DHCS | PATH

Providing Access & Transforming Health

BluePath HEALTH

Tri-Counties CalAIM PATH Collaborative San Luis Obispo & Santa Barbara

July 24, 2024

Welcome!

Introductions in the chat
- Name
- Organization
- Your role in CalAIM implementation

July Collaborative Agenda

Topic	Time
Welcome and Introductions	**5**
Spotlight on Children and Youth: ● *Wendy Wendt, First 5 San Luis Obispo* ● *Lisa Fraser, Center for Family Strengthening* ● *Monica Ray, Pediatric Resiliency Collaborative (PeRC)* ● Group Discussion	**35**
Managed Care Plan Updates	**10**
Resources, Updates and Closing	**10**
Optional Office Hours	**45**

2024 Aim Statement and Drivers

The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

Build education and awareness of CalAIM among members, providers, and community partners	**Strengthen the provider network to serve all Populations of Focus**	**Increase ECM & Community Supports referrals and care coordination among providers**

ECM for Children and Youth

ECM Is Available for Children and Youth in the Following Populations of Focus (POFs):

🏠	Children and Youth Experiencing Homelessness
🚑	Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
🧠	Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
👧	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
👨‍👦	Children and Youth Involved in Child Welfare

Note: In January 2024, ECM will also launch for Individuals Transitioning from Incarceration and Birth Equity POFs, which are inclusive of children and youth.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

ENHANCED CARE MANAGEMENT FOR CHILDREN AND YOUTH

A POPULATIONS OF FOCUS SPOTLIGHT

This **Enhanced Care Management Populations of Focus Spotlight** illustrates how ECM is delivered for children and youth, as a way to support young Californians with varied and unique needs, their caregivers and families, and the providers who care for them. It is intended to help future ECM Providers get started and current ECM Providers refine their ECM program for Medi-Cal managed care plan Members across the state.

Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs. It launched in 2022, is the highest MCP-administered care management tier in the Medi-Cal Population Health Management continuum, and is delivered in the community by community-based providers.

From July 1, 2023, forward, ECM is available to children and youth with the highest social and clinical risk enrolled in Medi-Cal managed care plans. For these young Members, ECM is intended to identify and close gaps in needed services, as well as ensure closed loop care coordination occurs between a child's or youth's medical care, behavioral health care, and social services delivery systems. Because children and youth with complex needs are often already served by one or more case managers or other service providers within a fragmented delivery system, ECM offers coordination between systems. Instead of duplicating work already being done, ECM facilitates effective communication and timely and necessary data sharing to make sure that the child or youth and their caregivers' needs are being met with a whole person care approach.

In the following sections, readers will find ECM operational guidance for the **Children and Youth Populations of Focus (POFs)**, vignettes showing how ECM might support two Medi-Cal Members, and extensive resources for assessing your organization's capacity to contract with managed care plans as an ECM provider.

Community Supports for Children and Youth

Which Community Supports are Children and Youth Most Likely to Benefit From?

» Asthma Remediation

» Housing Navigation

» Housing Tenancy and Sustaining Services

» Housing Deposits

» Caregiver Respite

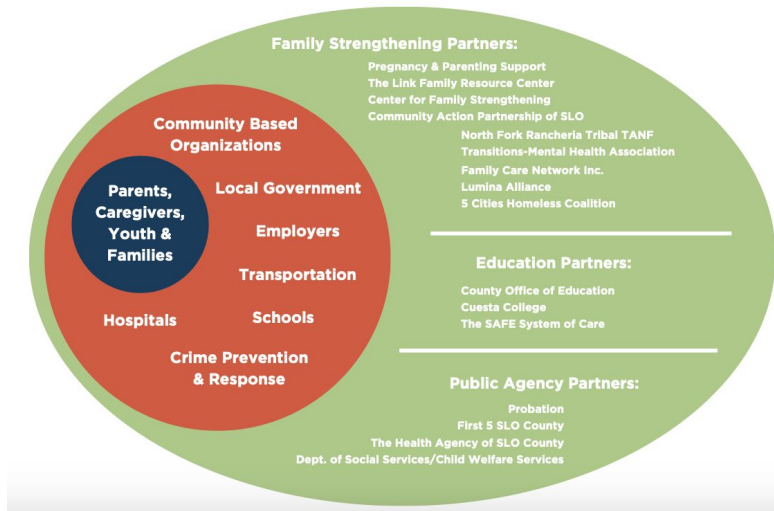Outlined by the DHCS Community Supports Policy Guidance

Spotlight on Children and Youth: San Luis Obispo

San Luis Obispo County
CHILD & FAMILY
WELLNESS
COLLABORATIVE

A Community Response to Child & Family Wellness

In 2020 the Department of Social Services and Center for Family Strengthening, the designated Child Abuse Prevention Council in SLO County, co-organized multiple agency partners to create the Families First Prevention Services Act Comprehensive Countywide Prevention Plan.

Align public systems and community partners for an integrated whole child, whole family, and whole community care.

Provide equitable access to services, support and wellness opportunities for children and families.

Strengthen protective factors.

Decrease formal system involvement.

Increase wellness for generations to come.

Parents, Caregivers, Youth & Families

Community Based Organizations

Local Government

Employers

Transportation

Schools

Hospitals

Crime Prevention & Response

Family Strengthening Partners:

Pregnancy & Parenting Support
The Link Family Resource Center
Center for Family Strengthening
Community Action Partnership of SLO
North Fork Rancheria Tribal TANF
Transitions-Mental Health Association
Family Care Network Inc.
Lumina Alliance
5 Cities Homeless Coalition

Education Partners:

County Office of Education
Cuesta College
The SAFE System of Care

Public Agency Partners:

Probation
First 5 SLO County
The Health Agency of SLO County
Dept. of Social Services/Child Welfare Services

San Luis Obispo County CHILD & FAMILY WELLNESS COLLABORATIVE

Countywide Prevention Plan:

Coordinate Primary & Secondary Child Abuse Prevention through high-functioning partnerships.

Elevate Family Resource Centers & Family Strengthening Programs as the primary pathway to support children, youth and families.

Steward the SAFE System of Care, a countywide interagency collaboration for the benefit of families and students.

Build capacity in the family strengthening field through education, training and leadership development.

The role of the SLO County Child & Family Wellness Collaborative:

→ **Convene the Collaborative partners**

→ **Knowledge-sharing & professional development**

→ **Guide the implementation of the *SLO County Comprehensive Prevention Plan***

↳ **Strengthen primary prevention pathways**

Shandon Wellness Center

Innovative partnerships serving Shandon children and families

The Shandon Joint Unified School District in cooperation with SLO SELPA, SLO County Office of Education, The Link Family Resource Center, SLO County Behavioral Health, The Food Bank Coalition and SAFE System of Care partners provide coordinated services to students and their families.

Cultivating Student Wellness:

- Mental Health Services
- Physical Health Services
- Family Support Services
- Educational Support

The Shandon Wellness Center is an accessible hub of support to help students and families thrive.

Spotlight on Children and Youth: Santa Barbara

Children and Youth Discussion Questions

1. **What needs to happen to support organizations in making CalAIM referrals?**
2. **How should existing networks of care and coalitions support referrals to CalAIM?**
3. **What would be the highest impact actions the Collaborative could take to support more ECM and Community Supports referrals for children and youth?**

CenCal Health Plan Updates

Resources and Updates

NOW LIVE: "PATHways to Success"

Learn about the difference PATH is making for organizations and the Medi-Cal members they serve across California.

PATH is Growing Local Partnerships and Strengthening Services for Members

June 14, 2024

For more than 20 years, Lifespring Home Nutrition has provided Southern Californians with special dietary needs access to nutritious, medically tailored meals (MTM) to heal their bodies and manage their...

Read More

View All Success Stories

ECM & Community Supports Job Aid

CalAIM ECM and Community Supports Guide

Types of Community Supports Available in Ventura:

Housing Navigation
Assistance with finding, applying for, and securing permanent housing.

Housing Deposits
Assistance with housing fees, including security deposits and utility setup, such as gas and electricity.

Housing Tenancy & Sustainability
Support to keep your housing, such as help with landlord issues, annual certification, and connections to local resources to prevent eviction.

Personal Care and Homemaker Services
Support for daily activities like bathing, feeding, meal preparation, grocery shopping, and going to medical appointments.

Home Modifications
Home updates that help improve health, safety, and independence, such as ramps, grab-bars, wider doorways, and stair lifts.

Nursing Home Diversion to Assisted Living
Help with transferring to assisted living and receive services like daily living support, medication oversight, and 24-hour onsite direct care staff, instead of going to or staying in a nursing facility.

Day Habilitation Programs
Mentoring to develop skills, such as using public transportation, cooking, cleaning, and managing personal finances.

For individuals experiencing homelessness
Only for Kaiser Permanente members, starting July 2024

Recuperative Care (Medical Respite)
Short-term residential care if you are discharged from a hospital and without stable housing.

Caregiver Services (Respite Services)
Short-term relief for your caregivers, either where you live or at an approved facility.

Medically Supportive Food/Medically Tailored Meals
Deliveries of nutritious groceries or prepared meals along with vouchers for healthy food and/or nutrition education.

Short-Term Post Hospitalization Housing
Temporary housing after leaving inpatient care settings, including those for SUD treatment, mental health, correctional facilities, and more.

Asthma Remediation
Home updates to help prevent acute asthma episodes through filtered vacuums, dehumidifiers, air filters, and better ventilation.

Nursing Facility Transition to a Home
Assistance returning home from a nursing facility, such as funding for security deposits, utility set-up fees, and health-related appliances like hospital beds.

Explaining Enhanced Care Management (ECM) Services to a Member:
Your dedicated Lead Care Manager will coordinate health and health-related services, offering care on the phone, in-person, and/or where you live.

Your Lead Care Manager can:
- Find doctors and make appointments

ECM does not replace:
Your benefits: It's an additional benefit for Medi-Cal members.

See bottom of other side for details on ECM services.

Individuals who meet the criteria for one or more of these 9 populations of focus are eligible for Enhanced Care Management (ECM):

Individuals Experiencing Homelessness:
- Adults with complex physical, behavioral, or developmental needs.
- Children, youth, and families with members under 21 years old experiencing homelessness.

Individuals At Risk for Avoidable Hospital or Emergency Department Utilization:
- Adults with 5 or more avoidable ED visits or 3 or more avoidable unplanned hospital or nursing facility stays in the past year.
- Children and youth with 3 or more avoidable ED visits or 2 or more avoidable unplanned hospital or nursing facility stays in the past year.

Individuals with Serious Mental Health and/or Substance Use Disorder Needs:
- Adults facing significant challenges with mental health or substance use disorders, who also experience at least one complex social factor impacting their health and one or more of the following: a high risk for institutionalization, overdose, or suicide; primarily seeking care from crisis services, EDs, urgent care, or inpatient stays; or 2 or more ED visits or hospitalizations due to mental health or substance use disorder in the past year.
- Children and youth experiencing significant challenges with mental health conditions or substance use disorders.

Individuals Transitioning from Incarceration:
- Adults recently released from prison, jail, or correctional facilities in the past year, also experiencing one of the following: mental illness, substance use disorder (SUD), chronic or significant non-chronic clinical condition, intellectual or developmental disability, traumatic brain injury, HIV/AIDS, or pregnancy/postpartum.
- Children and youth recently released from youth correctional facilities in the past year.

Second page describes populations of focus

Upcoming Events

WEBINAR • AUGUST 21, 10:00–11:00 AM PT

Braiding Funding Streams to Deliver Integrated Care for Medi-Cal Members Under CalAIM

Funder: California Health Care Foundation

August 21, 10-11am
Center for Health Care Strategies
Register Here

See you in August!

Tri-Counties Collaborative
Hospital and Health System Role in CalAIM

Wednesday, August 21

11:00am

Zoom Link

CalAIM TA Marketplace

Step 1: Registrant Eligibility Verification

Applicant completes TA Marketplace registration process

Step 2: Project Eligibility Verification

Applicant(s) Identifies Project Associated with PATH

Review TA Marketplace for OTS or Hand-On Services and by Which Vendor?

Applicant completes application form & submits to TPA

TPA review with Accept/Reject Recommendation to DHCS

Step 3: Project SOW and Budget

DHCS makes final decision on approval.

If approved *Applicant and Vendor co-develop SOW with services description, deliverables & milestones

PA issues payment directly to TA vendor based on agreed rates upon completion and verification of milestones/deliverables

Your feedback is important

Poll

Thank you!
Questions or suggestions?
pathinfo@bluepathhealth.com

Office Hours