

Live Well Madera County CHIP: At-A-Glance

Priority: Access to Care

Workgroup: Steering Committee

Goal 1:

Improve healthcare equity within Madera County and the Central California Public Health Consortium Region.

Strategies:

- Engage with regional and state associations and experts.
- Increase reimbursement rates.
- Build a healthcare workforce pipeline.
- Recruit and train Community Health Workers (CHWs).
- Expand reimbursement for CHWs.
- Coordinate messaging with health plans, providers and community based organizations (CBOs).
- Educate the community on proper use of the healthcare system.
- Refer high emergency room users to case management.

Goal 2:

The LWMC Steering Committee will plan, implement, and publish a Community Health Assessment that aligns with the state's 3-year cycle.

Strategies:

- Utilize equitable data collection methods.
- Conduct outreach to historically marginalized populations.
- Encourage and utilize regional data collection.
- Engage with LWMC coalition.

Goal 3:

Uplift and support equity among LWMC member agencies and the community.

Strategies:

- Update governance.
- Incentivize participation for residents and CBOs.
- Conduct targeted recruitment.
- Provide training.
- Implement multi-lingual and multi-modal communication and messaging.



Appendix

Workplan:

Steering Committee Goals - Access to Care

CHIP Goal 1	Improve healthcare equity in Madera County and the Central California Public Health Consortium Region.		
SMARTIE Objectives	Objective 1: By 2028, increase access to services among those who are on Medi-Cal.	Objective 2: By 2028, increase the use of Community Health Workers (e.g., Promotoras, Resident Champions) in Madera County to connect and refer to services.	Objective 3: By 2028, increase health literacy among the Medi-Cal population.
Measures	<ul style="list-style-type: none"> Gaps identified in the regional healthcare continuum gap assessment. Number of new Medi-Cal programs/initiatives that expand access to Medi-Cal services. Number of new healthcare workforce development programs in region 	<ul style="list-style-type: none"> Number of “trained” Community Health Workers (CHWs) in Madera County Number of agencies receiving reimbursement for the use of CHWs Number of agencies that report using CHWs 	<ul style="list-style-type: none"> Percent of Medi-Cal population who can identify appropriate emergency room (ER) vs. urgent care use Percent of residents identified as “frequent patients to ER” Number of residents receiving health literacy information
Strategies We will implement these approaches to achieve our objectives and goal	<ul style="list-style-type: none"> Engage with regional and state associations and experts to explore strategies. Conduct a regional healthcare continuum gap assessment. Increase Medi-Cal rates/payments in Central California. Build a healthcare workforce pipeline. 	<ul style="list-style-type: none"> Recruit and train CHWs. Expand reimbursement for CHWs. Use success stories to promote use of CHWs. 	<ul style="list-style-type: none"> Coordinate messaging with health plans, providers, and community based organizations (CBOs). Educate the community on proper use of the healthcare system. Refer high ER users to case management.
Activities	<ol style="list-style-type: none"> Complete a scan of associations/groups Live Well Madera County members are participating on around access to care. Pursue policy solutions such as: Medi-Cal equity enhancement. Participate in healthcare continuum gap assessment. Increase and promote healthcare careers and pathway programs. 	<ol style="list-style-type: none"> Identify a basic training for CHWs. Identify and facilitate technical assistant for agencies seeking to bill for CHWs. Develop pathways for CHWs to be hired by agencies. Track referrals and use of CHWs across county. 	<ol style="list-style-type: none"> Develop and test messaging. Coordinate with CHWs, CBOs, and other methods to conduct outreach and referrals to services. Use focus group or surveys to assess population knowledge of what’s an appropriate ER visit.
Priority Population	<ul style="list-style-type: none"> Eastern Madera County African American/Black LGBTQ+ Medi-Cal population 		
Objective Leaders	<ul style="list-style-type: none"> Anthem Blue Cross CalViva Central California Public Health Consortium Madera County Department of Behavioral Health Services Madera County Department of Public Health Madera County Department of Social Services 	<ul style="list-style-type: none"> Anthem Blue Cross CalVivia Camarena Health Madera County Department of Public Health 	

Workplan:

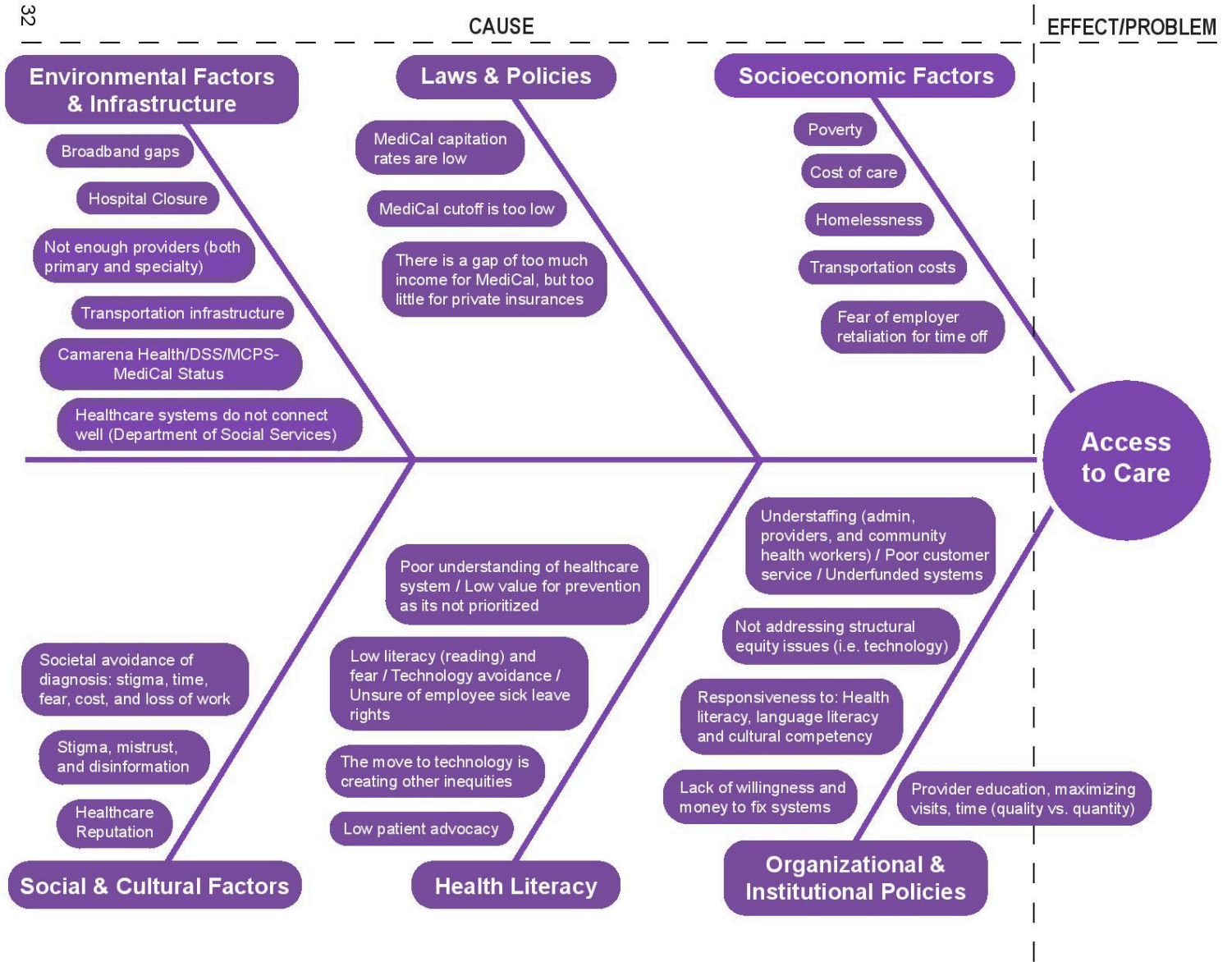
Steering Committee Goals

CHIP Goal 2	The Live Well Madera County (LWMC) Steering Committee will plan, implement, and publish a Community Health Assessment that aligns with state 3-year cycle.		
SMARTIE Objectives	Objective 1: By 2025, publish a refresh to the 2023 Community Health Assessment (CHA).	Objective 2: By 2028, publish a new CHA.	Objective 3: By 2029, publish a new Community Health Improvement Plan (CHIP).
Measures	<ul style="list-style-type: none"> Number of updated data sets in CHA 	<ul style="list-style-type: none"> Published CHA 	<ul style="list-style-type: none"> Published CHIP
Strategies We will implement these approaches to achieve our objectives and goal	<ul style="list-style-type: none"> Utilize equitable data collection methods. Conduct outreach to historically marginalized populations. Encourage and utilize regional data collection. 	<ul style="list-style-type: none"> Utilize equitable data collection methods. Conduct outreach to historically marginalized populations. Encourage and utilize regional data collection. 	<ul style="list-style-type: none"> Live Well Madera County (LWMC) engagement
Activities	<ol style="list-style-type: none"> Participate in the regional CHA workgroup. Oversee primary and secondary data collection. Analyze data. Publish report. 	<ol style="list-style-type: none"> Participate in regional CHA workgroup. Oversee primary and secondary data collection. Analyze data. Publish report. 	<ol style="list-style-type: none"> Lead community and stakeholder sessions to inform prioritization. Prioritize health issues. Develop goals and objectives. Publish CHIP.
Priority Population	<ul style="list-style-type: none"> Eastern Madera County LGBTQ+ African American/Black 		
Objective Leaders	<ul style="list-style-type: none"> LWMC Steering Committee Madera County Department of Public Health (MCDPH) 		<ul style="list-style-type: none"> LWMC Steering Committee LWMC workgroups MCDPH

Workplan:

Steering Committee Goals

CHIP Goal 3	Uplift and support equity among Live Well Madera County (LWMC) member agencies and the community.		
SMARTIE Objectives	Objective 1: By 2028, increase diverse membership in LWMC at all levels to include community based organizations (CBOs) and resident representation from historically disinvested groups.	Objective 2: By 2028, increase knowledge of equity principles among LWMC members and the community.	Objective 3: By 2028, increase communication about LWMC among members, stakeholders, and the broader community.
Measures	<ul style="list-style-type: none"> • Number of LWMC agencies signing participation agreement • Number of non-agency affiliated residents participating in LWMC • Number of CBOs groups representing historically disinvested groups participating in LWMC 	<ul style="list-style-type: none"> • Number of individuals/ agencies receiving equity training • Percent of LWMC members with increase in knowledge or capability to implement equity strategies 	<ul style="list-style-type: none"> • Number of messages • Number of newsletters
Strategies We will implement these approaches to achieve our objectives and goal	<ul style="list-style-type: none"> • Update governance. • Incentivize participation for residents and CBOs. • Conduct targeted recruitment. 	<ul style="list-style-type: none"> • Provide training. 	<ul style="list-style-type: none"> • Implement multi-lingual and multi-modal communication and messaging.
Activities	<ol style="list-style-type: none"> 1. Update the charter to explicitly include equity. 2. Develop recruitment materials for LWMC. 3. Support resident and CBO participation through strategies such as stipends and other incentives. 4. Develop a resident engagement strategy. 	<ol style="list-style-type: none"> 1. Identify training. 2. Identify onboarding training for new members that includes equity. 3. Develop an ongoing training plan. 	<ol style="list-style-type: none"> 1. Develop a communication plan. 2. Create a mechanism for capturing success stories.
Priority Population	<ul style="list-style-type: none"> • Eastern Madera County • LGBTQ+ • African American/Black 		
Objective Leaders	<ul style="list-style-type: none"> • Executive Committee 		<ul style="list-style-type: none"> • Backbone Agency



Asset Inventory: Access to Care

INTERVENTION LEVEL

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	Individual	Interpersonal	Organizational	Community	Public Policy
P R I M A R Y	Mobile Health – MCDPH, Camarena Health, and Oral Health		Employee Assistance Programs Referrals from large employers	Referral Systems	Medi-Cal Expansion (Eligibility for all – January 2024)
	Health Clinics – Schools, Urban and Rural			MUSD Referral Resource Line	Medi-Cal Reimbursement for Community Health Workers/ Promotoras
				Community Health Workers from Anthem	
	Transportation – MCP's			CalAIM-ECM	
	Employee Wellness, Referral, and Helplines (For large employers)			Expansion of Ambulance Service	
	Telehealth with MD (Camarena Health)				
	Medi-Cal Enrollment (DSS & Camarena Health)				
	Perinatal Mental Health and Care Navigators (Dads are included as well)				
Parent University at Fresno State to teach education to parents					
S E C O N D A R Y	Health Clinics (CalViva's and Camarena Health's Promotoras)		Camarena Health – More Specialists		
	Diabetes Prevention Program (Mobile Health – Med/Dental MCDPH and Camarena Health)		MUSD – MH Specialists		
	Transport via Managed Care Plans (MCP & telehealth)		MCSOS – Navigator Program		
	Helplines (Health Online) MCP's, Private Ins.				
T E R T I A R Y	Health clinics (Diabetes Education and Case Management, MCP)	Narcan Distribution	Camarena Health – More Specialists		
	Mobile Health: MCDPH, Camarena Health (Med/Dental, Transport – MCPs)		MUSD – Mental Health Specialists		
	Telehealth with MDs at Camarena Health (Case Management: To help close gaps in care, and for those with 2 or more diagnosis)		MCSOS – Navigator Program		