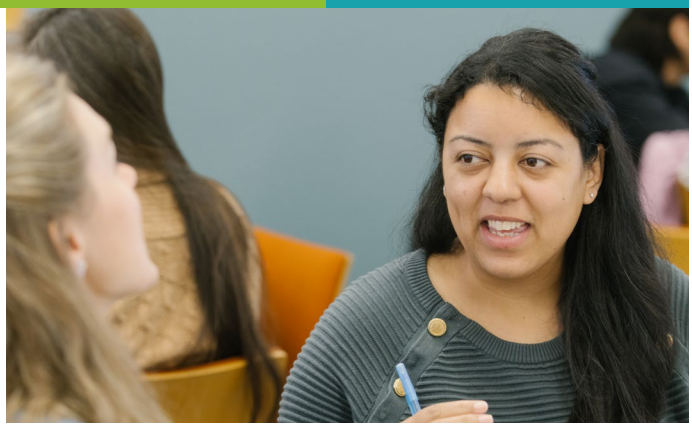
THE CALIFORNIA IMPROVEMENT NETWORK:

Sharing Knowledge, Building Trust, Improving Care Together



Healthforce Center at UCSF

California's health care organizations are navigating an increasingly complex and rapidly changing environment. They are implementing CalAIM, responding to shifting federal and state policies, addressing workforce challenges, and incorporating new technologies. At the same time, they are advancing health equity and working to meet the changing needs of the communities they serve. In this environment, fragmentation between sectors and delivery systems stalls progress, gatekeeping knowledge rather than disseminating strategies for improvement. These are not challenges that any one organization can solve alone. By learning from one another and pooling experiences, organizations don't have to solve the same problems in isolation. They can build on what others have already learned, adapt more quickly, and deliver better care for Californians.

Through Healthforce Center at UCSF, the California Improvement Network (CIN) moves organizations beyond the constraints of this dynamic landscape by creating the relationships, trusted spaces, and practical insights that make coordinated action possible. The network brings together leaders and organizations that rarely sit in dialogue, including state and regional agencies, health plans and providers, and community-based organizations, opening new pathways for collaboration and shared problem-solving that can tackle the system's thorniest challenges. Through repeated opportunities to connect, learn, and work together, the network builds new connections across sectors and leverages them as catalysts for systems change.

CIN at a Glance

Purpose: Advance equitable health care experiences and outcomes for Californians through cross-sector connections, spreading good ideas, and implementing improvements.

~25

partner organizations participate in each two-year CIN cycle, representing California's diverse health care ecosystem.

4,5K

additional network members engage through webinars, publications, and learning resources.

27M+

Californians collectively served by CIN partner organizations.

Partner-driven priorities and shared governance shape CIN's learning agenda and direction.

Designed, convened, and stewarded by Healthforce Center at UCSF, with long-standing partnership and support from the California Health Care Foundation.

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These outcomes don't happen on their own. They are the result of intentional network design, facilitation, and long-term stewardship. Healthforce Center works alongside CIN partners to identify emerging issues, curate learning opportunities, convene diverse perspectives, and foster a culture in which organizations can openly share challenges, test ideas, and learn from one another. These efforts help CIN partners translate learning and collaboration into action on some of California's most urgent priorities, including maternal and child health, behavioral health, and health equity. With ongoing partnership and support from the California Health Care Foundation, CIN continues to adapt alongside California's evolving health care landscape.

CIN's core mechanisms of knowledge, connection, and trust give organizations the clarity, confidence, and coordination to turn considered improvements into realized ones. Whether an organization is learning about new services, building a partnership, or responding to an environmental shift, CIN meets partners where they are on the continuum of change and empowers them to take the actions that make sense for their goals and capacities. Over time, these small movements become sustained practices that ripple across California's health care system and crest into progress that no single organization could achieve alone. And because CIN learns and evolves alongside the organizations it serves, its priorities remain relevant to the field as new challenges emerge.

What CIN Makes Possible

91%

Find clarity
Partners gained knowledge and perspectives unavailable elsewhere.

93%

Move faster
Partners built trusted peer relationships they continue to rely on.

95%

Build trust that supports change
Partners feel valued as members of the network.

95%

Turn ideas into action
Partners say CIN partners generate new insights together.

Together, these capabilities help organizations navigate complexity, adapt to change, and improve care across California.

Turning Isolated Experience into Collective Intelligence

CIN helps organizations find their footing within the health care landscape, inspiring those on the brink of change to take their first steps toward transformation. In a health care system as layered as California's, it can be challenging for organizations that are motivated to change to know where to start. Fragmentation across delivery systems exacerbates the challenge, making it harder to see what others are learning, identify opportunities, and act with confidence.

Limited cross-sector communication channels mean organizations lack a platform for sharing their experiences with specific programs, funding mechanisms, or technologies — all of which are wide-ranging and rapidly changing. Within this environment, organizations with shared goals and interests lose out on opportunities to learn from and motivate one another.

> "Connecting with CBOs helps us understand their local environments and the issues that the people in their communities are dealing with. It might translate into how we connect with people locally, how we look at the impact of health-related social needs in a local area, and how they might impact health equity."
>
> **David Campa,** Senior Medical Director, Covered California

By harnessing and distributing individual learnings, CIN helps transform previously isolated experiences into a body of collective intelligence that organizations can draw from to identify opportunities and chart a strategic course. CIN partners consistently credit the network with sparking new ideas, delivering relevant knowledge, and building the confidence to act. A recent Healthforce Center survey found that 95% of CIN partners reported they gained new insights through their involvement in the network, and 91% accessed otherwise unreachable information critical to their goals.

CASE STUDY

Knowing Where to Start

CIN partners consistently report strong gains in cross-sector understanding that open doors to relevant, ready-to-apply ideas. For instance, before becoming a CIN partner organization, the behavioral health community-based organization (CBO) Turning Point Community Programs had considered becoming an Enhanced Care Management (ECM) provider, but needed clarity around where to start. Through CIN, Turning Point leaders built connections with representatives from managed care plans (MCPs) who provided practical tips for how to take the first step toward certification as well as strategies to employ as a provider down the line. Now, Turning Point offers Transitional Rent, a life-saving service that helps people experiencing homelessness move into stable housing.

Diana White, CEO, Turning Point

Turning Point's expansion into ECM shows that CIN both motivates and orients organizations on the cusp of change. According to Turning Point CEO Diana White, CIN's network of contacts gave the organization much-needed clarity about a viable path to offering its clients the vital service. "Sitting down at the table with MCPs wasn't something we had access to in the past," she explained. "Having access to those individuals really helped us feel confident asking the necessary questions and expanding that line of our business."

Accelerating Progress Through Peer Connection

Once an organization moves beyond the first step toward transformation, the path can get harder. Steep learning curves, unfamiliar operational demands, and unexpected obstacles can stall progress for months, especially when there's no clear precedent to follow. CIN closes that gap by connecting organizations directly with peers who have already tested, refined, and implemented similar approaches.

CASE STUDY

Refining Strategy with Expert Peer Guidance

Across the network, partners report that learning from peers helps them refine strategies, avoid unnecessary trial and error, and move more quickly from conceptualization to implementation. When Chiamaka Chine, senior program officer at SCAN Health Plan, was charged with creating the community-based organization's new health equity strategy, she immediately reached out to a peer organization's chief health equity officer, whom she knew through CIN. That contact guided Chine through the process and advised her to refine priorities and ground the narrative in data in order to get buy-in from senior leadership.

Chiamaka Chine, Senior Program Manager, SCAN Health Plan

In Chine's case, building on the work already undertaken by a peer meant she didn't have to start from scratch. Instead, she was able to build on proven experience, anticipate questions from senior leadership, and move more efficiently from concept to implementation. Chine's strategy has since been absorbed into SCAN's new focus on programming that meets the needs of its high-risk members. "CIN has provided a lot of sounding boards for me," Chine said. "It's so valuable to be able to reach out to people who are also working in health equity to make sure I'm on top of trending topics and keeping the right focus when it comes to truly meeting members where they are."

Rather than starting from scratch, organizations can shorten their learning curve, sidestep the pitfalls others have already identified, and build on proven experience instead of reinventing it. What might otherwise take a year of trial and error can take a fraction of that time when the roadmap already exists and is shared.

With a direct line to health leaders who have tested and implemented novel approaches to tackling persistent challenges, CIN partner organizations wanting to explore similar paths can ask the right questions to the right people. Over time, these connections become enduring resources for organizations as they navigate new challenges. Survey findings show that 93% of CIN partner organizations developed relationships with new peers they would feel comfortable reaching out to in the future. Through connections with seasoned and experienced peers, organizations move more quickly from idea to implementation. Because they can see the routes others have already traveled, they also avoid costly errors and preserve their resources for what matters most.

Throughout the network, partners report improved confidence in navigating high-stakes decisions. This connectivity is particularly valuable when organizations early in the improvement process are able to learn from their peers further along the continuum of change.

> "I think the greatest benefit of being a CIN partner has been the relationships and the opportunity to meet and work with people from different segments of the health care ecosystem that I probably wouldn't ordinarily have the opportunity to connect or work with."
>
> **John Maceri,** CEO, The People Concern

CASE STUDY

Action Project: Turning a Promising Idea into Lasting Practice

CIN's Action Projects provide another pathway for partners to move from learning to action. Through strategic seed funding and tailored technical assistance, Healthforce Center supports select CIN partner organizations in advancing projects directly tied to the network's partner-driven learning and action priorities. CIN intentionally connects these priorities to California's broader health equity agenda, so improvements within individual organizations also contribute to statewide progress. Many Action Projects in the most recent cycle, including the example below, advance the California Department of Health Care Services' Bold Goals in maternal and child health, behavioral health, and equitable access to care.

Well-child care visits and immunizations have long lagged among Black families in Alameda County, reflecting not just access barriers but gaps in trust and culturally relevant care, compounded by postpartum isolation and maternal depression. Alameda Alliance for Health (Alliance), with funding through CIN, partnered with Alameda Health System (AHS) to advance their Beloved Black Babies (BBB) program, a group well-child visit model delivered by a racially concordant care team. Participating families have a full year of visits scheduled in advance, each organized around a developmental theme, allowing them to build relationships with their care team and community over time.

CIN's Action Project provided the Alliance with targeted resources to support this critical partnership, expanding the BBB program and implementation efforts, and deepening understanding of this promising model and its impact on maternal-child wellbeing. The funding supported a care team aimed at reducing disparities in well-child care visits and immunization rates among Black children, equipping Black parents with skills to promote healthy child development, fostering community and connection among families, and reducing maternal depression. Tailored CIN technical assistance and regular check-ins helped the team reflect on program learnings, strengthen implementation, and measurement.

The investment paid off: 100% of the cohort's babies are now up to date on well-child visits and vaccinations. That success has catalyzed broader commitments. The Alliance's Quality team approved roughly $40,000 to expand BBB for a second year, and AHS launched a Spanish-speaking BBB group. This experience has generated lessons that other CIN partners can draw on for their own patient populations.

Cultivating Trust So Standard Practice Can Take Root

By nourishing a sense of trust between partners and sectors that makes organizations feel comfortable trying newly learned ideas, CIN closes the gap between theory and practice. The network intentionally builds rapport between individuals through programming and experiences that facilitate introductions between prospective partners, encourage repeated opportunities for partners to connect, and foster a culture of openness in which organizations feel safe to pursue ambitious goals.

In Healthforce Center's CIN evaluation, 100% of partners stated that the trust cultivated in the network gave them the courage to share ideas, take risks, and adopt new approaches. In that sense, CIN lays a foundation of camaraderie that energizes organizations well beyond the network's convenings and learning opportunities. Partners leave eager to apply new ideas to the problems they're solving and inspired by their role in a collective mission to improve the health

> "The value of getting together safety-net providers at this time is solidarity. We have to be in this together and try to serve as many people as we can."
>
> **Dustin Harper,** Chief Strategy Officer, Institute on Aging

care system. Notably, the evaluation also found that 95% of partners feel valued within the network. These aren't simply positive experiences; they are part of the infrastructure that makes systems change possible.

CIN's work underscores trust as a key component of systems change: When small actions are understood to be part of a shared mission instead of isolated efforts, incremental improvements turn into embedded, adaptable practices.

CASE STUDY

Adopting Practices from Trusted Partners

The sense of trust that undergirds CIN's relational infrastructure means organizations are more likely to adopt and sustain tools and practices shared by network peers. This dynamic played out in real time following a webinar led by CIN partner organization, Salud Para La Gente (Salud), a Federally Qualified Health Center (FQHC) and trusted community health partner serving the diverse communities of California's Central Coast. When leaders from Salud shared a child safety protocol that they developed to support immigrant families during ongoing federal immigration enforcement actions, CIN partner organizations quickly recognized its value as a tool urgently needed in California communities and they immediately deployed it across their own networks.

Sigolène Ortega, Director of Health Equity, Salud Para La Gente

This rapid dissemination of ready-to-use tools across the network demonstrates how innovation by one trusted partner can strengthen the entire system. Because organizations had confidence in the experience and judgment of their network peer, they avoided the bottleneck of engineering their own protocol from scratch, and were able to seamlessly get the resource on the ground and in the hands of those who could use it.

"In the current political climate, everyone is facing the same issues surrounding fear and anxiety in immigrant communities. Being able to come together in one room and talk about the strategies that are working is a huge thing," said Sigolène Ortega, Salud's director of health equity. "We can learn from one another to scale those best practices and it doesn't have to be as cumbersome for others as it was for us.

Investing in California's Capacity for Change

The challenges facing California's health care system are unlikely to become simpler. If anything, organizations will need to adapt more quickly, collaborate more effectively, and respond to an increasingly interconnected set of demands. Meeting those demands will require more than individual innovation. It will require organizations to learn from one another, build trusted relationships across sectors, and translate shared knowledge into coordinated action.

The California Improvement Network creates those conditions. Through intentional network design and long-term stewardship, Healthforce Center at UCSF brings together leaders from across California's health care ecosystem to build the relationships, understanding, and practical capacity that facilitate meaningful change. Those individual actions become stronger partnerships, new approaches, and better decisions that prompt and accelerate movement among peers, energizing transformation well beyond any single institution.

The value of CIN isn't the individual convenings or projects. It's the lasting capacity those investments create across California's health care system. When organizations can draw on one another's successes without starting from scratch, ideas move farther and faster, relationships become lasting resources, and small improvements accumulate into broader systems change.

Without CIN, organizations would still be working to improve health care quality, access, and equity. But they would be doing so with fewer trusted relationships, less visibility into what others are learning, and fewer pathways for spreading successful approaches across the state. Knowledge would remain siloed, and an organization's hard-won lessons would rarely reach beyond its walls.

As challenges mount, sustained investment in this kind of infrastructure is becoming even more necessary. The relationships, learning, and trust that make collective progress possible must be intentionally cultivated, nurtured, and sustained. CIN demonstrates what becomes possible when those conditions are intentionally stewarded over time: a health care system that is coordinated, cohesive, and primed for whatever comes next.

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