

Now Recruiting! Become a Partner Organization in CIN's 2023-2024 Cycle

CIN Partner Interest Survey Closes September 16, 2022

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This information is subject to change during the interest survey period. Please check periodically for updates. This is version 5 dated 8/26/2022.

What Is CIN?

The California Improvement Network (CIN) is a learning and action community that **advances equitable health care experiences and outcomes for Californians** through cross-sector connections, spreading good ideas, and implementing improvements. CIN partners engage in a shared governance model, define priorities for learning and action, collaborate on network activities, and advance the network's aim by building relationships across the health care ecosystem.

CIN Quick Facts

- Est. 2005
- CIN partners served 25.6 million patients in California
- Community-based organizations are newly eligible; \$40,000 stipend each
- Next cycle: Jan. 2023 – Dec. 2024
- Website: www.chcf.org/cin
- Contact: vaishnavi.vaidya@ucsf.edu
- Program office: [Healthforce Center at UCSF](#)
- Funder: [California Health Care Foundation](#)

The new CIN cycle supports the future state of health care in California by bringing together health care organizations (HCOs), such as providers, payers, and supporters, with community-based organizations (CBOs) that provide food, housing, legal, and other services.

CIN's Guiding Vision: A future in which all people can experience person-centered care that results in improved and equitable health care experiences and outcomes. This requires access to and coordination of health and social services in every community.

Interest Survey Closes September 16

CIN partners are organizations committed to achieving equitable health care experiences and outcomes in California. CIN is now recruiting for 14 HCOs, 6 CBOs, and up to 5 emeritus HCO partners to join the upcoming two-year cycle (January 2023 – December 2024). The recruitment and application process, detailed below, includes a [short interest survey](#) followed by an invitation-only application. The interest survey closes September 16, 2022.

[Submit interest on behalf of your organization by September 16 here!](#)

- August 8, 2022: [Interest survey opens](#) for organizations to be considered for application process
- September 16, 2022: Interest survey closes
- Mid October – Mid November 2022: Application open (*by invitation*)
- December 2022: Partner organizations selected and announced

CIN Activities

Partner organizations benefit from myriad CIN activities that promote learning and action such as:

- Four partner convenings (two one-day sessions per year; one in-person and one virtual) (see example on [Centering Equity in Quality Improvement](#))
- Priority area work groups for in-depth peer learning (a CIN work group developed a [toolkit on racial health equity](#))
- [Expert training sessions, workshops, and webinars](#)
- [Toolkits and other resources](#)
- [Newsletters](#) and [podcasts](#) to spark learning and innovation
- Funding for three action projects to support implementation efforts (see example on [buddies battling burnout](#))

Note: *All attendees of in-person events will be required to show proof of vaccination for COVID-19.*

Why Become a CIN Partner Organization?

Partner organizations' benefits include:

- Building deep connections and collaborating with other organizations
- Access to timely content and insights on critical and emerging topics in health care
- Collective problem solving and solution building
- Shaping CIN's activities and focus
- Eligibility for action project funding

Partner organizations' advantages from participation in CIN include:

- Better positioned to achieve Medi-Cal Comprehensive Quality Strategy goals¹
- Enhanced alignment with CalAIM
- Strengthened commitment to advance health equity
- Increased sense of place and belonging in the health care ecosystem
- Improved resilience

CIN's Commitment to Equity

CIN's vision includes a commitment to *equitable health care experiences and outcomes*. CIN will ensure progress toward this vision by:

- Building a network that manifests this commitment through shared governance, co-design of priorities, transparent communication, and financial support for CBOs
- Defining goals for diversity of the network and for monitoring progress in improvements that align with CalAIM equity quality goals
- Broadening access to CIN programming and resources

CIN Partner Eligibility, Commitments, and Financial Support

CIN is recruiting for 14 HCOs, 6 CBOs, and up to 5 emeritus HCO partners to join the 2023-2024 cycle of CIN.

| | Health Care Organizations | Community-Based Organizations | Emeritus |
|--|---|---|---|
| <p>Eligibility Requirements</p> <p><i>must meet all</i></p> | <ul style="list-style-type: none"> • Works directly with Med-Cal providers or patients (including dual-eligibles) to improve existing and implement new care delivery approaches and falls in the following categories: <ul style="list-style-type: none"> ○ Health care providers, such as public health care systems, county-operated providers, FQHCs, medical groups, and IPAs ○ Health care payors, health plans, managed care organizations ○ State regulators of health care services (limited to Department of Health Care Services and Department of Managed Health Care) ○ Health care membership organizations for the above categories • Engages a minimum of 100 providers and/or serves 50,000 patients OR serves a rural area OR other medically underserved areas as defined by HRSA • Has strategic priorities aligned with CIN’s aim and CIN’s priority areas for this cycle • Has organizational capacity to engage in CIN fully (engagement in past cycles will be considering for those who have been part of CIN before) • Preference for: <ul style="list-style-type: none"> ○ New to CIN or less time involved in CIN (for organizations with six or more years of CIN involvement, please consider the emeritus partner track) ○ Organizations with leaders of color (i.e., racial/ethnic composition of leadership team) | <ul style="list-style-type: none"> • Provides direct services that require partnership with health care organizations. For example, food, housing, behavioral health, and/or legal services • Already partnering with health care organizations (or is a health-focused CBO) and/or already billing Medi-Cal (or in process to do so) • Has strategic priorities aligned with CIN’s aim and CIN’s priority areas for this cycle • In operation for at least 3 years • Has organizational capacity to engage in CIN fully <i>with stipend support</i> • Preference for <ul style="list-style-type: none"> ○ Organizations providing more than one service ○ Larger organizations (as proxied by revenue, staff size, number of people served, and/or number of services and programs offered) ○ Organizations with leaders of color (i.e., racial/ethnic composition of leadership team) | <ul style="list-style-type: none"> • Meets all eligibility requirements for health care organizations • Has been a CIN partner for three or more cycles consecutively (six years) • Highly engaged in past cycles • Willing to serve as a “buddy” to newer CIN partners |

| | Health Care Organizations | Community-Based Organizations | Emeritus |
|-------------------------|---|--|---|
| Commitment Expectations | <p>Commits to a two-year term as a CIN organizational partner for the Jan. 2023 – Dec. 2024 cycle</p> <ul style="list-style-type: none"> • Appoints a primary lead who is the liaison for CIN activities, attends all partners meetings (twice a year), participates in an affinity group (60-minute bi-monthly meetings), and links others in their organization to CIN activities and resources. Primary leads are senior decision makers (typically a member of the leadership team). • Brings a team of two people from organization to each partner meeting (HCOs are required; CBOs are highly encouraged). Partner meetings are full-day events and are scheduled for: <ul style="list-style-type: none"> ○ Thursday, March 2, 2023 (Bay Area; In-person) ○ Thursday, September 14, 2023 (Virtual) ○ Thursday, March 7, 2024 (Los Angeles; In-person) ○ Thursday, September 12, 2024 (Virtual) • Participates in at least one affinity group (e.g., health equity, evolving care models and roles). • Informs the CIN health equity pledge and commits to the pledge. • Demonstrates organizational commitment to CIN’s goals as evidenced by consistent attendance at partner and affinity groups meetings, responsiveness to CIN communications, active engagement in other CIN activities, e.g., webinars, and active participation in evaluation and data collection efforts. • Commits to action: Takes what is learned from CIN, shares and implements in organization, and reports back on those efforts. • Prioritizes connection: Builds connections during partner meetings with others including those who do not work in the same sector and continues collaboration beyond in-person partner meetings. • Shares approaches, lessons learned, and failures in improvement efforts, including, where appropriate, documenting learnings to share with a broader audience. | <ul style="list-style-type: none"> • \$40,000 stipend to serve as CIN partner • Eligible to apply for one of three \$40,000 action project awards • Travel reimbursement for up to three people for in-person meetings outside of an organization’s geographic area. For example, partners in Southern California, same-day travel expenses will be reimbursed for meetings in Northern California; and for partners in Northern California, same-day travel expenses will be reimbursed for meetings in Southern California. | <p>Same as HCOs and CBOs with following key differences</p> <ul style="list-style-type: none"> • Cover travel expenses for in person meeting attendance • Bringing guests to partner meetings is optional • Affinity group participation is optional; if opt in then same commitments apply • Serve as a “buddy” to newer CIN partners (e.g., phone call to share CIN experiences, make introductions during a meeting) |
| Financial Support | <ul style="list-style-type: none"> • Eligible to apply for one of three \$40,000 action project awards • Travel reimbursement for up to three people for in-person meetings outside of an organization’s geographic area. For example, partners in Southern California, same-day travel expenses will be reimbursed for meetings in Northern California; and for partners in Northern California, same-day travel expenses will be reimbursed for meetings in Southern California. | <ul style="list-style-type: none"> • \$40,000 stipend to serve as CIN partner • Eligible to apply for one of three \$40,000 action project awards • Travel reimbursement for up to three people for in-person meetings outside of an organization’s geographic area. For example, partners in Southern California, same-day travel expenses will be reimbursed for meetings in Northern California; and for partners in Northern California, same-day travel expenses will be reimbursed for meetings in Southern California. | <ul style="list-style-type: none"> • Ineligible for financial support from CIN, including travel support, action project funding, and CBO stipends • Must cover own travel expenses for partner meetings (once a year) |

Note: In order to comply with UCSF and county health and safety guidelines, all primary leads and partner meeting guests must be vaccinated in order to participate in in-person partner meetings. We will be requiring proof of vaccination for all in-person partner meetings and events.

Proposed Priority Areas for Learning and Action

Priority areas for learning and action are established prior to the start of a CIN cycle in collaboration with current and prospective CIN partners. The proposed priority areas below emerged from the network redesign process that included both HCOs and CBOs and have been further developed with the CIN advisory group of managing partners. The priority areas will continue to evolve and narrow as the program office engages HCOs and CBOs in co-design throughout the recruitment process and early in the cycle. Ensuring alignment between the organizational priorities of CIN partners and the network's priority areas for learning and action is crucial for an impactful cycle.

Once the cycle launches, there will be three affinity groups – one for each priority area. Affinity groups, comprised of the primary leads from CIN partners, will inform the specific technical assistance provided in each priority area. Partner meeting agendas are also based on priority areas.

| | |
|--|--|
| Resilient Leadership | Leading change and fostering resilience: the foundations for all improvement efforts |
| Driving constant change | Learning and implementing management tools and practices that support the cycle of constant change, align leadership, and decrease chaos. |
| Strengthening communications and teams | Acquiring communication practices that build trust and support high staff/clinician engagement and creative problem solving. Developing strategies to strengthen relationships and teams. |
| Ensuring health equity | Ensuring everyone has the opportunities and resources to be as healthy as possible by changing policies and practices, removing obstacles, and improving care |
| Improving racial health equity | Advancing racial health equity and closing gaps and health disparities through preventative measures and system changes and supports. |
| Building anti-racist health organizations | Confronting bias and racial inequities by dismantling racism in health care leadership and structures. |
| Addressing social drivers of health | Building effective partnerships and addressing all drivers of health, including those related to where people live, work, and play. |
| Evolving roles and care models | Understanding, leveraging, expanding, and improving new and evolving health care roles and care models with a particular emphasis on behavioral health |
| Developing workforce pipelines | Supporting and investing in pipeline efforts to recruit and train individuals for health care roles and create pathways for existing health workers to transition into other health roles. |
| Leveraging new and evolving roles | Understanding and better leveraging new and emerging roles in health care to better address unmet needs of patients. |
| Improving telehealth and hybrid models of care | Expanding and improving effective and appropriate use of telehealth and hybrid models of care. |
| Expanding community-based health care | Exploring and leveraging access points to health care that bring health care to where people are faith institutions, schools, streets, and other community gathering locations. |

Subject to change. Priority areas last updated July 22, 2022.

What is a Primary Lead?

Each CIN partner organization is required to select a primary lead. Primary leads serve as the main liaison with CIN, attending partner meetings, participating in at least one affinity group, disseminating CIN resources and opportunities within their organization, and designating staff to participate in select CIN opportunities.

Primary leads are senior decision makers who are often members of the leadership team. For HCOs, primary leads may be the chief medical officer, director of population health, or director of quality, for example. For CBOs, primary leads may be the chief executive officer, director of health programs, or director of programs, for example.

Commitments of Primary Leads

- Attend and actively contribute to all partner meetings (four meetings per cycle; two virtual and two in person)
 - Identify, invite and orient two additional guests from their organization for each partner meeting
- Participate in at least one affinity group during the two-year cycle (bi-monthly one-hour virtual meetings)
- Serve as the main point of contact for CIN related activities, such as co-designing CIN technical assistance, providing feedback, and completing evaluations
- Disseminate CIN related activities and technical assistance across their organization

How to Apply

CIN partners are organizations committed to achieving equitable health care experiences and outcomes in California. CIN is now recruiting for 14 HCOs, 6 CBOs, and up to 5 emeritus HCO partners to join the upcoming two-year cycle (January 2023 – December 2024). The recruitment and application process, detailed below, consists of a [short interest survey](#) followed by an invitation-only application.

[Submit interest on behalf of your organization by September 16 here!](#)

The interest survey is to be completed by HCOs and CBOs that are interested in participating as a CIN partner in the upcoming cycle. The interest survey is a mechanism to signal interest in CIN and to provide the CIN program office with essential eligibility data and early information on organizational alignment with CIN's goals and priority areas.

The program office expects that many organizations will fit the eligibility criteria and have organizational alignment with the CIN priority areas. The selection of organizations to apply for this cycle will focus on creating a network cycle that has a diverse and balanced cohort. Factors assessed include geographic location, organizational type, services offered, Medi-Cal population served, other demographics of populations served, and other factors, such as past CIN involvement. The aim of CIN is to select a group of partner organizations that bring diverse perspectives and experiences to the network, are fully committed to network engagement, and are representative of the many geographic areas in California and the organizational types contributing to the health care ecosystem.

Recruitment and Application Timeline

- August 8, 2022: [Interest survey opens](#) for organizations to be considered for application process
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How to Stay Current on CIN News

CIN distributes monthly newsletters with relevant content, including newest resources, such as partner meeting reports. [Sign up here if you're not already a subscriber.](#)

Questions?

The program office is here to help! Please direct questions, including any meeting requests, to Vaishnavi Vaidya, Program Manager, at vaishnavi.vaidya@ucsf.edu.