Alameda CalAIM PATH Collaborative

June 26, 2026

BluePath HEALTH

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Please introduce yourself in the chat!

BluePath HEALTH

Housekeeping

Please ensure you are **muted**

Use the chat to ask questions relevant to the topic(s) at hand

Unmute and share your questions or comments during **Q&A**

Add your organization to your Zoom Name

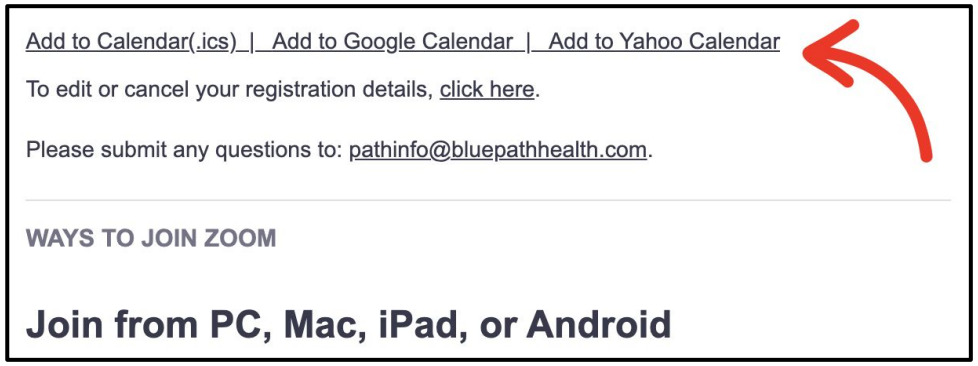
- Click **Participants**, hover over your name in the list and click **More**, select **Rename** from the drop-down menu, and enter your name and organization as you would like it to appear

Meeting slides will be shared with participants and posted to our resource center

2026 Scheduling

Join us on Fridays in 2026!

Register to add the 2026 meetings to your calendar!



Meeting Calendar
January 23
February 27 (In-person)
March 27
April 24
May 29 (In-person) *fifth Friday*
June 26
July 24
August 28 (In-person)
September 25
October 24
November 13 (In-person) *second Friday*
December 18 *third Friday*

Alameda 2026 Aim Statement and Drivers

By December 2026, the Collaborative will strengthen provider capacity through sustainable provider partnerships and readiness for future Medi-Cal policy changes.

1. **Transform networking into formal and informal partnerships through quarterly in-person meetings**

2. **Prepare for implementation changes through regular policy updates and summaries**

3. **Strengthen capacity through trainings and co-development of tools and resources**

Thank you for joining us in May!

- We heard provider spotlights from **Building Futures for Women and Children** and **Fred Finch Youth & Family Services** on housing supports services and ECM services.
- **Community Health Center Network** shared provider best practices for ECM referrals.

- **Meeting Materials**
  - Meeting Slides

BUILDING FUTURES
free from homelessness and family violence

FredFinch
Youth & Family Services

COMMUNITY HEALTH CENTER NETWORK

Today's Agenda

Time	Agenda Item	Presenter
10:00-10:05am	Welcome and Introductions	BluePath Health
10:05-10:15am	Local CalAIM Success Story	Bay Area Community Health
10:15-10:20am	CalAIM Justice-Involved Initiative: Brief Overview	BluePath Health
10:20-10:45am	Local CalAIM Justice-Involved Implementation Updates and Discussion: AC Sheriff's Office and Kaiser Permanente	
10:45-11:00am	DHCS Poll, Policy Updates, Announcements, and Closing	BluePath Health

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Local CalAIM Success Story

BAY AREA COMMUNITY HEALTH

BAY AREA COMMUNITY HEALTH

PROVIDER SPOTLIGHT

Bay Area Community Health

Alameda CalAIM PATH Collaborative

June 26, 2026

WHAT WE BELIEVE IN

Our mission, vision & values

Our Mission

Give people great health and social care that makes their lives better.

Our Vision

Quality, affordable care for everyone in our community.

OUR VALUES

Equality

Quality care for all, no matter what you can pay.

Commitment

We stand behind the community health center model.

Community

We listen to our community and grow stronger together.

Respect

Everyone is heard, valued, and treated with kindness.

Excellence

We aim high and keep finding better ways to help.

BAY AREA COMMUNITY HEALTH

WHO WE ARE

A community health home for southern Al & Santa Clara County

FQHC Federally Qualified

HRSA Grantee

NCQA PCMH

A Federally Qualified Health Center delivering **exceptional, whole-person health & social services for all** — regardless of ability to pay.

Whole-person care

Medical, dental, behavioral, vision & social services under one roof.

Easily accessible

Open weekdays & weekends, with clinics across both counties.

Low cost for everyone

Medi-Cal & most insurance accepted; sliding fee for the uninsured.

MAKE AN APPOINTMENT

Alameda **(510) 770-8040**

Santa Clara **(408) 729-9700**

BAY AREA COMMUNITY HEALTH

OUR INTEGRATED MODEL

Whole-person care, under one roof

Services connected through one coordinated team and one shared record.

PRIMARY CARE

Comprehensive care for every age

Medical

Physicals, screenings, pediatrics, senior & family planning care.

Dental

Exams, cleanings, fillings, crowns & dentures — plus mobile CHOMP.

Vision / Optometry

Eye exams, glasses & screening for chronic eye disease.

Prenatal Care

Obstetric visits, postpartum & breastfeeding support.

Teen / Adolescent

Confidential wellness & reproductive care, ages 12–24.

On-site Pharmacy

Low-cost meds, refill reminders & pharmacist consults.

BEHAVIORAL HEALTH & SOCIAL SERVICES

Mental health, treated as part of whole health

Integrated behavioral health for patients of all ages — delivered right alongside primary care, in both counties, with telehealth available.

- **Co-located with primary care**
- **Warm hand-offs between providers**
- **Confidential & stigma-free**

Individual & Family Therapy

One-on-one, family & child-play therapy.

Cognitive Behavioral Therapy

Evidence-based skills for anxiety & depression.

Trauma & PTSD Support

Coping support for trauma and abuse.

Telepsychiatry

Psychiatry visits by phone or video.

School-Linked & Teen

Behavioral health for youth, in schools.

WRAPPED IN SOCIAL SUPPORT

- **Housing assistance & referrals**
- **Food & local pantry support**
- **Help enrolling in CalFresh & Medi-Cal**

All ages · Alameda & Santa Clara · telehealth available

BAY AREA COMMUNITY HEALTH

SPECIALTY CARE

Added specialties, same trusted team

Acupuncture

Drug-free relief for chronic pain, stress & more.

Chiropractic

Care for back, neck & musculoskeletal pain.

Dermatology

Skin screening, cancer treatment, acne & eczema.

Podiatry

Foot & ankle care, including diabetic wound care.

CALAIM SPECIALTY PROGRAMS & WRAPAROUND SERVICES

Care that reaches beyond the clinic

CALAIM CORE PROGRAMS

ECM
FLAGSHIP

Enhanced Care Management

Personalized coordination for complex needs.

HPS

Homelessness Prevention System

Rent help, legal support & case management.

SUD / MAT

Substance Use & Medication-Assisted Treatment

Counseling plus medication for recovery.

ARISE

Asian Wellness Project

Mental health prevention & early intervention.

HSM

Homeless Street Medicine

Street-based care in encampments.

PLUS WRAPAROUND SUPPORTS

Food Pharmacy

Groceries prescribed alongside care.

Mobile Clinics

Care brought into the community.

HOPWA Housing

Housing for people with HIV/AIDS.

Needle Exchange

Sterile supplies, safe disposal.

Harm Reduction

Naloxone, education & testing.

Wellness Workshops

Aging well, healthy eating & more.

BAY AREA COMMUNITY HEALTH

CALAIM · FLAGSHIP BENEFIT ENHANCED CARE MANAGEMENT

One care manager. The whole person.

ECM is a no-cost Medi-Cal benefit that gives members with the most complex needs a single **lead care manager** to coordinate every part of their care — medical, behavioral, and social.

A lead care manager

A dedicated point person who knows the member's whole story.

Whole-person coordination

Connects medical, behavioral, and social services into one plan.

Meets members where they are

In the home, the shelter, the street, or the clinic.

No cost to the member

A covered benefit through Medi-Cal managed care.

BAY AREA COMMUNITY HEALTH

POPULATIONS OF FOCUS

Built for members with the most complex needs

DHCS defines who ECM serves. Here are the Populations of Focus — and how our care managers help each one.

Experiencing homelessness

Adults, children & youth without stable housing — unsheltered, in shelters, or doubled-up.

✓ **ECM helps:** Housing navigation, 211 linkage & benefits enrollment.

High ED & hospital use

Repeated avoidable ED visits or unplanned hospital stays, often with chronic conditions.

✓ **ECM helps:** Coordinate follow-up; stay in close contact with the hospital discharge nurse and track every discharge plan.

Serious mental health / SUD needs

Serious mental illness, emotional disturbance, or SUD — including co-occurring needs.

✓ **ECM helps:** Warm connection to BH & MAT — strong ties with BH programs make referrals fast.

Transitioning from incarceration

Justice-involved adults returning to the community after jail or prison.

✓ **ECM helps:** Connect to care, medications & housing right after release.

At risk of institutionalization

Living in the community at risk of nursing-facility care, or transitioning back out.

ECM helps: Engage family, friends & IHSS; for fall-risk seniors, suggest soft mat flooring.

Children & youth with complex needs

Including child-welfare involvement and California Children's Services (CCS).

✓ **ECM helps:** Family support & links across providers & agencies.

Birth equity population

Pregnant & postpartum members (through 12 months), closing maternal health gaps.

✓ **ECM helps:** Prenatal navigation, postpartum follow-up & resources.

THE 7 CORE ECM SERVICES

What your lead care manager does

1

Outreach & engagement

Finding members and building trust.

2

Assessment & care plan

One plan built around the member's goals.

3

Enhanced care coordination

Connecting every provider and service.

4

Health promotion

Education and skills for self-care.

5

Comprehensive transitional care

Smooth hand-offs between care settings.

6

Member & family supports

Support for the people in the member's corner.

7

Community & social referrals

Linkage to housing, food & benefits.

Fewer gaps. Better outcomes.

BAY AREA COMMUNITY HEALTH

CLIENT IMPACT STORY

From a relative's couch to her own front door

THE CHALLENGE

- Doubled-up on a relative's couch — wanted her own apartment.
- A tight budget, with food costs crowding out other needs.
- Overwhelmed navigating housing & benefits alone.

HOW HER ECM CARE MANAGER HELPED

- Whole-person needs assessment & care plan
- Connected to 211 & housing applications
- Food bank & CalFresh enrollment
- Appointment reminders & primary-care linkage

THE OUTCOME

- **Her own apartment**
  Approved for a housing program
- **Food secure**
  Enrolled in CalFresh + pantry
- **On track**
  Engaged in care & finishing school

> *"For the first time, I have my own keys. My case manager didn't just hand me a list — she walked it with me until something actually worked."* — **Patient**

BAY AREA COMMUNITY HEALTH

REFERRAL PROCESS

How to refer a patient to ECM

For a patient outside BACH, two things must be in place — they become a BACH patient, and they have CHCN-AAH coverage.

1

Become a BACH patient

Establish care at BACH by calling to schedule a first appointment.

Alameda (510) 770-8040

Santa Clara (408) 729-9700

2

Confirm CHCN-AAH coverage

ECM is delivered through the member's Medi-Cal managed care plan — CHCN-AAH.

Already covered? Move straight to enrollment.

3

Not a CHCN member yet?

Call CHCN member services and request to become a CHCN member.

CHCN member line — add number

With both in place, BACH screens for eligibility and assigns a **lead care manager** to begin ECM.

BEST PRACTICES

Ten best practices for ECM

What works best when serving high-need and justice-involved members.

1. **Meet members where they are**
   Go to them — the community, shelters, jail before release, or right at reentry.

2. **Treat the first 30–90 days as critical**
   Reentry is highest-risk. Lock in Medi-Cal, meds & a warm handoff before release.

3. **Build trust before paperwork**
   Lead with rapport, not forms. Peers & CHWs with lived experience connect best.

4. **Be persistent and creative**
   Outreach is often hard. Try different phone numbers, reach out to family or friends, and switch up methods — phone, text, in person. Log every attempt; don't drop members too soon.

5. **Close the loop on referrals**
   Track each referral all the way to completion — not just to submission.

6. **Connect to Community Supports early**
   Housing, recuperative care, sobering centers & food often move outcomes most.

7. **Document as you go**
   Sign encounters promptly; capture level of service & consent. Keep records audit-ready.

8. **Right-size caseloads**
   Higher-need members get smaller caseloads and more frequent touch.

9. **Get consent, share data safely**
   Use clear releases and HIPAA-safe channels, and ask early. Never put PHI in a text message.

10. **Never make a cold handoff**
    Every transition — provider, higher care, or graduation — should be warm and planned.

BAY AREA COMMUNITY HEALTH

CONNECT WITH US

Let's care for our community together

40910 Fremont Boulevard, Fremont, CA 94538

Administrative Office **(510) 770-8133**

www.bach.health

MAKE AN APPOINTMENT

Alameda County
(510) 770-8040

Santa Clara County
(408) 729-9700

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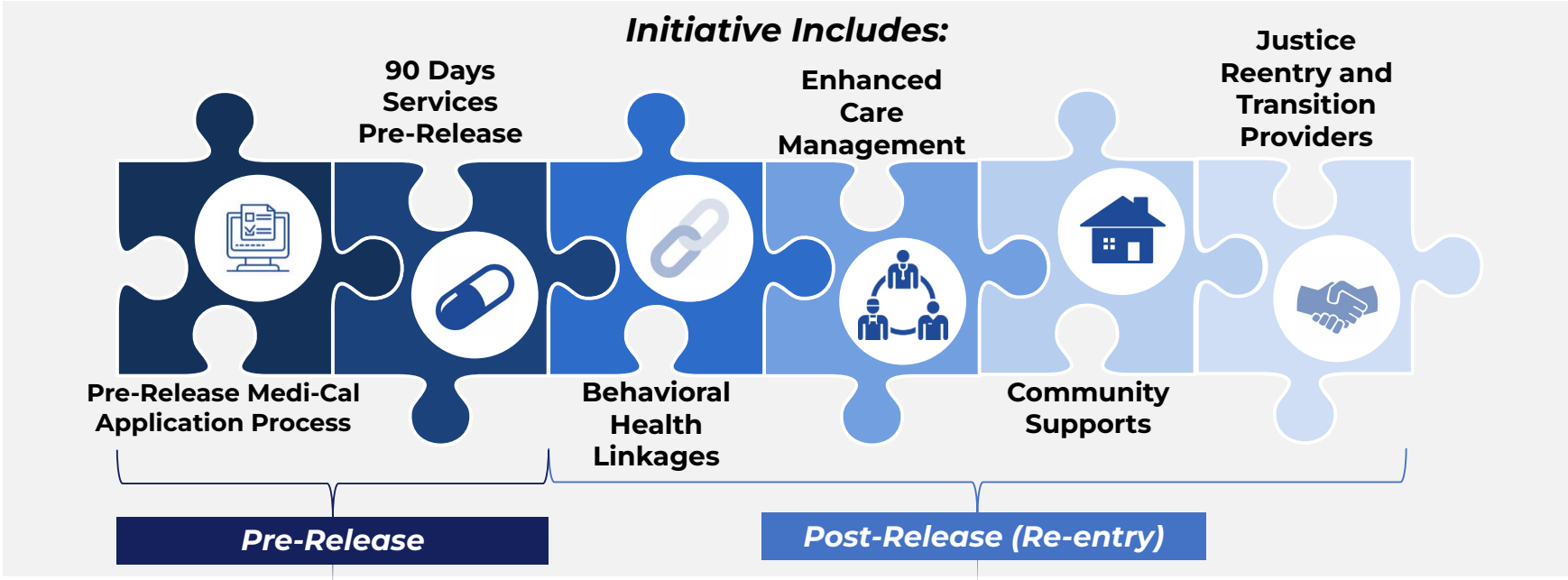
CalAIM Justice-Involved Initiative: Brief Overview

Justice-Involved Initiative: Overview

The CalAIM Justice-Involved Initiative is organized into six (6) components to support individuals impacted by the justice system by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Eligibility: Pre-Release Services and ECM

Adults

- **Young adults 18–20 are automatically eligible** — no facility screening required
- **Adults 21+ must meet clinical criteria**: chronic mental illness, SUD, hepatitis C, diabetes, IDD, TBI, HIV, or pregnancy
- ECM services are available for individuals transitioning from incarceration within the last 12 months; individuals are eligible for up to 12 months of ECM services post-release

Youth

- **100% of incarcerated youth with Medi-Cal or CHIP coverage are eligible** — no qualifying condition required
- Track is determined by the facility, not age — individuals up to age 25 may qualify for youth services if served within the juvenile system
- Juvenile Probation is responsible for implementing the JI Initiative for youth
- ECM services available for up to 12 months following release from a juvenile detention facility

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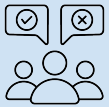
Pre-Release Services: What's Covered?

Medi-Cal reimbursable services available during the last 90 days of incarceration, delivered inside correctional and juvenile facilities.

Pre-Release Screenings

Health Risk Assessments (HRA)



Clinical Consultations

Warm Handoffs to ECM

Reentry Care Plan

Care Coordination

Linkages & Referrals

Release Planning

Medi-Cal Billing

Monitoring, Oversight & Reporting

Policy and Operational Guide for Planning and Implementing the Justice-Involved Reentry Initiative

ECM Services – Justice-Involved PoF

665

Adults

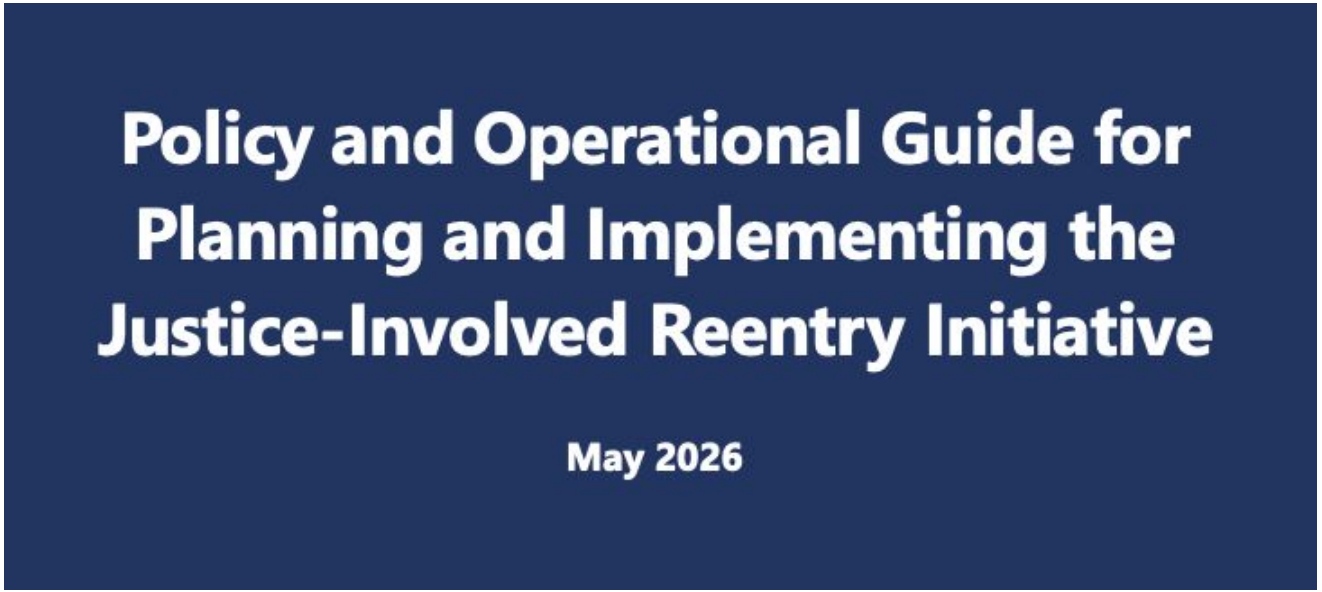
75

Youth

Number of JI-involved individuals having received ECM services in Q2 2025 in Alameda County.

Policy Updates - Policy & Operations Guide

In May 2026, DHCS released an update to their Policy and Operations Guide for the JI Initiative providing further detail on provision of ECM for this population.



Policy and Operational Guide for Planning and Implementing the Justice-Involved Reentry Initiative

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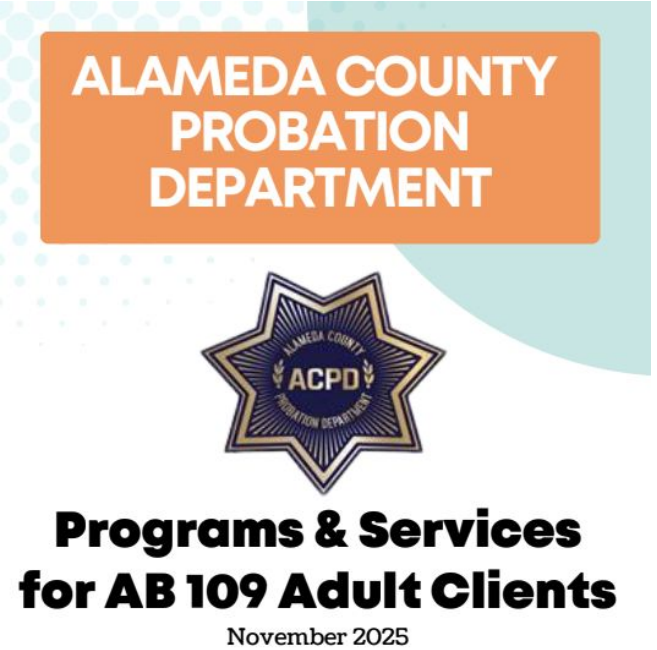
CalAIM Justice-Involved Initiative Updates and Discussion

Resources from Alameda County's Probation Department (1 of 2)

- Programs & Services for AB 109 Adult Clients
  - Center of Reentry Excellence (CORE)
  - Education
  - Employment
  - Family Reunification
  - Housing
  - Substance Recovery and Mental Health Services
  - Other Contracted Programs



Resources from Alameda County's Probation Department (2 of 2)

- Center of Reentry Excellence (CORE)
  - A space for individuals impacted by the justice system to overcome barriers, connect with peers and providers, take classes, have fun, and receive reentry support.
  - Individuals should contact CORE to determine their eligibility for free AB 109 services.
  - Event calendar linked here.

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Alameda County Sheriff's Office

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Justice Involved (JI) Overview

Updates

Alameda CalAIM PATH Collaborative

Amy Stevenson DNP, RN, PHN, ACM-RN

June 26, 2026

KP JI Pre-Release Go-Live Dates and Readiness Status (as of 06.24.26)

An overview of the rollout across KP counties

Launched

County / Entity	Sheriff / Probation	DHCS Readiness Status	Go-Live Date
Santa Clara	Both	Conditionally Approved	10/01/24
Yuba	Both	Conditionally Approved	10/01/24
San Joaquin	Sheriff (Adults only)	Conditionally Approved	01/31/25
California Department of Corrections and Rehabilitation (CDCR, state prisons)	All 31 CDCR sites (Adults only)	Conditionally Approved	02/08/25
San Francisco	Sheriff (Adult) Probation (Youth)	Conditionally Approved Conditionally Approved	04/01/25 05/01/26
Sutter	Sheriff (Adults only)	Conditionally Approved	04/01/25
San Mateo	Sheriff (Adult)	Conditionally Approved	07/01/25
San Diego	Probation (Youth only)	Conditionally Approved	10/01/25
Kern	Both	Conditionally Approved	11/01/25
Ventura	Probation (Youth only)	Conditionally Approved	04/01/26
Orange	Both	Conditionally Approved	05/04/26

DHCS County Readiness Status

KAISER PERMANENTE

KP JI Pre-Release Go-Live Dates and Readiness Status (as of 06.24.26)

An overview of the rollout across KP counties

Preparing to Launch			
County / Entity	**Sheriff / Probation**	**DHCS Readiness Status**	**Go-Live Date**
Imperial	Sheriff (Adults only)	Under Review	07/01/26
Los Angeles	Sheriff (Adults only)	Under Review	07/01/26
San Bernardino	Probation (Youth only)	Under Review	07/01/26
Yolo	Probation (Youth only)	Under Review	07/01/26
Fresno	Probation (Youth only)	Under Review	09/01/26

All remaining KP Counties are targeting launch by 10/01/26

DHCS County Readiness Status

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CalAIM JI Managed Care Plans

Preparing for Alameda County Pre-release Go Live

County	County Agency	Go-Live Date	County Model	Warm Handoff Modality	Clearance Requirements
Alameda	Probation	10/01/2026	Embedded	Primarily telehealth; some in-person handoffs	Pending county update
Alameda	Sheriff	07/01/2026	Embedded	Telehealth	Pending county update

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NEW DHCS Justice Involved Policy & Operational Guide – Key Updates

What's New
Updated Guide released May 2026
First major update since Oct 2023

Why It Matters
Defines roles, design, requirements
Establishes shared stakeholder framework

What's Changing
Supplemental chapters forthcoming
Expanded guidance over time

Impact to JI ECM Providers
Clarifies coordination & data sharing
Requires alignment with evolving guidance

Key takeaway: ECM providers must prepare for evolving requirements and flexible implementation models

NEW DHCS JI Policy Guide: *CalAIM-JI-Policy-and-Operations-Guide-Foundational-Guidance* May 2026.

Original DHCS JI Policy Guide: *CalAIM JI Policy and Operations Guide_FINAL_October 2023_updated* October 2023

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NEW DHCS Justice Involved Policy & Operational Guide - Update
Key Take Aways for JI Providers

Category	Description	Who is Responsible	Impact to JI ECM Providers
In-Reach Model	All pre-release care management is delegated to the ECM provider	JI ECM Provider	Must be fully prepared to deliver all pre-release services (assessment, care plan, coordination)
Embedded Model	Correctional facility handles all pre-release care management	Correctional Facility	Limited role pre-release; focus on post-release + warm handoff
***Mixed Model (Individual-Level)**	Pre-release tasks are split between facility and ECM provider	Shared (by task)	Must coordinate closely; may handle specific components (e.g., care planning)
***Mixed Model (Population-Level)**	Different populations assigned to different care managers	Shared (by population)	Must support targeted groups (e.g., high-need populations like SMI)
Pre-Release Care Management	Activities before release (risk assessment, care plan, coordination, warm handoff)	Varies by model	Must be capable of delivering full range depending on model
Key Decision Driver	Model selection	Correctional Facility	ECM providers must adapt to each facility's model
Guidance Evolution	Additional DHCS chapters forthcoming	DHCS	Providers should monitor updates and adjust workflows accordingly
Key Actions	Preparation + readiness	JI ECM Providers	Build flexible processes, confirm facility model, ensure full-service capability

* Mixed Model now divided into two categories

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Q&A

DHCS Quarterly Poll

BluePath HEALTH

DHCS requests your feedback

This statewide PATH Collaborative survey measures:

- The impact of participation in the collaborative
- The value of partnerships across organizations
- The sustainability of our progress

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Policy Updates, Announcements, and Closing

DHCS Children & Youth Best Practices

Children and Youth Evidence-Based Practices and Community-Defined Evidence Practices Resource Guide

June 2026

- DHCS released a **Children and Youth EBP and CDEP Resource Guide** identifying Medi-Cal billing pathways for **40+ practices** across five themes: parent/caregiver support, trauma-informed care, early childhood wraparound, youth-driven programs, and early intervention.
- The guide maps specific CPT/HCPCS codes to each practice and includes a **dedicated ECM and Community Supports appendix**, helping providers understand which service components are billable, by whom, and under which delivery system.
- **Fidelity to practice models** is a core requirement, and providers cannot modify EBP or CDEP components solely to fit a billing code, making coordination across ECM care teams and partner providers essential.

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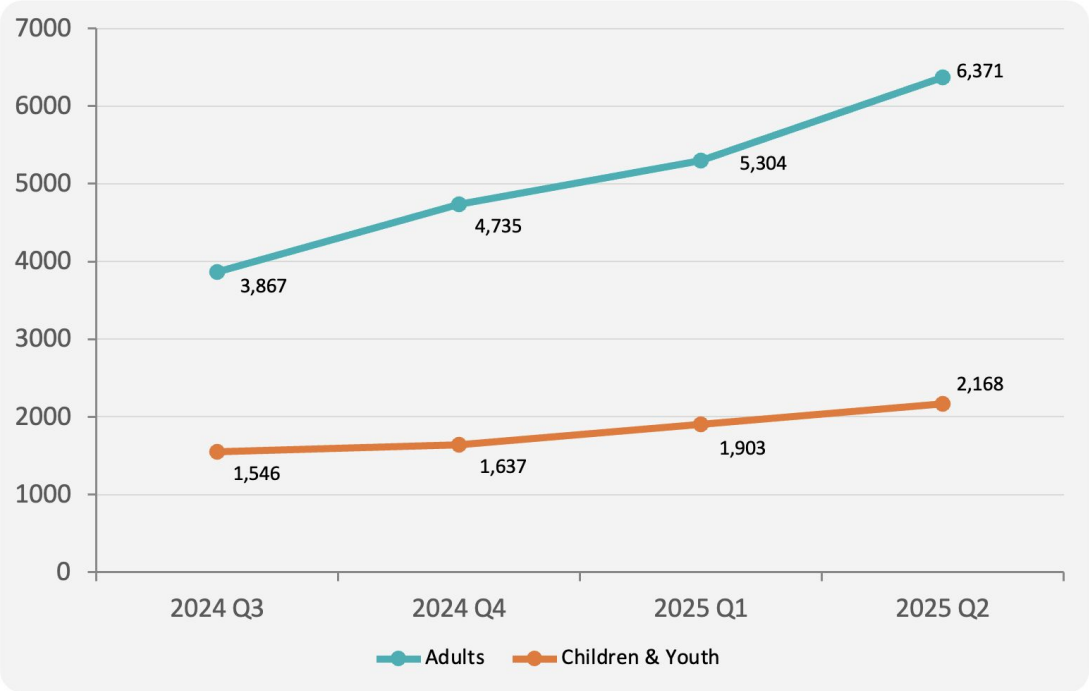
DHCS CalAIM Implementation Data

Tracking Our Progress: ECM

ECM Enrollment by Adult and Children by Quarter | Q3 2024 – Q2 2025



8,539
Total ECM Members

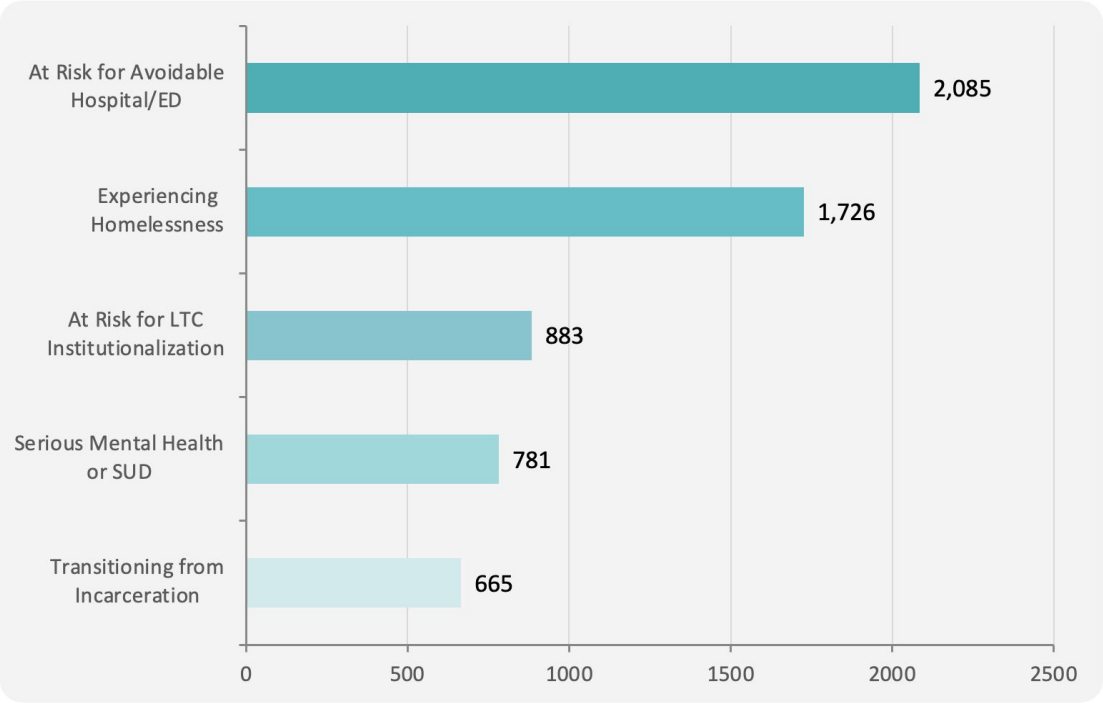
+65%
Adults
since Q3 2024

+40%
Children & Youth
since Q3 2024

Chart 1.7.3 — Total Number of Members Who Received ECM by MCP and County by Population of Focus by Quarter

Tracking Our Progress: ECM

PoFs with the highest number of enrolled members | Q2 2025



6,371
Total Adults in ECM
+65% since Q3 2024

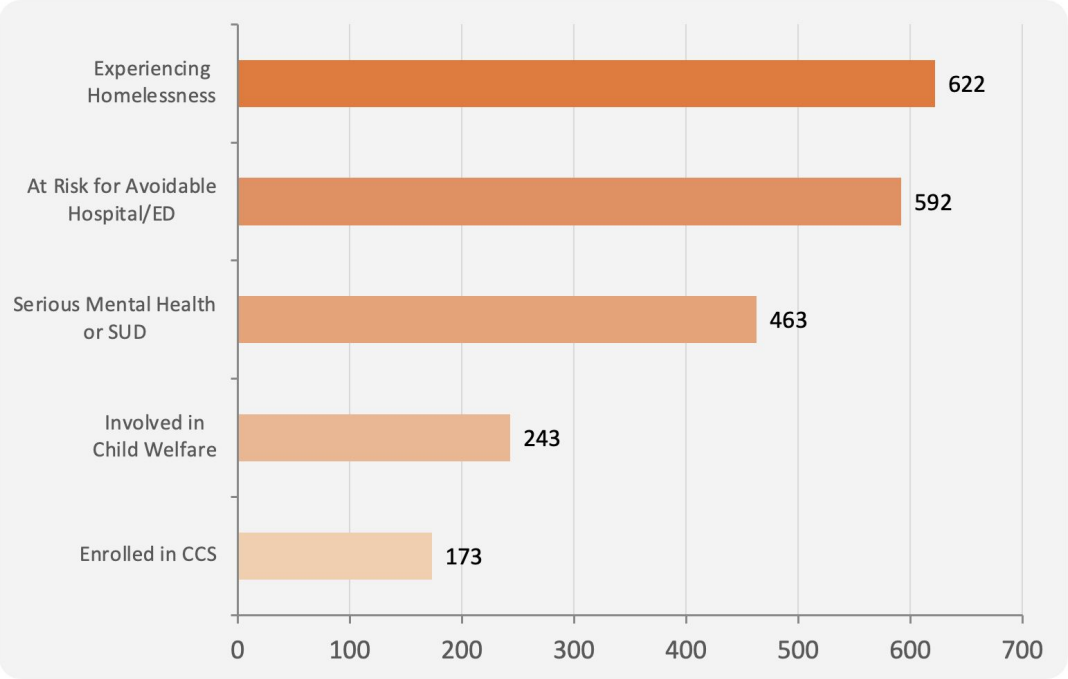
2,085
At Risk for Avoidable Hospitalization/ED
+68% since Q3 2024

1,726
Experiencing Homelessness
+96% since Q3 2024

Members may be counted in multiple PoFs.

Tracking Our Progress: ECM

PoFs with the highest number of enrolled members | Q2 2025



2,168
Total Children & Youth in ECM
+40% since Q3 2024

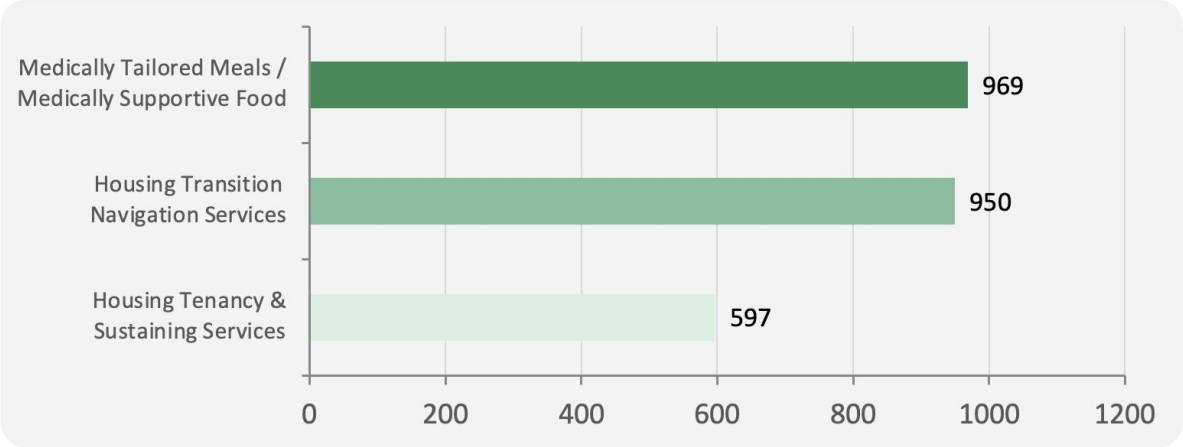
622
Experiencing Homelessness
+49% since Q3 2024

592
At Risk for Avoidable Hospitalization/ED
+54% since Q3 2024

Members may be counted in multiple PoFs.

Tracking Our Progress: Community Supports Utilization

Top 3 services by member utilization | Q2 2025



969
Medically Tailored Meals / Medically Supportive Food

950
Housing Transition Navigation Services

597
Housing Tenancy & Sustaining Services

Chart 3.9.3 — Total Number of Members Who Utilized Community Supports by MCP and County by Service by Quarter

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Thank you for joining and see you at next meeting on July 24!

Questions? Please email pathinfo@bluepathhealth.com.

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Appendix

Policy Updates - Policy & Operations Guide

In May 2026, DHCS released an update to their Policy and Operations Guide for the JI Initiative providing further detail on provision of ECM for this population.

- ECM providers meet the member at release, or within two business days; a second follow-up appointment is required within one week.
- Pre-release coordination between the ECM provider and the pre-release care coordinator is required to make day-of-release contact possible.
- If individuals are not enrolled in an MCP at release, post-release ECM providers may be reimbursed on a fee-for-service (FFS) basis.
- CHW and Peer Support Services will be delivered by community-based providers via in-reach.
- Additional guidance documents are forthcoming with detailed operational guidance on topics related to care management, billing, data sharing, pharmacy, and youth-specific requirements.

Policy and Operational Guide for Planning and Implementing the Justice-Involved Reentry Initiative