CalAIM Community Steering Committee Meeting
San Luis Obispo County
MINUTES
July 12, 2023

The regular meeting of the CalAIM Community Steering Committee Meeting of San Luis Obispo County was called to order by Marina Owen, Chief Executive Officer of CenCal Health, on July 12, 2023, at 10:06 AM at the CenCal Health Offices, 1605 Calle Joaquin, San Luis Obispo, CA.

MEMBERS PRESENT: Anne Robin, Brenda Petitt, Supervisor Dawn Ortiz-Legg, Janna Nichols, Lisa Frazer, Penny Borenstein, Wendy Wendt

GUESTS PRESENT: Alison Ordille, Ashley Chapman, Jennifer Nitzel (DSS), Jessica Landreth (DSS), Kyle Nancolas, Maria Castaneda, Seth Stabinsky, Stephanie Landgraf

STAFF PRESENT: Chris Hill, Jennifer Fraser, Marina Owen, Nicole Wilson, Rafael Gomez (facilitator), Stuart Warren, Van Do-Reynoso

- **Welcome and Introductions**

    Marina Owen introduced herself as Chief Executive Officer of CenCal Health, welcomed everyone to the July CalAIM Community Steering Committee meeting for San Luis Obispo County and thanked everyone for attending.

- **Update: Community Supports**

    CenCal Health Board of Directors approved CalAIM Community Steering Committee and staff recommendation to launch four (4) new Community Supports in January 2024

    - Short Term Post-Hospitalization Housing
    - Personal Care and Homemaker Services
    - Day Habilitation Services
    - Respite Services

Discussion:

    Ms. Owen shared that staff are preparing Model of Care submissions, hiring staff, and building provider network for the new Community Supports.
    Request from member for one page funding scan to summarize funding opportunities under CalAIM, i.e., IPP, PATH, HHIP.
    Ms. Robin referenced an existing document that may meet the purpose (Attached)

- **Update: Street Medicine & Homelessness**
    - Provider Services supporting providers in both counties to provide street medicine.
    - CenCal Health, SLO PH, and Dignity are planning a Street Medicine convening.
    - HHIP funding, next round details shared for applications submitted by July 14, 2023.

- **Update: Data Exchange**
  - Virtual Health Information Exchange (HIE) Provider Engagement Event on May 31st.
  - Follow-up meeting with SLO county on HIE & Octavia on June 26th.
  - Follow-up on survey sent to providers on HIE readiness.
  - HIE RFP has concluded. Vendor selection and recommendation has been approved to move forward for contract negotiations.
  - Health Information Exchange platform and onboarding strategy is being completed.
  - Engaging input from Provider Advisory Board on July 10th.

Discussion:

Ms. Owen added that more information regarding HIE will be shared at future meeting. San Luis Obispo's Jail IT staff was present to support data exchange needs.

Dr. Stabinsky shared about how jail staff take care of justice involved community within their facilities. The San Luis Obispo jail is currently under RFP for medical provider, i.e., WellPath He requested clarification of one HHIP application per provider is allowed.

Dr. Do-Reynoso clarified that HHIP funding being different from IPP funding, with different outcomes to be achieved. .

Ms. Nichols noted the need to build community structures to offer wrap around services to unsheltered community to ensure that they remain sheltered. Suggestion to crosswalk data on re-determination for those justice involved individuals.

Ms. Nitzel stated that DSS has delayed justice involved re-determination to not discontinue benefits for those incarcerated as "suspension" stops enrollment to the MCP. Authorized Representatives (AR) on file receives a copy of everything mailed to member: use of homeless shelter address as AR. Jails are AR for short-term stays: AR forms have an end date which is usually one year for state prisons.

Dr. Borenstein noted they were glad that pregnant and post-partum are included in adult clinical criteria. Also, the lack of trust of the system from justice involved population.

Captain Langer stated the justice involved community that is in and out of jail and navigating establishing engagement. SLO jail has a robust (labor intensive) entry program but once justice involved is released services and support can drop off, coordination with courts and internal health systems to alleviate this drop off is desired. Also noted was the ability to navigate changing regulations as well as the competing resources with probation services. There is a presumption that jails have structure to coordinate all services, such as medical, behavioral health, substance use disorder, homelessness and more.

ECM Providers:
- Without providers to serve the justice community has concerns they won't have providers for correctional facility to hand off to while ramping up.
- Possibility of using existing network with current POFs that are live.
- CCH needs guidance on who are potential providers for this work.
- Specialty care is lacking in SLO.
- Need to create and build capacity, opportunity with IPP funding.

- **Early Redetermination Data**31% of members on DHCS June Renewal File are no longer covered by Medi-Cal: 1,423/4,662
  - Net members loss for June: 1,939

- **Call to Action**
  - Loss of healthcare coverage is a public health concern.
  - Los of Medi-Cal is a health equity issue.
  - What action can we commit to taking to ensure stable health care coverage?

Discussion:

Dr. Do-Reynoso shared July 2023 Disenrolled County from DHCS Renewal List-Age Group (12-22, 22-44, 45-64 and 65+) for Santa Barbara County and San Luis Obispo County. **Dr. Do-Reynoso** explained that June was the first month to experience the new metrics on Redetermination and staff studied the numbers that were received late last week. Regarding the data of early redetermination by race, ethnicity, and cities, it was shared that this data reflects the historical data. We have received two months' worth about the members who are up for renewals. Of that number 31% are no longer eligible.

Ms. Owen commented the CMS has experienced an alarming change in numbers that may be due to administrative procedures. Concern over our ECM members and importance to reach out to the ECM members to communicate before services are needed.

Dr. Do-Reynoso shared that members are informed that they have lost coverage that DSS sends a Notice of Action with 10-days remaining to submit their renewal packet. If disenrolled, the member has 90-days to submit renewal packer for reinstatement. After 90-days, the member would need to re-apply for Medi-Cal which is a whole new process.

Community Discussion:

Ms. Nitzel from DSS mentioned that DSS has received a lot of returned renewal packets. DSS is working on reasons for the returned mail, some of the returned mail has 40 Prado address.

Ms. Nichols stated that Five-Cities would like to be a partner to address the returned packets.

Ms. Frazier indicated that clients and staff may not understand the redetermination process and the issue needs to be elevated. Dr. Stabinsky stated that clients may not have any idea about redetermination. He noted that the Jail can be authorized representatives to help, but that the staff gets overwhelmed by letters for the innates after they leave.

Ms. Nichols recommended tapping into Public Health and Farm Bureau as partners since they did good work during the pandemic. Several members shared about the first few months of redetermination.

Promotores are receiving letters from people they have assisted. Clarification that these deliveries are secondary and in addition to another address the member has on file. Nexus between the school districts and others and suggested a shared a target list, to work towards making sure all renewals are notified.

Ms. Frazer, **Ms. Nitzel**, and **Dr. Borenstein** volunteered to participate in a workgroup or be resources if needed.

- **Justice-Involved Workflow**
  - Pre-Release Services → Re-Entry to Community → Post-Release Services

- Pre-Release Services: A targets set of services provided in the correctional facility during the ninety (90) day prior to release
- Re-Entry to Community: Release from the correctional facility and enrollment in a managed care plan
- Post-Release Services: ECM services through the managed care plan to be available the day of release through execution of the Re-entry Care Plan/Care Management Plan

- **Individuals Transitioning from Incarceration**
  - Criteria for Adults: Are transitioning for transitioned from a correctional facility within the past 12 months, have at least one (1) of the following conditions:
    - Mental Illness
    - Substance Use Disorder (SUD)
    - Chronic Condition/Significant Clinical Condition
    - Intellectually/Developmentally Disabled
    - Traumatic Brain Injury (TBI)
    - HIV/AIDS
    - Pregnancy or Postpartum
  - Children / Youth:
    - Are transitioning or transitioned from a correctional facility within the past twelve (12) months.
    - No further criteria are required to be met.

Discussion:

Ms. Owen expressed that given the diversity of professions and trainings of partners at today's meeting, the differences in the way we communicate about the same topic might be different. She urged all to feel comfortable in requesting clarity during the meeting. Ms. Owen clarified that the ECM policy guide is to align with the ECM criteria. Ms. Fraser shared that the eligibility file from the State and criteria in claims (834 File) the State will be creating AIM Codes.

Ms. Fraser explained the future of managed care plan for the justice involved Populations of Focus.

Community partner requested a list of ECM partners and expressed concerns that there will not be enough people to hand off to in the beginning of this transition. A misunderstanding of the size of the justice involved Population of Focus can cause providers to not know what is coming, experiencing staff shortages at this time, therefore difficult to coordinate care. Requests were made to relook at the eligible population, flag those served by homeless shelters, and define criteria for ECM & CS Services.

Ms. Nichols expressed the critical need for the re-entry to be seamless. Probation shared that there is a need for include a separate workflow for adult versus children/youth as the latte rare separate populations that will require different plans. Noted that parental authorization is required for those under 18 years.

- **CenCal health Justice Involved Timeline**
  - January 1, 2024 – ECM Individuals Transitioning Incarceration PoF Go-Live
  - April 1, 2024 – Pre-Release Services Become Effective
  - July 1, 2024 to January 1, 2026 – Quarterly Pre-Release Readiness

▪ March 31, 2026 – Final Pre-Release Go-Live

Discussion:

Ms. Fraser explained that the Justice Involved Timeline is reverse of what was previously presented. Only post-release services through Managed Care Services and is fluid over the next two (2) years.

Ms. Nichols requested details for the pre-released services.

- **Key Issues and Challenges to Address (to address in the next 6-12 months)**
  ▪ Enhanced Care Management (1/1/24)
    o Determining size of the population.
    o Expanding the ECM network to serve the justice involved population of focus.
    o Expanding CenCal Health Care Management Team
  ▪ Re-Entry to Community – Enrollment (4/1/24)
    o Coordination of Care including enrollment, assignment, and connection across multiple entities.
    o Designing auto enrollment to appropriate provider systems.
    o Ensuring a seamless transition to ECM, CS, and medical services.
  ▪ Pre-Release Services
    o Gaining clarity on role of correctional facilities and community providers in delivering pre-release services.
    o Building capacity of correctional facilities for pre-release readiness.

Discussion:

Ms. Owen expressed that the information provided to partners throughout the workflow process to include coordination between the correctional case management (pre-release) and the ECM care manager (post-release) will benefit the continuity of care approach. It will be beneficial to define those in the ECM Network, work on re-entry transition, coordination and hand-off are significant to success of servicing this Population of Focus well.

Capt. Langer stated that the challenge will be the logistics and note that resources are needed to engage the inmates who are in and out; or long-term innates. Continuity of care continues to be challenge. And difficult to incentivizing jail population. She noted that everyone has funding for special focused population, with some overlap, but still very specialized funding.

Dr. Stabinsky mentioned that WellPath needs to be engaged but unknown if they will be the next provider. His ideal is to have same ECM provider inside jail and outside jail.

Sgt Landgraf noted that they have robust and labor intensive inreach services however, the robust level is a challenge to maintain.

Ms. Owen asked who can be the hub that can connect and link. Ms. Wendt believes that the focus should be on building relationships within and outside. **Supervisor Ortiz-Legg** wondered how the state facility fits into this plan and how do we manage the difference at the state with inmates released after 20 years.

Capt. Langer responded that more stable pop at State where the release date is known. Can plan and program in strategic manner. Jail is more sporadic, with population in entering and leaving.

Sgt. Landgraf noted that State population typically goes back to their community. Jail is released back into SLO.

Mr. Nancolas asked about the distinct difference between youth and adult population. and therefore, how will ECM look for youth?

Ms. Robin stated that Parolees will need to sign up for CCH. 90 day in-reach includes state correctional. They may not be aware of this.

Ms. Nitzel and Ms. Robin confirmed that DSS & BH have special arrangement with CDCR.

Ms. Fraser clarified that DHCS defines Youth POF as 20 and under

Ms. Nichols stated that she can't serve certain population. Some of her best staff can't come into jail because of restrictions.

Capt. Langer wondered about using telemedicine as an option if providers can't enter the Jail to provide services. **Ms. Owen** asked for thoughts on tackling first the high area of impact. How do we prioritize areas where we can bring on sooner than later. These questions can serve to guide the breakout discussions.

Community CalAIM Steering Committee Guidance for Breakout Group Discussions

- Key Planning Issues and Questions:
  - What are the most critical questions or issues for CenCal Health to address with our partners as we prepare for 2024 Go-Live?
  - What are your biggest worries?
- Community Stakeholder Engagement:
  - From your perspective, who are the most critical governmental and non-governmental partners to involve in our planning and preparation?
  - What feedback do you have on the proposed stakeholder engagement approach?

- **Breakout Groups**
  - Group 1 noted:
    - Macro focus – Landscape analysis. Who will do the work and how will we put it together and how do we do this planning? We need a county-wide collaboration process. Clear and concise referral process between all.
    - ECM Services payments are someone limited.
    - Re-engagement for the re-entry workgroup.
    - Start with the adult population since the youth system is well defined at this time. Where does ECM overlay on the process that is currently in place?
    - There are small stakeholder collaborations but is not a county-wide collaboration group.

  - Group 2 noted:
    - BH issues – identify our target audience to know where we are headed. Identify which Populations of Focus we will focus on for the ECM. Starting with the whole broad picture seems too ambitious. Identify who we could start small with, pregnant women in jail (etc.)

- o Along with target audience, enhancing comms within that community so they know what services and programs apply to them.
  - o Un-met support from the staff at the jail – bringing in partners and agencies it takes a lot from the staff at the jail while the agency is there, there is a lot to that. Be kept in mind.
  - o Identify benchmarks.
  - o Housing options – for released individuals.
  - o Sunny Acres – interesting non-profit housing sexual offenders' community going through a large change at the time. A great opportunity to work with the sub-committee in the group. 30-50 individuals at this time. As high as 80 people.
- Group 3 notes:
  - o Deep dive of what is really out there and what do we have.
  - o HIE – connected by way of information.
  - o Expanding the network – garner support from the hospitals
  - o More funding opportunities.

- Breakout Group Notes on Flipcharts

  - ▪ Pop size
  - ▪ ECM Network
    - o CCH care management
    - o Specialty, other capacity
  - ▪ Coordination across multiple entities
  - ▪ Auto enrollment
  - ▪ Pre-Release providers & capacity

6 MONTHS FOCUS	STAKEHOLDERS AT THE TABLE
- Behavioral health issues - Identify target audience - Unmet support to facilitate ECM in jail / juvenile hall - Jail / juvenile hall staff - Enhancing communication strategies for target population - Benchmarks & barrier analysis & metrics - Housing options	- CHC - WellPath - Sunny Acres - Restorative Partners 5CHC - CAPSLO - Good Sam - TMHA - FCNI

- Hubs / linkages
- Take stock of who are developing relationships in the institution.
- County vs. state ⟶ note one but many
- Separate adult & youth:
  - o Interact with
  - o Parole assignments
- Engage unwilling participants & dealing with rapid turnover:
  - o In – out

- o Incentivizing
- Robust re-entry system to connect operationally.
- Big system to interacting with multiple other big systems.
- Understanding by people caring for the people.
- WellPath – complicating factor.

Discussion:

Community partners shared shared challenges working with Populations of Focus, who are not eager to participate. It is difficult to serve this population and finding people that are able to engage with this Population of Focus is also a challenge. How can we increase staffing? Suggested incentivizing to get new staff. Also to create a shared understanding among this group. This is one system that interacts with other large systems that has its challenges as so much is changing legislatively. The funding that comes out is focused on each individual area, but it is difficult to manage all of that. There is some overlap but as far as overseeing, we need high level management. HIE is a whole new department of oversight that has not seen RFPs for funding. It was noted that WellPath offers wonderful things to the SLO Sheriff Office but leaves some portions of care not attended to. Additionally, attendees shared that the re-entry experience is a really delicate one and it is recognized that it is people who are helping people during a delicate time. A partner noted that the justice-involved population is very labor intensive, the more reach and services we provide, the more logistical challenge we can assume. ==Requested to have Restoration Partners here at the table.== The State Facility topic was brought up and its process. The State system is more stabilized health-wise and has a known end-date (fixed release date) for justice involved PoFs which makes it easier to plan for pre-release coordination. Continued discussion includes how adult, and youth/child PoFs are served differently and questioned how ECM serves these PoFs differently, size and scope of juvenile hall vs county jail.

Parole has their own system of healthcare providers.

- Barrier that sentencing so severe that can't provide services; impact to CHWs with lived experience that are prohibited from entering jails which would require alternative modes of contact, i.e., telehealth.
- Understanding that individuals may qualify for additional POFs outside of just justice involved populations of focus.
- There is a strong curiosity on how jails operate, so a need for information sharing between partners and players.

Final Reflections:

1. **Sgt Landgraf** assumed that all know how jail works and now realize the need to communicate so CBOs can serve everyone better.

2. **Brenda Pettit** stated that CCH is wonderful to work with, glad we are on this journey together.

3. **Supervisor Ortiz-Legg** pondered about how we are going to execute this and how will we sustain the efforts to support the JI population.

4. **Capt. Langer** stated that she really appreciates CCH and their willingness to work with Justice Involved population.

5. **Ms. Owen** stated that CCH can partner on this effort to serve the JI population with available resources.

- Justice-Involved Takeaways
  - **Dr. Stabinksy** – Staffing guardrail staffing opportunities (short-term help, not fully supported long term). Appreciation to Supervisor Ortiz-Legg for attending.
  - **SLO SO** – Being a typical law enforcement officer people already know how we do things, but more info sharing is necessary.
  - **Ms. Pettit** – CM said CCH is wonderful to work with
  - **Supervisor Ortiz-Legg** – Reiterated the fact that we have had a lot of opportunities come our way and how to utilize them, how are we going to execute is important.
  - **Capt. Landgraf** – thank you to CCH when they hear Justice Involved – all eyes go to the Sheriff's office.

Adjourned meeting to lunch at 12:10pm

- **Upcoming Meetings**
  - October 3, 2023, 10:00am – 12:15pm (followed by lunch)
  - December 12, 2023, 10:00am – 12:15pm (followed by lunch)

Information on Community Steering Committee & local CalAIM implementation:
www.cencalhealth.org/calaim

Commonly used abbreviations:

CAHPS – Consumer Assessment of Healthcare Providers and Systems

CalAIM – California Advancing and Innovating Medi-Cal

CBO – Community Based Organization

CHW – Community Health Workers

CM – Contingency Management

CS – Community Supports

CSC – Community Steering Committee

DHCS – California Department of Health Care

D-SNP – Dual-Eligible Special Needs Plans

ECM – Enhanced Care Management

FQHC – Federally Qualified Health Center

HEDIS – Healthcare Effectiveness Data and Information Set

HHIP – Housing and Homelessness Incentive Program

HIE – Health Information Exchange

IPP – Incentive Payment Program

MTM – Medically Tailored Meals

NCQA – National Committee for Quality Assurance

PHM – Population Health Management

RFP – Request for Purchase

PoF – Populations of Focus

SBHIP – Student Behavioral Health Incentive Program

SDOH – Social Determinates of Health

SME – Subject Matter Expert