

Alameda CalAIM Children and Youth Workgroup

December 3, 2024



Today's Agenda

Time	Draft Agenda Topic
11:00-11:15	Welcome and Introductions
11:15-11:25	Objectives and Background
11:25-11:50	Discussion: Barriers, Successes & Actions Needed
11:50-11:55	Priority Setting
11:55-12:00	Next Steps and Wrap Up

Introductions

Please share:

- Your Name
- Organization and Role
- Your role in CalAIM (provider, referral partner, youth-serving agency)
- What are you hoping to accomplish in this workgroup?

Workgroup Objective

Enable outreach, referrals, and enrollment for children into ECM and Community Supports

Background

DHCS Spotlight on Children and Youth

Highlights:

- What does ECM delivery look like for children and youth?
- How does it link with other programs, particularly the CHW benefit and dyadic services?
- Example cases/vignettes

Access the resource [here](#)

How Do Children and Youth Access ECM?

Access to ECM can be created in multiple ways.

» Eligible Members may be referred to the Medi-Cal MCP by a **provider, case manager, or other professional already serving the child or youth.**

— DHCS expects MCPs to source most ECM referrals in this way. Since children and youth with complex needs are usually already being served by at least one health care or social service delivery system, DHCS expects almost all children and youth to access ECM this way in the first few years of the program.

— Community-based service providers are encouraged to identify and refer eligible children and youth to their MCPs for ECM, whether or not referring providers are themselves serving as ECM Providers within the MCP contracted network and/or service area.



ECM for Children and Youth

The Children and Youth Population of Focus became eligible for ECM in July 2023.

Children and youth experiencing the following are eligible:

- Experiencing homelessness
- At risk for avoidable hospitalization or ED utilization
- With serious mental health and/or substance use disorder needs
- Enrolled in California Children's Services (CCS) or CCS WCM
- Involved in Child Welfare
- Pregnant or have been pregnant within the last 12 months and identify as Black, American Indian, Alaska Native, or Pacific Islander

Q2 2024 ECM Utilization Data

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experience Homelessness	429	N/A
1b	Individuals Experience Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	N/A	322
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	738	216
3	Individuals with Serious Mental Health and/or SUD Needs	328	198
4	Individuals Transitioning from Incarceration	180	1
5	Adults Living in the Community and At Risk for LTC Institutionalization	376	N/A
6	Adult Nursing Facility Residents Transitioning to the Community	4	N/A
7	Children and Youth Enrolled in California Children’s Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition	N/A	68
8	Children and Youth Involved in Child Welfare	N/A	91
9	Birth Equity Population of Focus	134	5
	Total	2,189	901

Barriers to Access for Children & Youth

Referrals

- Different referral challenges than for adults
- Challenges in identifying eligible members
- Higher rates of denials?

Trust

- Providers are hesitant to refer vulnerable to service providers they do not know

Consent

- Concerns about minor's ability to give consent
- Challenges with minors accessing services without parent/guardian notification

Overlap with other programs

- Uncertainty with regards to what services can be used in combination with ECM and/or Community Supports

Discussion

1. What are the barriers to enrolling children and youth in ECM and Community Supports?
2. What are the highest priority PoFs or Community Supports to address barriers for children and youth?
3. Where have we started to see success?
4. What support do you need from fellow providers?
5. What questions remain to be answered?

Next Steps

Thank you!

Let's keep the conversation going:
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