



DRAFT

MINUTES

CenCal Health

SAN LUIS OBISPO COUNTY

CaIAIM COMMUNITY STEERING COMMITTEE MEETING

October 3, 2023

The meeting of the CalAIM Community Steering Committee of San Luis Obispo (SLO) County was called to order by Marina Owen, CenCal Health's Chief Executive Officer, on October 3, 2023, at 10:05 AM at the Courtyard by Marriott, San Luis Obispo, CA.

KEY DISCUSSION TAKEAWAYS:

- Data Sharing: The need and capacity for community, providers, and county partners to share data, both short and long term.
- ECM Referrals: Leveraging community referrals for ECM vs plan member identification process: where is the opportunity to streamline?
- Justice Involved: sharing best practices between the counties is strategic on occasion, but need to keep implementations separate.
- ECM: Need to plan for prioritizing growth.
- ECM: Need consistent and standard mechanism to disseminate information to providers, including trainings.
- Suggested future topics for discussion:
 - JI Landscape Analysis
 - Update on Children & Youth POF
 - Information on CS housing bundle
 - Update on HIE and data exchange
 - Update on Medi-Cal expansion

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MEMBERS PRESENT: Devin Drake, Janna Nichols, Jessica Landreth, Lawren Ramos, Lisa Fraser, Nicholas Drews, Penny Borenstein, Wendy Wendt

GUESTS PRESENT: Allison Ordille, Angel Lopez, Jessica Landreth, Tom Milder

STAFF PRESENT: Cathy Slaughter, Helen Tu, Jennifer Fraser, Jordan Turetsky, Marina Owen, Nicole Wilson, Rafael Gomez (El Cambio Consulting) Tommy Curran, Van Do-Reynoso

Marina Owen called the meeting to order at 10:05 AM.

Ms. Owen introduced herself, welcomed all participants, and shared her appreciation for attending the October CalAIM Community Steering Committee. She continued by reminding the group of the vision for this convening as follows: 'to have representation of senior leadership from across the Medi-Cal and safety net provider spectrum, to act as a forum to introduce, understand and educate community partners on major Medi-Cal reforms and directions, and be a space to collaboratively plan and coordinate Med-Cal programs and responses.' Ms. Owen continued by noting topics from the previous convening in July with today's topic centered on the Justice

Involved initiative. **Mr. Gomez** shared more about previous conversations, the issues, and the guidance about how to move forward.

Community Introductions:

- Rafael Gomez, El Cambio Consulting
- Marina Owen, CenCal Health
- Angel Lopez, Center for Family Strengthening
- Lisa Fraser, Center for Family Strengthening
- Nicholas Drews, County of SLO County
- Tom Milder, SLO Probation Department
- Alison Ordille, SLO Sheriff's Office
- Jessica Landreth, SLO Sheriff's Office
- Devin Drake, Department of Social Services, SLO
- Janna Nichols, 5 Cities Homeless Coalition
- Penny Bornstein, SLO Public Health
- Wendy Wendt, First 5 SLO
- Lawren Ramos, CAPSLO

Mr. Gomez continued with a review of the agenda for today's meeting:

- 1) Next steps in the Enhanced Care Management (ECM) for the Individuals Transitioning from Incarceration Population of Focus (POF) to include a Landscape Analysis
- 2) ECM and CS Program progress updates

Mr. Gomez informed the group that as we move toward implementation of the justice involved initiative, we would like to discuss what is important and who needs to be involved. CenCal Health is looking to this group for guidance and reflection on how to proceed towards a successful launch.

Ms. Owen reported on the CalAIM Initiative to Support JI Populations as follows:

- The interconnectivity of the following pieces of the puzzle as defined by DHCS to support the primary goal which is continuity of care: Pre-Release Medi-Cal Application Process, 90-Day Services Pre-Release, Behavioral Health Linkages, ECM, CS and Justice Re-entry and Transition Providers.
- To achieve that continuity of care from the correctional facilities to the community, the State is looking to Medi-Cal Managed Care Plans (MCPs) to ensure progress towards improved hand-offs for our mutual clients/members.
- Ensuring patients leaving these carceral settings have support coordinating their care to include meeting their needs through Community Supports services.

Ms. Owen explained that the implementation of Justice Involved can be broken down into two (2) phases:

- Phase 1: ECM Benefit – Managed care plans are responsible to deploy a network of ECM Providers and County Agencies to collaborate and to connect formerly incarcerated Medi-Cal eligible members to community-based services.
- Phase 2: Coordinated Re-Entry – To provide intensive coordination with embedded and/or in-reach service providers linked to Medi-Cal provider networks to include extensive data sharing and coordination to ensure continuity of care for inmates returning to the community.

Ms. Owen continued, as we prepare to launch the new Individuals Transitioning from Incarceration POF under the ECM benefit, CenCal Health has engaged a consultant, Scott Coffin from Serrano Advisors, LLC. Mr. Coffin worked with the justice involved pilot at Alameda Alliance for Health Plan where the State modeled some of this early thinking and generated lessons learned for the justice involved population. In the next ninety (90) days, CenCal Health will be focused on the "must haves"

to meet the January 1st effective date by concentrating our efforts to reach compliance by completing the following activities:

- Build the ECM provider network and in-house capabilities
- Execute data exchange agreements to share daily release reports from County Jails and State Prisons
- Address Medi-Cal eligibility verification
- Deploy training and job aids for County Agencies, ECM Providers, etc.
- Confirm the plan's approach with DHCS Justice Involved (JI) team prior to go-live

Discussion:

Mr. Milder inquired if juvenile facilities will be included to which Ms. Owen confirmed juvenile justice centers are included; Mr. Milder noted to add Data Exchange agreements as one of the considerations.

Ms. Nichols added that through funding received from their recent Housing and Homelessness Incentive Program (HHIP) application, they will be providing in-reach care management with the Sheriff's Office. They are in the process of drafting a Memorandum of Understanding (MOU) and are excited to launch the program noting that staff have been identified, background checks are in process, and determination of how these new services will integrate with their other services are in process as well as questioning if they should wait until January 1, 2024 to begin.

Ms. Borenstein wondered what the thoughts are of the best fit for ECM providers and whether that is enhancement instead of being entirely new, i.e., enhance and build upon the existing provider network.

Mr. Drake spoke to the assessment being the level of need and then from there the individual would be choosing the provider.

Mr. Drews noted that they have experienced the Data Exchange and eligibility requirements being harder than it seems.

Ms. Wendt requested clarification of coverage and length of stay for justice-involved populations to which **Mr. Milder** responded with more information about the focus being ninety (90) day in-reach, as the way he understands how services are delivered.

Mr. Ramos spoke to early engagement of those using ECM providers.

Mr. Drake commented that the goal is open communication of the services that are available which would help individuals and/or families, the more we can share information will help us help others.

Ms. Ordille shared that the Sheriff's Office has initiated a community re-entry meeting as a small, multi-agency pilot group as an opportunity for sharing and supporting needs for those re-entering the community.

Mr. Drake asked what the number of people is who would not fall under this process which is expected to be small given the new expansion populations in 2024.

Ms. Owen shared more about the Proposed Implementation Strategy and the tool CenCal Health would like to use to understand the scope and focus needed to achieve early wins with this initiative, one of which is a Landscape Analysis to answer questions regarding the justice involved population, current State processes and existing provider relationships related to diversion, re-entry, and transition efforts. These data points are valuable to understand what things look like now, what things could look like in the future, and how they can be best linked and not complicate the process. Ms. Owen continued by laying out the timeline of the Landscape Analysis and which team members from CenCal Health will be working on obtaining this information. Jordan Turetsky, CenCal Health's Chief Operating Officer, will partner with Chris Hill, CenCal Health's Health Services Officer, to obtain this data by the end of November. It is expected then that there will be data to share by

the December meeting to inform our compliance by January 1, 2024. **Mr. Gomez** shared the two (2) main tasks that need to be completed by January 1st which are standing up a provider network and prioritizing how the warm hand-off and connection will be established.

Discussion: Mr. Gomez asked if there are other critical questions or areas of exploration that the group would want to highlight for the landscape analysis and how it informs our strategy going forward.

Ms. Lisa Fraser asked about how best to serve parents with children who are part of the justice-involved community and how to best contact and serve them as early care management to include having a broader view of the providers such as Promotores, who can act as a bridge and provide critical navigation.

Ms. Owen continued by sharing the planning structure for the ECM Justice Involved POF and how we would engage this group. What are the priorities for SLO County versus Santa Barbara (SB) County, are they different, and what is the process for joining existing venues versus standing up a new and separate forum? With help from the consultants, Ms. Owen advised that we could work together to plan collaboratively and collect this preliminary data.

Discussion: Mr. Gomez asked the group if there are existing planning forums or groups that we can build from to help launch the landscape analysis?

Ms. Borenstein mentioned a Care Coordination Coalition that might be meeting post-pandemic.

Ms. Lisa Fraser stated there is a group funded by the Families First Prevention Act called "SLO County Child and Family Wellness Collaborative" that is focused on prevention programs, exchanges data about prevention efforts, and includes representatives from many agencies. This group is scheduled to formally launch on October 20, 2023.

Ms. Landreth shared that they have not established specific coordination meetings for CalAIM, Justice Involved or ECM yet other than ad hoc meetings.

Ms. Ordille added that there have been applications for grants for funding, but there has not been the opportunity to explore what that funding will go towards and that adding the funding to the landscape analysis could prove valuable though looking at it from an operational stance will require organization.

Ms. Nichols saw this play out with AB109 and there are a variety of potential changes with the Mental Health Services Act and how does that fit in with CalAIM outcome objectives as well as shared that there are functional differences between SLO County and SB County in the Justice-Involved population management as the two (2) counties are wired differently.

Ms. Wendt appreciates how the two (2) counties are distinct, and there is value in learning what others are doing by sharing best practices but not enmeshing their implementations which could get complicated.

Ms. Ordille added that a "Re-Entry Meeting" does take place every week to discuss planning for those in the county jail between day 0 -14 to focus on day 7-14. Case management notes and discussion on each case takes place. They work off a 26-page report that includes the mentally ill, medically fragile, those from out of the area to meet to discuss intensive case management, cross-agency. They discuss care, arrange release, transportation, medication and planning for discharge. In order to have CenCal Health staff attend, a discussion with Jail Administration would be required to request attendance.

Ms. Nichols reflected on a conversation in the last meeting that the Juvenile System is a well-oiled machine and there would be a benefit in looking at what is happening currently in the Juvenile environment that could be repeated.

Mr. Milder stated that there is a "Facility Partners Group" that meets monthly in the Juvenile

Custody Facility and a Quarterly meeting that discusses Behavioral Health Coordination.

Discussion: Mr. Gomez asked if there are other critical questions, issues, or feedback for the January 1st Justice-Involved work?

Mr. Drews shared that he is interested in knowing if any gaps are identified while completing the landscape analysis, so they can be addressed.

Follow-up from this meeting is to gather contact information and establish the right relationships, so Ms. Turetsky will be in touch soon for these next steps.

ECM and Community Supports Progress Update

Ms. Owen shared DHCS' Year One Report with data on implementation of ECM and Community Supports in calendar year 2022 to include data at the State County levels on total members served, utilization, and provider networks. The reporting is based on data submitted by MCPs to DHCS via the Quarterly Implementation Monitoring Report. CenCal Health is currently offering ten (10) services, and the State would prefer that we offer all fourteen (14) services as soon as possible; however, we are focusing on sustainability and seeing success as capacity continues to be built.

ECM and Community Supports Fact Sheet & Timeline

Dr. Do-Reynoso explained the current state of the Enhanced Care Management benefit and Community Supports services with significant increases realized in 2023 as the programs have grown based on building the provider networks, engaging members, and delivering services.

ECM/CS Ramp -Up

Mr. Gomez continued by requesting feedback on the participation in a short-term and long-term manner as well as the Community Supports strategy approach.

Discussion: Mr. Gomez asked the group if they had any questions, reflections, or goals in mind after reviewing the ECM and CS Fact Sheets and Timelines.

Mr. Drews inquired if we have enough ECM providers to do what needs to get done?

Ms. Turetsky answered the more experience we gain, the more we learn that we need more capacity in terms of geography and POF. We have a big opportunity to grow the benefit service while also providing choice to our membership. Capacity follows the need, and we are working closely with our existing partners to increase capacity there and find new partners.

Mr. Drews asked with so much coming next year, how we will meet challenges that will arise with the impact of these changes, mainly that housing is a challenge and the need for sobering centers.

Ms. Ordille asked about the process of engaging with potential ECM providers and the focus on medical or social side.

Ms. Turetsky shared a brief overview of the provider engagement sessions to talk about ECM to include holding monthly roundtables as well as meeting directly with providers. CenCal Health continues to try to get the word out through different avenues and staff is open to learning what we can do differently.

Ms. Ordille noticed hesitation from CS providers.

Ms. Turetsky validated this observation and shared that CenCal Health has a dedicated staff to support new providers along with the Incentive Payment Program (IPP) to apply for funding from the State noting that providers can always start small and build slowly for sustainability.

Mr. Drews added challenges that have nothing to do with CenCal Health but worth noting that reimbursements can sometimes be low, and that the State's funding can be less than expected.

Ms. Borenstein inquired of the actual level of capacity for ECM?

Ms. Owen answered that we still have a need.

Ms. Turetsky added what is unique about ECM is that our members need to consent to receive it. We have identified thousands of members who are eligible for ECM, and those who have successfully enrolled is not as high as we would like it to be.

Ms. Nichols mentioned that we are already doing the work, but the question remains how we get paid for it adding that we have just finished learning all the pandemic language and are now pivoting to this new language. Targets used to be 90-day stays for housing and now they have some that are 100+ and 360+ days. These pinch points of not enough housing stop the process.

Ms. Wendt seconded the points Ms. Nichols made. There is some level of improvement around patient motivation with ECM rockstar in the middle, but it is the broken places that keep arising.

Ms. Lisa Faser shared the Center for Family Strengthening is stuck in their effort to become a contracted provider pending their receiving a National Provider Identifier (NPI).

Discussion: Reflections on who is enrolled and take-up rate. Do we have enough capacity and converting from eligible to enrolled? **Ms. Turetsky** explained a precursor to ECM enrollment is outreach. What is your experience in your outreach efforts?

Ms. Borenstein answered that there has been overwhelming acceptance, and that there is more need than capacity. There has been good engagement with clients.

Ms. Nichols shared two (2) thoughts: 1) about the population CenCal Health has identified and 2) the population that we are already serving in the ECM capacity but take the next step to qualify and enroll. They have an outreach team; however, the case managers need to be well informed when explaining the ECM benefit during outreach and contact.

Ms. Nichols continued by sharing some hesitancy by the community that Community Supports services are "too good to be true" and their being taken away.

Ms. Owen shared that California is the first state to be approved for the Justice-Involved initiative with an additional fifteen (15) that are watching California to see how it goes.

Other CenCal Health Updates and Participant Reflections

Ms. Owen explained that the State's approach to sustainability may be by making Community Supports Medi-Cal benefits. The housing-related Community Supports would be referred to as the Housing Bundle, an additional nod towards becoming a benefit. Additionally, Community Supports services like recuperative care, housing transition & navigation services, housing deposits, and housing tenancy and sustaining services and sobering centers are seeing an increased need. CenCal Health will continue to join in advocacy conversations over the next year. There are also conversations at State level around an additional Community Support services to support keeping people housed by paying their rent.

Discussion

Ms. Nichols suggested speaking to the State about addressing homeless prevention and solutions.

Ms. Wendt suggested a theme for the next CSC meeting is a focus on children and youth populations.

Mr. Milder suggested uniform training for ECM providers and related groups.

Ms. Nichols would like to speak more about what this housing bundle includes and doesn't include in future meetings.

Ms. Owen suggested a discussion on CenCal Health's Health Information Exchange (HIE) vendor selection.

Next meeting will be a joint meeting of the SLO County and SB County Committees to be held in most likely in Santa Maria, CA on Monday, December 11th. (**Meeting will be held at the Marriott in Buellton**)

Meeting adjourned by Marina Owen at 12:05 PM