

Colusa County Community Health Improvement Plan

Strategic Issue: **Access to Behavioral Health**

CHA/CHIP utilizing the MAPP process serves as a roadmap for improving community health by systematically assessing needs, setting priorities, and implementing targeted interventions in collaboration with community stakeholders. This document represents the action plan associated with the Access to Behavioral Health Services strategic issue which is charged with addressing improving access to Behavioral Health Providers in Colusa County.

This is a living document that will be updated annually.

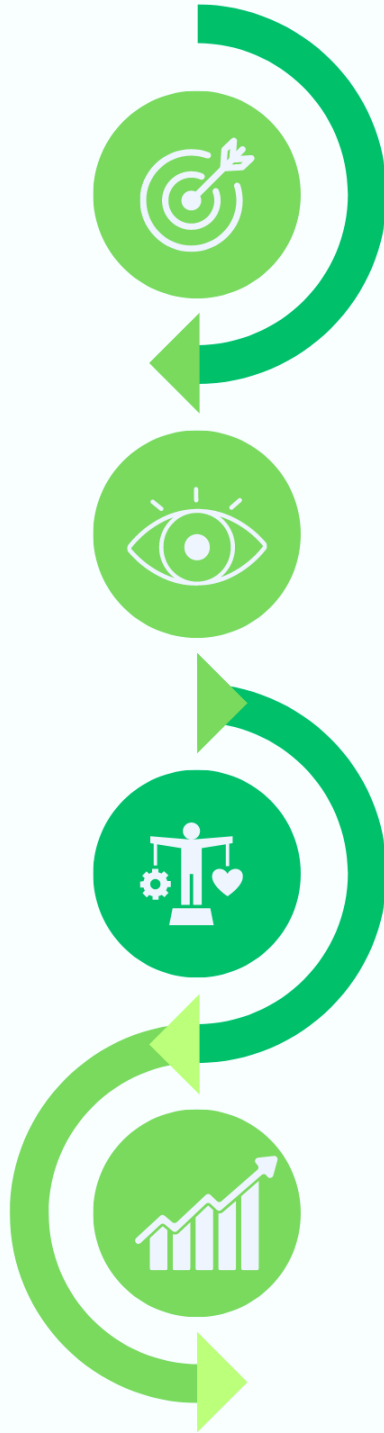
BACKGROUND

Access to behavioral health services is essential for promoting mental health and overall well-being in Colusa County. Enhancing access to these services will significantly benefit residents by addressing mild to moderate mental health needs. Targeted strategies such as increasing the availability of providers, integrating behavioral health into primary care, improving telehealth infrastructure, and expanding provider facilities will collectively improve mental health outcomes for the community.

Promoting mental health awareness and recognizing positive activities that support mental health are critical for creating a supportive community. In rural areas like Colusa County, fostering positive attitudes towards mental health is particularly important due to the disproportionately higher rates of stigma in these communities. By addressing and transforming negative perceptions and misconceptions, we can reduce feelings of shame and isolation, thereby encouraging more individuals to seek the help they need. Through utilizing culturally appropriate peer support and educational programs, we aim to build a community that is welcoming, equitable, and supportive for everyone experiencing mental health challenges.

By addressing access issues, reducing stigma, and promoting mental health awareness, we are enhancing the overall well-being of our community. Through continued collaboration, strategic investment, and community engagement, we aim to create lasting positive change that ensures all residents have access to the mental health resources and support they need. Together, we can build a healthier, more resilient community where mental health is prioritized and everyone has the opportunity to thrive.

MISSION-VISION-VALUES-GOAL



Mission

To improve the health of Colusa Community members by identifying and addressing gaps in healthcare system and infrastructure, and to enhance existing resources and services to meet physical, emotional and social wellness in the community.

Vision

Our vision is to create a healthier, safer, and more inclusive community where everyone can thrive and lead fulfilling lives.

Values

We are committed to strengthening health and safety systems to meet the diverse needs of our community, addressing not only physical health but also social and emotional well-being. Through enriched communication and active participation, we aim to foster a collaborative environment where knowledge and information are shared, leading to more informed decisions and empowering individuals to take charge of their health and safety.

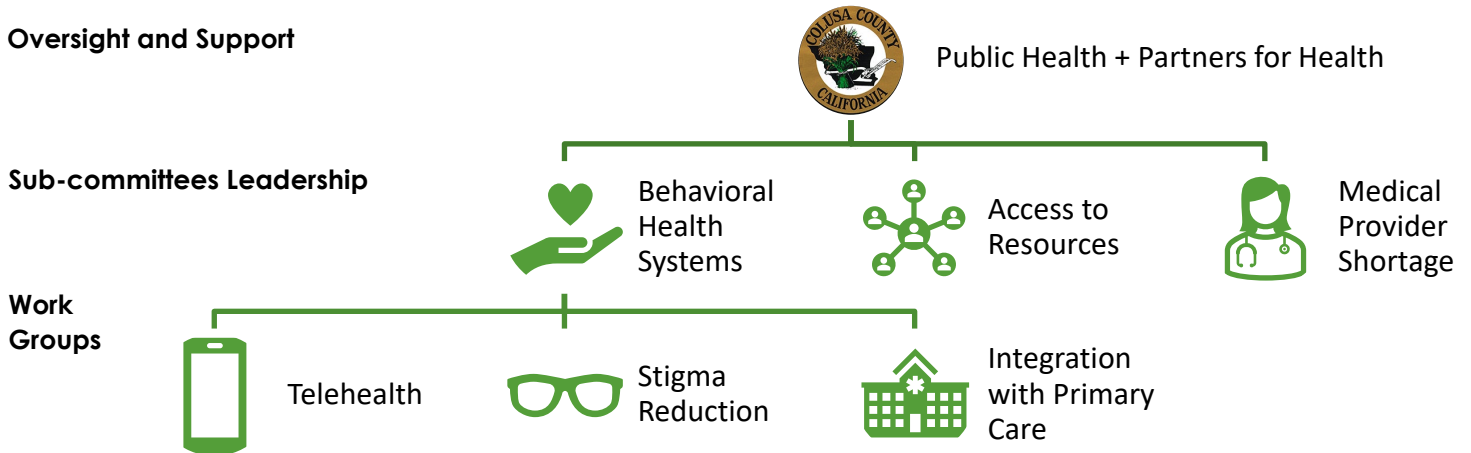
Goal

Our goal is to improve access and participation in health and safety systems, ensuring that every member of the community can easily benefit from essential support and services.

STRUCTURE & SUPPORTS

GROUP STRUCTURE

This strategic issue will be supported through the structure outlined below.



PUBLIC HEALTH AND PARTNERS FOR HEALTH

A community group facilitated by Public Health will support subcommittees and workgroups to overcome challenges and barriers and recruit participants. Public Health staff will check in with subcommittee leads to monitor data collection and progress via online reporting.

SUB-COMMITTEES

Leadership teams that problem-solve challenges, recruit workgroup participants, report to Partners for Health CHIP group, oversee progress, and assist with challenges. Subcommittees meet, report out quarterly and assist with the annual update of action plans. Consists of 2-3 leads/co-leads and administrative support.

WORKGROUPS

Meet monthly or as needed to work on actions associated with identified strategies and activities. Minimal work is conducted outside of workgroup meetings. Workgroups communicate with subcommittees for updates on activities, successes, and challenges. Consists of lead/co-lead, administrative support, and participants.

For greater detail please refer to the Roles and responsibilities document in the appendix.

GROUP AGREEMENTS

RESPECTFUL COMMUNICATION:

- Do not interrupt others.
- Listen actively, using pen and paper if necessary to record your thoughts.
- Be mindful of your talk time, speaking up when comfortable and ensuring others have a chance to contribute.
- Apologize for offensive actions or words, focusing on their impact, not intent.
- Use "I" statements and speak from personal experience.

INCLUSIVE PARTICIPATION:

- Ensure everyone can speak without pressure.
- Acknowledge and credit others' ideas appropriately.
- Allow space for marginalized communities, grass roots leaders/organizations to share their experiences.
- Ask for clarification instead of making assumptions.
- Offer flexible feedback mechanisms (meeting attendance, collaboration through email, phone calls)

CONSTRUCTIVE ENGAGEMENT:

- Embrace friction as evidence of diverse ideas and assume possibilities and innovation.
- Recognize and value each member's strengths, delegating tasks accordingly.
- Approach discussions with **curiosity** and openness to different perspectives.
- Assume positive intent and view mistakes as learning opportunities.

FOCUSED COLLABORATION:

- Stay focused on collective goals and objectives.
- **Communicate openly about workload, respecting each other's capacity and avoiding overload.**
- Embrace innovation and explore new ideas, viewing resistance as a chance for dialogue.

SUPPORTIVE ENVIRONMENT:

- Create a non-judgmental space for asking for help.
- Offer mutual support, feedback, and encouragement.
- Self-reflect on actions to become a better ally, using resources to educate yourself.
- Ask the group for additional guidelines to prevent disengagement or undue hardship.

These agreements aim to foster a collaborative, respectful, and inclusive environment for effective community health improvement planning.

Monitoring, enforcement, and conflict management tools available in the appendix.

ACTION PLAN

By implementing the following strategies, we aim to increase access to Behavioral Health Services and promote mental health awareness in Colusa County, creating a more inclusive and supportive community environment.

In order to improve our access to Behavioral Health Services the following action plan was developed collaboratively by community partners:

| | |
|---|--|
| Goal 1: Increase Mental Health Awareness | To create a community in Colusa County where mental health is openly discussed, understood, and supported by promoting mental health awareness. |
| Objective: | By 2029, increase mental health awareness in Colusa County. |
| Strategy #1: | Establish Leaders in the Community as Champions to Promote Mental Health |
| Strategy #2: | Culturally Tailored Outreach and Education |
| Strategy #3: | Develop and Promote Peer Support Programs |

| | |
|--|---|
| Goal 2: Increase Mild to Moderate providers | To enhance the availability and accessibility of mild to moderate behavioral health services for all residents of Colusa County. |
| Objective: | By 2029, increase access to mild to moderate behavioral health services in Colusa County. |
| Strategy #1: | Recruit Providers and Organizations to Offer Services |
| Strategy #2: | Integration of Behavioral Health Services into Primary Care |
| Strategy #3: | Improve Telehealth Infrastructure |
| Strategy #4: | Increase Facilities/Office Space for Providers |



The following matrix provides more detailed information with associated goals and strategies to increase behavioral health services.

| Goal 1: To create a community in Colusa County where mental health is openly discussed, understood, and supported by increasing mental health awareness. | | | | |
|--|---|---------------------|--------------------------|--|
| Objective: To increase mental health awareness in Colusa County. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 1.1 Establish leaders in the community as champions | 1.1.a. Create a Social Map to identify and recruit influential community members, leaders, and advocates who are passionate about mental health and willing to serve as champions for stigma reduction efforts | | | Develop and finalize a social map identifying at least 4 influential community members, leaders, and advocates |
| | 1.1.b. Identify and obtain stipends/incentives for community champions | | | Secure at least \$5,000 in funding for stipends and incentives for community champions |
| | 1.1.c. Provide training and resources to community champions to equip them with the knowledge and skills needed to effectively challenge stigma, promote mental health awareness, and foster supportive attitudes within their networks | | | Conduct at least 5 comprehensive training sessions for community champions |
| | 1.1.d. Empower community champions to initiate conversations, organize events, and advocate for policy changes that promote mental health education, acceptance, and inclusion (forums/panels/workshops) | | | Increase number of participants in events from launch to end of Implementation by 20% |



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| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 1.2 Culturally Tailored Outreach and Education | 1.2.a. Identify impactful outreach locations and events that support mental health. (texting/applications, schools, community groups, churches) | | | Identify and compile a list of at least 20 impactful outreach locations and events |
| | 1.2.b. Identify local practices/hobbies that relate to healthy coping strategies | | | Develop a catalogue of at least 15 local practices and hobbies that promote healthy coping strategies |
| | 1.2.c. Identify and obtain funding or sources of incentives | | | Secure at least \$20,000 in funding for culturally tailored outreach initiatives |
| | 1.2.d. Develop and disseminate culturally tailored outreach materials, including brochures, posters, and videos, that incorporate culturally sensitive messaging and storytelling techniques to address common misconceptions about mental health, highlight the importance of seeking support, and engage diverse community members by resonating with their lived experiences | | | Launch at least 3 culturally sensitive messaging campaigns |
| 1.3 Peer Support Programs | 1.3.a. Develop and maintain service map of peer support programs and activities that highlights sustainable groups | | | Create a detailed service map identifying at least 10 |



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| | | | | sustainable peer support programs |
| | 1.3.b. Identify gaps in peer support groups | | | Complete a comprehensive report identifying gaps in peer support services |
| | 1.3.c. Establish or expand new and existing peer support programs that support mental health and incorporate education on mental health challenges | | | Establish or expand at least 5 new or existing peer support programs |
| | 1.3.d. Identify funding and implement peer certification training and other supportive trainings to ensure that peer interactions are safe, supportive, respectful, and empowering | | | Conduct at least 10 training sessions for peer support volunteers |
| | 1.3.e. Promote peer support programs through community outreach efforts, social media campaigns, and partnerships with local mental health organizations and healthcare providers | | | Achieve a 20% increase in participation in peer support programs |
| <p>Assumptions/Assets:</p> <p>2.1: Asset- California Youth Behavioral Health Initiative.</p> <p>2.2: Asset: Behavioral Health Cultural Competency Meeting</p> <p>2.3: Example: Solano County’s Truecare map</p> <p>Incorporate and build on existing venues/programs that host peer gathering. (Club Live/Friday Night Live, Bright Vista Youth Center, Independent Living Program, Safe Haven)</p> | | | | |



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| Recognize and provide supports for barriers to attending outreach events such as transportation, or create cross area collaboration ideas: healthy competition, virtual, etc. Peer support groups are tailored to specific communities and their needs. | | | | |

| Goal 2: To enhance the availability and accessibility of mild to moderate behavioral health services for all residents of Colusa County. | | | | |
|---|--|---------------------|--------------------------|--|
| Objective: By 2029, increase access to mild to moderate behavioral health services in Colusa County. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 2.1 Recruit Providers and Organizations to Offer Services | 2.1.a. Secure funding and conduct gap analysis to identify behavioral health service demand and cultural representation. | | | Securing funding source(s) and completing a comprehensive gap analysis and provider demographic report |
| | 2.1.b. Identify models and/or organizations that provide structure of administrative support for providers. | | | Identification and documentation of at least 3 effective administrative support models |



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| | 2.1.c. Leverage the development of Health Systems Collaborative for county wide collaboration focused on health providers | | | Establishment of the Health Systems Collaborative and conducting 4 quarterly meetings |
| | 2.1.d. Engage in outreach efforts to attract providers | | | Number of providers recruited |
| | 2.1.e. Develop strategic plan for recruitment that identifies partners and funding (incentives, loan repayment, etc.) | | | Completion and implementation of a strategic recruitment plan |
| 2.2 Integration of Behavioral Health Services into Primary Care | 2.2.a. Identify best practices/models (Peach Tree) | | | Documentation of at least 3 best practice models for integration |
| | 2.2.b. Promote the integration of behavioral health services into primary care settings | | | Integration of behavioral health services into 2 primary care settings |
| | 2.2.c. Identify clinics or mobile units with available space | | | Purchase and installation of telehealth equipment |



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| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | | | | throughout the county |
| | 2.2.d Establish standardized mental health screenings across behavioral health providers, medical providers, and schools | | | Number of standardized screenings standardized across schools, medical providers and behavioral health providers |
| 2.3 Improve Telehealth Infrastructure | 2.3.a. Identify and invest in telehealth infrastructure and technology, internet connectivity, and secure telehealth space. | | | Complete needs assessment and procurement process Upgrade internet connectivity in at least 5 rural healthcare locations |
| | 2.3.b. Provide training and support to providers in utilizing telehealth | Partnership and Private Insurance companies | | Conduct at least 10 telehealth training sessions for telehealth sites |
| | 2.3.c. Raise awareness among County residents about the availability and benefits of telehealth services. | | | Develop and distribute informational materials (brochures, posters, social media |



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| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | | | | posts) reaching at least XX,000 residents |
| 2.4 Increase Facilities/Office Space for Providers | 2.4.a. Gather data to demonstrate need for additional facility space | | | Complete a comprehensive needs assessment report |
| | 2.4.b. Identify opportunities to increase facilities or office space for behavioral health providers within County, such as leasing additional space or collaborating with existing healthcare facilities. | | | Identify at least 3 potential facility locations for behavioral health services |
| | 2.4.c. Advocate for funding and resources to support the expansion or renovation of facilities to accommodate the growing demand for behavioral health services. | | | Submit at least 5 funding proposals to local, state, and federal agencies |
| <p>Assumptions/Assets: Participants will include: local behavioral health organizations, private practices, insurance providers, schools and community-based providers. Medical Clinics- this leans on our medical provider shortage strategic issue for developing leadership collaboration. Extended hours are necessary. Ensure that facilities are located in accessible areas within the community to maximize convenience for individuals seeking care. Each community with in Colusa County has unique needs and strengths that should be taken into consideration. Identifying and securing funding is key to most if not all action items. (support staff time)</p> | | | | |



SUPPORTIVE TEMPLATES AND DOCUMENTS

ROSTER

| Access to Behavioral Health Services CHIP Planning Participants | | |
|---|--|--|
| Name | Email | Organization/Position |
| Nicole Carl | nicole.carl@kletseldehe.org | |
| Kevin Douglas | kdouglas@ccoe.net | Colusa County Office of Education (CCOE) Foster Youth |
| Hannah O'Leary | holeary@partnershiphp.org | Partnership Health Plan |
| Christine Smith | chsmith@partnershiphp.org | Partnership Health Plan |
| Tony Hobson | thobson@countyofcolusa.com | Behavioral Health |
| Jeannie Armstrong | jarmstrong@countyofcolusa.com | Behavioral Health |
| Kristen Simmons | Ksimmons@countyofcolusa.com | Probation |
| Lauren Still | lstill@glenmed.org | Colusa Medical Center- Project Manger |
| Lovepreet Kaur | lovepreet.kaur1@colusamedcenter.org | Colusa Medical Center- Clinic Manager |
| Adriana Orozco | aorozco@pjusd.com | Pierce Unified School District |
| Kade Wilson | kade.wilson@countyofcolusa.com | Pierce Unified School District |
| Sofia Becerra | sofia.becerra@countyofcolusa.com | Public Health |
| Sebastian Greer | sgreer@healthyruralca.org | Healthy Rural California |
| Access to Behavioral Health Services CHIP Steering Committee | | |
| Name | Email | Organization/Position |
| Kevin Douglas | kdouglas@ccoe.net | Colusa County Office of Education (CCOE) Foster Youth- confirm |
| Christine Smith | chsmith@partnershiphp.org | Partnership Health Plan |
| Jeannie Armstrong | jarmstrong@countyofcolusa.com | Behavioral Health |
| | | (Clinic or Site Administrator)- recruit |
| Adriana Orozco | aorozco@pjusd.com | Pierce Unified School District- confirm |
| Sofia Becerra | sofia.becerra@countyofcolusa.com | Public Health |

Steering Committee representation goal: medical provider/clinic, education, county behavioral health, Partnership.

ROLES AND RESPONSIBILITIES

PUBLIC HEALTH AND PARTNERS FOR HEALTH

PURPOSE:

- Serve as the central coordinating body.
- Provide high-level oversight and strategic direction.
- Facilitate problem-solving and address barriers. (possible Partners for Health)
- Recruit participants and ensure alignment with community health goals. (Partners for Health)

STRUCTURE:

- Please contact (Public Health Main Point of contact)
- Contact Partners for Health for sharing information and requests

PARTICIPANTS:

- Public Health as main point of contact
- Partners for Health is a cross organizational meeting for addressing health needs in Colusa County.

SUB-COMMITTEE

PURPOSE:

- Track progress on actionable items and project milestones.
- Collect and analyze data relevant to the sub-committee's focus.
- Provide regular updates and reports to Public Health and Partners for Health.
- Facilitate the implementation of the Community Health Improvement Plan (CHIP).
- Identifying connections to other relevant work to avoid duplication of efforts.
- Annual update of action plan

STRUCTURE:

- Quarterly meetings last 1.5 hours.
- Align meetings with project deadlines.

PARTICIPANTS:

- Subject Matter Experts with specific knowledge relevant to the sub-committee's focus.
- Leadership team including 2-3 co-leads and administrative support.

WORKGROUPS

PURPOSE:

- Track progress on actionable items.
- Focus efforts on actions created in the Community Health Improvement Plan (CHIP).

STRUCTURE:

- Meeting Cadence- monthly/as needed.
- All in person or all online- no hybrid
- Challenges and successes should be discussed monthly,
- Preidentified potential barriers and challenges; crisis prevention
- Develop a plan to deal with preidentified barriers.

PARTICIPANTS:

- Members with specific expertise relevant to the workgroup's focus areas

SUGGESTIONS FOR SUCCESS

MEETINGS:

- Poll for best meeting times of participants
 - ask if meeting attendance is realistic with team members
- Five or less for Hybrid
- Agenda and minutes (overlap with communication)
 - Agenda: provide a day or two prior to meeting
 - Objective of meeting to be included: "Today's purpose:" on agenda
 - Action Agenda; 3 main points
 - Minutes following meeting as soon as possible
 - Recap of action items at the end of meeting
- Work to be completed in workgroup meeting time so "homework" is minimal
- 10 minute buffer at end of meetings

COMMUNICATION

- Minutes sent out to all workgroup members and subcommittee members
- Reminder emails for action items, automation set up after meeting
- Location of shared files- Storage of all documents located in SharePoint site, or similar with ease of access
- Give people the opportunity to provide input through various means, email, phone calls, etc.
- Spell out acronyms; develop and identify common language (definitions)
- Elevator pitch available for members to share and promote workgroups and subcommittees
- Maintain a roster of members and contact information
- Group email to maintain communication about meetings and updates
- Orientation for new members

DELEGATION

- If someone is not present in the meeting; do not delegate them a task
- Provide clear expectations on deliverables and timelines/due dates
- Be able to ask team members if they have the time and capacity to complete a task assigned
- Focus of deliverables; reminder of what deliverables are when assigning duties (roles & responsibilities)
- Description of Task (Supporting Document-possible to include in meeting agenda)
 - Priority/due date
 - Info need/dependencies
 - Clarifying questions:
 - Have resources they needed
 - Recommendations on how to do it better
 - Is this realistic?

ROLES

LEADS & CO-LEADS

- Shared ownership to distribute workload
- Conduct check ins with team members
- Identify deadlines for projects early in development to structure meeting cadence to follow
 - same process for action items
- Leads host and or facilitate the meeting
- Lead ensures development of meeting materials
- Lead ensures the meeting stays on task
- Recruitment/Orientation/Succession Planning and Implementation
 - Identify who and what positions will follow into the succession plan if member needs to step away (warm hand off)
- Quick intro/15 min orientation for new members
- Be a support for leads in time of need
- Oversight on deliverables
 - Identification and management of barriers
- Support workgroups
- Basic admin duties that are needing to keep group moving forward (if not one person can be devoted to admin support person)

ADMINISTRATIVE ROLE (may be shared, but responsibilities must be defined)

Logistics and Communication:

- Schedule sub-committee meetings, prepare agendas, and distribute minutes.
- Send calendar invites and follow-up emails.

Data Tracking:

- Maintain records of data collected and progress made.
- Ensure effective communication and resource sharing within the sub-committee.

MONITORING AND ENFORCEMENT OF GROUP AGREEMENTS

Monitoring:

- Regular check-ins during meetings to reflect on adherence to group agreements.
- Anonymous surveys or feedback forms to gather input on the group's adherence to agreements.
- Designate a group member or rotating "agreement keeper" to observe and note compliance during meetings.

Enforcement:

- Establish a protocol for addressing violations of agreements, such as private conversations or group discussions.
- Implement a tiered response system for repeated violations, starting with gentle reminders and escalating to formal discussions if needed.
- Foster a culture of accountability where members feel responsible for upholding the agreements and can remind peers of them constructively.

Conflict Resolution Mechanisms

Conflict Resolution Steps:

1. **Identify the Conflict:**
 - Recognize and articulate the issue at hand.
 - Ensure all parties understand the nature of the conflict.
2. **Open Communication:**
 - Create a safe space for all parties to express their perspectives and feelings.
 - Use active listening techniques to ensure understanding.
3. **Explore Solutions:**
 - Brainstorm potential solutions collaboratively.
 - Evaluate the feasibility and impact of each solution.
4. **Agree on a Resolution:**
 - Select a mutually acceptable solution.
 - Clearly outline the steps and responsibilities for implementing the resolution.
5. **Follow-Up:**
 - Schedule follow-up meetings to assess the effectiveness of the resolution.
 - Make adjustments as necessary to ensure the conflict is fully resolved.

Mediation:

- If conflicts cannot be resolved within the group, consider bringing in an external mediator or facilitator.
- The mediator can provide an unbiased perspective and help navigate the resolution process.

Regular Review of Group Agreements

Review Process:

- Schedule regular reviews of the group agreements, at least annually or biannually.
- During reviews, reflect on the effectiveness of the agreements and make any necessary adjustments.
- Use feedback from group members to inform changes and improvements.

Update Procedures:

- Document any changes to the agreements and distribute the updated document to all group members.
- Ensure that new members are oriented to the group agreements during their onboarding process.
- Encourage continuous feedback and openness to evolving the agreements as the group grows and changes.

By establishing clear group agreements, monitoring and enforcement mechanisms, and robust conflict resolution and review processes, the Colusa County Community Health Improvement Plan team can create a collaborative and productive working environment conducive to achieving their goals.

MONITORING AND EVALUATION TOOLS

Monitoring and Evaluation Tools

1. **Data Collection Template**
2. **Progress Reporting Template**
3. **Meeting Minutes Template**
4. **Stakeholder Feedback Survey**
5. **Quarterly Review Template**
6. **Annual Evaluation Report Template**

1. Data Collection Template

Purpose: To systematically collect data on the progress of activities and outcomes related to the action plan.

Data Collection Template

| Data Collection Item (output) | Description | Frequency | Responsible Person/Team | Data Source | Notes |
|-------------------------------|-------------|-----------|-------------------------|-------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Progress Reporting Template

Purpose: To regularly update stakeholders on the status of activities and progress towards objectives.

Progress Reporting Template

Report Date: [Date] **Reporting Period:** [Start Date] - [End Date]

1. Overview of Activities

- **Goal:** Increase Mild to Moderate Providers
 - **Objective:** [Objective Statement]
 - **Key Activities and Progress:**
 - **Activity 1:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
 - **Activity 2:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
- **Goal:** Increase Mental Health Awareness
 - **Objective:** [Objective Statement]
 - **Key Activities and Progress:**
 - **Activity 1:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
 - **Activity 2:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]

2. Achievements and Milestones

- [List major achievements and milestones reached during the reporting period]

3. Challenges and Solutions

- [List challenges faced and solutions implemented]

4. Next Steps

- [Outline upcoming activities and focus areas for the next reporting period]

Meeting Minutes Template

Purpose: To document discussions, decisions, and action items from meetings.

Meeting Minutes Template

Meeting Title: [Meeting Title] **Date:** [Date] **Time:** [Time] **Location:** [Location] **Attendees:** [List of Attendees]

1. Agenda

- [List agenda items]

2. Discussion Points

- **Agenda Item 1:** [Discussion Summary]
- **Agenda Item 2:** [Discussion Summary]

3. Decisions Made

- [List decisions made during the meeting]

4. Action Items

| Action Item | Responsible Person/Team | Due Date | Notes |
|---------------|-------------------------|------------|--------------------|
| [Description] | [Name/Team] | [Due Date] | [Additional Notes] |

5. Next Meeting

- **Date and Time:** [Next Meeting Date and Time]
- **Location:** [Next Meeting Location]
- **Proposed Agenda:** [List of Proposed Agenda Items]

Stakeholder Feedback Survey

Purpose: To gather feedback from stakeholders on the progress and impact of the action plan.

Stakeholder Feedback Survey

1. Please rate your satisfaction with the progress of the following activities:

| Activity | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|----------------------------------|----------------|-----------|---------|--------------|-------------------|
| Recruitment of Providers | [] | [] | [] | [] | [] |
| Telehealth Infrastructure | [] | [] | [] | [] | [] |
| Community Outreach Events | [] | [] | [] | [] | [] |
| Mental Health Awareness Programs | [] | [] | [] | [] | [] |

2. What do you think are the strengths of the current action plan?

3. What areas do you think need improvement?

4. Do you have any suggestions for future activities or strategies?

5. Additional Comments:

Quarterly Review Template

Purpose: To conduct a comprehensive review of progress and make adjustments as necessary.

Quarterly Review Template

Review Period: [Start Date] - [End Date] **Date of Review:** [Date]

1. Summary of Progress

- **Goal 1:** [Summary of progress towards Goal 1]
- **Goal 2:** [Summary of progress towards Goal 2]

2. Data Analysis

- [Analyze collected data, identify trends, and compare against benchmarks]

3. Achievements and Challenges

- **Achievements:** [List achievements]
- **Challenges:** [List challenges]

4. Adjustments Made

- [List any adjustments made to strategies, activities, or timelines]

5. Recommendations

- [Provide recommendations for the next quarter]

6. Next Steps

- [Outline specific actions to be taken in the next quarter]

Annual Evaluation Report Template

Purpose: To evaluate the overall effectiveness of the action plan over the past year.

Annual Evaluation Report Template

Report Year: [Year] **Date of Report:** [Date]

1. Executive Summary

- [Brief overview of the year's progress, major achievements, and significant challenges]

2. Goals and Objectives

- **Goal 1:** [Evaluation of progress towards Goal 1]
- **Goal 2:** [Evaluation of progress towards Goal 2]

3. Data and Metrics

- [Detailed analysis of data collected throughout the year]

4. Achievements

- [List major achievements and milestones]

5. Challenges and Lessons Learned

- [List challenges faced and lessons learned]

6. Stakeholder Feedback

- [Summary of stakeholder feedback and how it was addressed]

7. Recommendations for Improvement

- [List recommendations for improving the action plan]

8. Next Year's Action Plan

- [Outline goals, objectives, and strategies for the next year]

Colusa County Community Health Improvement Plan

Strategic Issue: **Access to Services and Resources**

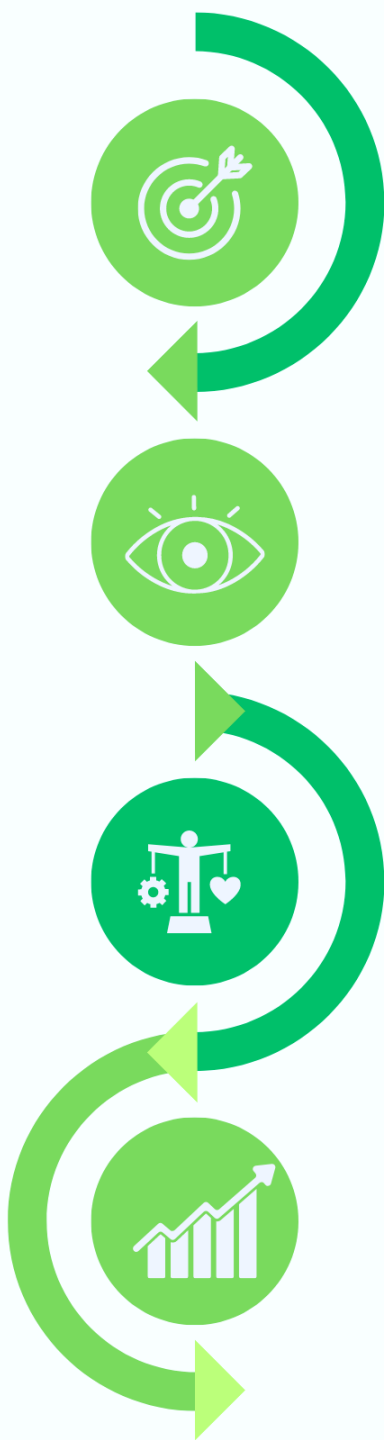
CHA/CHIP utilizing the MAPP process serves as a roadmap for improving community health by systematically assessing needs, setting priorities, and implementing targeted interventions in collaboration with community stakeholders.

This document represents the action plan associated with the Access to Resources strategic issue which is charged with addressing improving access and utilization of resources in Colusa County.

BACKGROUND

In order to deliver high-quality services to our clients, it is imperative that our staff members have access to up-to-date information about available resources and services within our organization and the surrounding community. This knowledge empowers them to provide comprehensive support, make appropriate referrals, and collaborate effectively with other service providers. Access to accurate and timely information about available resources and services is crucial for individuals to address their health and social needs effectively. The 211 database serves as a valuable resource hub, offering a wide range of services and support options tailored to the specific needs of our community. Additionally, proactive outreach and promotion efforts can raise awareness and encourage community members to utilize this valuable resource. Access to nutritious foods is fundamental to maintaining good health and preventing chronic diseases. However, many communities face barriers to accessing fresh and healthy foods, such as limited availability of grocery stores, transportation challenges, and economic constraints. By promoting local food distributions, as well as community and school gardens, and all other available resources we can address these barriers and enhance access to healthy foods for all members of our community. Ultimately, these efforts will contribute to a healthier, more resilient, and well-informed community, capable of accessing and utilizing the resources necessary for improved well-being and quality of life.

MISSION-VISION-VALUES-GOAL



Mission

To improve the health of Colusa Community members by identifying and addressing gaps in healthcare system and infrastructure, and to enhance existing resources and services to meet physical, emotional and social wellness in the community.

Vision

Our vision is to create a healthier, safer, and more inclusive community where everyone can thrive and lead fulfilling lives.

Values

We are committed to strengthening health and safety systems to meet the diverse needs of our community, addressing not only physical health but also social and emotional well-being. Through enriched communication and active participation, we aim to foster a collaborative environment where knowledge and information are shared, leading to more informed decisions and empowering individuals to take charge of their health and safety.

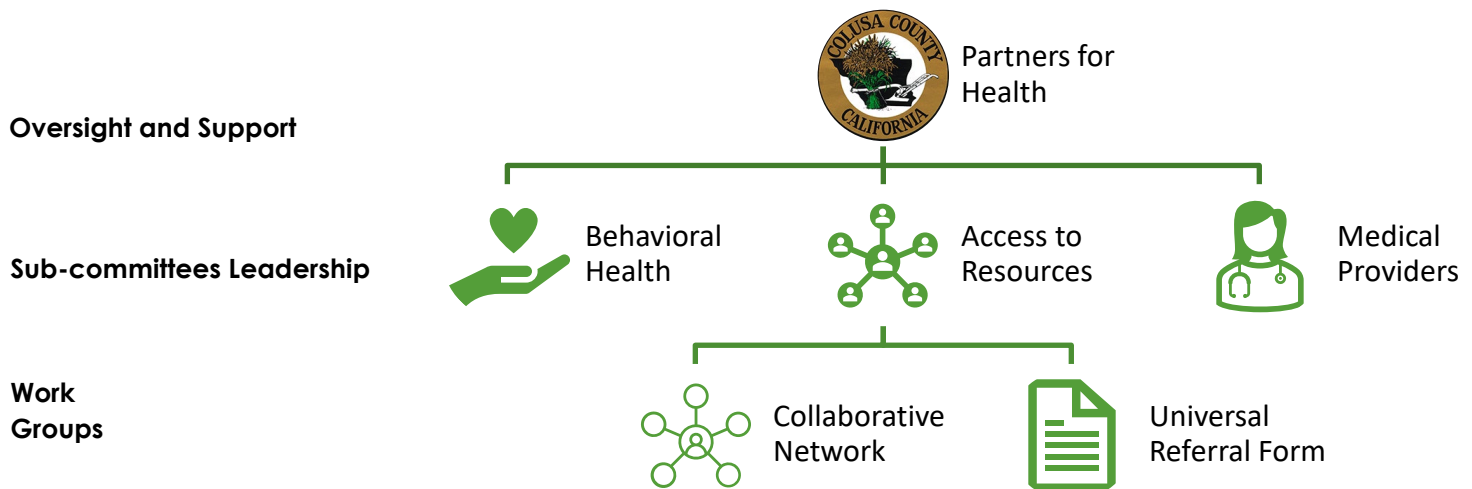
Goal

Our goal is to improve access and participation in health and safety systems, ensuring that every member of the community can easily benefit from essential support and services.

STRUCTURE & SUPPORTS

GROUP STRUCTURE

This strategic issue will be supported through the structure outlined below.



PUBLIC HEALTH AND PARTNERS FOR HEALTH

A community group facilitated by Public Health will support subcommittees and workgroups to overcome challenges and barriers and recruit participants. Public Health staff will check in with subcommittee leads to monitor data collection and progress via online reporting.

SUB-COMMITTEES

Leadership teams that problem-solve challenges, recruit workgroup participants, report to Partners for Health CHIP group, oversee progress, and assist with challenges. Subcommittees meet, report out quarterly and assist with the annual update of action plans. Consists of 2-3 leads/co-leads and administrative support.

WORKGROUPS

Meet monthly or as needed to work on actions associated with identified strategies and activities. Minimal work is conducted outside of workgroup meetings. Workgroups communicate with subcommittees for updates on activities, successes, and challenges. Consists of lead/co-lead, administrative support, and participants.

For greater detail please refer to the roles and responsibilities document in the appendix.

GROUP AGREEMENTS

RESPECTFUL COMMUNICATION:

- Do not interrupt others.
- Listen actively, using pen and paper if necessary to record your thoughts.
- Be mindful of your talk time, speaking up when comfortable and ensuring others have a chance to contribute.
- Apologize for offensive actions or words, focusing on their impact, not intent.
- Use "I" statements and speak from personal experience.

INCLUSIVE PARTICIPATION:

- Ensure everyone can speak without pressure.
- Acknowledge and credit others' ideas appropriately.
- Allow space for marginalized communities, grass roots leaders/organizations to share their experiences.
- Ask for clarification instead of making assumptions.
- Offer flexible feedback mechanisms (meeting attendance, collaboration through email, phone calls)

CONSTRUCTIVE ENGAGEMENT:

- Embrace friction as evidence of diverse ideas and assume possibilities and innovation.
- Recognize and value each member's strengths, delegating tasks accordingly.
- Approach discussions with **curiosity** and openness to different perspectives.
- Assume positive intent and view mistakes as learning opportunities.

FOCUSED COLLABORATION:

- Stay focused on collective goals and objectives.
- **Communicate openly about workload, respecting each other's capacity and avoiding overload.**
- Embrace innovation and explore new ideas, viewing resistance as a chance for dialogue.

SUPPORTIVE ENVIRONMENT:

- Create a non-judgmental space for asking for help.
- Offer mutual support, feedback, and encouragement.
- Self-reflect on actions to become a better ally, using resources to educate yourself.
- Ask the group for additional guidelines to prevent disengagement or undue hardship.

These agreements aim to foster a collaborative, respectful, and inclusive environment for effective community health improvement planning.

Monitoring, enforcement, and conflict management tools are available in the appendix.

ACTION PLAN

By implementing these strategies, we will empower our staff and community members to effectively access and utilize resources, enhance health and resilience, and increase access to healthy foods, particularly for underserved populations.

In order to improve our access to resources and services the CHIP developed the following action plan:

| | |
|--|--|
| Goal 1: Well Informed Staff | Ensure that our staff members are regularly trained on the resources and services available within organizations and the broader community, enabling them to effectively and equitably serve our clients and make informed decisions. |
| Objective: | By December 2029, ensure that our staff members are well-informed about resources and services by establishing a network of direct service providers, creating a universal referral form, conducting quarterly cross-departmental trainings, and implementing a shared central database. |
| Strategy #1: | Establish a Network of Direct Service Providers for Information Sharing |
| Strategy #2: | Create a Standardized Referral Form Across All Programs |
| Strategy #3: | Conduct Cross-Departmental and Inter-Organization Trainings |
| Strategy #4: | Implement a Shared Central Database for Collecting and Disseminating Information |

| | |
|--|--|
| Goal 2: Well Informed Community | Ensure that our community members are well-informed and equipped with the necessary knowledge to access available resources and services by utilizing the 211 database and implementing outreach and promotion strategies. |
| Objective: | By December 2029, ensure that Colusa County community members are well-informed about available resources and services by utilizing the 211 database and implementing targeted outreach and promotion strategies. |
| Strategy #1: | Develop and Maintain a Comprehensive Community Resource Directory |
| Strategy #2: | Implement Outreach and Promotion Strategies |

| | |
|---|--|
| <p>Goal 3: Affordable Healthy Food</p> | <p>Increase access to healthy foods within our community, ensuring that all residents, particularly underserved populations, have the opportunity to make healthier dietary choices, improve food security, and enhance overall well-being.</p> |
| <p>Objective:</p> | <p>By December 2029, increase access to healthy foods within Colusa County by increasing local food distribution sites, and creating community and school gardens.</p> |
| <p>Strategy #1:</p> | <p>Support and Enhance Current Food Distribution Efforts</p> |
| <p>Strategy #2:</p> | <p>Develop and Implement a Community and School Garden Program</p> |

The following matrix provides more detailed information for CHW care coordination and service navigation expansion efforts.

| Goal 1: "Ensure that our staff members are regularly trained on the resources and services available within organizations and the broader community, enabling them to effectively and equitably serve our clients and make informed decisions." | | | | |
|--|---|---------------------|----------------------------|---|
| Objective: By December 2029, ensure that our staff members are well-informed about resources and services by establishing a network of direct service providers, creating a universal referral form, conducting quarterly cross-departmental trainings, and implementing a shared central database. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 1.1 Establish a Network of Direct Service Providers for Information Sharing | 1.1.a. Identify and compile comprehensive list of service providers | | documented by January 2025 | A comprehensive list of service providers that serve Colusa County |
| | 1.1.b. Create a shared platform for disseminating information | | established by June 2025 | A functional shared platform (such as an online portal or email listserv) with at least 50% of service providers actively participating |
| | 1.1.c. Develop system for updating resources and points of contact | | implemented by Sept 2025, | A standardized protocol for updating resources and points of contact, ensuring that 100% of information is reviewed and |

| Goal 1: "Ensure that our staff members are regularly trained on the resources and services available within organizations and the broader community, enabling them to effectively and equitably serve our clients and make informed decisions." | | | | |
|--|--|---------------------|--------------------------|--|
| Objective: By December 2029, ensure that our staff members are well-informed about resources and services by establishing a network of direct service providers, creating a universal referral form, conducting quarterly cross-departmental trainings, and implementing a shared central database. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | | | | updated biannually |
| 1.2 Create a Universal Referral Form Across All Programs | 1.2.a. Develop database of services and resources | | | A centralized database containing detailed information on services and resources available in the community |
| | 1.2.b. Develop a universal referral form that includes available programs and services | | | A standardized referral form, including information on all available programs and services, created and distributed to all staff |

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|--|---|---------------------|--------------------------|---|
| Objective: By December 2029, ensure that our staff members are well-informed about resources and services by establishing a network of direct service providers, creating a universal referral form, conducting quarterly cross-departmental trainings, and implementing a shared central database. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | 1.2.c. Train staff and follow up on improvement of referral process | | | Number of staff participating in trainings |
| 1.3 Conduct Cross-Departmental and Inter-Organization Trainings | 1.3.a. Identify shared training topics and training gaps | | | List of shared training topics and identified training gaps compiled |
| | 1.3.b. Organize trainings and workshops that bring together staff members from different departments and organizations to share knowledge and expertise | | | Schedule of trainings and workshops developed and disseminated to staff |
| 1.4 Implement a Shared Central Database for Collecting and Disseminating Information | 1.4.a. Identify collaborative leadership group for establishing 211 contract | | | Establishment of governance structure document |
| | 1.4.b. Execute contract for 211 services that act as a centralized database | | | Contract for 211 services executed and finalized |

| <p>Goal 1: "Ensure that our staff members are regularly trained on the resources and services available within organizations and the broader community, enabling them to effectively and equitably serve our clients and make informed decisions."</p> | | | | |
|---|--|---------------------|--------------------------|---|
| <p>Objective: By December 2029, ensure that our staff members are well-informed about resources and services by establishing a network of direct service providers, creating a universal referral form, conducting quarterly cross-departmental trainings, and implementing a shared central database.</p> | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | 1.4.c. Develop and execute system for gathering and updating information on services and resources | | | System for gathering and updating information on services and resources developed and tested |
| | 1.4.d. Ensure that this database is user-friendly, secure, and regularly updated to reflect the latest information | | | Bi-annual audits conducted to ensure database security and usability, with audit reports documented and corrective actions implemented as necessary |
| | 1.4.e. Provide training and technical support to staff members to maximize the utility and | | | Training sessions on the shared information platform |

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|---|--|---------------------|--------------------------|---|
| <p>Objective: By December 2029, ensure that our staff members are well-informed about resources and services by establishing a network of direct service providers, creating a universal referral form, conducting quarterly cross-departmental trainings, and implementing a shared central database.</p> | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | effectiveness of the shared information platform | | | conducted for 100% of DHHS staff and provide for partners |
| <p>Assumptions/Assets: Representation is based not only on organizations but geographic location as well. 1.1.b: Online platform will include space for sharing events, trainings, and requests/chats. Accessibility across organizations is key to the success of platform. 1.2.a: Services should be organized by need 1.3.a: Partners for Health is a resource for conducting this assessment</p> | | | | |

| Goal 2: Ensure that our community members are well-informed and equipped with the necessary knowledge to access available resources and services by utilizing the 211 database and implementing outreach and promotion strategies. | | | | |
|---|---|---------------------|--------------------------|---|
| Objective: By December 2029, ensure that Colusa County community members are well-informed about available resources and services by utilizing the 211 database and implementing targeted outreach and promotion strategies. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 2.1 Develop and maintain a comprehensive community resource directory | 2.1.a. Identify collaborative leadership group for establishing 211 contract | | | Collaborative leadership group identified and convened |
| | 2.1.b. Execute contract for 211 services that act as a centralized database | | | Contract for 211 services executed and finalized |
| | 2.1.c. Develop and execute system for gathering and updating information on services and resources | | | System for gathering and updating information on services and resources developed |
| | 2.1.d. Ensure that this database is user-friendly, secure, and regularly updated to reflect the latest information. | | | Regular audits conducted to ensure database security and usability, with audit reports documented and |

| <p>Goal 2: Ensure that our community members are well-informed and equipped with the necessary knowledge to access available resources and services by utilizing the 211 database and implementing outreach and promotion strategies.</p> | | | | |
|--|--|---------------------|--------------------------|--|
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| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | | | | corrective actions implemented as necessary |
| | 2.1.e. Implement outreach and education campaign of the 211 database as a centralized resource | | | Outreach materials, such as flyers, posters, and social media content, developed and disseminated to the community |
| | 2.1.f. Conduct quality improvement tracking on utilization and usability | | | Regular quality improvement assessments conducted quarterly |
| 2.2 Implement Outreach and Promotion Strategies | 2.2.a. Establish list serve for sharing and disseminating information | | | Populated list serve of staff responsible for outreach |

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| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | 2.2.b. Identify funding for incentives for community outreach and education | | | Funding sources for incentives identified and secured, with at least three potential funding sources identified |
| | 2.2.c. Create and administer a vendor survey post events to identify challenges and improvements | | | Annual review of survey responses with recommended improvements for following year |
| <p>Assumptions/Assets: Best practices for messaging will be established, outreach is partnered with goal of entertainment and resources for success. Outreach will be tailored to community availability.</p> | | | | |

| Goal 3: Increase access to healthy foods within our community, ensuring that all residents, particularly underserved populations, have the opportunity to make healthier dietary choices, improve food security, and enhance overall well-being. | | | | |
|---|--|----------------------------|---------------------------------|---|
| Objective: By December 2029, increase access to healthy foods within Colusa County by increasing local food distribution sites, and creating community and school gardens. | | | | |
| Strategy | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success |
| 3.1 Support and enhance current food distribution efforts | 3.1.a. Identify and list all free or low-cost food services | | | Comprehensive list of free or low-cost food services compiled |
| | 3.1.b. Identify supports for staff time including, but not limited to grant funding and volunteer coordination | | | Grant funding opportunities identified and applications submitted |
| | 3.1.c. Utilize outreach and marketing campaigns to raise awareness about local food distributions and encourage community members to participate | | | Outreach and marketing campaign plan developed and finalized |
| 3.2 Develop and implement a community and school garden program | 3.2.a. Identify Project Champion | | | Project Champion identified and appointed |
| | 3.2.b. Identify and recruit school and community leaders for support of programs | | | School and community leaders identified and recruited as program supporters |
| | 3.2.c. Identify potential programs, businesses and funding that support community or school gardens | | | Potential programs, businesses, and funding sources supporting |

| Goal 3: Increase access to healthy foods within our community, ensuring that all residents, particularly underserved populations, have the opportunity to make healthier dietary choices, improve food security, and enhance overall well-being. | | | | |
|--|---|---------------------|--------------------------|---|
| Objective: By December 2029, increase access to healthy foods within Colusa County by increasing local food distribution sites, and creating community and school gardens. | | | | |
| Strategy | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success |
| | | | | community or school gardens identified |
| | 3.2.d. Implement school and/or community garden program | | | Identify and secure a suitable location for the school and community garden |
| <p>Assumption/Assets:</p> <ul style="list-style-type: none"> • Availability of suitable locations for both school and community gardens. • Willingness of teachers, community leaders, and volunteers to participate. • Collaboration with local businesses, organizations, and funding sources to support the garden programs. | | | | |

SUPPORTIVE TEMPLATES AND DOCUMENTS

ROSTER

| Access to Resources- CHIP development participants | | |
|--|--|--|
| Name | Email | Organization/Position |
| Adriana Saavedra | asaavedra@tricotiescap.org | TCCAP/CHW/Program Coordinator |
| Betty Huson | bhuson@ccoe.net | Family Action Center-First 5 Williams- Program Coordinator |
| Heather Wilson-Jensen | heather.jensen@countyofcolusa.com | Public Health |
| Irma Roque | iroque@ccoe.net | Colusa County Office of Education (0-5) Programs |
| Jahnavi Nanga | jahnavi.nanga@countyofcolusa.com | Public Health-Health Education Specialist |
| Ginger Harlow | gharlow@ccoe.net | First 5 |
| Joe Moye | jmoye@ccoe.net | Colusa County Office of Education (0-5) Programs |
| Katheryn Ramsaur | kramsaur@cityofwilliams.org | City of Williams |
| Lauren Still | lstill@glenmed.org | Colusa Medical Center (CMC)- Project Manager |
| Mary Grimmer | aprd.mgrimmer@gmail.com | Arbuckle Parks and Recreation |
| Noelle DiSano | nmdisano@csuchico.edu | Centers for Healthy Communities- Program Manager (Food) |
| Rebecca Stark | rstark@partnershiphp.org | Partnership Health Plan |
| Sebastian Greer | sgreer@healthyruralca.org | Healthy Rural California |
| Sofia Becerra | sofia.becerra@countyofcolusa.com | Public Health |
| Jason McMullan | jmcmullan@colusamacc.org | Ministerial Association of Colusa County PneumaCare Health & Wellness North Valley Community Food Bank |
| Access to Resources- Steering Committee | | |
| Ricky Carmona- need to invite | | DHHS analyst |
| Lauren Wong | lwong@tricotiescap.org | Tri Counties Community Action Partnership |
| Anjelica- need to invite | | Public Health Snap Ed |
| Jennifer Murphy | jmurphy@csuchico.edu | Centers for Healthy Communities |
| Noelle DiSano | nmdisano@csuchico.edu | Centers for Healthy Communities- Program Manager (Food) |
| Betty Huson | bhuson@ccoe.net | Family Action Center-First 5 Williams- Program Coordinator |
| Jason McMullan | jmcmullan@colusamacc.org | Ministerial Association of Colusa County PneumaCare Health & Wellness North Valley Community Food Bank |

ROLES AND RESPONSIBILITIES

PUBLIC HEALTH AND PARTNERS FOR HEALTH

PURPOSE:

- Serve as the central coordinating body.
- Provide high-level oversight and strategic direction.
- Facilitate problem-solving and address barriers. (possible Partners for Health)
- Recruit participants and ensure alignment with community health goals. (Partners for Health)

STRUCTURE:

- Please contact (Public Health Main Point of contact)
- Contact Partners for Health for sharing information and requests

PARTICIPANTS:

- Public Health as main point of contact
- Partners for Health is a cross organizational meeting for addressing health needs in Colusa County.

SUB-COMMITTEE

PURPOSE:

- Track progress on actionable items and project milestones.
- Collect and analyze data relevant to the sub-committee's focus.
- Provide regular updates and reports to Public Health and Partners for Health.
- Facilitate the implementation of the Community Health Improvement Plan (CHIP).
- Identifying connections to other relevant work to avoid duplication of efforts.
- Annual update of action plan

STRUCTURE:

- Quarterly meetings last 1.5 hours.
- Align meetings with project deadlines.

PARTICIPANTS:

- Subject Matter Experts with specific knowledge relevant to the sub-committee's focus.
- Leadership team including 2-3 co-leads and administrative support.

WORKGROUPS

PURPOSE:

- Track progress on actionable items.
- Focus efforts on actions created in the Community Health Improvement Plan (CHIP).

STRUCTURE:

- Meeting Cadence- monthly/as needed.
- All in person or all online- no hybrid
- Challenges and successes should be discussed monthly,
- Preidentified potential barriers and challenges; crisis prevention
- Develop a plan to deal with preidentified barriers.

PARTICIPANTS:

- Members with specific expertise relevant to the workgroup's focus areas

SUGGESTIONS FOR SUCCESS

MEETINGS:

- Poll for best meeting times of participants
 - ask if meeting attendance is realistic with team members
- Five or less for Hybrid
- Agenda and minutes (overlap with communication)
 - Agenda: provide a day or two prior to meeting
 - Objective of meeting to be included: "Today's purpose:" on agenda
 - Action Agenda; 3 main points
 - Minutes following meeting as soon as possible
 - Recap of action items at the end of meeting
- Work to be completed in workgroup meeting time so "homework" is minimal
- 10 minute buffer at end of meetings

COMMUNICATION

- Minutes sent out to all workgroup members and subcommittee members
- Reminder emails for action items, automation set up after meeting
- Location of shared files- Storage of all documents located in SharePoint site, or similar with ease of access
- Give people the opportunity to provide input through various means, email, phone calls, etc.
- Spell out acronyms; develop and identify common language (definitions)
- Elevator pitch available for members to share and promote workgroups and subcommittees
- Maintain a roster of members and contact information
- Group email to maintain communication about meetings and updates
- Orientation for new members

DELEGATION

- If someone is not present in the meeting; do not delegate them a task
- Provide clear expectations on deliverables and timelines/due dates
- Be able to ask team members if they have the time and capacity to complete a task assigned

- Focus of deliverables; reminder of what deliverables are when assigning duties (roles & responsibilities)
- Description of Task (Supporting Document-possible to include in meeting agenda)
 - Priority/due date
 - Info need/dependencies
 - Clarifying questions:
 - Have resources they needed
 - Recommendations on how to do it better
 - Is this realistic?

ROLES

LEADS & CO-LEADS

- Shared ownership to distribute workload
- Conduct check ins with team members
- Identify deadlines for projects early in development to structure meeting cadence to follow
 - same process for action items
- Leads host and or facilitate the meeting
- Lead ensures development of meeting materials
- Lead ensures the meeting stays on task
- Recruitment/Orientation/Succession Planning and Implementation
 - Identify who and what positions will follow into the succession plan if member needs to step away (warm hand off)
- Quick intro/15 min orientation for new members
- Be a support for leads in time of need
- Oversight on deliverables
 - Identification and management of barriers
- Support workgroups
- Basic admin duties that are needing to keep group moving forward (if not one person can be devoted to admin support person)

ADMINISTRATIVE ROLE (may be shared, but responsibilities must be defined)

Logistics and Communication:

- Schedule sub-committee meetings, prepare agendas, and distribute minutes.
- Send calendar invites and follow-up emails.

Data Tracking:

- Maintain records of data collected and progress made.
- Ensure effective communication and resource sharing within the sub-committee.

MONITORING AND EVALUATION TOOLS

Monitoring and Evaluation Tools

1. **Data Collection Template**
2. **Progress Reporting Template**
3. **Meeting Minutes Template**
4. **Stakeholder Feedback Survey**
5. **Quarterly Review Template**
6. **Annual Evaluation Report Template**

1. Data Collection Template

Purpose: To systematically collect data on the progress of activities and outcomes related to the action plan.

Data Collection Template

| Data Collection Item | Description | Frequency | Responsible Person/Team | Data Source | Notes |
|----------------------|-------------|-----------|-------------------------|-------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Progress Reporting Template

Purpose: To regularly update stakeholders on the status of activities and progress towards objectives.

Progress Reporting Template

Report Date: [Date] **Reporting Period:** [Start Date] - [End Date]

1. Overview of Activities

- **Goal:**
 - **Objective:** [Objective Statement]
 - **Key Activities and Progress:**
 - **Activity 1:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
 - **Activity 2:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
- **Goal:**
 - **Objective:** [Objective Statement]
 - **Key Activities and Progress:**
 - **Activity 1:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
 - **Activity 2:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]

2. Achievements and Milestones

- [List major achievements and milestones reached during the reporting period]

3. Challenges and Solutions

- [List challenges faced and solutions implemented]

4. Next Steps

- [Outline upcoming activities and focus areas for the next reporting period]

Meeting Minutes Template

Purpose: To document discussions, decisions, and action items from meetings.

Meeting Minutes Template

Meeting Title: [Meeting Title] **Date:** [Date] **Time:** [Time] **Location:** [Location] **Attendees:** [List of Attendees]

1. Agenda

- [List agenda items]

2. Discussion Points

- **Agenda Item 1:** [Discussion Summary]
- **Agenda Item 2:** [Discussion Summary]

3. Decisions Made

- [List decisions made during the meeting]

4. Action Items

| Action Item | Responsible Person/Team | Due Date | Notes |
|---------------|-------------------------|------------|--------------------|
| [Description] | [Name/Team] | [Due Date] | [Additional Notes] |

5. Next Meeting

- **Date and Time:** [Next Meeting Date and Time]
- **Location:** [Next Meeting Location]
- **Proposed Agenda:** [List of Proposed Agenda Items]

Stakeholder Feedback Survey

Purpose: To gather feedback from stakeholders on the progress and impact of the action plan.

Stakeholder Feedback Survey

1. Please rate your satisfaction with the progress of the following activities:

| Activity | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|----------|----------------|-----------|---------|--------------|-------------------|
| | [] | [] | [] | [] | [] |
| | [] | [] | [] | [] | [] |
| | [] | [] | [] | [] | [] |
| | [] | [] | [] | [] | [] |

2. What do you think are the strengths of the current action plan?

3. What areas do you think need improvement?

4. Do you have any suggestions for future activities or strategies?

5. Additional Comments:

Quarterly Review Template

Purpose: To conduct a comprehensive review of progress and make adjustments as necessary.

Quarterly Review Template

Review Period: [Start Date] - [End Date] **Date of Review:** [Date]

1. Summary of Progress

- **Goal 1:** [Summary of progress towards Goal 1]
- **Goal 2:** [Summary of progress towards Goal 2]

2. Data Analysis

- [Analyze collected data, identify trends, and compare against benchmarks]

3. Achievements and Challenges

- **Achievements:** [List achievements]
- **Challenges:** [List challenges]

4. Adjustments Made

- [List any adjustments made to strategies, activities, or timelines]

5. Recommendations

- [Provide recommendations for the next quarter]

6. Next Steps

- [Outline specific actions to be taken in the next quarter]

Annual Evaluation Report Template

Purpose: To evaluate the overall effectiveness of the action plan over the past year.

Annual Evaluation Report Template

Report Year: [Year] **Date of Report:** [Date]

1. Executive Summary

- [Brief overview of the year's progress, major achievements, and significant challenges]

2. Goals and Objectives

- **Goal 1:** [Evaluation of progress towards Goal 1]
- **Goal 2:** [Evaluation of progress towards Goal 2]

3. Data and Metrics

- [Detailed analysis of data collected throughout the year]

4. Achievements

- [List major achievements and milestones]

5. Challenges and Lessons Learned

- [List challenges faced and lessons learned]

6. Stakeholder Feedback

- [Summary of stakeholder feedback and how it was addressed]

7. Recommendations for Improvement

- [List recommendations for improving the action plan]

8. Next Year's Action Plan

- [Outline goals, objectives, and strategies for the next year]

Monitoring and Enforcement of Group Agreements

Monitoring:

- Regular check-ins during meetings to reflect on adherence to group agreements.
- Anonymous surveys or feedback forms to gather input on the group's adherence to agreements.
- Designate a group member or rotating "agreement keeper" to observe and note compliance during meetings.

Enforcement:

- Establish a protocol for addressing violations of agreements, such as private conversations or group discussions.

- Implement a tiered response system for repeated violations, starting with gentle reminders and escalating to formal discussions if needed.
- Foster a culture of accountability where members feel responsible for upholding the agreements and can remind peers of them constructively.

Conflict Resolution Mechanisms

Conflict Resolution Steps:

1. **Identify the Conflict:**
 - Recognize and articulate the issue at hand.
 - Ensure all parties understand the nature of the conflict.
2. **Open Communication:**
 - Create a safe space for all parties to express their perspectives and feelings.
 - Use active listening techniques to ensure understanding.
3. **Explore Solutions:**
 - Brainstorm potential solutions collaboratively.
 - Evaluate the feasibility and impact of each solution.
4. **Agree on a Resolution:**
 - Select a mutually acceptable solution.
 - Clearly outline the steps and responsibilities for implementing the resolution.
5. **Follow-Up:**
 - Schedule follow-up meetings to assess the effectiveness of the resolution.
 - Make adjustments as necessary to ensure the conflict is fully resolved.

Mediation:

- If conflicts cannot be resolved within the group, consider bringing in an external mediator or facilitator.
- The mediator can provide an unbiased perspective and help navigate the resolution process.

Regular Review of Group Agreements

Review Process:

- Schedule regular reviews of the group agreements, at least annually or biannually.
- During reviews, reflect on the effectiveness of the agreements and make any necessary adjustments.
- Use feedback from group members to inform changes and improvements.

Update Procedures:

- Document any changes to the agreements and distribute the updated document to all group members.
- Ensure that new members are oriented to the group agreements during their onboarding process.
- Encourage continuous feedback and openness to evolving the agreements as the group grows and changes.

By establishing clear group agreements, monitoring and enforcement mechanisms, and robust conflict resolution and review processes, the Colusa County Community Health Improvement Plan team can create a collaborative and productive working environment conducive to achieving their goals.

Colusa County Community Health Improvement Plan

Strategic Issue: **Access to Medical Providers**

CHA/CHIP utilizing the MAPP process serves as a roadmap for improving community health by systematically assessing needs, setting priorities, and implementing targeted interventions in collaboration with community stakeholders. This document represents the action plan associated with the Access to Medical Care strategic issue which is charged with addressing improving access to Medical Providers in Colusa County.

This is a living document that will be updated annually.

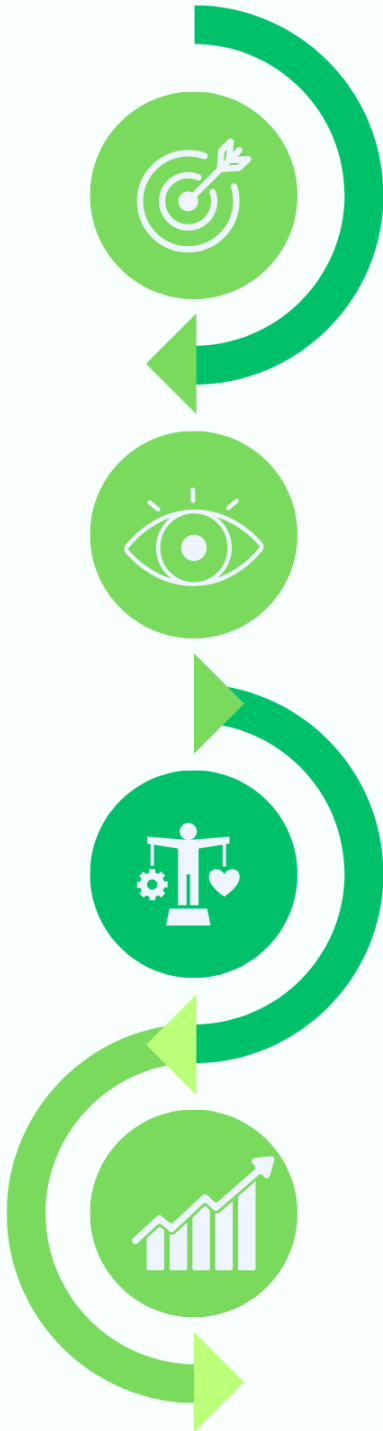
BACKGROUND

Colusa County, a rural area with limited healthcare resources, has been facing a critical shortage of medical providers for many years. This shortage significantly impacts the health and well-being of its residents, particularly the county's most underserved communities, who struggle with poor internet connectivity and language barriers. Additionally, for over ten years, Colusa County has experienced a severe lack of maternal and prenatal care, including obstetric and gynecological services.

Rural counties like Colusa often encounter unique challenges due to the dispersed population centers and the inequities in healthcare services compared to urban areas. These challenges include difficulties in accessing timely and adequate healthcare due to a lack of providers and travel associated with accessing providers out of county, leading to poorer health outcomes for rural residents.

By expanding telehealth services and recruiting specialty health providers, this action plan aims to improve healthcare accessibility, quality, and equity for all residents of Colusa County. The plan includes strategies to enhance telehealth infrastructure, promote its benefits, and address language and technological barriers. Additionally, it focuses on attracting and retaining healthcare professionals through improved relationships with regional partners, development of medical facilities, competitive incentives, and targeted promotion and education efforts. Through these collaborative efforts, Colusa County is committed to building a sustainable healthcare system that meets the diverse needs of its rural population.

MISSION-VISION-VALUES-GOAL



Mission

To improve the health of Colusa Community members by identifying and addressing gaps in healthcare system and infrastructure, and to enhance existing resources and services to meet physical, emotional and social wellness in the community.

Vision

Our vision is to create a healthier, safer, and more inclusive community where everyone can thrive and lead fulfilling lives.

Values

We are committed to strengthening health and safety systems to meet the diverse needs of our community, addressing not only physical health but also social and emotional well-being. Through enriched communication and active participation, we aim to foster a collaborative environment where knowledge and information are shared, leading to more informed decisions and empowering individuals to take charge of their health and safety.

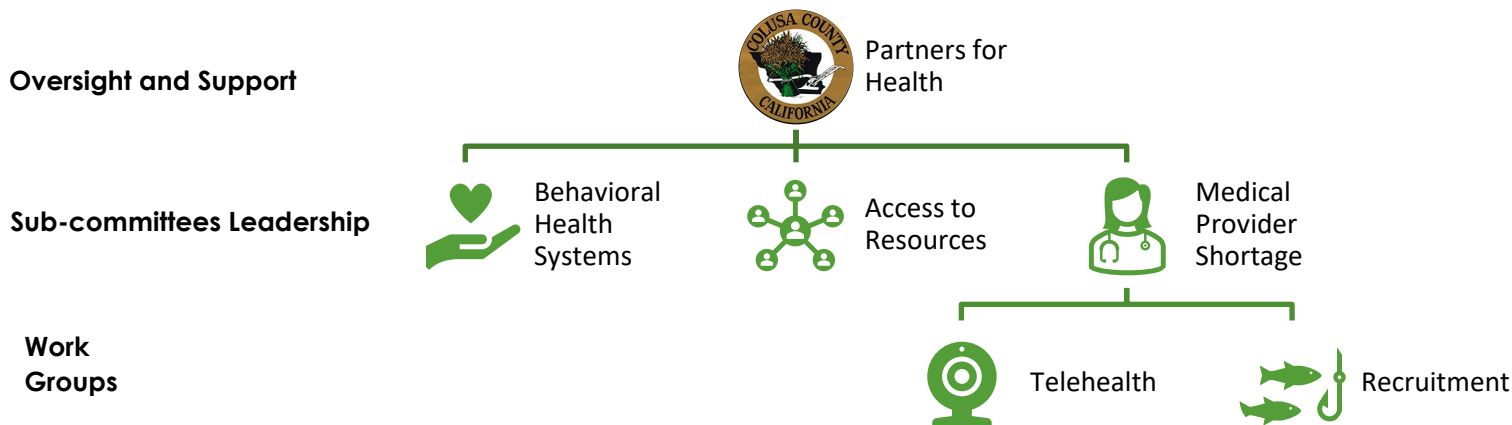
Goal

Our goal is to improve access and participation in health and safety systems, ensuring that every member of the community can easily benefit from essential support and services.

STRUCTURE & SUPPORTS

GROUP STRUCTURE

This strategic issue will be supported through the structure outlined below.



PUBLIC HEALTH AND PARTNERS FOR HEALTH

A community group facilitated by Public Health will support subcommittees and workgroups to overcome challenges and barriers and recruit participants. Public Health staff will check in with subcommittee leads to monitor data collection and progress via online reporting.

SUB-COMMITTEES

Leadership teams that problem-solve challenges, recruit workgroup participants, report to Partners for Health CHIP group, oversee progress, and assist with challenges. Subcommittees meet, report out quarterly and assist with the annual update of action plans. Consists of 2-3 leads/co-leads and administrative support.

WORKGROUPS

Meet monthly or as needed to work on actions associated with identified strategies and activities. Minimal work is conducted outside of workgroup meetings. Workgroups communicate with subcommittees for updates on activities, successes, and challenges. Consists of lead/co-lead, administrative support, and participants.

For greater detail please refer to the Roles and responsibilities document in the appendix.

GROUP AGREEMENTS

RESPECTFUL COMMUNICATION:

- Do not interrupt others.
- Listen actively, using pen and paper if necessary to record your thoughts.
- Be mindful of your talk time, speaking up when comfortable and ensuring others have a chance to contribute.
- Apologize for offensive actions or words, focusing on their impact, not intent.
- Use "I" statements and speak from personal experience.

INCLUSIVE PARTICIPATION:

- Ensure everyone can speak without pressure.
- Acknowledge and credit others' ideas appropriately.
- Allow space for marginalized communities, grass roots leaders/organizations to share their experiences.
- Ask for clarification instead of making assumptions.
- Offer flexible feedback mechanisms (meeting attendance, collaboration through email, phone calls)

CONSTRUCTIVE ENGAGEMENT:

- Embrace friction as evidence of diverse ideas and assume possibilities and innovation.
- Recognize and value each member's strengths, delegating tasks accordingly.
- Approach discussions with **curiosity** and openness to different perspectives.
- Assume positive intent and view mistakes as learning opportunities.

FOCUSED COLLABORATION:

- Stay focused on collective goals and objectives.
- **Communicate openly about workload, respecting each other's capacity and avoiding overload.**
- Embrace innovation and explore new ideas, viewing resistance as a chance for dialogue.

SUPPORTIVE ENVIRONMENT:

- Create a non-judgmental space for asking for help.
- Offer mutual support, feedback, and encouragement.
- Self-reflect on actions to become a better ally, using resources to educate yourself.
- Ask the group for additional guidelines to prevent disengagement or undue hardship.

These agreements aim to foster a collaborative, respectful, and inclusive environment for effective community health improvement planning.

(Monitoring, enforcement, and conflict management tools detailed in the appendix.)

ACTION PLAN

By implementing these strategies, we aim to improve healthcare access and outcomes for all residents of Colusa County through the adoption of telehealth and recruitment of specialty health providers. Our collaborative efforts with local stakeholders and targeted investments will create a more equitable healthcare system for our rural population.

In order to improve our access to medical providers the CHIP developed the following action plan:

| | |
|---|--|
| Goal 1: Promoting Telehealth Benefits and Providers: | Our goal is to expand the use of telehealth in Colusa County to improve healthcare accessibility, quality, and equity for all residents, regardless of geographical constraints or internet limitations. |
| Objective: | To enhance access to healthcare services in a rural community with limited internet access through the expansion of telehealth utilization, focusing on promoting its benefits, upgrading infrastructure, and implementing language and technology interpretation services. |
| Strategy #1: | Promoting Telehealth Benefits and Providers |
| Strategy #2: | Investing and Upgrading Infrastructure |
| Strategy #3: | Implementing Language and Technology Interpretation Services |

| | |
|--|---|
| Goal 2: Recruit Medical Providers | Recruit and retain specialty health providers in Colusa County to meet the healthcare needs of residents and enhance the overall health infrastructure. |
| Objective: | To recruit specialty health providers to serve in a rural community, aiming to enhance healthcare access and quality through improved relationships with regional partners, hospitals, and clinics, the development of medical facilities, competitive incentives, and targeted promotion and education. |
| Strategy #1: | Improve Relationships with Regional Partners, Hospitals, and Clinics |
| Strategy #2 | Promote and Educate Medical Clinics/Organizations on Opportunities |
| Strategy #3: | Provide Competitive Incentives |
| Strategy #4: | Encourage Infrastructure Development of Medical Facilities |



The following matrix provides more detailed information for increasing access to medical provider efforts.

| Goal 1: Our goal is to expand the use of telehealth in Colusa County to improve healthcare accessibility, quality, and equity for all residents, regardless of geographical constraints or internet limitations. | | | | |
|---|---|----------------------------|---------------------------------|--|
| Objective: To enhance access to healthcare services in a rural community with limited internet access through the expansion of telehealth utilization, focusing on promoting its benefits, upgrading infrastructure, and implementing language and technology interpretation services. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 1.1 Promoting Telehealth Benefits and Providers | 1.1.a. Create a service map with insurance companies and healthcare providers of telehealth locations. | | | Completion of a comprehensive service map that includes all telehealth locations in Colusa County. |
| | 1.1.b. Collaborate with local healthcare providers to integrate telehealth into their practices and conduct educational sessions and workshops on telehealth. | | | Number of local healthcare providers who have integrated telehealth into their practices. |
| | 1.1.c. Raise awareness among community members about telehealth benefits. (radio, marqueees, billboards) | | | Number of potential community member reach # of campaigns |
| 1.2 Investing in Upgrading Infrastructure | 1.2.a. Identify areas with poor internet connectivity. | | | Completion of a detailed assessment identifying areas with poor internet connectivity. |
| | 1.2.b. Secure funding to expand services to underserved areas | | | Amount of funding secured to expand telehealth services |



| Goal 1: Our goal is to expand the use of telehealth in Colusa County to improve healthcare accessibility, quality, and equity for all residents, regardless of geographical constraints or internet limitations. | | | | |
|--|--|---------------------|--------------------------|---|
| Objective: To enhance access to healthcare services in a rural community with limited internet access through the expansion of telehealth utilization, focusing on promoting its benefits, upgrading infrastructure, and implementing language and technology interpretation services. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | | | | in underserved areas |
| | 1.2.c. Work with stakeholders to invest in upgrading broadband infrastructure in underserved areas and explore innovative solutions such as satellite internet or mobile telecommunication towers to ensure widespread and reliable internet access. | | | Achieve an increase of at least 50% in broadband coverage in identified underserved areas |
| 1.3 Implementing Language and Technology Interpretation Services | 1.3.a. Assess linguistic needs of community | | | Completion of an assessment report on linguistic needs within the community. |
| | 1.3.b. Recruit and/or train new or existing health navigators for interpretation and telehealth support | | | Number of health navigators recruited and trained for interpretation and telehealth support |
| | 1.3.c. Integrate technology interpretation services, such as video remote interpreting (VRI) or real-time translation tools, into telehealth platforms | | | Implementation of video remote interpreting (VRI) or real-time translation |



| Goal 1: Our goal is to expand the use of telehealth in Colusa County to improve healthcare accessibility, quality, and equity for all residents, regardless of geographical constraints or internet limitations. | | | | |
|--|---------------|---------------------|--------------------------|--|
| Objective: To enhance access to healthcare services in a rural community with limited internet access through the expansion of telehealth utilization, focusing on promoting its benefits, upgrading infrastructure, and implementing language and technology interpretation services. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | | | | tools in telehealth platforms |
| Assumptions/Assets: 1.1.c: Traffic studies will provide estimates for views of marquees and billboards. 1.3 Language barriers include Spanish, technology, visually and hearing impaired. Specialty health providers are contracted with insurance carriers. Internet connectivity in the county is unstable. | | | | |

| Goal 2: Recruit and retain specialty health providers in Colusa County to meet the healthcare needs of residents and enhance the overall health infrastructure. | | | | |
|--|--|---------------------|--------------------------|---|
| Objective: To recruit specialty health providers to serve in a rural community, aiming to enhance healthcare access and quality through improved relationships with regional partners, hospitals, and clinics, the development of medical facilities, competitive incentives, and targeted promotion and education. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 2.1 Improve Relationships with Regional Partners, | 2.1.a. Develop a Community Health Leadership Collaborative | | | Completion of bylaws or governance structure documents for the collaborative. |



| Goal 2: Recruit and retain specialty health providers in Colusa County to meet the healthcare needs of residents and enhance the overall health infrastructure. | | | | |
|--|--|----------------------------|---------------------------------|---|
| Objective: To recruit specialty health providers to serve in a rural community, aiming to enhance healthcare access and quality through improved relationships with regional partners, hospitals, and clinics, the development of medical facilities, competitive incentives, and targeted promotion and education. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| Hospitals, and Clinics | 2.1.b. Develop recruitment strategies tailored to the unique requirements of champions from each health organization and their incentive for participating in the collaborative | | | Number of health organization champions recruited to participate in the collaborative. |
| | 2.1.c. Establish goals of collaboration and strategies for collaboration to ensure successful relationship building with the goal of building capacity through partnerships. | | | Documented collaboration goals and strategies for building capacity through partnerships. |
| 2.2 Explore and promote program to support the retainment and recruitment of providers. | 2.2.a. Identify most referred/requested specialty providers and/or service referrals | | | List of most recommended referral specialty providers/services identified. |
| | 2.2.b. Explore and identify funding for innovative incentive models, such as loan forgiveness programs, signing bonuses or shared housing arrangements, to address the unique challenges of practicing in rural areas. | | | Amount of funding secured or identified for innovative incentive models. |
| | 2.2.c. Promote existing resources/incentives for recruiting providers | | | Number of promotional activities conducted to highlight supportive resources. |



| Goal 2: Recruit and retain specialty health providers in Colusa County to meet the healthcare needs of residents and enhance the overall health infrastructure. | | | | |
|---|---|---------------------|--------------------------|--|
| Objective: To recruit specialty health providers to serve in a rural community, aiming to enhance healthcare access and quality through improved relationships with regional partners, hospitals, and clinics, the development of medical facilities, competitive incentives, and targeted promotion and education. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| | 2.2.d. Provide opportunities for professional development and career advancement, such as continuing education programs or mentorship initiatives, to incentivize long-term commitment to serving in the rural setting. | | | Number of professional development opportunities offered (e.g., workshops, training sessions). |
| 2.3 Encourage growth of existing or development of new medical facilities | 2.3.a. Identify opportunities for the development or expansion of medical facilities | | | List of identified opportunities for medical facility development or expansion. |
| | 2.3.b. Work with local stakeholders, including government agencies, philanthropic organizations, and private investors, to secure funding and support for the establishment of new medical facilities. | | | Amount of funding secured or committed for medical facility development. |
| | 2.3.c. Offer incentives such as tax breaks or subsidies to encourage the development of medical infrastructure in underserved rural areas. | | | Number and type of incentives offered (e.g., tax breaks, subsidies). |
| Assumptions/Assets: 2.1: Community Health Collaborative for Leadership will be a values-based group on the goal of championing community health. | | | | |



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|--|----------------------|----------------------------|---------------------------------|---|
| Objective: To recruit specialty health providers to serve in a rural community, aiming to enhance healthcare access and quality through improved relationships with regional partners, hospitals, and clinics, the development of medical facilities, competitive incentives, and targeted promotion and education. | | | | |
| Strategies | Actions (How) | Organizational Lead | Timeframe for Completion | Benchmark for Success Measures/Outputs |
| 2.2.c: Partnership has a recruitment program | | | | |



SUPPORTIVE TEMPLATES AND DOCUMENTS

ROSTER

| Access to Medical Health Services- CHIP Planning Participants | | |
|---|--|--|
| Name | Email | Organization |
| Katheryn Ramsaur | kramsaur@cityofwilliams.org | City of Williams |
| Hannah O'Leary | holeary@partnershiphp.org | Partnership Health Plan |
| Christine Smith | chsmith@partnershiphp.org | Partnership Health Plan |
| Celia Su | celia.su@countyofcolusa.com | Colusa Public Health |
| Jahnvai Nanga | jahnvai.nanga@countyofcolusa.com | Colusa Public Health |
| Sahar Ameri | sahar.ameri@nvih.org | Northern Valley Indian Health |
| Lauren Still | lstill@glennmed.org | Colusa Medical Center- Project Manager |
| Kim Owens | kowens@ccoe.net | Arbuckle Family Action Center First 5 |
| Lorri Mckey | lorri.mckey@countyofcolusa.com | Colusa Public Health |
| Irma Roque | iroque@ccoe.net | Colusa Office of Education - 0-5 |
| Sofia Becerra | sofia.becerra@countyofcolusa.com | Colusa County Public Health |
| Jose Alvarado | jalvarado@amplahealth.org | Ampla |
| Sebastia Greer | sgreer@healthyruralca.org | Healthy Rural California |
| Access to Medical Health Services- Implementation Subcommittee Participants | | |
| Name | Email | Organization |
| Hannah O'Leary | holeary@partnershiphp.org | Partnership Health Plan |
| Christine Smith | chsmith@partnershiphp.org | Partnership Health Plan |
| Celia Su | celia.su@countyofcolusa.com | Colusa Public Health |
| Heather Wilson- Jensen | Heather.jensen@countyofcolusa.com | Colusa Public Health |
| Sahar Ameri | sahar.ameri@nvih.org | Northern Valley Indian Health |
| Kim Owens | kowens@ccoe.net | Arbuckle Family Action Center First 5/Ampla Board Member |
| Jose Alvarado | jalvarado@amplahealth.org | Ampla |

*Multiple points of contact may be listed for one organization. It is expected that this is a shared responsibility and that representation at meetings will be delegated internally. Goal to have representation from Colusa Medical Center and Colusa Indian Health.

ROLES AND RESPONSIBILITIES

PUBLIC HEALTH AND PARTNERS FOR HEALTH

PURPOSE:

- Serve as the central coordinating body.
- Provide high-level oversight and strategic direction.
- Facilitate problem-solving and address barriers. (possible Partners for Health)
- Recruit participants and ensure alignment with community health goals. (Partners for Health)

STRUCTURE:

- Please contact (Public Health Main Point of contact)
- Contact Partners for Health for sharing information and requests

PARTICIPANTS:

- Public Health as main point of contact
- Partners for Health is a cross organizational meeting for addressing health needs in Colusa County.

SUB-COMMITTEE

PURPOSE:

- Track progress on actionable items and project milestones.
- Collect and analyze data relevant to the sub-committee's focus.
- Provide regular updates and reports to the Public Health and at Partners for Health.
- Facilitate the implementation of the Community Health Improvement Plan (CHIP).
- Identifying connections to other relevant work to avoid duplication of efforts.
- Annual update of action plan

STRUCTURE:

- Quarterly meetings last 1.5 hours.
- Align meetings with project deadlines.

PARTICIPANTS:

- Subject Matter Experts with specific knowledge relevant to the sub-committee's focus.
- Leadership team including 2-3 co-leads and administrative support.

WORKGROUPS

PURPOSE:

- Track progress on actionable items.
- Focus efforts on actions created in the Community Health Improvement Plan (CHIP).

STRUCTURE:

- Meeting Cadence- monthly/as needed.
- All in person or all online- no hybrid
- Challenges and successes should be discussed monthly,
- Preidentified potential barriers and challenges; crisis prevention
- Develop a plan to deal with preidentified barriers.

PARTICIPANTS:

- Members with specific expertise relevant to the workgroup's focus areas

SUGGESTIONS FOR SUCCESS

MEETINGS:

- Poll for best meeting times of participants
 - ask if meeting attendance is realistic with team members
- Five or less for Hybrid
- Agenda and minutes (overlap with communication)
 - Agenda: provide a day or two prior to meeting
 - Objective of meeting to be included: "Today's purpose:" on agenda
 - Action Agenda; 3 main points
 - Minutes following meeting as soon as possible
 - Recap of action items at the end of meeting
- Work to be completed in workgroup meeting time so "homework" is minimal
- 10 minute buffer at end of meetings

COMMUNICATION

- Minutes sent out to all workgroup members and subcommittee members
- Reminder emails for action items, automation set up after meeting
- Location of shared files- Storage of all documents located in SharePoint site, or similar with ease of access
- Give people the opportunity to provide input through various means, email, phone calls, etc.
- Spell out acronyms; develop and identify common language (definitions)
- Elevator pitch available for members to share and promote workgroups and subcommittees
- Maintain a roster of members and contact information
- Group email to maintain communication about meetings and updates
- Orientation for new members

DELEGATION

- If someone is not present in the meeting; do not delegate them a task
- Provide clear expectations on deliverables and timelines/due dates
- Be able to ask team members if they have the time and capacity to complete a task assigned
- Focus of deliverables; reminder of what deliverables are when assigning duties (roles & responsibilities)
- Description of Task (Supporting Document-possible to include in meeting agenda)
 - Priority/due date
 - Info need/dependencies
 - Clarifying questions:
 - Have resources they needed
 - Recommendations on how to do it better
 - Is this realistic?

ROLES

LEADS & CO-LEADS

- Shared ownership to distribute workload
- Conduct check ins with team members
- Identify deadlines for projects early in development to structure meeting cadence to follow
 - same process for action items
- leads host and or facilitate the meeting
- lead ensures development of meeting materials
- lead ensures the meeting stays on task
- Recruitment/Orientation/Succession Planning and Implementation
 - Identify who and what positions will follow into the succession plan if member needs to step away (warm hand off)
- quick intro/15 min orientation for new members
- be a support for leads in time of need
- Oversight on deliverables
 - Identification and management of barriers
- Support workgroups
- basic admin duties that are needing to keep group moving forward (if not one person can be devoted to admin support person)

ADMINISTRATIVE ROLE (may be shared, but responsibilities must be defined)

Logistics and Communication:

- Schedule sub-committee meetings, prepare agendas, and distribute minutes.
- Send calendar invites and follow-up emails.

Data Tracking:

- Maintain records of data collected and progress made.
- Ensure effective communication and resource sharing within the sub-committee.

MONITORING AND ENFORCEMENT OF GROUP AGREEMENTS

Monitoring:

- Regular check-ins during meetings to reflect on adherence to group agreements.
- Anonymous surveys or feedback forms to gather input on the group's adherence to agreements.
- Designate a group member or rotating "agreement keeper" to observe and note compliance during meetings.

Enforcement:

- Establish a protocol for addressing violations of agreements, such as private conversations or group discussions.
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By establishing clear group agreements, monitoring and enforcement mechanisms, and robust conflict resolution and review processes, the Colusa County Community Health Improvement Plan team can create a collaborative and productive working environment conducive to achieving their goals.

MONITORING AND EVALUATION TOOLS

Monitoring and Evaluation Tools

1. **Data Collection Template**
2. **Progress Reporting Template**
3. **Meeting Minutes Template**
4. **Stakeholder Feedback Survey**
5. **Quarterly Review Template**
6. **Annual Evaluation Report Template**

1. Data Collection Template

Purpose: To systematically collect data on the progress of activities and outcomes related to the action plan.

Data Collection Template

| Data Collection Item | Description | Frequency | Responsible Person/Team | Data Source | Notes |
|----------------------|-------------|-----------|-------------------------|-------------|-------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Progress Reporting Template

Purpose: To regularly update stakeholders on the status of activities and progress towards objectives.

Progress Reporting Template

Report Date: [Date] **Reporting Period:** [Start Date] - [End Date]

1. Overview of Activities

- **Goal:** Increase Mild to Moderate Providers
 - **Objective:** [Objective Statement]
 - **Key Activities and Progress:**
 - **Activity 1:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
 - **Activity 2:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
- **Goal:** Increase Mental Health Awareness
 - **Objective:** [Objective Statement]
 - **Key Activities and Progress:**
 - **Activity 1:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]
 - **Activity 2:** [Description of Activity]
 - **Status:** [Not Started/In Progress/Completed]
 - **Details:** [Details of progress, challenges, etc.]

2. Achievements and Milestones

- [List major achievements and milestones reached during the reporting period]

3. Challenges and Solutions

- [List challenges faced and solutions implemented]

4. Next Steps

- [Outline upcoming activities and focus areas for the next reporting period]

Meeting Minutes Template

Purpose: To document discussions, decisions, and action items from meetings.

Meeting Minutes Template

Meeting Title: [Meeting Title] **Date:** [Date] **Time:** [Time] **Location:** [Location] **Attendees:** [List of Attendees]

1. Agenda

- [List agenda items]

2. Discussion Points

- **Agenda Item 1:** [Discussion Summary]
- **Agenda Item 2:** [Discussion Summary]

3. Decisions Made

- [List decisions made during the meeting]

4. Action Items

| Action Item | Responsible Person/Team | Due Date | Notes |
|---------------|-------------------------|------------|--------------------|
| [Description] | [Name/Team] | [Due Date] | [Additional Notes] |

5. Next Meeting

- **Date and Time:** [Next Meeting Date and Time]
- **Location:** [Next Meeting Location]
- **Proposed Agenda:** [List of Proposed Agenda Items]

Stakeholder Feedback Survey

Purpose: To gather feedback from stakeholders on the progress and impact of the action plan.

Stakeholder Feedback Survey

1. Please rate your satisfaction with the progress of the following activities:

| Activity | Very Satisfied | Satisfied | Neutral | Dissatisfied | Very Dissatisfied |
|----------------------------------|----------------|-----------|---------|--------------|-------------------|
| Recruitment of Providers | [] | [] | [] | [] | [] |
| Telehealth Infrastructure | [] | [] | [] | [] | [] |
| Community Outreach Events | [] | [] | [] | [] | [] |
| Mental Health Awareness Programs | [] | [] | [] | [] | [] |

2. What do you think are the strengths of the current action plan?

3. What areas do you think need improvement?

4. Do you have any suggestions for future activities or strategies?

5. Additional Comments:

Quarterly Review Template

Purpose: To conduct a comprehensive review of progress and make adjustments as necessary.

Quarterly Review Template

Review Period: [Start Date] - [End Date] **Date of Review:** [Date]

1. Summary of Progress

- **Goal 1:** [Summary of progress towards Goal 1]
- **Goal 2:** [Summary of progress towards Goal 2]

2. Data Analysis

- [Analyze collected data, identify trends, and compare against benchmarks]

3. Achievements and Challenges

- **Achievements:** [List achievements]
- **Challenges:** [List challenges]

4. Adjustments Made

- [List any adjustments made to strategies, activities, or timelines]

5. Recommendations

- [Provide recommendations for the next quarter]

6. Next Steps

- [Outline specific actions to be taken in the next quarter]

Annual Evaluation Report Template

Purpose: To evaluate the overall effectiveness of the action plan over the past year.

Annual Evaluation Report Template

Report Year: [Year] **Date of Report:** [Date]

1. Executive Summary

- [Brief overview of the year's progress, major achievements, and significant challenges]

2. Goals and Objectives

- **Goal 1:** [Evaluation of progress towards Goal 1]
- **Goal 2:** [Evaluation of progress towards Goal 2]

3. Data and Metrics

- [Detailed analysis of data collected throughout the year]

4. Achievements

- [List major achievements and milestones]

5. Challenges and Lessons Learned

- [List challenges faced and lessons learned]

6. Stakeholder Feedback

- [Summary of stakeholder feedback and how it was addressed]

7. Recommendations for Improvement

- [List recommendations for improving the action plan]

8. Next Year's Action Plan

- [Outline goals, objectives, and strategies for the next year]

Monitoring and Enforcement of Group Agreements

Monitoring:

Strategic Issue: **Medical Provider Shortage**

- Regular check-ins during meetings to reflect on adherence to group agreements.
- Anonymous surveys or feedback forms to gather input on the group's adherence to agreements.
- Designate a group member or rotating "agreement keeper" to observe and note compliance during meetings.

Enforcement:

- Establish a protocol for addressing violations of agreements, such as private conversations or group discussions.
- Implement a tiered response system for repeated violations, starting with gentle reminders and escalating to formal discussions if needed.
- Foster a culture of accountability where members feel responsible for upholding the agreements and can remind peers of them constructively.

Conflict Resolution Mechanisms

Conflict Resolution Steps:

- 6. Identify the Conflict:**
 - Recognize and articulate the issue at hand.
 - Ensure all parties understand the nature of the conflict.
- 7. Open Communication:**
 - Create a safe space for all parties to express their perspectives and feelings.
 - Use active listening techniques to ensure understanding.
- 8. Explore Solutions:**
 - Brainstorm potential solutions collaboratively.
 - Evaluate the feasibility and impact of each solution.
- 9. Agree on a Resolution:**
 - Select a mutually acceptable solution.
 - Clearly outline the steps and responsibilities for implementing the resolution.
- 10. Follow-Up:**
 - Schedule follow-up meetings to assess the effectiveness of the resolution.
 - Make adjustments as necessary to ensure the conflict is fully resolved.

Mediation:

- If conflicts cannot be resolved within the group, consider bringing in an external mediator or facilitator.
- The mediator can provide an unbiased perspective and help navigate the resolution process.

Regular Review of Group Agreements

Review Process:

- Schedule regular reviews of the group agreements, at least annually or biannually.
- During reviews, reflect on the effectiveness of the agreements and make any necessary adjustments.
- Use feedback from group members to inform changes and improvements.

Update Procedures:

- Document any changes to the agreements and distribute the updated document to all group members.
- Ensure that new members are oriented to the group agreements during their onboarding process.
- Encourage continuous feedback and openness to evolving the agreements as the group grows and changes.

By establishing clear group agreements, monitoring and enforcement mechanisms, and robust conflict resolution and review processes, the Colusa County Community Health Improvement Plan team can create a collaborative and productive working environment conducive to achieving their goals.