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CalAIM Community Steering Committee
Santa Barbara and San Luis Obispo Counties

Monday, December 11th, 2023

MEETING TAKEAWAYS

- Feedback for 2024:
  a. Enhanced Care Management:
     i. Transparency with recruitment strategy to identify coverage gaps.
     ii. Simple, comprehensive trainings accessible to existing providers as well as prospective providers and JI system
     iii. Training and communication tools to share with clients
  b. Justice-Involved
     i. Diagram process, which includes existing handoffs by agencies in pre and post release,
     ii. Include other providers, such as Office of Ed, DSS, Probation, Public Defender
     iii. need to train all level of staff about ECM, including the incentives and impact of participation
  c. Data Sharing: need a system on the macro and micro level to share data

- Focus for 2024 and Beyond:
  a. Enhancing services to children and youth
  b. Enhancing our Collaboration with Counties to serve the Justice Involved population
  c. Expanding Enhanced Care Management and Community Supports
  d. Enabling Data Exchange
  e. Developing a Dual Special Needs Program (DSNP)

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MEETING NOTES

Welcome and Announcements

- Marina Owen, CEO, welcomed everyone and thanked everyone for joining the year-end, joint convening.

Our Vision for the Community Steering Committee (CSC)

- Ms. Owen reviewed the vision for the Community Steering Committee (CSC) including:
  - Representation from senior leadership from across the Medi-Cal and safety-net provider spectrum.
  - A forum to introduce, understand, and educate on Medi-Cal reforms and directions.
  - A space to collaboratively plan and coordinate Medi-Cal programs and responses.

2023 Activities & Accomplishments

- Ms. Owen shared the 2023 Activities and Accomplishments for the Community CalAIM Steering Committee to celebrate.
  - Creation of a forum to introduce, understand, educate, and connect about major Medi-Cal reforms and directions.
  - Implementation of four new Community Supports (CS).
  - Feedback on the expansion of Enhanced Care Management (ECM)/CS provider network.
  - Space to collaboratively plan and coordinate the expansion of Medi-Cal services to the Justice-Involved members.

   - Q2 of 2023 DHCS ECM/CS report reflects significant growth in cumulative ECM enrollment and cumulative CS recipients.
   - Q3 of 2023 CenCal Health (CCH) ECM & CS Fact Sheets also report significant growth since 2022.

CalAIM Engagement and Educations: Proposal and Discussion

- Jordan Turetsky, COO, presented the plans for CalAIM engagement and education and shared that the objective is to discuss with the Community Steering Committee a proposed approach to engagement and education on CalAIM topics including ECM and Community Supports.
- Ms. Turetsky shared the feedback themes gathered from the CSC in the last meeting.
   - Providers need a consistent and standard mechanism to share information and receive training.
   - Strategies to increase community referrals to ECM and Community Supports programs would help to drive utilization.
   - In-person trainings and regular engagement opportunities to demystify the process to become a new provider of CalAIM services would be valuable.
   - CenCal Health can occupy the role of convener and facilitator and can help describe how services braid together.

Training and Engagement Modalities

- Written – newsletters, bulletins, and website content
- Virtual – drop-in sessions
- In-person – provider onboarding & 1:1 support, collaborative topic-specific training, multi-hour engagement and best practice sessions
- Consultant-supported – topics-specific webinar series and PATH collaborative meetings

Training Topic Examples

- Enhanced Care Management – Increasing referrals and coordinating with community services.
- Community Health Worker and Doulas – What benefits are available and how do they integrate with ECM?
- Relevant Changes in the Medi-Cal Program – What do providers need to know?
- Community Supports – From recuperative care through housing: how to braid CS services.
- Incentive Funding Opportunities – What's available through DHCS & CenCal Health to support implementation?

Proposed Training Approach

- Weekly
   - Drop-in virtual technical assistance for ECM and CS providers
   - In-person onboarding and support for new providers
   - New ECM/CS provider 4-week "boot camp" (virtual)
- Monthly
   - Monthly topic-specific webinar
   - PATH Collaborative engagements
   - Newsletters
- Quarterly
   - Half-day in-person sessions in SLO and SB
   - Provider Bulletin publications

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Ongoing Training Plan Evolution

- Ongoing Training Plan Evolution
  - Staff will develop a 2024 Training and Engagement Calendar so that providers will know what will be offered and when.
  - Ongoing feedback will be collected through post-training surveys, the CSC and the annual Provider Satisfaction Survey.
  - The Training Plan and Calendar will adapt to meet provider & community needs.

For Discussion

- Are there more or different types of training and engagement that you would like to see?
- Are there other reflections on how best to engage our provider partners on CalAIM topics?

  - Suggestion to hold in-person sessions in northern Santa Barbara County to allow for less travel times for attendees.
  - Request to understand how as a community we can support those who speak an indigenous language and how to make sure they get the services they need.
  - This proposal makes one feel not alone in working to understand these new initiatives and resources. Anything that can be done to better understand is important.
  - Great approach for sustainability. Suggestion to create 10-15 minute videos that teach how to explain benefits to clients so the investment of time is less but the information is focused for use as a tool.
  - Suggest adding terminology and available resources to the list of trainings.
  - Question: Does CenCal Health feel we've reached saturation?
  - Question: Will these trainings be available in Spanish as well?
  - Shared the importance of transparently communicating our goals to ensure everyone is aligned and on board.
  - Suggestion that it would be helpful to have all agencies come together to share knowledge and each other's workflows to find solutions.

Justice-Involved Landscape

Scott Coffin, Justice-Involved Advisor to CenCal Health from Serrano Advisors LLC, has 28 years in the healthcare industry and expertise in services for the Justice-Involved population and street medicine. Mr. Coffin presented the Justice-Involved landscape analysis and key findings, as well as the justice-involved roadmap 2023-2024. He finished by sharing priorities and next steps.

Landscape Analysis: Scope of Work

- Initial round of interviews was held with agency leaders in the Sheriff's Office, Probation, Social Services, Behavioral Health, Public Health, and Administration.
- Discussions focused on reentry supports and services, highlighting the types of in-reach and embedded services in place today.
- High-level overviews of screening and diagnosis procedures, and current handoffs between agency staff, embedded vendors (i.e., Wellpath), and community partners.
- Identified core technology and reporting systems, and data analytics capabilities.

Landscape Analysis: Sites

- Correctional Facilities – Youth & Adult
  - Santa Barbara County
    - Susan J Gionfriddo Juvenile Justice Center in Santa Maria, Ca.
    - Los Prietos Boys Camp in Santa Barbara, Ca.

        - Northern Branch Jail in Santa Maria, Ca.
        - Southern Branch Jail in Santa Barbara, Ca.
    - San Luis Obispo County
        - Juvenile Justice Center in San Luis Obispo, Ca
        - San Luis Obispo County Jail in San Luis Obispo, Ca.
        - California Men's Colony in San Luis Obispo, Ca.

Santa Barbara County

- 75% of adults are eligible for Medi-Cal, and 70%-80% meet eligibility criteria for ECM services.
- Over 75% of adult stays in the county jail are less than 10 days.
- 100% of youth are eligible for ECM services.
- Limited view of reentry demographics in the state's Medi-Cal enrollment system.

San Luis Obispo County

- 75% of adults are eligible for Medi-Cal, and 70%-80% meet eligibility criteria for ECM services.
- Over 75% of adult stays in the county jail are less than 10 days.
- 100% of youth are eligible for ECM services.
- Limited view of reentry demographics in the state's Medi-Cal enrollment system.
- State prison is administered by CDCR, and the reentry connections are initiated through Probation.

Questions, Observations, and Reflections

- Question: Where do schools fit in the warm-handoff arena?
- In probation some will feed into incarceration and would like to not lose those linkages in that process. Also, certain agencies will straddle the pre- and post-release arenas.
- Information shared that Santa Barbara County receives about 15-25 people from CDCR each month, how do we connect them to the correct services?
- Commented that CDCR connections are initiated in probation. How much is from parole? Also, this is a challenging group to work with as the confirmation is upon release and not while they're in the JI setting.
- Suggestion to include the families of those in JI settings, that better outcomes in recidivism when the community and family are involved.

Key Findings

- Effective interagency collaboration exists today supported by CalAIM governance committees.
- Community-based organizations are engaged in the jails and juvenile justice centers (in-reach).
- Mixture of software applications used by agencies, in different stages of the lifecycle.
- Limited data sharing or integration between agencies.
- Local hospitals and health centers actively participate in serving justice-involved populations.
- Incarcerated youths and adults experiencing mental illness and substance use align with statewide benchmarks.
- Established mental health plans (DMC-ODS) in the counties, supported by access to local psychiatric health facilities.
- PATH implementation dollars are being allocated to support the reentry initiative, and the details are pending finalization.

- Recruiting and retaining qualified staff is a significant risk to the reentry implementation.

Justice Involved Reentry Roadmap 2023-2024*

- Enhanced Care Management
  - Go-Live benefit starts 1/1/2024
- Procurement & Facility Readiness
  - Initiate procurement for Medi-Cal billing vendor
  - Submit PATH implementation plan by 3/31/2024
  - Data sharing and authorizations
- Facility Readiness & Interagency Workflows
  - Submit Facility Assessment to DHCS by 4/1/2024
  - Workflow redesign, revising standard operating procedures, and posting of staff requisitions
- Interagency Collaboration
  - Referral tracking, warm handoffs, billing system testing, reporting, and staff training
- Pre-Release Go-Live
  - Launch pre and post-release services on 10/1/2024

*Roadmap assumes a facility go-live of October 1, 2024

Priorities and Next Steps for County Partners:

- Procure and select qualified billing vendors for pre-release services or manage internally within the agency.
- Determine the readiness and actual go-live date for each facility.
- Hire and onboard new staff to support pre- and post-release services (across all community partners).
- Sharing of sensitive data, and the required consents and authorizations throughout the pre- and post-release cycles. County Counsel to engage with a legal opinion.

Group Reflections

- Hospitals are receiving many patients and the more they know about a patient the better they can help them. Adding more resources toward transitioning back to home is helpful.
- The speed at which this must happen and has a data question of the number of individuals for ECM each month given the variations in the data which will need to be validated with time. It seems there are incentives and consequences for being part of the system.
- The warm-handoffs keep coming and the CBOs ultimately are resolving this. Also, there are gaps in serving difficult Populations of Focus (PoFs).
- We have not talked about engaging judges and the possibility of probation officers serving as a linkage to make sure there is alignment around the health of the person and the legal obligations and the correlation of continued criminal activity.
- The key to success for warm handoff is efficient referrals.
- There are still issues with what some can and cannot share. Also, both counties use WellPath at the moment, if they are going to continue to be the provider, we will need someone responsible for the region because there will be a lot to take care of.
- The services that they are overseeing are the families of those who are incarcerated, and the family resources centers are the ones providing concrete support during times of crisis.

Breakout Sessions – San Luis Obispo and Santa Barbara Counties

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Santa Barbara County – Breakout Session in Santa Rita Room

QUESTION #1:
Justice Involved. How do you see the referral process working between the community partners to support someone eligible for ECM benefits (JI population)?

- Current effort to expand – Provider referrals to CenCal Health as ECM providers for onboarding and contracting.
- Need more information on members for recommending ECM providers and the need for data sharing.
- Need to see workflow collaboration across all agencies – what are the needs of each?
- Need referral to Probation then to CenCal Health for ECM and CS in a Direct Referral Process.
- Sherrif's Office – initial assessment and helpful to have the discharge planner be the ECM provider for the justice-involved individual.
- Want to understand the criteria prioritization for ECM provider case management vs. provision of services.
- Good if services being provided under programs (i.e. Drug Medi-Cal) and plan information available for coordinator.
- Need increase engagement of Community Health Workers organizations to enroll members.
- Would like talking points by staff to introduce benefits of ECM.
- Additional training for all staff that has interactions with the justice-involved population to encourage JI to sign up for ECM.
- Micro-trainings about the ECM provider experience, include best practices to include where needs need to be bundled when support services are needed, what is centralized vs. de-centralized. Need more information to understand complicated model to serve individual needs and to build rapport.

QUESTION #2:
Justice Involved. What are the roles of the county agencies and community-based organizations (CBO) in the reentry initiative, and what concerns do you have about the ECM go-live on January 1st, and the pre-and post-release readiness starting in October 2024?

- Suggestion: Public Defender as the ECM provider to the JI population, a holistic defense but may face certain barriers given the role.
- Question: Do CBOs know how to connect with each other?
- Suggestion: produce a resource sheet of all the organizations to make connections.
- Make resource sheets that are simplified and that communicate the information, workflows, and points of engagement.
- There are different scenarios to consider including pre-trial, probation, straight release, etc.
- Maybe use transportation as an incentive.
- Motivational interviewing trainings for PATH collaborative, presiding judges
- Judges can reinforce need to engage in as many programs are available – engage vs. maintain as part of discharge as a court order options but ECM as voluntary.
- Language is already a legal requirement, however, to be aware of the need for indigenous language services so all can understand what is being said and their options when making choices.
- Time is needed to build understanding, the need to create the program first.

QUESTION #3:

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Enhanced Care Management. What are the top barriers to uptake of ECM by members and participation by community providers that CenCal Health could address as targeted topics for provider engagement and training? What specific suggestions for community provider training topics do you have?

- Suggestion: micro-trainings to mitigate barriers being faced
- Provider Portal – access to an eligibility check is not available to non-contracted providers.
- Barriers to justice-involved population for interest – various points by non-sworn staff.
- Data sharing – who needs to know at which point and how services have been provided.
- There is the unpredictability of release dates to address and workflows for long-term vs. short-term stays.
- There is concern over "being first" and setting an example for others, to develop materials, macro, and micro, same vs. different in current state vs. future state.
- Utilization of sobering centers to serve the needs of those who need services at hours outside of traditional "business hours," suggestion to have a phone staffed 24 hours a day.
- Suggestion: ECM providers to come to carceral settings.

San Luis Obispo County – Breakout Session in Nojoqui Room

QUESTION #1:

Justice Involved. How do you see the referral process working between the community partners to support someone eligible for ECM benefits (JI population)?

- Referrals need to be population specific: RE: length of time of incarceration.
- Probation-Intentional alignment with others
- How do we align Care Management (CM) with ECM providers?
- Communication between agencies is critical.
- Capacity to participate financially, and internal staff capacity is vital.
- The inmate's family interactions not currently being addressed.
- Information Technology (IT) not aligned between departments and CenCal Health-CIE HIE communications and who determines IT needs?
- Shared Data is needed.
- Jordan stated that we won't have the data sharing available in three weeks for the benefit "go live" date of Jan 1st, 2024. What is practical on day one and in early days of the implementation?
    - Scott said that what is practical at this point will be phone calls and emails to CenCal Health case managers and then enter the data when the system is in place. It will be a step-by-step process with not everything being up and running all at once.
- Where does the "state system of care" come into play?
    - State system of care could be a starting point to use for initial screening and referral to CenCal ECM (only if eligible) (screening with inmate and family)
    - Screenings are very labor intensive. Current capacity to do one or three in a day. How do we handle 100s under this current system or do we look for a more simplified approach for screenings?
    - Inmate must "want" to be involved with ECM case management.
- Who are the priority groups coming up for re-entry and how do we meet the needs?

- Need to identify those key agencies who are the appropriate CBOs to be involved with the very complex justice system. Not all CBOs are appropriate to manage justice-involved clients.

QUESTION #2:
Justice Involved. What are the roles of the county agencies and community-based organizations in the reentry initiative, and what concerns do you have about the ECM go-live on January 1st, and the pre-and post-release readiness starting in October 2024?

(Concerns going live on Jan 1st?)

- Behavioral Health has a lot on its plate already.
- Jail is not going to be ready until 1 to 1.5 years from now. There is a lot of information that must go to the state first.
- Jordan asked what connections need to be in place on Jan 1st to ensure clients get the correct services. ECM benefits start when the client is released from jail.
  - We need a list of ECM providers from CenCal.
  - Need to increase the number of ECM providers across both counties who will serve this population.
  - Concern that the providers know all the justice department regulations and guidelines.
    - Provider education needed.
  - Concern over the amount of engagement between the jail/facility and the ECM providers.
- The referral is the easiest part of the process. Collaboration and follow-up are crucial to overall success.
  - Need to have clarity on appropriate billing of services.
- Jordan said that while the individual is incarcerated, you are to bill State Medi-Cal Fee-for-Service. Once the individual is released, you will bill CenCal Health.
  - Systems, relationships, and resources amongst agencies is currently in place; ECM is further resources coming to the table that is currently established.
  - ECM is not us doing something different. The difference is how the CBOs are getting paid and the terminology used in specific circumstances.

QUESTION #3:
Enhanced Care Management. What are the top barriers to the uptake of ECM by members and participation by community providers that CenCal Health could address as targeted topics for provider engagement and training? What specific suggestions for community provider training topics do you have?

- Who is selected as an ECM provider, and how do we determine who gets the referrals?
- Family advocates are already doing the work in the field. Will funding be available for them?
- What populations will be prioritized?
- Member selection of ECM providers. PCP and ECM provider (one person doing both roles) will be a priority.
- How do we know which providers are to be the first in line to provide services?
- Joel stated that members need to be informed that there is an ECM benefit for them.
- Need clear guidance on how ECM referrals are gathered. Should referrals come from emergency rooms/hospitals?

- Inmates escaping from hospitals is a concern. Requires heightened protocols and security when an inmate is being treated at the hospital.
  - For Mental Health (5150) holds, the patient needs to be taken to ER to be evaluated first before being referred to ECM services. Discharge from in-patient and ER can be a point of referral.
- Rafael stated that all populations are overlapping.
- Jordan said that the plan has regulatory dictates from the state; however, we can adjust our processes to help meet local needs.
  - Need to bring in our county officials to provide high-level support and decisions.

*Rafael said that staff will take all comments back and will share with the group.

Meeting Reflections & Next Steps

Ms. Owen shared about two populations that we will focus on in 2024 – Children and Seniors. CenCal Health will be strengthening our policies and becoming NCQA accredited. We will focus on enabling data exchange and how to best approach this important topic. We will also focus on offering a Medicare program, Dual Special Needs Program (D-SNP) while expanding ECM and Community Supports.

2023 Reflection Questions

- What did you find most valuable about participating in the CalAIM Community Steering Committee?
- Do you have any input you would like to provide for 2024?

2023 Reflections from written feedback

Participants in the CalAIM Community Steering Committee found several aspects particularly valuable:

1) Networking and Collaboration:
   a. Connecting with key individuals shaping the future of CalAIM.
   b. Engaging in focused conversations and collaborative efforts.
   c. Building relationships with diverse stakeholders and agencies.
2) Learning and Confirmation:
   a. Gaining basic knowledge and confirmation of being on the right track.
   b. Sharing and learning from both committee members and the Departments of Health Care Services (DHCS).
   c. Understanding the concerns and perspectives of other members.
3) Open Dialogue and Goal Setting:
   a. Creating a safe space for asking questions and providing comments.
   b. Having open dialogues on barriers and brainstorming shared solutions.
   c. Setting realistic goals collaboratively.
4) Inclusive Participation:
   a. Appreciating CenCal Health's effort to ensure a community-driven committee.
   b. Being part of the planning, building, and implementation processes.
   c. Involvement in cross-sector collaboration with community-based organizations (CBOs).
5) Awareness and Advocacy:
   a. Being informed about the work and initiatives to advocate for the community.

   b. Making connections and collaborating with agencies serving different roles (e.g., Dept of Criminal Justice, homeless centers, mental health)
6) Understanding and Insight:
   a. Gaining a deeper understanding of CalAIM opportunities, architecture, and plans.
   b. Understanding the complexity of the initiative and working towards simplification.
   c. Learning about system designs to respond to individuals in justice-involved settings with manipulated releases.
7) Health Information Exchange (HIE):
   a. Receiving valuable information to enhance services and tie in ECM and CalAIM initiatives.
   b. Exchanging information about the services provided by different agencies and programs.
   c. Learning about new health benefits and understanding the details of various programs.
8) Community Voices Heard:
   a. Feeling heard and having voices acknowledged in discussions about rates, post-hospitalization, and process improvements.
   b. Engaging in large-scale brainstorming and mutual problem-solving.
9) Professional Development:
   a. Gaining a better understanding of CBOs and their offerings.
   b. Engaging in large-scale brainstorming and mutual problem-solving.
10) Empowerment and Resource Perception:
   a. Seeing CenCal Health as a resource rather than a barrier to existing services and processes.
   b. Recognizing CenCal Health's role and perceiving it as a valuable resource in the county.

Participants in the CalAIM Community Steering Committee provided feedback for 2024:

1) Training and Workgroups:
   a. Request for more virtual and in-person trainings.
   b. Advocacy for a workgroup addressing Data/IT issues, including HIE, EHRs, sharing agreements, closed-loop systems, and referrals.
   c. Emphasis on creating space for agencies to have referrals and manage plans with clients having multiple case managers through small workgroups.
2) Data and Information Exchange:
   a. Recognition of the importance of more data-sharing.
   b. Focus on data and health information exchange.
   c. Request for guidance/templates/examples of universal TOIs for use.
   d. Desire for more information about data exchange, especially for justice-involved populations.
3) Collaboration and Communication:
   a. Call for collaboration among smaller CBOs to bill together and share a medical biller.
   b. Emphasis on continued communication between agencies and counties, sharing experiences and lessons learned.

c. Proposal for a list of agencies on CenCal Health's webpage with descriptions of services, mission, and vision for better collaboration.

4) Equity and Inclusion:
   a. Advocacy for language justice and inclusion, particularly in Spanish, Mixteco, and Filipino.
   b. Emphasis on creating a data collection system where confidentiality is respected.
   c. Reminder to never lose sight of the end user/utilizers, focusing on simplicity for clients and care managers.
5) Practical Action Steps and Focus:
   a. Suggestion to focus more time on clear actionable steps rather than aspirational discussions.
   b. Recommendations to spend dedicated time on children and go deeper into the topics.
6) Program-Specific Concerns:
   a. Request for more information about CenCal Health Medicare plans, particularly regarding the impact on FQHCs and patients.
   b. Desire for focused training for ECM providers on justice-involved populations and landscapes in both counties.
7) Community Engagement and Program Monitoring:
   a. Recognition of the importance of creating a list of different agencies for collaboration.
   b. Acknowledgement of the importance of building on existing relationships in each county and monitoring progress.
   c. Excitement for new supports and services in 2024, particularly for the justice-involved population.
8) Facilitation and Information Sharing:
   a. Appreciation for great facilitation and the involvement of state agencies early in the process.
   b. Request to hear from other plans that are ahead in the process and to continue county breakouts due to uniqueness and different providers.
9) Ongoing Learning and Review:
   a. Reminder to start with the basics and not assume knowledge of the rules and policies of aspects of CalAIM.
   b. Suggestion to review previous meetings for those who irregularly attend due the complexity of the discussions.