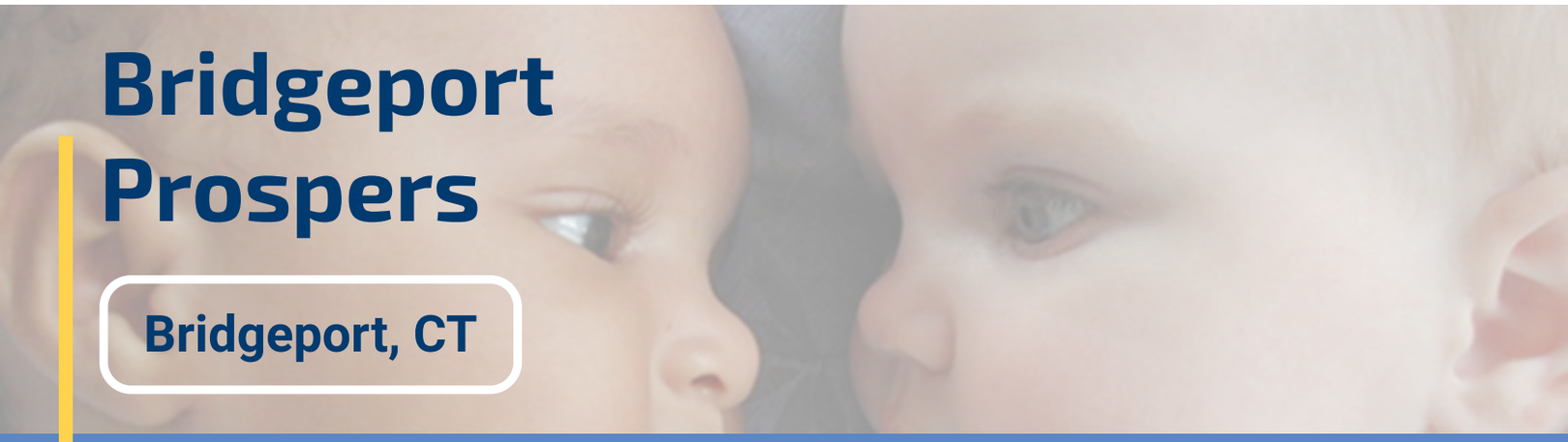
Nemours. Children's Health System

Network Profile
Integrator Learning Lab 2020



Bridgeport Prospers

Bridgeport, CT

Background

Bridgeport Prospers is a cradle to career, collective impact initiative under the national "StriveTogether" model. The network is backbone supported by, and a major initiative of, the United Way of Costal Fairfield County in Bridgeport. The Bridgeport Prospers work is guided by a Core Leadership team, including cross-sector representation and community members.

Over the past 36 months, Bridgeport Prospers has honed its "Bridgeport Baby Bundle Framework," which has been guided by deep community engagement and the co-creation of core community strategies. The Baby Bundle framework represents three conditions that network partners are working toward to support a healthy, thriving Bridgeport:

- All babies and their moms experience a healthy and supported pregnancy and birth.
- All families, caregivers and neighborhoods are safe, supported, thriving and resilient.
- All children are healthy and on-target developmentally at three.

Network Partners in the Integrator Learning Lab

- Bridgeport Hospital
- Child First
- Health Improvement Alliance (HIA)*
- Southwest Community Health Center
- United Way of Coastal Fairfield County*
- Yale New Haven Health*
- Zigler Center at Yale University*

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Website: unitedwaycfc.org/bridgeportprospers
Email: alogan@unitedwaycfc.org - Allison Logan, Executive Director, Bridgeport Prospers

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Near-Term, Lab-Related Goals

- Create a memorandum of understanding (MOU) that formalizes the partnership between Bridgeport Prospers (BP) and the Heath Improvement Alliance (HIA). BP will also work to ensure that its phase 2 efforts are planned with equity at the center of network activities
- Create two data sharing agreements: (a) Client-level data within the Baby Bundle health collaborative (client data sharing) and (b) Population-level data across the BP and HIA networks
- Use the Learning Lab's equity tools in conjunction with community consultants to ensure that the network's plans are being implemented through a community lens

Achievements Supported by Technical Assistance from the Learning Lab

- Consolidation of BP and the Bridgeport HIA under the umbrella of the Connecticut Health Enhancement Community (HEC); including data-sharing agreements and signed MOUs
- Refinement of Theory of Change for BP's "Baby Bundle" increased ability of partners to see their interdependence in improving infant/adolescent health and addressing social determinants of health for youth and families in Bridgeport
- Incorporated equity impact review assessment into the day-to-day operation of BP/HIA/HEC
- Incorporated tools and concepts from the Lab into applications for grants and awards
- Revised approach to collecting and analyzing Community Health Needs Assessment (CHNA) data in partnership with community residents

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, Bridgeport Prospers will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include working on creating an "alliance of alliances" to maximize their impact, with such actions as:

- Implementing a rapid-cycle strategic planning grant that further aligns the work of BP's Baby Bundle and the HIA
- Creating a high-level advisory group that oversees the work of BP and HIA under the HEC
- Breaking down data silos to begin to capture aggregate, population-level data to understand the impact of their work on a range of social determinants of health that affect Bridgeport children and families

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DC Health Matters Collaborative

Washington, DC

Background

Founded in 2012, the DC Health Matters Collaborative is a coalition of hospitals, health centers and health care associations working together with community partners to assess and address health needs in the District of Columbia.

The DCHMC seeks to expand the focus of care from individual or patient-level care to systemic issues, policies, and the social determinants of health.

"We envision one healthy and thriving capital city that holds the same promise for all residents regardless of where they live. Our work focuses on improving population health through collaboration and demonstrating success through measurable outcomes. Our roadmap for action for the 2019-2022 Community Health Improvement Plan includes nine policy- and systems-level actions that can make a positive difference in our four community-identified priority areas: mental health, care coordination, health literacy, and place-based care."

Network Partners in the Integrator Learning Lab

- Bread for the Community
- Children's National Hospital*
- Community of Hope
- DC Behavioral Health Association
- DC Health Matters Collaborative*
- DC Hospital Association
- DC Primary Care Association*
- Howard University Hospital
- HSC Health Care System*
- Mary's Center
- Sibley Memorial Hospital
- Unity Health Care

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Website: DCHealthMatters.org
Twitter: @DCHMcollab
Email: Collab@DCHealthMatters.org - Amber Rieke, MPH, Director of External Affairs

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Near-Term, Lab-Related Goals

- Demonstrate the value of DC Health Matters Collaborative to member organizations
- Increase member engagement (outside of Steering Committee)
- Implement a revised structure for community engagement
- Improve functioning of the network
- Establish regular attendance at meetings within network structure
- Bring an equity & inclusion frame into work projects
- Align the efforts of DC Health Matters and the DC Department of Health related to community health needs assessments

Achievements Supported by Technical Assistance from the Learning Lab

- Conducted a member survey and strategic planning retreat to help prioritize key activities and core functions, and communicate value to stakeholders
- Increased commitment and attendance at steering committee and board meetings
- Updated network one-pager to emphasize value for members based on survey and retreat work
- Participated in training on use of a health equity impact assessment tool, to be embedded in future workflows as the networks considers strategies for system and policy change
- Launched two Community Health Improvement Plan system change "sprints" using principles and resources around equity and inclusion gained from technical assistance
- Developed plan for revising our Community Advisory Board and engaging the community
- Agreed to collaborate with DC Department of Health on joint community health needs assessment (vs separately)

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, the DC Health Matters Collaborative will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on health equity and community engagement, with actions such as:

- Identifying tools and metrics to show momentum on health equity, on par with policy advocacy outcomes
- Determining how to best evaluate policy- and system-level actions and show impact
- Creating and executing strategies to increase community engagement with, and leadership in, the DC Health Matters Collaborative
- Gathering current equity, diversity and inclusion hiring policies and organizational resources from network members and pull together best practices

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Maternal Mental Health Coalition

Flathead County, MT

Background

The Maternal Mental Health Coalition (MMHC) falls under governance of the Best Beginning Community Council- an inclusive effort to bring all community-based organizations that serve children and families together.

Flathead County has had various efforts over the years to support perinatal mood disorders, with mental health continually identified as a top priority in the Community Health Needs Assessment (CHNA). The MMHC was created as a response to the increased need for mental health services for new mothers and fathers during the perinatal period. The coalition's primary goal is to increase the number of women screened for perinatal mood and anxiety disorders and connect them with available resources.

The MMHC intends to develop a system for routine screening practice for perinatal mood disorders to be adopted by local providers and community partners. It also intends to develop a system to offer support during routine contacts with perinatal women and a system for making referrals for additional professional and peer support and services.

Network Partners in the Integrator Learning Lab

- Family Residency of Western Montana*
- Flathead Best Beginnings Community Council
- Flathead City-Council Health Department*
- Flathead Community Health Center
- Kalispell Regional Healthcare
- North Valley Hospital
- Postpartum Resource Group
- The Nurturing Center
- Zero to Five Initiative

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Website:
http://www.flatheadforward.com/groups/flathead-maternal-mental-health-coalition/
Email: emilylucas406@gmail.com - Emily Lucas

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Near-Term, Lab-Related Goals

- Refine the vision and mission of the MMHC - inclusive of building in an action orientation and clarifying the Coalition's value for current/potential stakeholder groups
- Transition interim leadership to an intentional, longer-term governance structure
- Establish and test a shared leadership structure where one of the co-leads is a representative of the community/group served by the Coalition
- Create expectations around consistent meetings, regular attendance from key stakeholders, and active participation of members
- Map the network, and its place among other groups/networks in the community. This includes determining how it will work with other community partners and where this group fits into the larger conversation of the other mental health and substance abuse work happening in the community

Achievements Supported by Technical Assistance from the Learning Lab

- Created MMHC network learning map (technical assistance tool) to capture coalition history and connect newcomers to those who started this work
- Drafted a value proposition document for use with internal and prospective MMHC stakeholders
- Established coalition-wide consensus on a key short-term goal for MMHC (6 providers in 6 months)
- Clarified governance structure and decision-making authority of MMHC, as a subsidiary of a larger coalition
- Identified and engaged new, local leadership for MMHC, and completed a leadership transition process including identification of duties of new leaders using tools such as public narrative
- Completed a network mapping process in the spirit of identifying most relevant stakeholders over all stakeholders
- Clarified MMHC's role relative to other regional stakeholders as focusing specifically on providers and reduced financial needs

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, the Maternal Mental Health Coalition will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on health equity and community engagement, with actions such as:

- Sustaining and strengthening the convener function to ensure that MMHC maintains momentum as it transitions to new leadership
- Allowing flexibility among leaders going forward- rotating which leader is in charge of which meeting -- will require sharing among leads to prevent burn out
- Facilitating decision-making around future roles of the Coalition (e.g. will it take on responsibility for creating and/or funding the resource guide), taking related fundraising and sustainability needs into consideration
- Playing a leadership role in the distribution of the resource guide and promoting its use among Coalition partners and the community at-large

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Get Ready Guilford

Guilford County, NC

Background

In 2018, Ready for School, Ready for Life, The Duke Endowment, and their partners received an investment from Blue Meridian Partners that helped them launch the Get Ready Guilford Initiative. Since that time, Get Ready Guilford has worked to plan, design, and implement a system that will ultimately seamlessly connect a wide array of services for the 6,000 children born in Guilford County each year.

Get Ready Guilford's core strategy is to proactively assess these children and families at key points in time, and connect them to effective services through an integrated data system. Because children have many needs, the universal assessments cover several domains of well-being. Get Ready Guilford has established several priorities for its work:

- Implement a Navigation System
- Expand Proven Programs
- Drive Continuous Quality Improvement
- Build Enabling Technologies
- Evaluate for Learning & Impact

Network Partners in the Integrator Learning Lab

- The Get Ready Guilford initiative is a network that includes dozens of partners from a range of sectors, including The Duke Endowment; *Ready for School, Ready for Life; and *The Guilford County Department of Health (Coalition on Infant Mortality). For a full list of network partners, please click here.

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Website: https://www.getreadyguilford.org/get-ready-guilford-initiative/
Email: jworkman@guilfordcountync.gov - Jean Workman (MA): Executive Director - The Guilford County Coalition on Infant Mortality

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Near-Term, Lab-Related Goals

- As a network, complete a Theory of Action with an equity lens for Get Ready Guilford
- Develop a plan for infusing equity impact assessment tools into Get Ready Guilford work flows (e.g. train-the-trainer module for stakeholders and partners)
- Map current and future alignment/engagement with other networks working the early childhood/prenatal-5 and population health spaces

Achievements Supported by Technical Assistance from the Learning Lab

- Established a bold goal for "ending" disparities in Guilford, as opposed to reducing them
- Hosted several trainings for network partners and the broader field related to health and racial equity, inclusive of how to apply an equity impact assessment tool to real-world strategies
- Formally incorporated use of the equity impact assessment tool into network decision making processes and initiated network-wide strategy for communicating the need for equity to a range of stakeholders in Guilford County

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Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, Get Ready Guilford will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on ending disparities in healthy births and early childhood outcomes, with such actions as:

- Creating a county-level plan of action for ending birth and developmental disparities for children and youth in Guilford County
- Building a system of navigation to ensure that children and families in Guilford County have easier access to the resources they need to thrive
- Bringing in local and national experts to advise Get Ready Guilford partners regarding infusing a health equity approach into all aspects of network activities

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Partners for a Healthier Paterson

Paterson, NJ

Background

Partners for a Healthier Paterson consists of local and regional organizations driven by a mission to create healthy and thriving communities for generations to come. In 2020, St. Joseph's University Medical Center formalized a partnership with the City of Paterson, New Jersey Community Capital, and New Jersey Community Development Corporation to pioneer one of the first projects in the nation to combine state financing with hospital investment to develop affordable housing. The project, once complete, will be a 71-unit supportive housing complex with 10 rooms set aside to support homeless populations that frequently use the emergency room and patients with special needs, each of whom will receive wrap around services that range from individualized case management, behavioral therapy and job training. This project is indicative of the Partnership's potential to leverage cross-sectoral expertise and assets to advance health equity among the most vulnerable residents of Paterson.

Network Partners in the Integrator Learning Lab

- City of Paterson
- Health Coalition of Passaic County*
- New Jersey Community Capital*
- New Jersey Community Development Corporation
- Passaic County Community College
- St. Joseph's Health*

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Email: birdsallk@sjhmc.org - Kimberly Birdsall, Executive Director, Health Coalition Passaic County- Regional Health Hub
hhamdi@njclf.com - Hanaa Hamdi, Director of Health Impact Investment Strategies, New Jersey Community Capital

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Near-Term, Lab-Related Goals

- Refine partnership vision, goals and 1-2 projects to accomplish in the next 6-8 months
- Refine equitable development statement and implementation plan
- Create a plan for convening various entities in Paterson that are working on related initiatives to create a shared goal around housing as a social determinant of health
- Complete a network mapping process to identify gatekeepers/potential peers to support PHP efforts
- Establish and align a data collection system and evaluation measures

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Achievements Supported by Technical Assistance from the Learning Lab

- Created equitable development statement and implementation plan
- Convened entities and designated Health Coalition of Passaic County (HCPC) as convener/gatekeeper for Building Healthier, More Equitable Communities (BHEC) in New Jersey initiative; grant secured
- The partnership secured national grants to support community development projects with focus on affordable housing and community greening
  - RWJF & Gehl Institute: Inclusive Healthy Places
  - RWJF & Reinvestment Fund Building Healthier More Equitable Communities
  - Children and Nature Network: Green School Yards Revitalization
  - United HealthCare/Optum Build Neighborhood Fund
- Other funding opportunities identified and being pursued

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, Partners for a Healthier Paterson will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on health equity and community engagement, with actions such as:

- Completing a network mapping process in the spirit of identifying the most essential stakeholders for the network's success (value of partners over volume of partners)
- Continuing to define "the ask" of each organization within the network, as well as "the ask" of each specific organizational representative, to maximize the value and impact of each organization's, and each individual's, contributions
- Broadening the network leadership table, inclusive of leadership and decision-making roles for community residents

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First 1,000 Days Sarasota

Sarasota, FL

Background

In 2018, the Charles & Margery Barancik Foundation spearheaded First 1,000 Days Sarasota County with Sarasota Memorial Hospital (SMH) and a diverse group of community partners. Since then, the initiative has grown to include over 70 community organizations and programs collaborating to ensure all newborns can thrive and children can meet their full potential. Over the last year, First 1,000 Days Sarasota has launched a parent portal website with key resources, and a county-wide care coordination platform to improve care coordination and service delivery.

The First 1,000 Days Sarasota has used the Collective Impact model as the framework for the initiative, with SMH being designated as the backbone organization. As the backbone organization, SMH is committed to community advocacy and provide ongoing strategic guidance and serve as the hub for the centralized referral platform. SMH also hired a Program Coordinator that facilitates community meetings, leads the program evaluation, guides the strategic planning process, and identifies system barriers in the community.

First 1,000 Days staff works with two committees that help drive its activities:

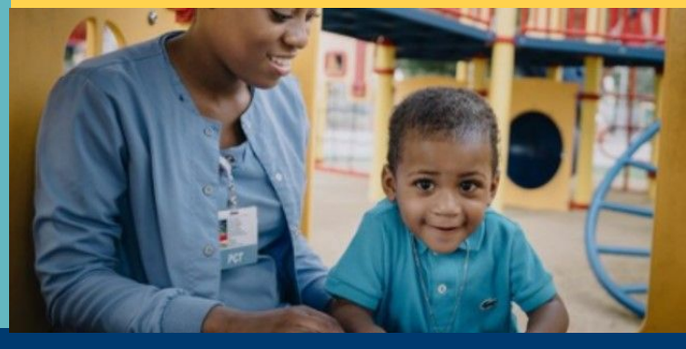
- First 1,000 Days has a multi-sector Steering Committee that provides collaboration, direction, and strategic guidance for the initiative.
- First 1,000 Days' Parent Advisory Committee is comprised of clients from partner organizations. The committee meets routinely to discuss aspirations for their children, their family, and their community. They also inform the development and implementation of community programs and promotion of First 1,000 Days Sarasota efforts.

First 1,000 Days Sarasota County envisions "a safe, healthy, caring and culturally sensitive community that supports families and helps newborns thrive and children to achieve their potential."

Network Partners in the Integrator Learning Lab

- First 1,000 Days Sarasota works with 70 partner organizations/programs from a range of sectors, including *Sarasota Memorial Hospital, Charles & Margery Barancik Foundation, and *Florida Department of Health. For a full list of network partners, please click here.

*Network representatives in the 2020 Integrator Learning Lab



For more information:
Website: First1000srq.com
Email: Chelsea-Arnold@smh.com - Dr. Chelsea Arnold (DNP, APRN), Program Coordinator- First 1,000 Days Sarasota

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Near-Term, Lab-Related Goals

- Develop a strategic plan for First 1,000 Days Sarasota, incorporating use of an equity impact assessment tool for strategies under consideration
- Complete a value analysis as part of an effort to move past initial funding/investment
- Expand First 1,000 Days steering committee to include community voice in decision-making
- Develop a First 1,000 Days Parent Advisory Committee

FIRST 1000 DAYS SARASOTA

Achievements Supported by Technical Assistance from the Learning Lab

- Draft strategic plan completed using guidance from Integrator Learning Lab TA (including creation of a value sequence and value proposition) to identify and pursue funding/partnering opportunities
- Development of a Steering Committee (from advisors to champions) to guide further development and implementation of the First 1,000 Days strategic plan
- Drafted network communications document to emphasize value for current and potential stakeholders
- Recruited a diverse group of parents (14 so far) to participate in steering committee, community workgroups, and other decision-making spaces
- Developed template for plan of safe care for Sarasota County
- Presentation to First 1,000 Days Florida and statewide Plan of Safe Care Taskforce

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, First 1,000 Days Sarasota will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on breaking down data silos to help multi-sector partners understand how their collective efforts are impacting youth and families , with such actions as:

- Using UNITE Us to ensure that First 1,000 Days partners can more seamlessly share data to see the impact of their collective efforts on Sarasota youth and families and identify gaps in services where resources need to be allocated
- Expanding services to Sarasota children and families by creating more peer support roles such as community health workers and/or parent advocates
- Using a quality improvement program evaluation process to measure impact of the initiative on the community
- Implementing the countywide Plan of Safe Care to improve the health and safety of substance exposed newborns and their families

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Sharswood THRIVE

Philadelphia, PA

Background

Sharswood is a neighborhood in Philadelphia which holds some of the highest poverty, un-and-under employment and food insecurity in Philadelphia. To help address these issues, the urban revitalization of Sharswood was initiated by the Philadelphia Housing Authority (PHA) in 2014 with a 5-year plan to transform the current public housing, revitalize commercial activity along the main corridor, establish an integrated social service, adult education and workforce development model for residents, establish a comprehensive public safety program and reopen a then vacant school building. Many of the goals of this first phase of revitalization were achieved over the first several years of this effort. However, PHA and its community partners realized that there was more work to do to ensure that Sharswood residents have the resources they need to thrive.

The Sharswood THRIVE network convened in the fall of 2019 to spark the next phase of work in Sharswood by developing a comprehensive, collaborative approach to increase stability for Sharswood residents. Initially, services have focused on community engagement and short-term stabilization services from the partners in the network. Sharswood THRIVE partners have worked with residents to develop a strategic plan that will create a guide-path for community residents to continue to take greater responsibility for setting the direction for the work moving forward.

"Sharswood THRIVE seeks to fundamentally change the way people seek and receive services by promoting a comprehensive safety-net system approach. The organization not only provides stability services like housing and healthcare, but also economic mobility empowerment through workforce development, home ownership and financial literacy training."

Network Partners in the Integrator Learning Lab

- Big Picture Schools - Vaux High School
- Brewerytown/Sharswood Neighborhood Advisory Council
- Episcopal Community Services
- Habitat for Humanity - Philadelphia*
- Philabundance*
- Philadelphia Housing Authority
- Temple University - College of Public Health

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Website: https://www.philabundance.org/sharswood-thrive-community-by-design/
Email: mcataldi@philabundance.org - Melanie Cataldi, Chief Innovation Officer, Philabundance

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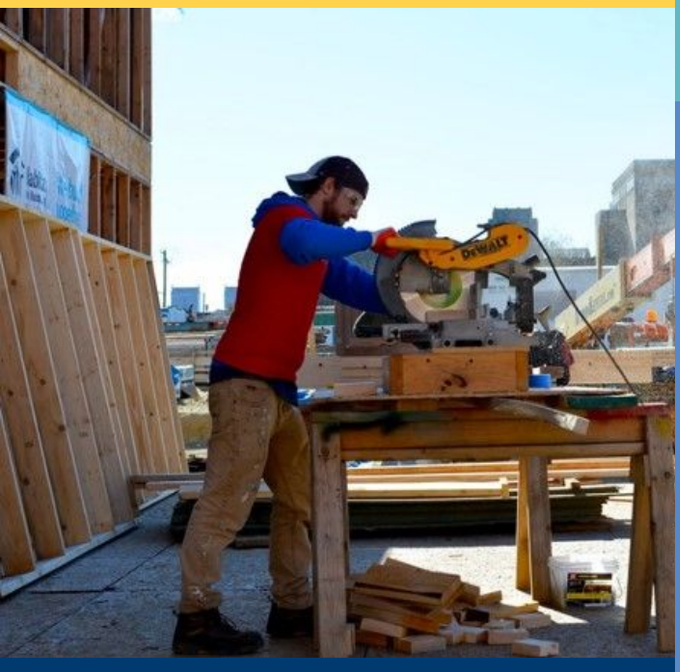
Near-Term, Lab-Related Goals

- Build community engagement and capacity
- Establish principles for community ownership of Sharswood THRIVE
- Ensure that Sharswood THRIVE's network governance and decision-making structures reflect community ownership



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Achievements Supported by Technical Assistance from the Learning Lab

- Articulation of integrator framework supported Philabundance in actively taking on the integrator role and designating specific staff support for this purpose
- Theory of Change developed with stakeholder partners; also directly supported by technical assistance from the Evaluation Capacity Building Initiative (ECBI), a Pew Charitable Trust initiative
- Intended impact defined with stakeholder partners: Existing, returning and future residents of Sharswood will live peacefully, prosperously and as a cohesive community for generations to come. Sharswood residents will achieve their life goals and affect sustainable neighborhood change
- Broadened and deepened collaboration among stakeholders
- Created alignment and cross-learning between the Integrator Learning Lab and other TA endeavors with which the network is engaged (e.g. Evaluation Capacity Building Initiative, via Pew Charitable Trust)
- Community engagement work continued despite the challenges of the COVID-19 pandemic

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, Sharswood THRIVE will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on increasing community control/governance of the work and deepening partnerships with local healthcare providers, with such actions as:

- Creating more opportunities for Sharswood residents to take leadership for developing a strategic plan that sets future goals for the network
- Working in conjunction with residents to collect and analyze data that shows the impact of the network on the health + wellness of Sharswood families through the creation of a community connectors program
- Formalizing relationships between local health care providers and other community-based organizations that serve the Sharswood area
- Scaling up the successful Sharswood model to support other communities that can benefit from a coordinated multi-sector partnership that addresses the health and wellness of residents
- Creating a strategic plan (intended to operationalize the theory of change)

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Help Me Grow Ventura County Network of Care

Ventura County, CA

Background

Help Me Grow Ventura County (HMGVC), an initiative of First 5 Ventura County (F5VC) and an affiliate of the national "Help Me Grow" model, is building an integrated, countywide early childhood network of care to promote early identification of young children's needs in areas that affect children's health and development. HMGVC also provides care coordination services to ensure parents and other caregivers have the help they need to keep their children thriving by connecting them to community-based resources and interventions. Our systems-change model aims to improve the coordination of local early childhood and health services by leveraging existing resources in the community, maximizing opportunities within public agencies, and promoting cross-sector collaboration toward a shared agenda.

Through participation in the Nemours Integrtaor Learning Lab, the HMGVC Network of Care has specifically focused on jointly developing a project with our county's managed care plan, Gold Coast Health Plan, to leverage Medi-Cal/Medicaid to foster the social and emotional health of Ventura County's young children (ages 0-5). Joint efforts have focused on a continuum of screening to identify needs; differentiated levels of care coordination/care management that responds to risks identified at levels of intensity reflecting child and family needs; and other population health responses that address children's developmental risks and needs. We continue to develop partnerships with other community agencies and programs to expand the capacity of our Network of Care to support families and children across the developmental spectrum.

Network Partners in the Integrator Learning Lab

- Center for the Study of Social Policy
- Child Trends
- First 5 Ventura County*
- Gold Coast Health Plan*
- Landon Pediatric Foundation
- Partnership for Safe Families and Communities
- Pritzker Children's Initiative
- Pritzker Foundation
- Ventura County Health Care Agency
- Ventura County Public Health Tri-Counties Regional Center - Early Start

*Network representatives in the 2020 Integrator Learning Lab

For more information:
Email: selmensdorp@first5ventura.org - Sharon Elmensdorp, Program Manager, First 5 Ventura County, Help Me Grow Ventura County

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Near-Term, Lab-Related Goals

- Increase understanding of Medi-Cal's position and future thinking related to value based payments or other payment structures
- Develop a plan related to value-based payment, including who to include in the network
- Produce a value proposition for First 5 Ventura County
- Deepen partnership with managed care plan, including presenting value proposition and moving toward joint project and funding mechanism for services
- Establish initial benchmarks to mark progress toward overall financial sustainability and value based payments
- Aligning synergistic work with Learning Lab, Center for the Study of Social Policy, Manatt Health, and other concurrent initiatives
- Establish shared understanding of equity among team and network as foundation for next steps (e.g. incorporating equity impact assessment into decision making and strategy selection; increasing parent / family / community voice within the network)

Achievements Supported by Technical Assistance from the Learning Lab

- Formalized role as a regional integrator
- Developed a strategy document outlining approach and action items for coordinating with a regional managed care plan toward the desired joint project and ultimately sharing in value-based payment
- Cultivated partnership with a Medi-Cal managed care plan, laying groundwork for a joint project:
  - Plan is shifting to a population health framework; sees First 5 as partner
  - Plan is sharing their data with First 5 Ventura and engages in needs analysis to identify priorities for joint work
- Integrated work with the Center for Study of Social Policy and the Learning Lab– strengthened peer network with 3 other counties; connected Medicaid MCO to their peers so they have evidence of other approaches

Integrative Areas of Future Focus

Though the 2020 Integrator Learning Lab has drawn to a close, Help Me Grow Ventura County Network of Care will continue to be deliberate and strategic about deploying integrative activities in support of the goals of the network. This will include a focus on health equity and community engagement, with actions such as:

- Helping managed care plans and other partners develop a more nuanced understanding of population health data vs. provider-level data on individual/patient outcomes
- Monetizing the integrative functions the network carries out for the benefit of network partners and the community as a whole
- Serving as a convener of key stakeholders around early childhood development
- Continuing to cultivate relationships and buy-in with managed care plans and other stakeholders
- Mobilize stakeholders and strategy related to ACEs screening
- Continuing to work reflective moments into the process as part of building a network-wide culture that support continuous learning, reflection, and improvement

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