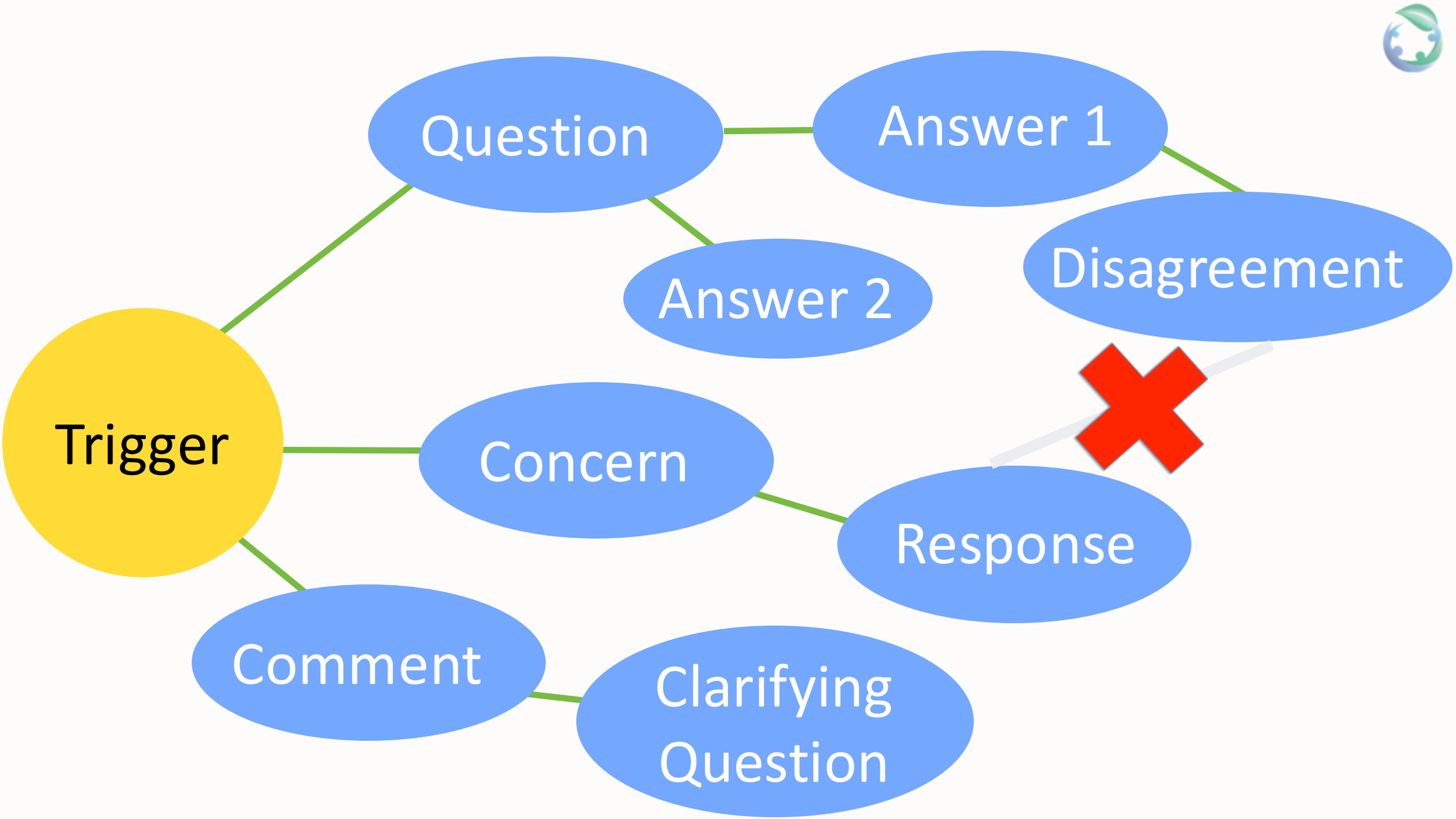
What It Will Look Like on September 15th

Post-event analysis will group threads of conversation



Conversation Mapping: Basic Rules

Your Pen is Your Voice!


Question
Answer 1
Answer 2
Disagreement
Trigger
Concern
Response
Comment
Clarifying Question

Don’t draw circle first…

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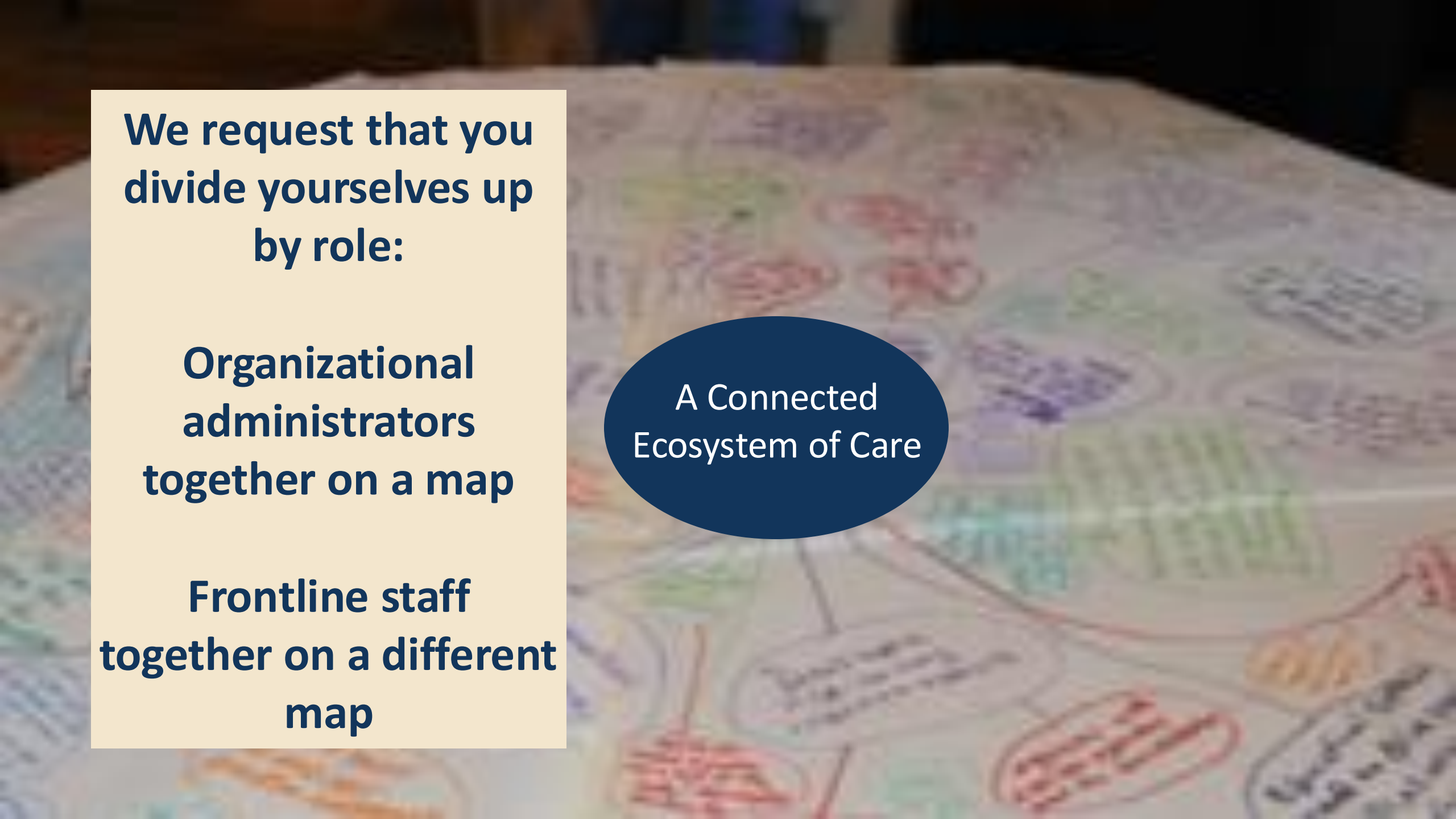
Conversation Mapping:
A Coordinated Ecosystem of Care


A Connected Ecosystem of Care
Today's Trigger



We request that you divide yourselves up by role:

Organizational administrators together on a map

Frontline staff together on a different map

A Connected Ecosystem of Care

Get Ready to Map!

Conversation Mapping: Reflection and Connection

PART 1

Individual Reflection

- Walk around the room and check out the various maps and branches of conversation.
- Take note of what stands out to you as desired or needed for the future of your community's ecosystem of care.

PART 2

Small Group Connection

- Share your name, organization, & role.
- Briefly share your individual reflections
- Take note common themes in your group.

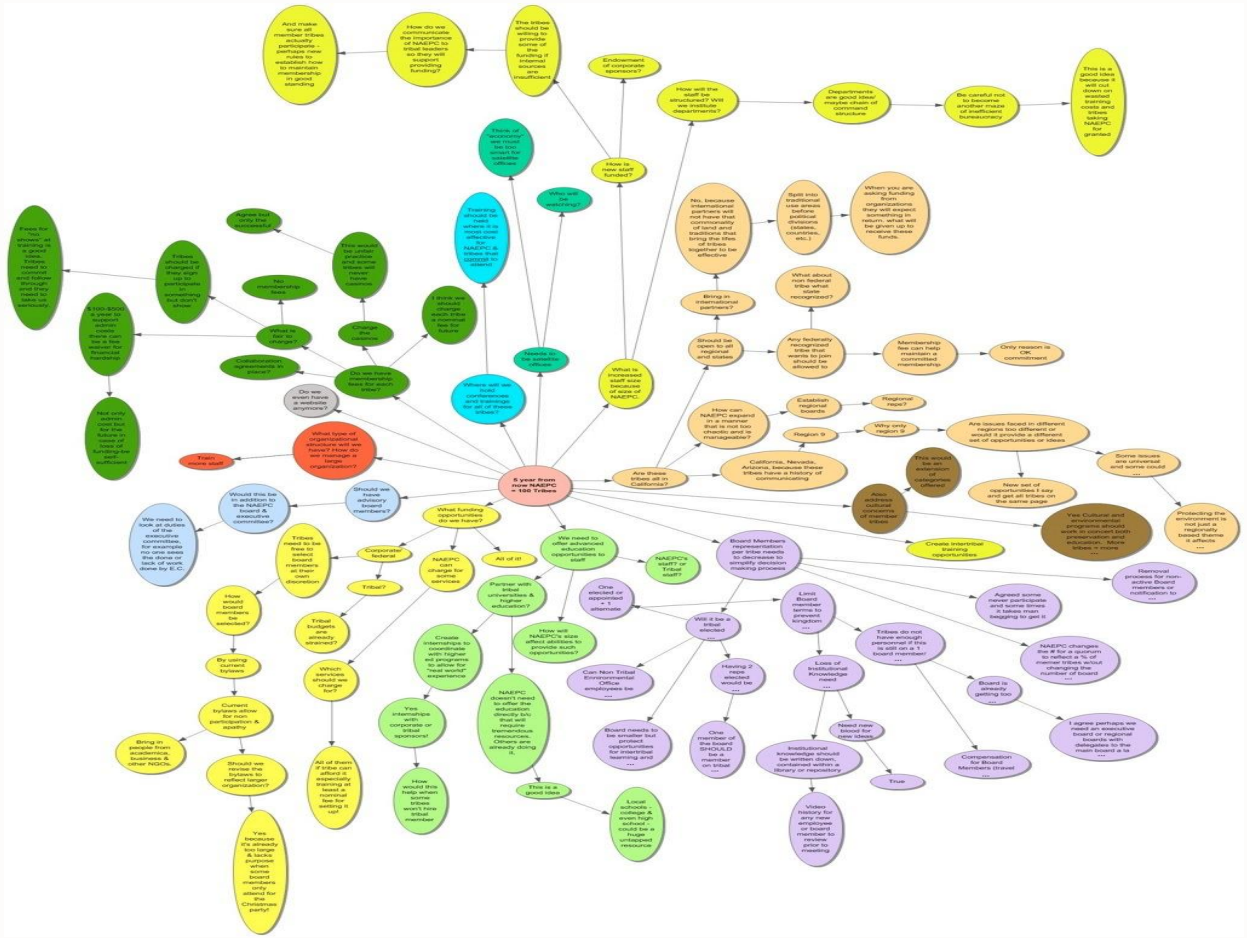
Conversation Mapping: Reflection and Connection

PART 3

Whole Group

Share a short phrase or concept that was resonating with your group.

Conversation Mapping Harvest



To Be Continued on September 15th!

Final Reflections and Next Steps

Applying the Transformation Framework to the Ecosystem of Care

Current State

How things are done today in the Ecosystem of Care

This current state is based on what you know and how you operate now:

- What is working
- What is not working
- What is needed

Transition State

Working together on transforming the Ecosystem of Care

This transition state will be the focus of the **next 4 months** of your time together:

- Opportunities for pilot testing, pivoting, working together in new ways
- Lots of learning and change
- Challenging, messy, and unpredictable

Future State

Your vision for what you want as the future Ecosystem of Care

This future state will be realized by you and your partners in 2027 and beyond after PHIL's facilitation of this CPI ends

- The future state can continue to evolve as you work together to define, revise, and realize the vision

TRANSFORMATION

Join Us for Remaining PATH CPI Meetings (Virtual)

- September 15 | Connect & Continue Conversations from In-Person Meeting
- October 20
- November 17
- December 15

Virtual Monthly Meeting Time:
The third Tuesday of the month
from 1:00-3:00 pm PT

Final Reflections and Next Steps

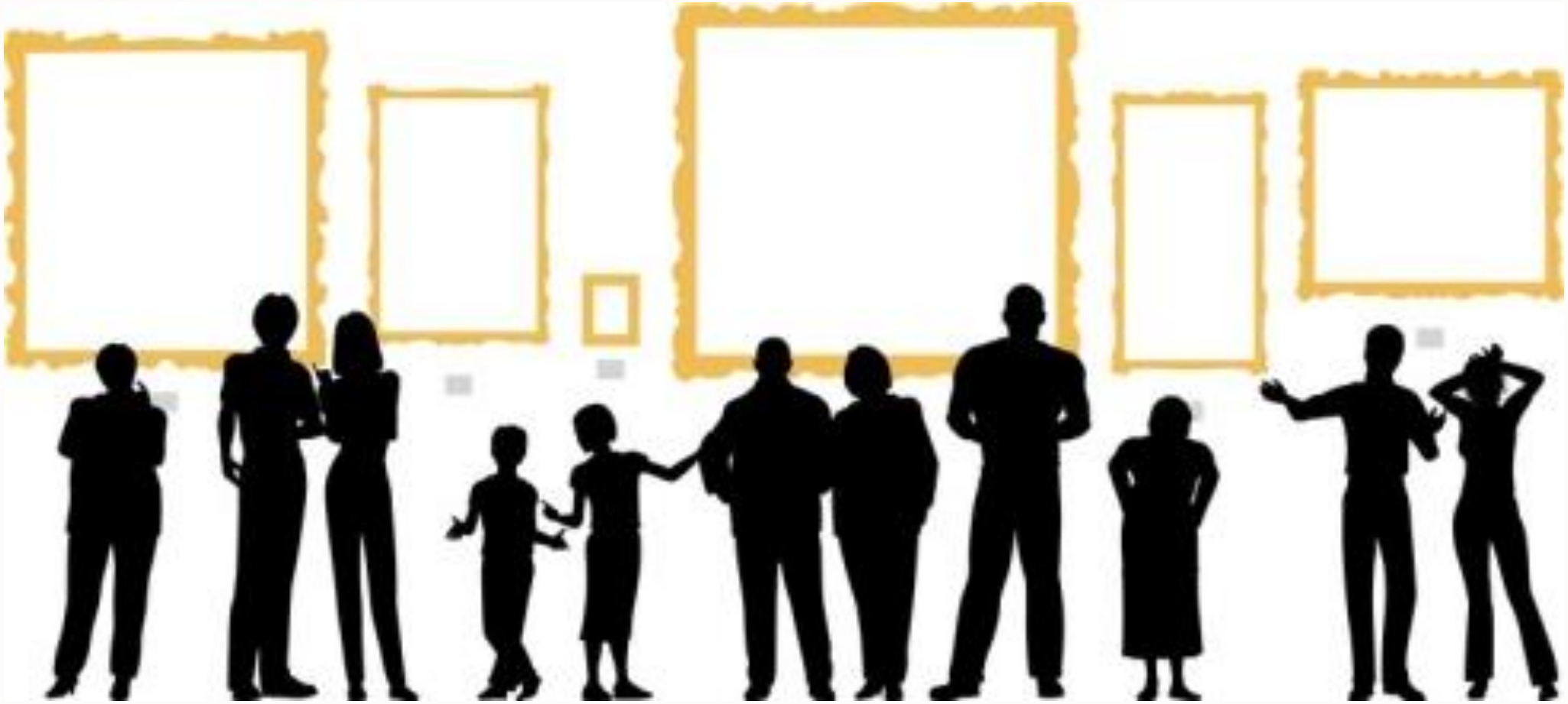
What Struck You?

What am I sitting with as I think about the current state, the transition state, and the future state?

Commitments

What is one next step I am committing to as a result of conversations from today?

Please share your additional reflections on the Gallery Walk



Evaluation

Thank You!

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