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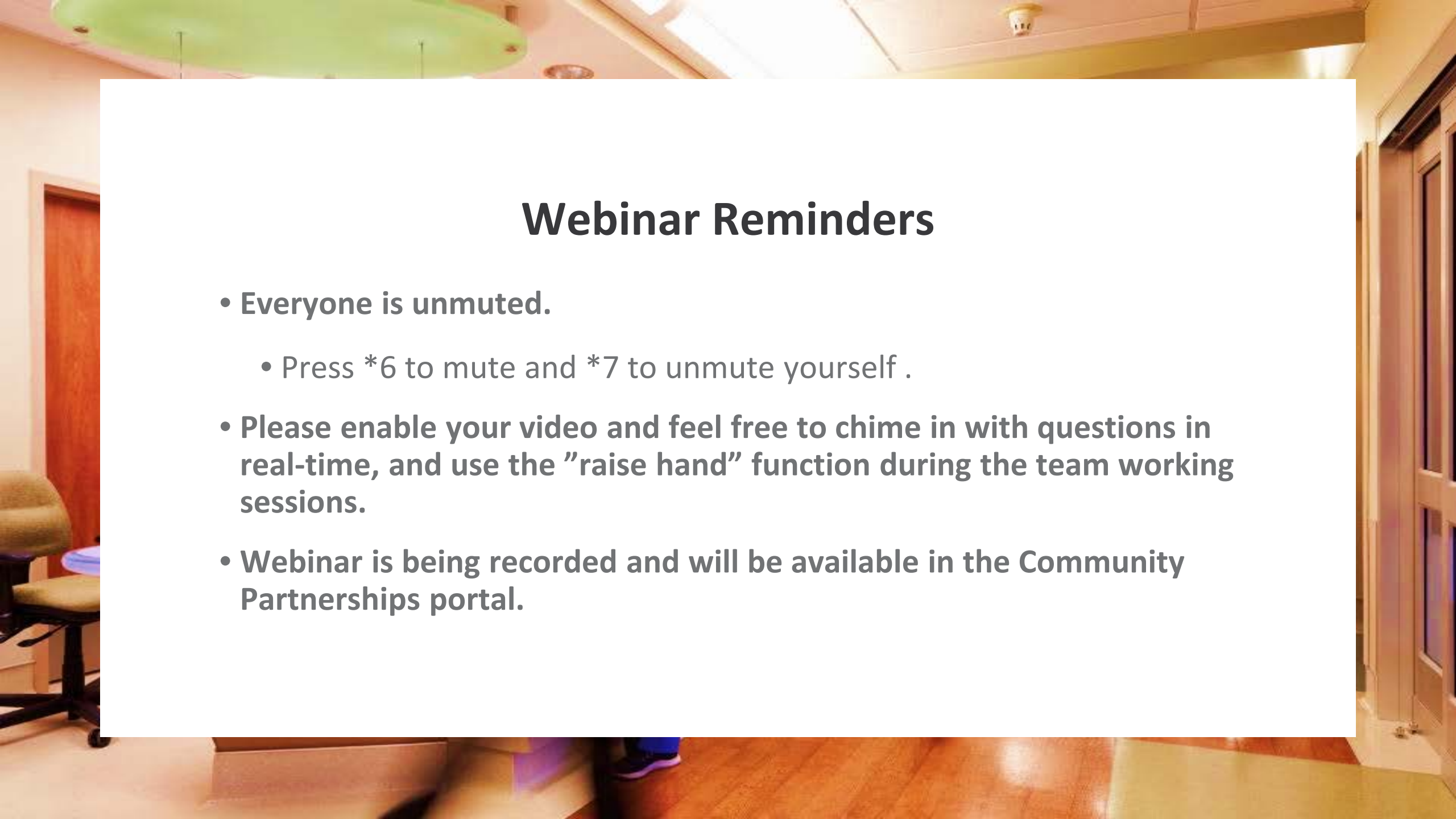
CCI
CENTER FOR CARE INNOVATIONS

Community Partnerships Virtual Convening
October 11, 2019



Webinar Reminders

- **Everyone is unmuted.**
  - Press *6 to mute and *7 to unmute yourself .
- **Please enable your video and feel free to chime in with questions in real-time, and use the ”raise hand” function during the team working sessions.**
- **Webinar is being recorded and will be available in the Community Partnerships portal.**

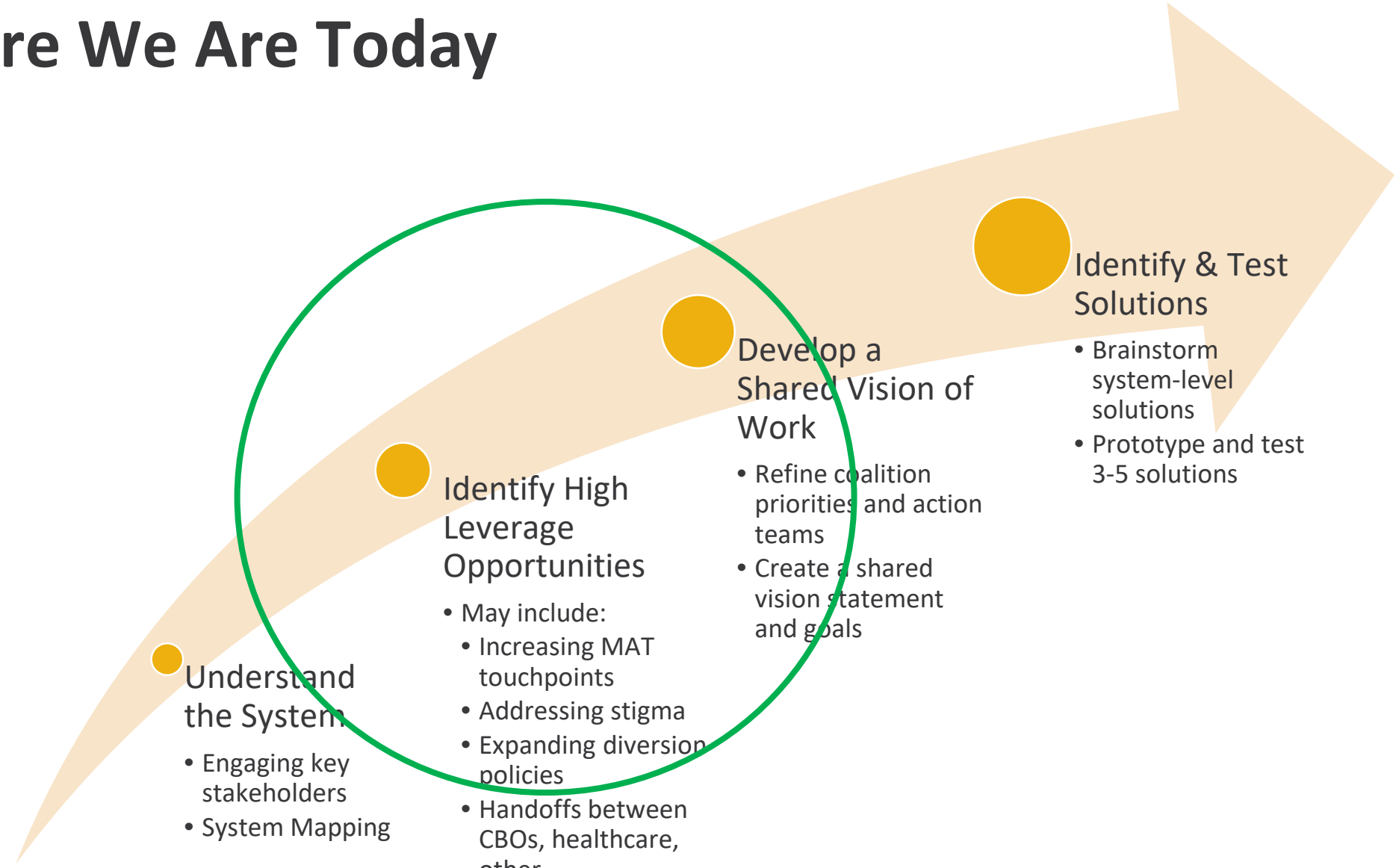
Agenda

1. Welcome!
2. Peer-Sharing
3. Working Session: Flesh out priority action opportunities and key stakeholder identification

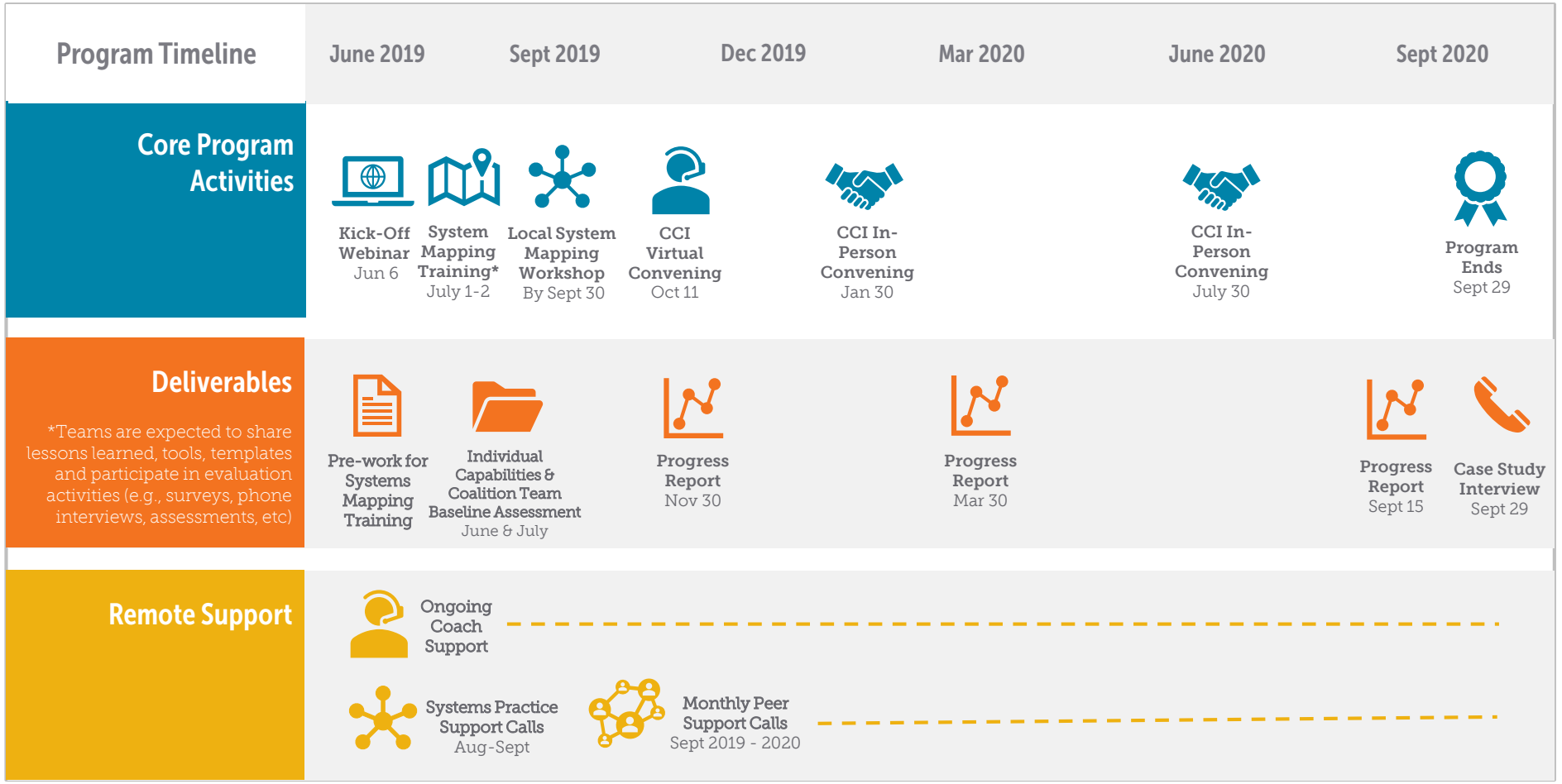
Lunch & Stretch break

1. Working Session: Building Strategy
2. Q&A
3. Next Steps & Closing

Where We Are Today



Key Program Activities & Timeline



Coalition/Core Team Baseline Assessment Summary July 2019

ATSH: Community Partnerships

Themes about systems practice

Coalitions are in early development of systems practice capabilities except for relationship building

- Biggest opportunities are in working across difference, reflective practice, and equity lens
  - Coalitions have awareness of complex systems, half tried 1-2 tools; many of key stakeholders are involved, but need to deepen relationships
  - Most coalitions do not have ways to work across difference; half are gathering feedback for learning
  - Half of coalitions are just beginning to develop multiple level strategies; half are not taking much time out for reflection
  - Coalitions are in the beginning stages of developing equity goals and roles or haven't discussed it at all

Themes about stakeholders, incl people with lived experience

- Biggest opportunities are engaging residents or people with lived experience in leadership or decision-making roles, identifying meeting norms or practices that may cause barriers
  - Strategies for equitable outcomes focus on access points
  - Except for patient and family advocates, few grassroots voices are decisionmakers
  - Large public health/govt agencies hold most of the decisionmaking power
  - More coalitions could identify community touchpoints, e.g., library, food bank, homeless shelters, etc. and race/ethnic groups and include them
  - Residents or people with lived experience are more likely to provide input and less likely to hold leadership or decision-making roles
  - Half of coalitions included people with lived experience in visioning
  - Coalitions could review meeting practices that cause barriers, but some using jargon less
  - Governance does not include mechanisms to ensure inclusion of people with lived experience

Themes about equity and collaboration

- Coalitions have interest in addressing equity and some include voices of lived experience, however there are few structures and processes that center equity
  - One coalition has analyzed inequities and then included people who represent the population most affected in their **decisionmaking** process; others are input only
  - No coalitions investing explicitly in residents' **capabilities** to engage at "high or deep" levels in the coalition; Would like to hear about what the equity related trainings or resources are that support core team capability.
  - Coalitions don't address **power** directly, but some have conversations about biases/fears
  - **Governance** strategies are not being used to guide more inclusion and clear decision-making.

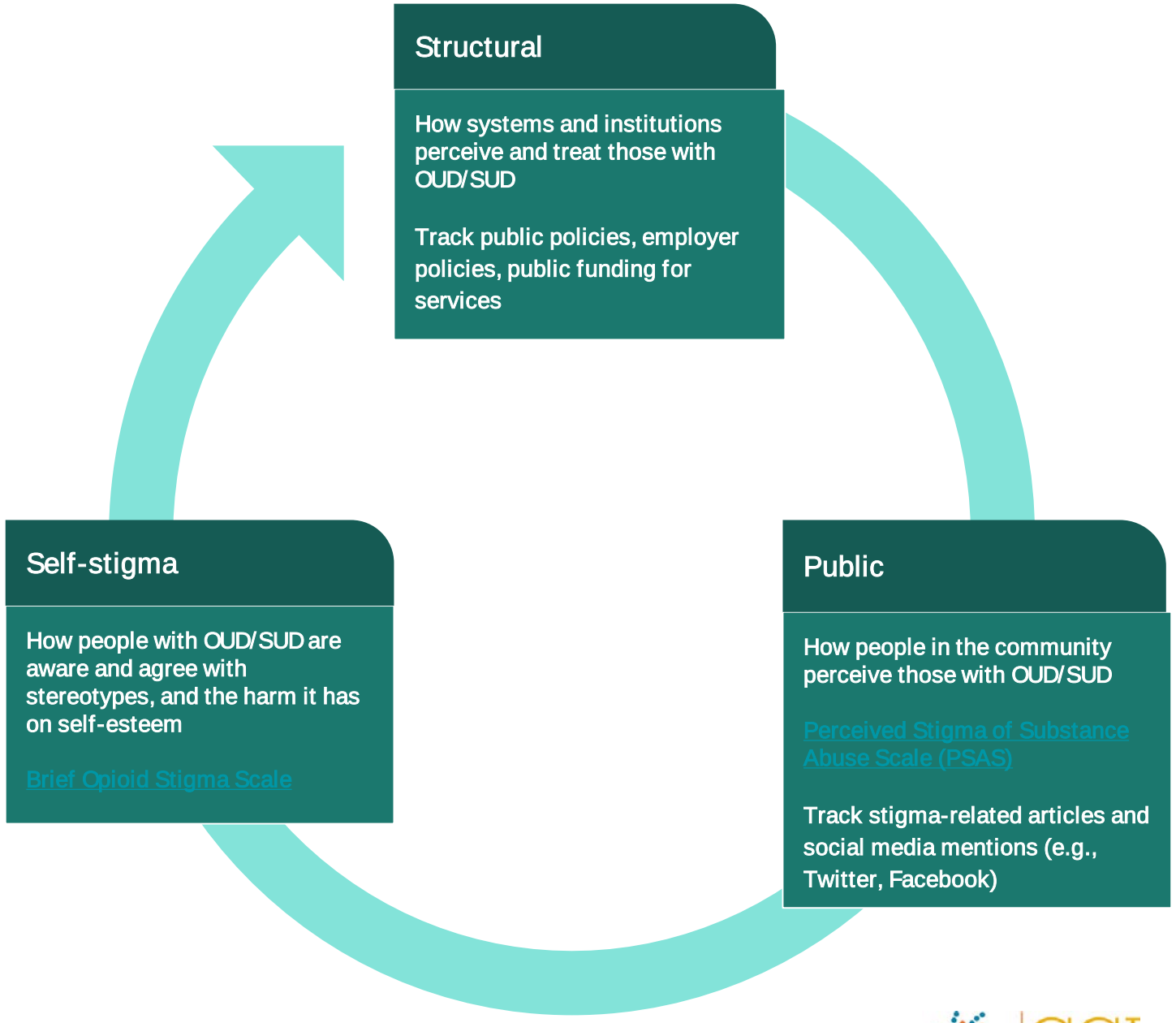
Measuring Stigma

A brief review of the literature addressing OUD/SUD stigma (by Rita Hewitt from Santa Cruz & Kristene Cristobal) addresses stigma at three levels: Structural, Public, and Self-stigma.

Collected resources found here.

An exemplar anti-stigma campaign from Indiana's Family and Social Services Administration, "Know the O Facts"

Other resources you've found? Let us know!



Next Steps

related to evaluation

- Review the detailed summary pdf and reflect on the areas that might be especially helpful as you begin to develop strategies

- Rachel, Tatiana, and Trish will guide you through the process from sensemaking to identifying leverage points and changes. We'll ask about these and any concrete goals you may have in the next progress report out Oct 28, due Nov 22.
  - Abbreviated
  - Can choose to complete a shared doc

Peer Share

1. San Benito County Opioid Task Force
2. Rx Safe Del Norte
3. San Diego Prescription Drug Abuse Task Force
4. SafeRx Santa Cruz County

San Benito County Opioid Task Force

- Central California, Semi-Rural
- Total Population 2019: 60,310
- Populations Served: Whole Community; People Experiencing Homelessness, Low-Income, Families, Latinos, Students, People with OUD, Elderly, HCP's
- Those Involved: Health Care Providers, School Districts, Government, Law Enforcement, Probation/Jail, Integrated Waste Management, Homeless Shelter, Whole Person Care, Community FoodBank, Social Services(Behavioral Health, Public Health), MAT Service Providers and continuing to grow

Recap of Systems Mapping Workshop

Recap of Systems Mapping Workshop

- Summary of our workshop:
  - Transitional Theory, Actor Mapping
  - Utilized our stakeholders during our regularly scheduled Big Group Meeting
  - Invited new partners with local VA, local therapist, and MCAH representatives attended

Strategy Discussion & Reflection Highlights

INSIGHTS

- Stigma
- Shame
- Confidentiality in a small community
- Parents at a disconnect

NEW LEVERAGE POINTS

- Better connect Patrol Officers and treatment services
- Systematically collaborate administrators and the boots on the ground
- Find way to connect Families to education and services
- VA has services available to the public
- Incorporate Faith Based Orgs to better serve their congregations

NEW SYSTEM ACTORS

- Dentists
- Chamber of Commerce
- Rotary
- FBO
- Hospice
- VA
- Pregnancy Center
- Parents and Families impacted by OUD/SUD
- Animal Control
- Veterinarians

Our Burning Question

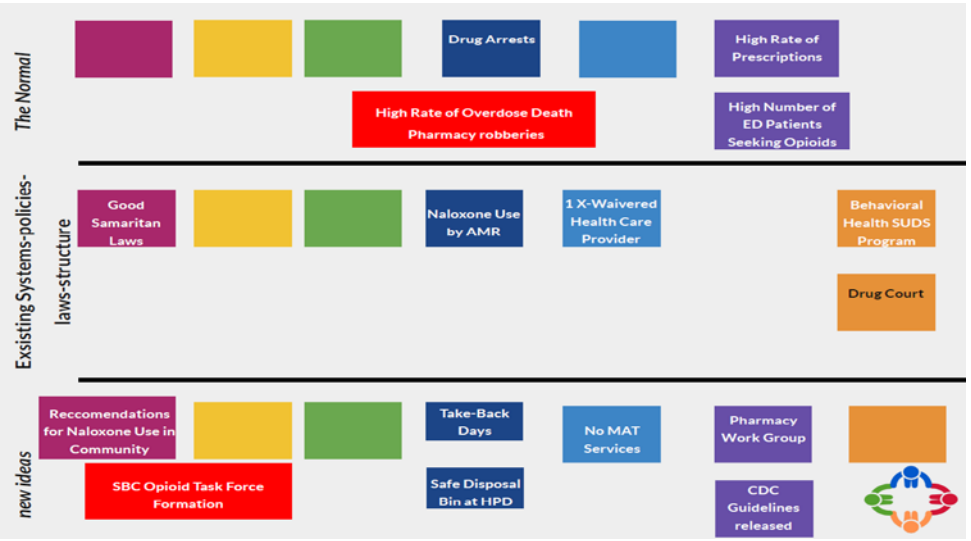
Besides creating action items,

what is the best practice for follow up on the all of the new areas of opportunity and leverage points?

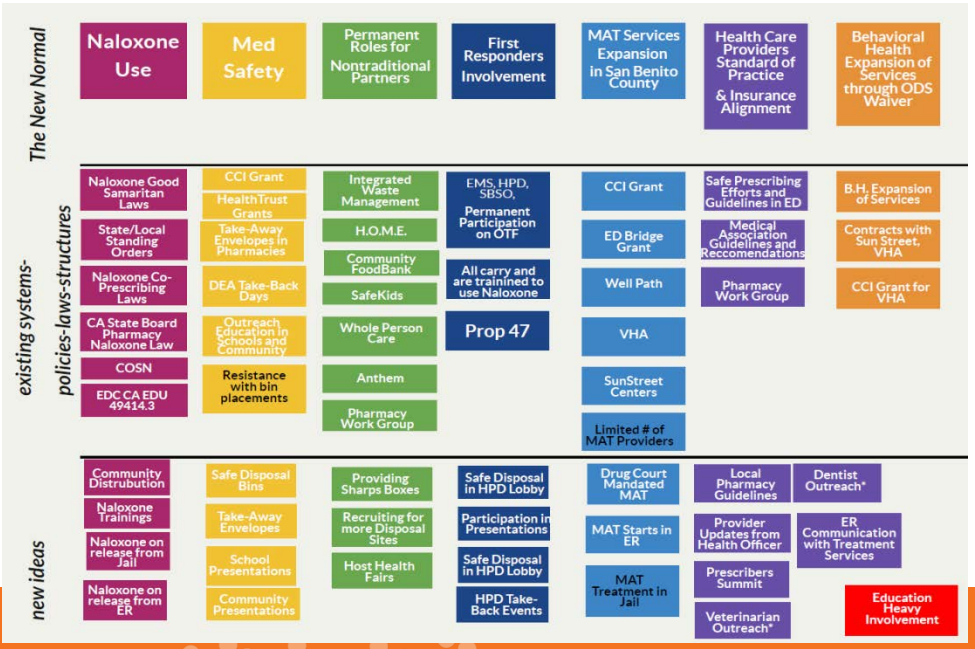
We want to ensure all points are addressed to ensure each member who suggested them feel included.

Other Insights

2017



2019



What during your systems mapping workshop(s) resonated with community members?

Addressing stigma, every one holds agency, and community members are disconnected with services offered

What methods were easy to walk participants through? Which were not? Why?

Our transitional theory set the stage for where we have been and where we are now allowing for easy transition into actor mapping and what our next steps are

Open Q & A (5 min)

- **Project Leads**:
  - San Benito County Opioid Task Force
  - **Veronica Johnson**, vjohnson@cosb.us
  - **Mary White**, mwhite@cosb.us

Rx Safe Del Norte

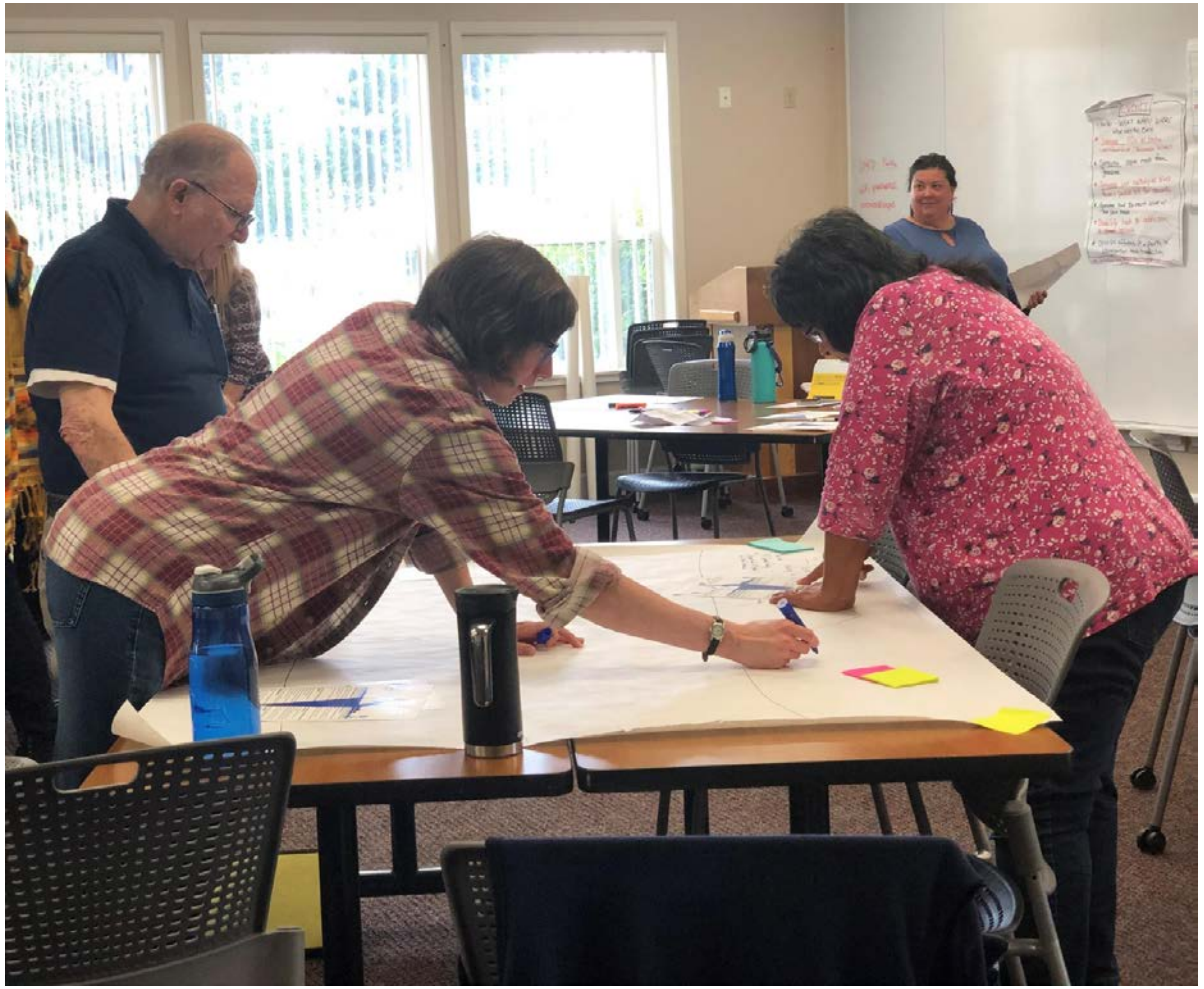
- Del Norte County, CA
- County Wide coalition that consists of local professionals and community members.
- Sectors/organizations involved:
  - People with lived experience
  - Professionals, Medical Providers, Government Organizations

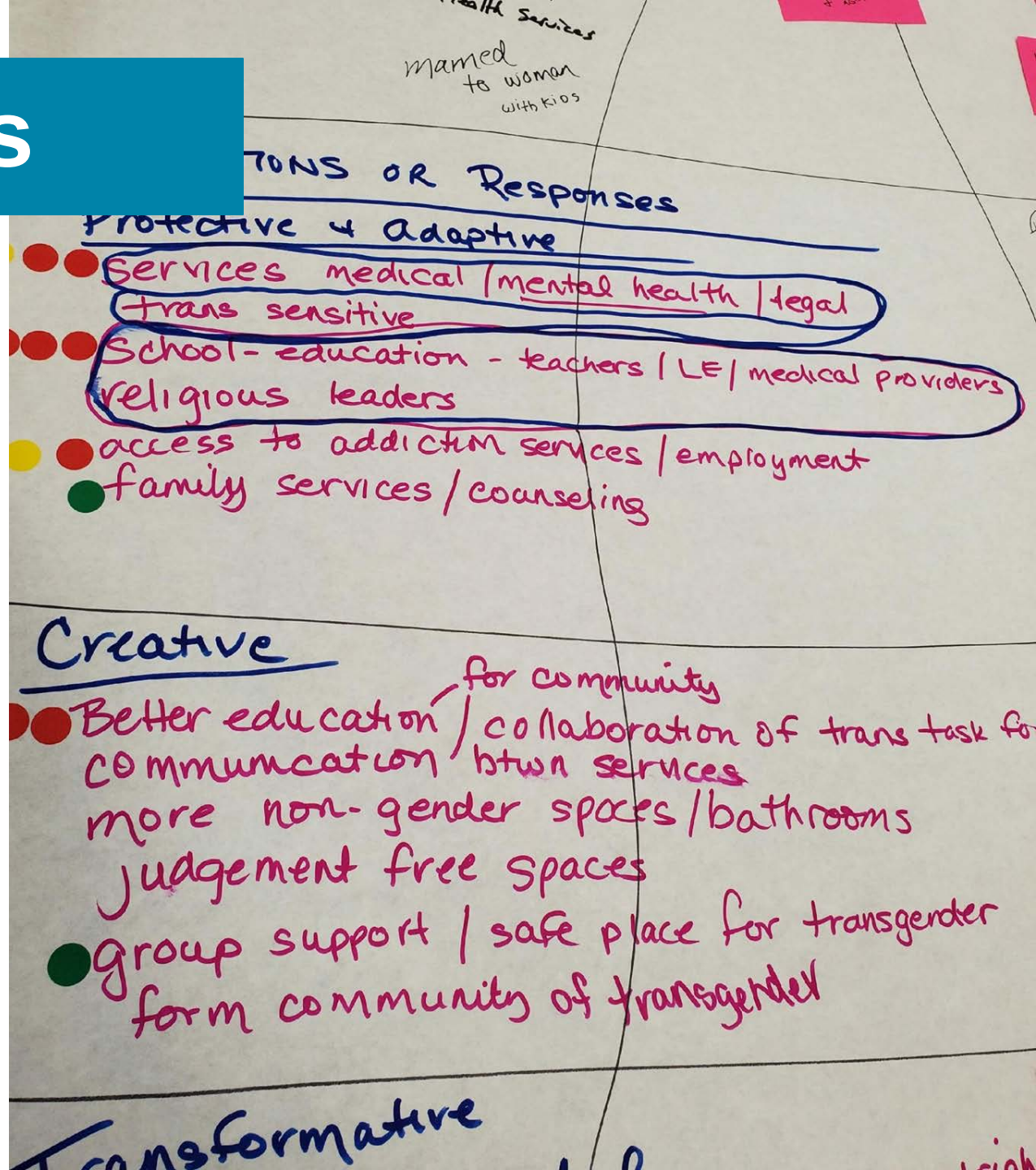
Recap of Systems Mapping Workshop(s)

Rx Safe Del Norte did 6 different Mapping Outreach with 6 different groups. Then ended with Theming Activity with the Coalition and Community Members.

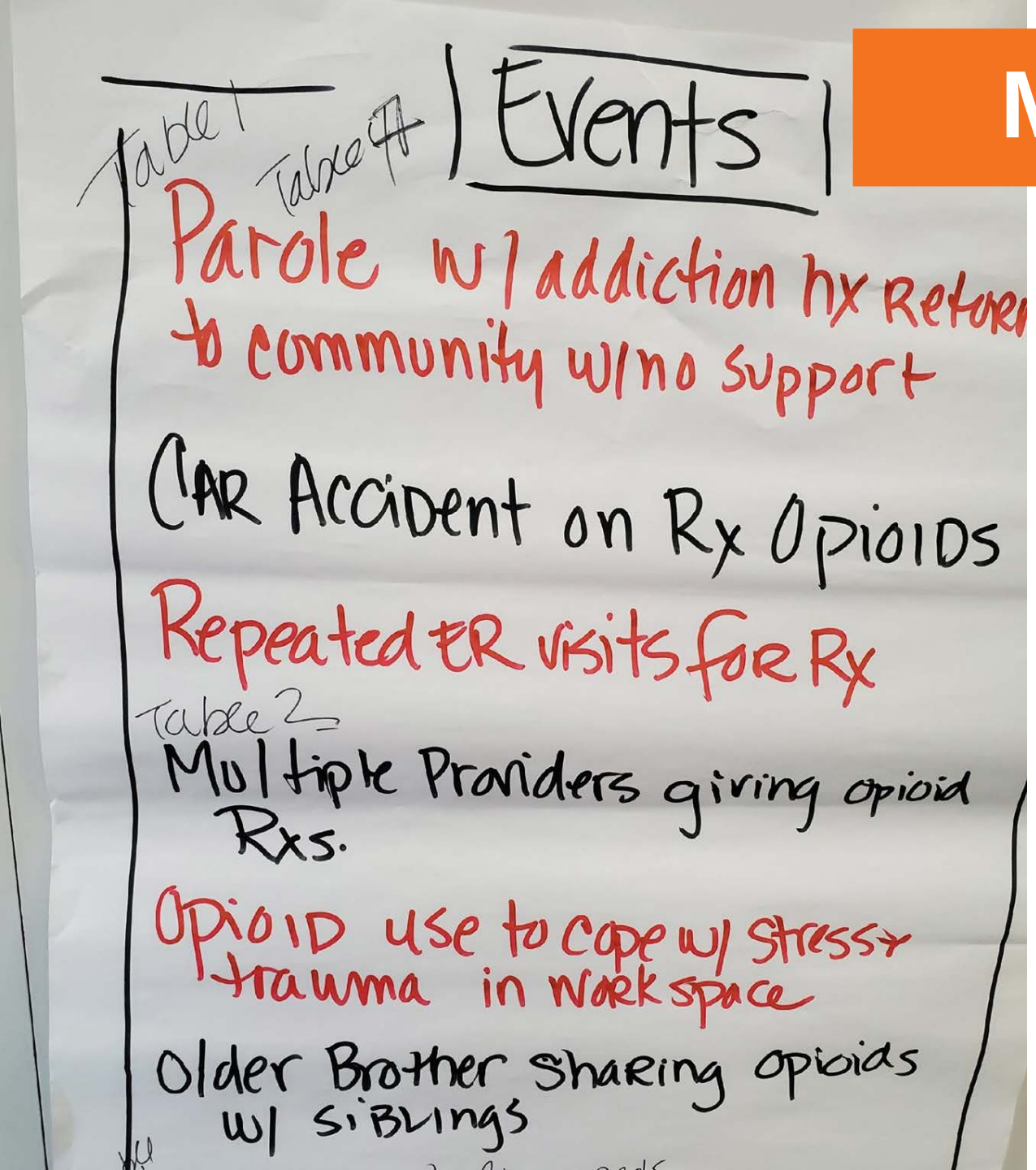
July 15th	Rx Safe Del Norte Coalition (first run through and feedback with Coalition Members)
August 13th	Open Door MAT (Medicated Assisted Treatment) Group.
August 17th	UIHS Substance Use Disorder Group
August 29th	Community Mapping Event focused on Front Line Professionals
September 12th	Open Door MAT Group
September 16th	Theming and Walk Thru with Coalition and Community.

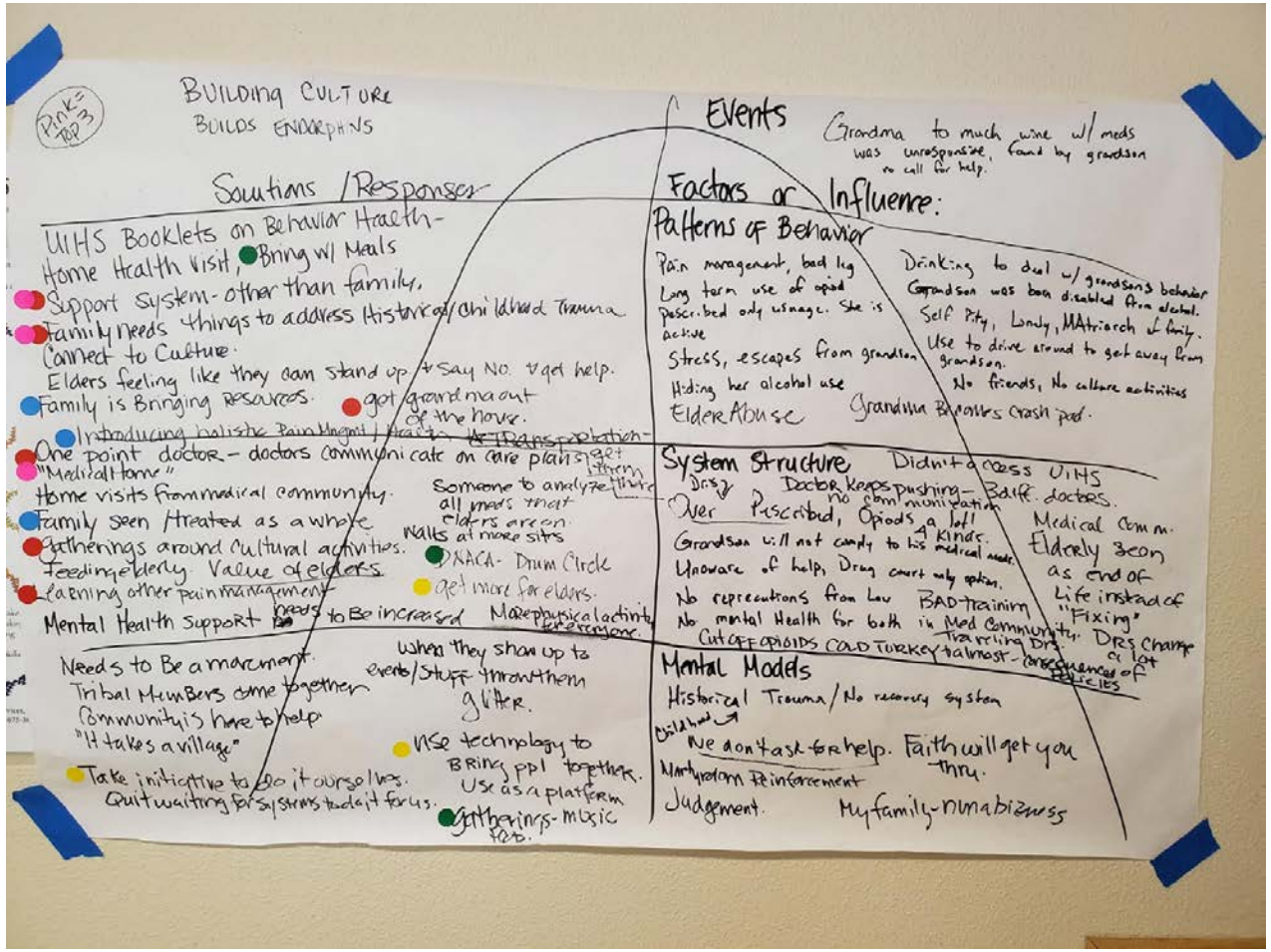
Mapping Workshops





Mapping Workshops





Recap of Systems Mapping Workshop(s)

- Workshop summary:
  - Our group focused on Iceberg Mapping
  - We had different groups and tried to focus on already established groups rather than trying to bring people together on our own.
  - We tried to pay attention to power dynamics by having different meetings.

Time	WHO	What	Notes	Supplies
1 hr set up time.	ALL	set up	Jermaine will have all office supplies, handouts and incentives. As well as food and drinks, etc. Will need help setting up room, food, and supplies before meetings.	Stations for each table include - Taped up a LARGE piece of paper with a person and a iceberg drawn on it. Various markers and some post its. Tape. Pens.
10 min for all 3	**Jermaine or Host**	**welcome / opening**		
	Jermaine	**What is Rx Safe**	Introduction to Rx Safe, the mission vision and goals.	
	Jermaine / ALL	**Overview**	Overview of agenda and what we will be doing today. How we are planning on using this information. Next steps. Introduce facilitation team members	
5 min	**Manuel and Philip**	**How we work together**	Go over "Ground Rules" (Premade) ask for agreement / rewording / additions	Ground rules poster - Premade
		How we do this work	Go over "How we do this work" (Premade) and ask for agreement/rewording/additions	How we do this work poster

Time	WHO	What	Notes	Supplies
10	**Babara and Jermaine**	**Iceberg Example. Introduce Activity and do sample**	"Nancy threw a cup away"	no handouts yet. sample iceberg for walk through. Poster board of each of the "areas" on the iceberg
5	**Barbara**	**brainstorm events**	Go over "premade events". Explain the elements of an "event". Review the premade examples, explaining that they are very open ended, and each group will fill them out more. Have the group reflect on their own and jot down a few "event ideas" Share out and add to list	first page of handouts and pens. Events Poster (with premade events on them).
		Break Out	Each group should break out into teams of 4. Each team will have a "recorder" - someone who will make sure all things are captured on the iceberg map and "facilitator" who will help keep the discussion moving forward and asking the prompt questions.	Person, Iceberg Map, markers, post its, colored dots, sharpies, Iceberg Handout, prompt questions

Time	WHO	What	Notes	Supplies
5	Barbara	each group choose 1 event to flesh out	Have groups break out (teams of approximately 4 people each). In each group they will choose one of the events to flesh out. As soon as they have an event chosen, they will report out to the group which event they have chosen (this will help keep everyone from choosing the same one). Group will then have 4 min to flesh out their event and give us background information on their "person" who is at the center of this event.	first page and big paper
20	**Jermaine**	**iceberg activity**	Facilitators rotate through and answer questions help with prompts and to encourage everyone to write something down. Use post its to make sure group has gotten ideas down. This will be very fast.	**2nd page handout, and big iceberg.**

Time	WHO	What	Notes	Supplies
4 min per area		**build the iceberg**	BEFORE EACH STEP HAVE THE GROUP REFLECT INDIVIDUALLY 1.5 MIN BEFORE SHARING TO THE GROUP. THIS WILL ALLOW INTROVERTS TO GET THEIR IDEAS OUT AS WELL. BUT NOT SO LONG THAT EXTROVERTS ARE GETTING ANCY :)	help time moving onto each step 2ND PAGE HANDOUTS, PROMPT QUESTIONS, BIG ICEBERG, POST IT NOTES
			Factors of Influence of the event (Right Side)	
			Solutions or Responses to Factors (Left Side)	
10	**prioritizing**		***Make sure you are using the same colors each time for our groupings later.***	COLORED DOTS
		Red	Highest Impact - pick 3 INDIVIDUALLY	
		Yellow	Ready to Move - pick 3 as a group	
		Green	Least Barriers - pick 3 as a group	
		BLUE	Symbolic Power - pick 3 as a group	
15	**Jermaine**		***Each group will choose someone to share out what their event was and the top 3 ideas that have the most votes next to them (of all the colors together)***	Facilitators take notes and put them with the poster.
			hand out feedback form and thank you cards	EVAL

Time	WHO	What	Notes	Supplies
30	**Facilitators**	**Debrief Mapping**	Ah Ha moments and Big Take Aways. Each facilitator will take a moment with the Iceberg Maps and take notes on any big insights or aha moments in each of the areas from that day. What are some barriers that emerged. What are opportunities that came up. What were you surprised by? What was re-confirmed for you? What themes are you seeing begin to emerge. What, So What, Now What	Debrief Forms
15	**Facilitators**	**Take photos of Icebergs and pack up**	Make sure to take good photos of each iceberg map before you pack them up. Label each map with the date of the work session. When rolling up, label the tape with the date of the work session.	Posters to take photos and group: Events brainstorm, each iceberg map, notes from the facilitator on large post it, "People", and facilitator debrief poster

Workshop Handouts

Opioid Use Iceberg Activity

EVENT

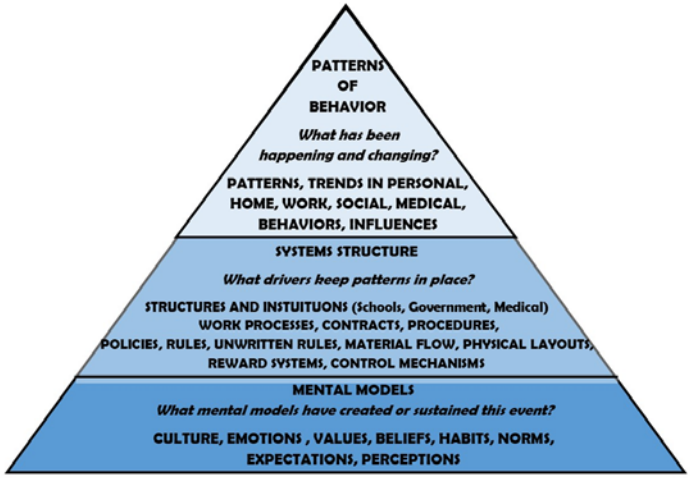
The event is a place in time where something happened related to Opioid Use.
What happened? Give a brief description *e.g. Nancy threw away a cup instead of recycled it.*
Make sure to include—Who the event happened to, what happened, what was the result.

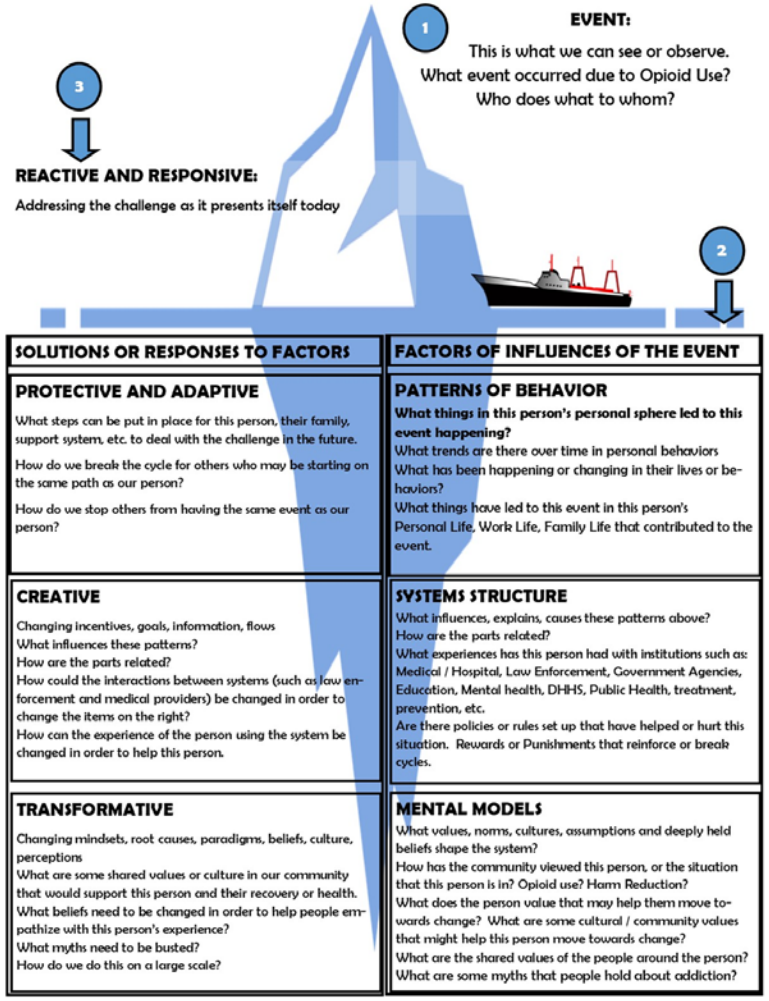
Who:

What happened:

What was the result:

Tell us more about who is the main person in the event—*your "Nancy"*
Give some details about demographics such as age, gender, where they live, work, etc.
You may add to this as you are working on your iceberg, make sure and add the background as you go to your large paper.





OPPORTUNITIES:
INFLUENCE, MOMENTUM, LEVERS, CHALLENGES.

Prioritizing the solutions and responses.

Your group will now work together to PRIORITIZE the solutions and responses.

- You can use your dots to vote for solutions and responses in each category.
- Each color will correspond to each category
- You can put more than one dot on a solution / response, and many of the solutions / responses will have more

Area with the HIGHEST IMPACT:

INDIVIDUALLY everyone in the group will CHOOSE YOUR TOP 3 FAVORITE SOLUTIONS OR RESPONSES. Each person in the group gets 3 red dots and will decide individually.

The remainder of the colors you will need to make a GROUP DECISION you will only have 3 dots for the whole group.

Areas that are READY TO MOVE:

As a GROUP choose the TOP 3 solutions / responses that have the MOST ENGERGY AND MOMENTUM right now. These can be things that people are talking about, excited about, or there is work in this area already happening.

Areas that have the LEAST BARRIERS:

As a GROUP choose the TOP 3 solutions / responses that have the LEAST AMOUNT OF BARRIERS. These can be things that could be done tomorrow, the resources are there, it would be easiest to implement these solutions / responses.

Areas that have SYMBOLIC POWER:

As a GROUP choose the TOP 3 solutions / responses that has the most SYMBOLIC POWER. These can be things that will tell the community that we need business, this will change mindsets and have a long lasting impact. These items do not have to have as much of a physical impact as a symbolic impact.

NOW CIRCLE THE TOP 3 SOLUTIONS / RESPONSES

As a GROUP count up the dots and CIRCLE the TOP 3 solutions / responses with the MOST AMOUNT OF DOTS next to them.

REPORT OUT:

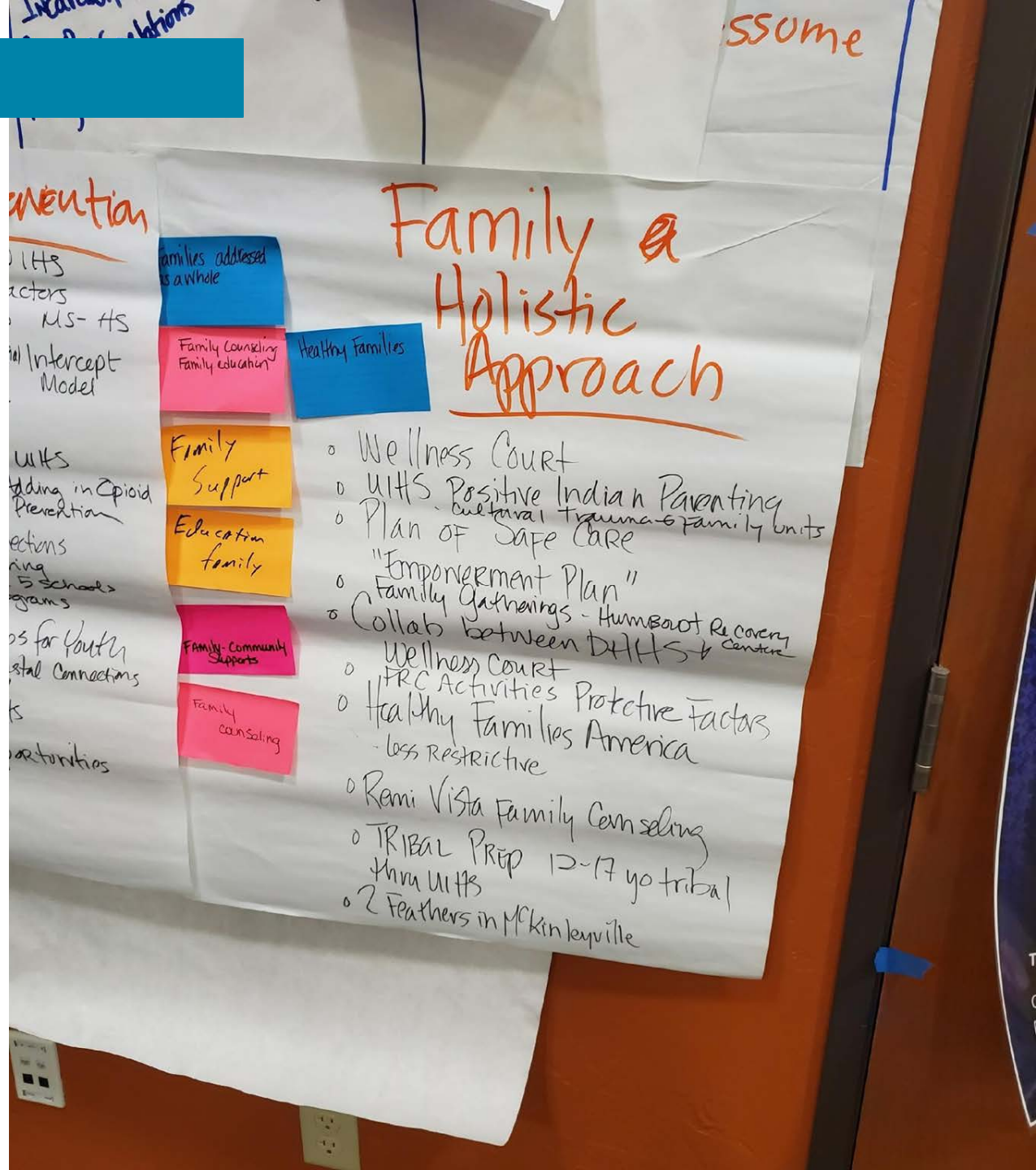
- Choose someone to report out to the group—and keep it brief!
- Tell us your person and your event
- Tell us your TOP 3 OVERALL SOLUTIONS / RESPONSES

Theming

- We put up all the iceberg maps from the sessions and had everyone walk around and start to pull out themes.
- Had people write on their own on post it notes:
  - What themes they saw from the Icebergs
  - Any “ah-ha” moments or surprises they read.
- We then shared out popcorn style and grouped the themes.
- From there we started to look at what is already present in the community within that theme.

Top themes to explore

- Alternative Pain Management
  - Use local assets such as Nature based therapy and medicinal plants such as wormwood
- Holistic Case Management Approach
  - Disconnected systems of services
  - Barriers within services
- Holistic Family Treatment
  - Historical and Intergenerational Trauma
  - Full family support and healing
  - Unaddressed Mental Health
- No Wrong Door Community
- ReEntry Services (Jail, Treatment, etc.)
- Education / Early Intervention
  - Healthy Coping Skills and Conflict Resolution
  - You must be in trouble before we will help you.
- Healthy Role Models and Peer Support
- Myth Busting about Addiction and Addicts
- Community Support and Education



Strategy Discussion & Reflection Highlights

- What new insights did you gain about the system?
- There are a lot of disconnected pieces, or pieces that are not meeting the direct needs of the community. While many are not aware of the disconnection, there are some that see what needs to change and need the "power" and support to make change.

- What new leverage points, opportunities for intervention did you discover?
- We need to partner with other community change groups to address root causes and prevention
- No Wrong Door Community
- Finding the intervention opportunities to help get people to treatment.

- What new system actors have you/will you engage? (unusual partners)
- Law Enforcement
- MAT and SUD groups

Our Burning Question

- What is 1 burning question you have about how to move forward in the process?

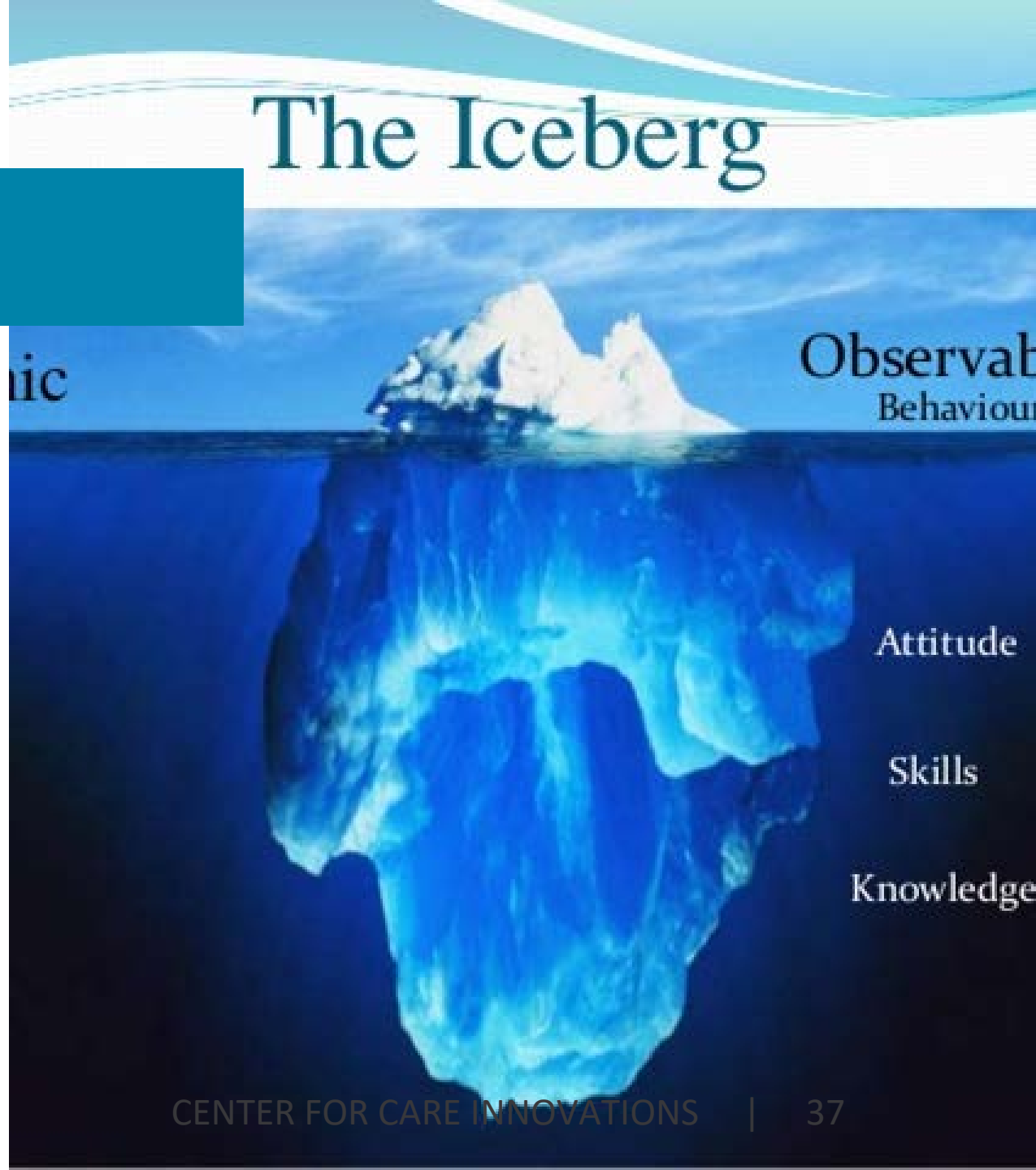
How do we move back into ideation and then narrowing down into ideas to prototype. Tools and approaches.

Other Insights

- When doing the mapping with those in the MAT and Substance Use groups, they really enjoyed the activity and felt heard. They were happy that someone was asking them to be a part of the issue.
- We had community members expecting to hear a talk, they felt they didn’t have much to offer. However, once we started the activities they were participating just as much as people who have been working on these issues for years.
- We needed to take the language down to a simpler level for the community. It took some tweaking of the language to get it right.

Open Q & A (5 min)

- Project Lead:
  - Rx Safe Del Norte
  - Jermaine Brubaker
  - RxSafeDelNorte@gmail.com



San Diego Prescription Drug Abuse Task Force

- San Diego, California
- Population Served:
- Sectors/organizations involved:
  - Law enforcement
  - Health & Human Services Agency
  - Treatment
  - Mental Health Services
  - District Attorney
  - Drug Enforcement Administration

THE ICEBERG MODEL

EVENTS

Events: Surface level issues and challenges we see and hear around the core issue we're exploring.

PATTERNS

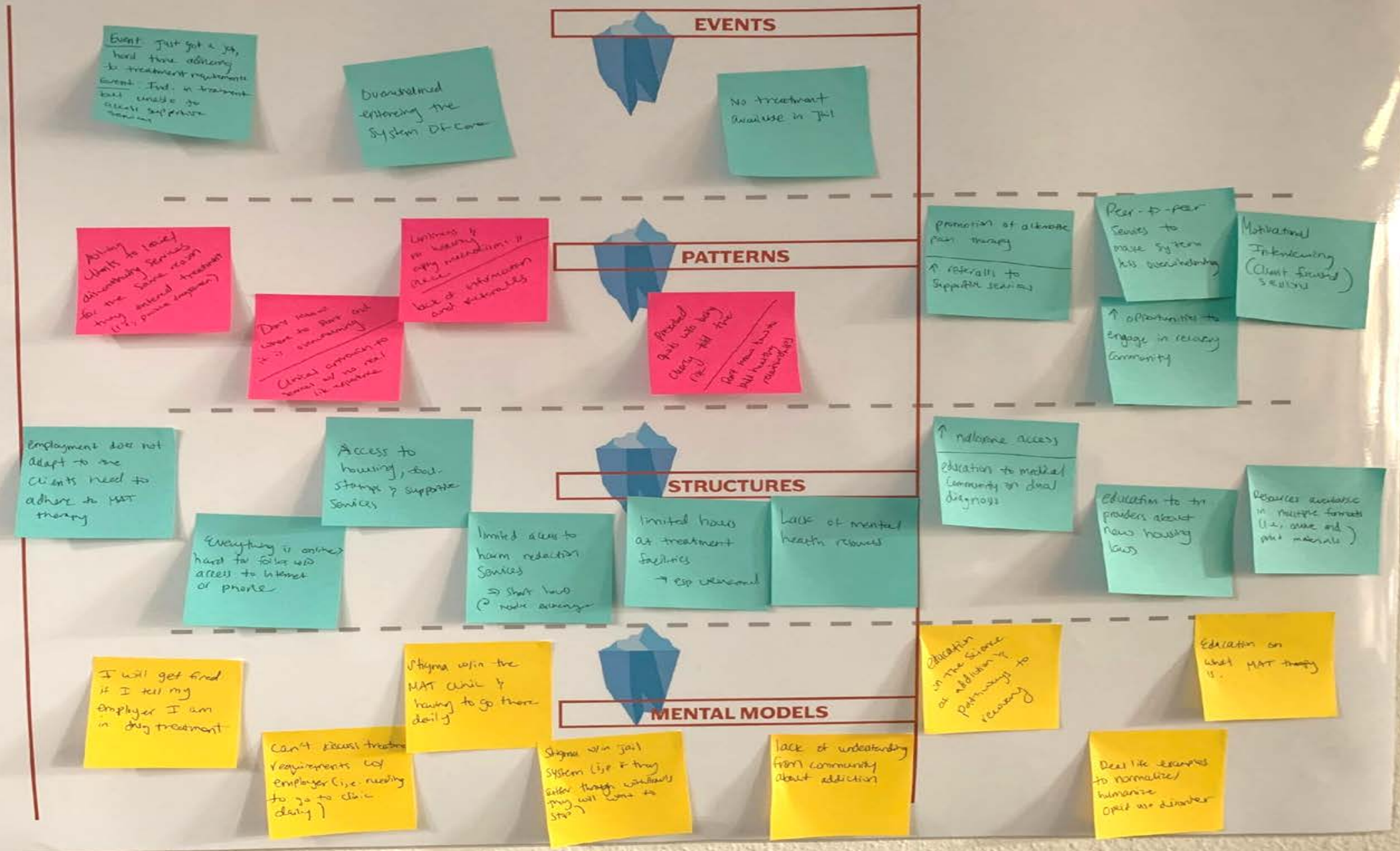
The Patterns: If we look just below the event level, we often notice patterns. What keeps happening?

STRUCTURES

Systemic Structures: "What is causing the pattern we are observing?" The answer is usually some kind of structure.

MENTAL MODELS

Attitudes, beliefs, morals, expectations, and values that allow structures to continue functioning as they are. These are the beliefs that we often learn subconsciously from our society or family and are likely unaware of.



Recap of Systems Mapping Workshop(s)

- Tool Used:
  - Iceberg Map
- Participants:
  - Individuals currently receiving treatment for Opioid Use Disorder
  - *10 -15 per session*

Overall Guiding Objectives

1. Understand the bias, assumptions and cultural norms that are harmful to individuals with lived experience.
2. Gain a better understanding of the systemic issues affective people with lived experiences.

Steps for Facilitation of System Mapping Activity

1. **5 minutes - Overview & Introduction-** Facilitators will provide an overview of who we are, what we are doing and why we are here. Participants will be asked to share their name and what they are hoping to get out of the session.
   a. *Why we are here:* Gain a better understanding of the issues affecting people with lived experiences. The way we are going to do that today is through the use of a mapping tool called iceberg mapping. Our hope is that we can share our learnings from the mapping process done during the workshop and take action steps to address priority areas identified during the activity.
2. **10 Minutes - Explaining the activity & going over a sample event–** Start with a sample event that is easy to understand such as recycling or getting a cold. If the group wants to dive right in, we can go over an example related to opioid use depending on how the group is feeling. If group is ready to do an event related to opioid use, see sample events at end of instructions. Remind participants that this is a generative activity and there are no right or wrong answers.
3. **20 minutes - Iceberg Mapping Process –**Participants will work in groups and do separate events to get the most we can from the session. There will be markers and sticky notes available for this step of the activity. Participants can start anywhere on the map after the event has been decided upon, moving through the various levels of the iceberg (patterns, structures, and mental models).
   a. During the activity, facilitators will be available to help with any questions but will allow participants to generate ideas on their own as much as possible. Facilitators will break down the activity and provide prompts if needed to stay within the time from (I.e., promoting participants to move on to another layer of the iceberg after 10 minutes or so).
      i. Can be broken down such as: First we are going to do the event and describe the people experiencing the event. Then prompt them to move on to identifying patterns, etc.
      ii. ** in addition to writing the event on the map, prompt participants to provide some details about the individual experiencing the event to provide context (I.e., 25-year-old single mother)
4. **15 minutes - Idea Generating Session–** This will be the time that participants will fill out the left side of the map with ideas to address the areas of innovation, tricky areas, and areas identified that need more attention or need to explore more.
5. **Analysis 5 minutes —** At this point, facilitators will pass out stickers to participants to mark areas on their map that are good opportunities for innovation, areas that are tricky to navigate, and areas that we need to explore more to decide the best action.
6. **10 - 15 minutes-** - Debrief and insights. You might get team members to share their most significant insight from the activity or ask them to discuss what surprised them the most.

Strategy Discussion & Reflection Highlights

- New Insights:
  - How complex the system is and how difficult it can be to access services.
  - The pressing need to address co-occurring disorders (i.e., mental health & substance use disorder services)
- Opportunities to intervene:
  - Increase access to supportive services (i.e., EBT, transportation, harm reduction)
  - Peer-to-peer services
  - Information sharing for accessing services
- New Actors:
  - Patients advocates
  - Employers – *education on Opioid Use Disorder*
  - *Housing services* – education on implementation of Drug Medi-CAL

Our Burning Question

- What is one burning question you have about how to move forward in the process?
    1. How do we move forward and select action items to work on? Prioritization of items identified.

Other Insights

- What during your systems mapping workshop(s) resonated with community members?
  - How many common experiences everyone had regardless of where they were in their recovery.
  - The need for community and relationships to address the loneliness experienced by many folks entering recovery or currently struggling with substance use disorders.
- What methods were easy to walk participants through? Which were not? Why?
  - Difficult to generate the event and get everyone thinking in a different way
  - Everything flowed naturally once the event was identified (i.e., patterns, structures and mental models)

Open Q & A (5 min)

- Project Lead: Sarah Salven
  - Coalition
    - San Diego Prescription Drug Abuse Task Force
  - Project Lead Name
    - Sarah Salven
  - Project Lead Email
    - ssalven@ccrconsulting.org

SafeRx Santa Cruz County

- Coalition located in Santa Cruz, CA
- Coalition serves all population
- Partners: Sheriff/Coroner Department, Hospitals, Safety Net Clinics, Prescribe Safe Monterey, Health Services Agency, Harm Reduction Coalition, Janus, Hospitalist, Behavioral Health, Managed Medi-Cal, County Office of Education, United Way, PVPSA, Sutter, and Collaborative Courts, Board of Supervisors.

Accomplishments
YES

PATHWAYS FORWARD INSIGHTS

• graphic By Leslie Salemi-Zhu for SafeRx Santa Cruz County

Recap of Systems Mapping Workshop(s)

- Summary of Workshop:
  - ***Mapping tools:*** Actor and Forces Mapping
  - ***Participants:*** Sheriff, Dignity Health, Safety Net Clinics, Palo Alto Medical Foundation, Prescribe Safe Monterey, County SUD staff, Public Health, Harm Reduction Coalition, Janus, Hospitalist, Behavioral Health, Managed Medi-Cal, County Office of Education United Way, Sutter, and Collaborative Courts, Board of Supervisors.

- Logistics:
  - 9am-12pm
  - Sunny room in Downtown Santa Cruz
  - Large breakfast and snack
  - Raffle!

SafeRx Santa Cruz County

SafeRx Santa Cruz County
Steering Committee Meeting-CCI Mapping Session
October 3rd, 2019
9am to 12pm
Encompass Rodriguez Room

Agenda

9-9:25 am	**Welcome and Framing** • Introductions • Objectives of the day • Agenda review • Introduction to Mapping
9:25-10:15	**Actor Mapping** • Example • Mapping • Analysis • Report back
10:15-10:35	**Walk** • Break into pairs • Discuss, "What inspires you to do this work"?
10:35-11:20	**Forces Mapping** • Example • Mapping • Analysis • Report back
11:20am-12:00 pm	**Analysis session** • Pulling it all together-next steps

Objectives:

1. Getting a big picture of what's going on in the system
2. Transform stigma to empathy
3. Deepen our understanding of root causes of stigma
4. Identify pathways forward to transform stigma

***HIP/SafeRx Team:** Rita Hewitt, Shelly Barker, Jen Hastings

Strategy Discussion & Reflection Highlights

- What new insights did you gain about the system?
  - People engaged and eager to work
  - High profile and busy folks will take time to join us
  - It is complex for everyone
  - People are in their area of expertise and want to learn about other areas
- What new leverage points, opportunities for intervention did you discover?
  - Sheriff is on board with MAT in the jails, and he formally acknowledged this
  - Sheriff didn't know about the criminal justice pilot
- What new system actors have you/will you engage? (unusual partners)
  - Sheriff
  - Courts
  - Schools

Our Burning Question

- MAT in the jail emerged as a significant next step. How can SafeRx best further impact that development? How do we engage the Sheriff next?

Other Insights

- What during your systems mapping workshop(s) resonated with community members?
  - The need for increased connections and mutual understanding among partners. Clear identification of resources for people with SUD.
- What methods were easy to walk participants through? Which were not? Why?
  - ***Actor Mapping:*** Put up/talked about/presented too many steps at once. Needed to be broken down into smaller steps. People wanted us to walk through an in-depth example.
  - ***Forces Mapping:*** was difficult because they wanted both the descriptors of what the forces were defined as, AND the other slide that gave examples of forces.

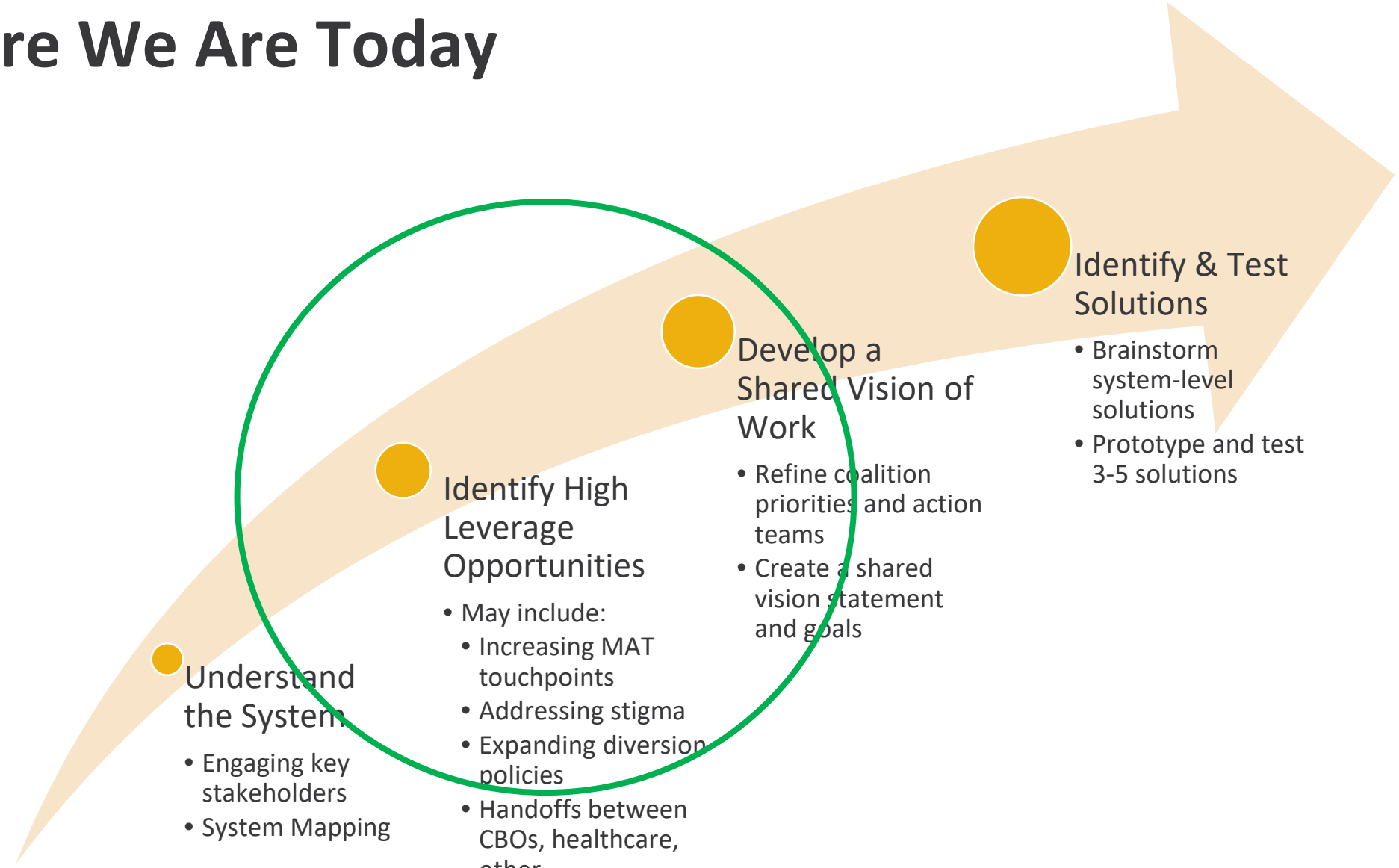
Open Q & A (5 min)

- Project Lead:
  - SafeRx Santa Cruz County
  - Rita Hewitt
  - rita@hipscc.org

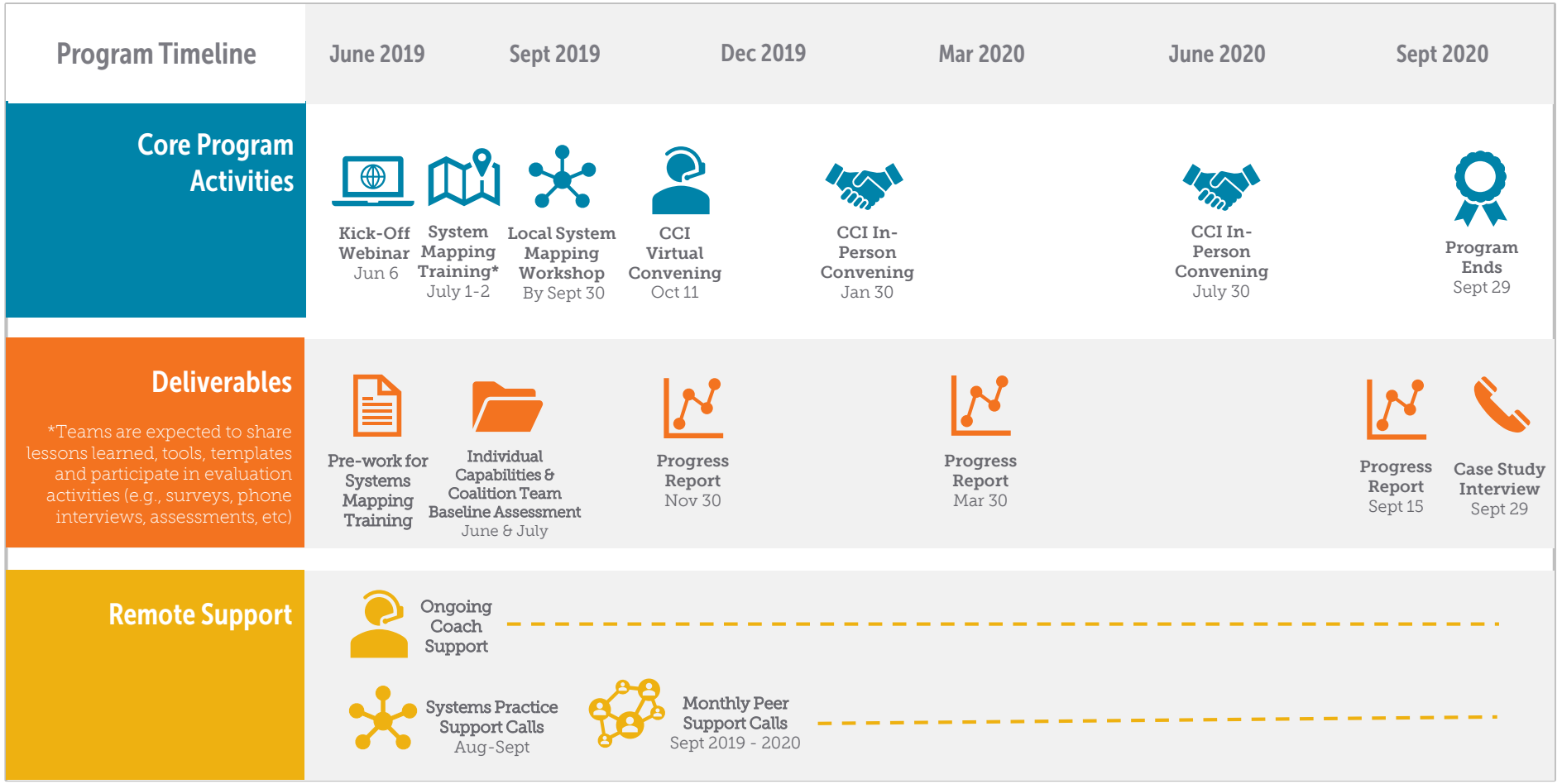
Group Reflections

Transition to Team Working Sessions

Where We Are Today



Moving Forward:
Identify High Leverage Opportunities & Develop Shared Vision of Work



Key Activities

- Refine your strategy for each priority leverage point and determine:
  - What can you take action on now?
  - What is less clear and needs further consideration, clarity, and/or reframing?
    - *These are areas to explore in your coaching with Trish as we prepare for the Identify and Test Solutions program phase in 2020.*

- Connect back with your community and coalition to validate and refine your strategy, building a shared vision of your work.

Looking Ahead: Identify and Test Solutions

January – September 2020

Major Activities

- January 30 In-Person convening
- Bi-monthly Webinars
  - Reinforce/introduce relevant content
  - Share stories from the field
  - Peer exchange
- July 30 In-Person convening

Outcome

- Coalitions will prototype and test at least 3 systems-level solutions.

Progress Report

- You will receive the template by email on **Monday, October 28**
- Submission deadline: **Friday, November 22**

Learnings to date

Actionable goals

Opportunity areas

- Will also be posted on the Community Partnerships portal

Next Steps

Teams:

- **Ongoing:** Meet with Trish to build upon the strategy building from today.
- **Oct 17:** Facilitators attend the Peer Facilitators support call 12-1pm. Next calls:
  - Nov 21, 12-1pm
  - Dec 19, 12-1pm
- **Nov 22** (*changed from Nov 30)*: Complete Progress Report

CCI:

- **Oct 16:** Send out reference version of webinar slides and recording
- **Oct 28:**
  - Email Core Team leads:
    - Progress Report template
  - Email participants logistical information for the January 30, 2020 in-person convening.
- **By Oct 30:** Issue second installment of grant funds.

Peer Facilitator Support Calls

Objectives:

- Self-reflection, deep connection, relationship building
- Peer-learning and exchange grounded in the lived experiences and challenges of participants
- Strategic systems change capacity building that emerges from identified goals and needs
- Knowledge exchange, resource sharing - tracking
- Facilitate sense making of the systems level patterns and themes
- Document key learning to share back with participants and with broader field

Catalyst 2020

CCI's award-winning "design thinking" program is recruiting community-based organizations for our ninth cycle.

Bookmark this page & encourage community-based organizations in your network to join this email update list.

CCI
CENTER FOR CARE
INNOVATIONS
Questions?

Thank You!

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