



DRAFT

MINUTES

CenCal Health

SANTA BARBARA COUNTY

COMMUNITY CalAIM STEERING COMMITTEE MEETING

October 9, 2023

KEY DISCUSSION TAKEAWAYS:

- Data Sharing: The need and capacity for community, providers, and county partners to share data, both short and long term.
- Justice Involved: Consider planning around what is in place now that works and adding to it.
- Capacity Building: Need training on how to optimize and braid programs.
 - Strategies for new and existing providers to improve penetration rates.
 - In-person trainings to include intersect with CS to demystify the process for being an ECM provider
- Suggested topics for future discussion:
 - JI Landscape Analysis
 - Update on Children & Youth POF
 - Information on CS housing bundle
 - Update on HIE - data exchange
 - Update on Medi-Cal expansion

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The Community CalAIM Steering Committee of Santa Barbara County was called to order by Marina Owen, CenCal Health's Chief Executive Officer on October 9, 2023, at 10:12 AM at the Offices of CenCal Health at 4050 Calle Real, Santa Barbara, Ca.

MEMBERS PRESENT: Dana Gamble, Gina Fischer, Joan Hartmann, Liz Snyder, Mary Ellen Rehse, Melissa DeBacker, Sylvia Barnard, Tanja Heitman,

GUEST PRESENT: Cara Silva, Lindsay Walter, Vincent Wasilewski

STAFF PRESENT: Jennifer Fraser, Marina Owen, Nicole Wilson, Rafael Gomez (El Cambio Consulting), Van Do-Reynoso

Ms. Owen introduced herself, welcomed all participants, and shared her appreciation for attending the October Community CalAIM Steering Committee. She refreshed our memories by sharing the vision for this convening that CenCal Health shares with your support, which is to have representation of senior leadership across the Medi-Cal and safety net provider spectrum. Additionally, this is a forum to introduce concepts and collaboratively plan around major reforms. Ms. Owen shared from previous convenings where we have discussed Community Supports (CS), Enhanced Care Management (ECM), Health Equity, and Disparities. We will now spend time discussing the Justice Involved population. **Mr. Gomez** introduced himself and shared more about our previous conversations, the issues, and guidance as we prepare to launch Phase 1.

Community introductions:

- Sylvia Barnard, Good Samaritan Shelter
- Elizabeth Snyder, Dignity Health
- Cara Silva, Cottage Health
- MaryEllen Rehse, Santa Barbara County Education Office
- Melissa DeBacker, Lompoc Valley Medical Center
- Dana Gamble, Santa Barbara County Public Health Department
- Van Do-Reynoso, CenCal Health
- Lindsay Walter, Santa Barbara County
- Vince Wasilewski, Santa Barbara County Sheriff's Office
- Tanja Heitman, Santa Barbara County
- Gina Fischer, Santa Barbara County
- Joan Hartmann, Santa Barbara County (Board Liaison)
- Jennifer Fraser, CenCal Health
- Marina Owen, CenCal Health
- Rafael Gomez, El Camino Consulting
- Toni Navarro, Santa Barbara County Behavioral Wellness

Mr. Gomez continued with three discussion items today in the Justice Involved initiative:

- 1) Next step for ECM with Justice-Involved populations
- 2) Landscape Analysis request
- 3) Talking about ECM and CS updates

Mr. Gomez informed us that as we move toward implementation, we would like to talk about what is important and who needs to be involved. We will be looking to this group for guidance and reflection on how to move forward.

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

- How the following are inter-connected - Pre-Release Medi-Cal Application Process, 90-Day Services Pre-Release, Behavioral Health Linkages, ECM, CS and Justice Re-entry and Transition Providers. The expectation at the state level is that we partner and build relationships to provide more Continuity of Care than is present now.
- The State and CenCal Health's vision is the Continuity of Care during Corrections into Medi-Cal Managed Care to ensure we can make progress towards improved hand-offs for our mutual clients, linking various services for patients that are leaving correctional locations.
- Since we last met, we engaged Scott Coffin from Serrano Advisors to bring a wealth of experience and practical solutions. To leverage the success of Alameda Alliance Health Plan, where this initiative is being piloted.
- Ensuring patients leaving these settings have support coordinating their care through Community Supports.

Ms. Owen explained that taking those larger initiatives, they can be broken down into two phases:

- Phase 1: (key date: 1/1/2024) Enhanced Care Management Benefit – Managed care plans are responsible for deploying 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: (key date: 4/1/2024 – 3/31/2026) 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.

As we prepare to launch the new ECM benefit CenCal Health has been working with a new consultant, Scott Coffin from Serrano Advisors, LLC modeled after the Alameda Alliance for Health

Plan where the State is modeling some of this early thinking and the lessons learned to provide ECM benefits.

A closer and more practical list so far has been that we are looking to launch ECM benefits for the JI Population of Focus (PoF):

- 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 & job aids for County Agencies, ECM Providers, etc.
- Confirm approach with DHCS Justice Involved (JI) team prior to go-live

Landscape Analysis:

- We are initiating a landscape analysis in October for the following reasons:
 - Provide in-depth description about each correctional facility
 - Identify the embedded and in-reach providers
 - Identify county agency roles
 - Gather core data systems
 - Identify workflows between agencies

Discussion: Comments or questions so far of 'must-haves' for this list during the remainder of the year:

Ms. Hartmann asked are these things that CenCal Health will do or are you asking agencies to do this work of a landscape analysis?

Ms. Owen answered that these are things that CenCal Health will handle.

Ms. Owen shared more about the Proposed Implementation Strategy and the tool CenCal Health would like to use to understand the landscape, scope, and focus to achieve early wins with this initiative. The request for a Landscape Analysis is valuable to answer a few questions for all of us in this group will then share with community partners. This data will include details about the population, the current state processes, and most about the provider's capacity for Enhanced Care Management and Community Supports Providers and diversion, re-entry, and transitional provider's current state. These Data Points are valuable to know what things look like now, what things could look like in the future, and how they best link and not complicate. 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 (Chief Operating Officer) will partner with Chris Hill (Health Services Officer) to obtain this data by the end of the year. There should be data to share by the December meeting to inform our compliance by January 1, 2024. **Mr. Gomez** shared the two main tasks that are to be completed by January 1. Those include setting up a provider network and prioritizing how our hand-off and connection will be formatted.

Discussion: Ms. Owen asked if there are other comments or questions about the Proposed Implementation Strategy, specifically establishing and building relationships with the Sheriff's Office, WellPath, and Probation.

Ms. Heitman remarked that on the ECM side of things, there is discharge planning as part of a settlement agreement we have discharge requirements that we are beholden to, to ensure that we are planning for a robust process. For Data Sharing, we are holding regular meetings of our Data Group and would like to think through how to include CenCal health in those group meetings. Data Sharing is more complex than we think. She inquired about what structure CenCal Health will put into place and what the County might need to independently plan for.

Mr. Gamble added that with WellPath becoming essentially a MediCal provider, the billing piece is difficult. Credentialing will have to take place, will this need to take place before or

after January 1, 2024?

Ms. Heitman shared that this is something that she feels they need to do separately with DHCS. He inquired if pre-release services would be billable.

Ms. Owen answered that there is a complex billing structure in the continuum of care it's important to think about each of these elements and how they work. Multiple directions of billing and contracting is complex.

Ms. Walters inquired about ECM network sufficiency and that they have been discussing this topic at their agency discussions to understand these populations and how they are linked to an ECM provider and to have some consistency in that process.

Mr. Gomez explained the next steps in starting a framework to establish eligibility and linkage to have a complete understanding of the JI PoF and the need to prioritize in term of our early implementation effort by addressing some of these questions. We've heard some guidance here and how we are connecting the two in terms of Data Sharing as we are conducting the landscape analysis, we will need these items. In real time we will address these questions of standing up provider network, linkage, and prioritizing where we put our most significant effort.

Discussion: As we are conducting this landscape analysis it would be helpful to hear from the group with questions or guidance in terms of key elements that need to be addressed.

Ms. Heitman remarked that they are actively working putting their discharge planning in place, it is still a work in progress. The landscape analysis will serve us well to prioritize the discharge of populations that align with CalAIM. Categories such as specialty mental health units, medicated assisted treatment, and those with chronic care conditions and that the care does not get disrupted.

Ms. Navarro commented our PATH 3 funding from DHCS will address the discharge planning that Ms. Heitman is referring to and that they have just received that award recently after applying. As a result, we will be hiring drug case workers to do this work in South County Jails.

Mr. Wasilewski shared that they do have a data set that is produced by discharge along with DSS and have already been working together. As soon as this is received, I can forward this information to CenCal Health leadership. I have access to another database that is protected but don't know how to sort it without the criteria. As soon as we can get those Data Sharing Agreements in place, that will show us what we've got. We can estimate that 50% of the 9,000 people we discharge each year will fall into one of these categories. Most of them are quick turnarounds but if we can flag those individuals for a warm handoff is really what we are looking for, for our population. Because of the quick turnaround, it would be helpful to establish eligibility as soon as they walk in the door.

Ms. Navarro commented on the current state processes to understand the transition of payment reform and provider expectations and serve clients at a certain rate. Coordinated efforts among organizations could bring about success.

Ms. Barnard shared a challenge in the billing conflict between ECM and drug treatment. Layering funding is not available at the sobering center, the care coordination goal is a warm handoff can be more formalized through this process. Some pieces don't quite make sense because it is new to them.

Ms. Navarro shared her concern over Behavioral Health Reform at the state level and how that will affect funding which could impact providers, referring to Senate Bill 43 and Prop 1. She shared how this will dictate prioritizing adults and children, as well as talks about moving dollars into the adult system of care. Continued discussion of the rates paid to Santa Barbara County area providers, present and future.

Ms. Owen shared that the DHCS Listening Tour that took place in April 2023, will result in changes in the rates and how this will affect providers.

Discussion: Mr. Gomez asked what forums do we have to talk about those optimizing opportunities, are there forums where we can have these conversations and when is the right moment to reflect on what is changing?

Ms. Navarro expressed her excitement to discuss more about these changes.

Ms. Owen described that the Landscape Analysis is meant to build awareness, learn, and pivot as needed while growing to optimize during our strategy development. Anything else that you would flag?

Ms. Walter inquired about how the landscape analysis helps inform behavioral health and the Sheriff's operational departments because they must have their plan to the state in receiving the Path Grant. Also, are our plans the same and consistent? This is hard to know all of this without the state's operational guidance. Hard to know which questions to ask without guidance from the state.

Mr. Gomez spoke about the process with the consultant, Scott Coffin, in that it will be a dynamic, real-time process.

Ms. Owen continued that we decided we needed to start evaluating somewhere and that will generate more questions. Scott Coffin will join CenCal Health for a kick-off this afternoon. The planning process of the landscape analysis will be a stand-alone process, via data request. Our goal is to get this done in the next 45 days. Mr. Coffin has a framework and has started some of the groundwork. We are looking at two meetings and a data request to produce a first draft of this insight.

Ms. Heitman questioned if the adult and juvenile populations would be reported on separately. (Answer: yes) Ms. Heitman also shared that Ms. Walter is currently facilitating many of these planning meetings. It is critical to get some understanding of the current provision of ECM to incorporate into our analysis. It will make a big difference to find out who is serving the JI population.

Mr. Gomez informed that Ms. Owen and Dr. Do-Reynoso will share more about the overall progress and launch of ECM and Community Supports, as well as more about Santa Barbara's performance in this first year. We would like to reflect as a group on the strategies, efforts, and considerations to maximize enrollment and extend capacity or to bring on new providers.

ECM and Community Supports Progress Update

Ms. Owen shared that it has been over a year, and we are in Phase 2 of CalAIM, starting in July. We have only six (6) months of data for two (2) services. DHCS' Year One Report, data on implementation in the calendar year 2022 that includes data at the state, county, and plan levels on total members served, utilization, and provider networks. This is based on data submitted by Plans to DHCS via the Quarterly Implementation Monitoring Report. We are at 10 services and the state would prefer that we get to 14 as soon as possible, however, we are focusing on sustainability and seeing success as capacity is still being built. Overall, three (3) counties were offering all fourteen (14) services, we have now prioritized to offer ten (10) as of January. This group had previously prioritized four (4) services. However, the goal of the state is to get to fourteen (14) to establish these services as benefits.

Discussion: Ms. Owen asked if the group felt we have scaled appropriately, what is your sense of appetite and pace as we work towards fourteen (14) services by July of 2024?

Ms. Barnard shared information from reports they have received is that there are one-hundred forty-five (145) individuals receiving Housing Supports and over five hundred (500) in ECM. Impressed with the ability to ramp up with the help of the IPP Grant. The goal to sustain programs and positions, was, however, scary in the beginning. Keys to success in the future is the HHIP Grant, to assist with housing more quickly. Day Habilitative is a big deal and will require our focus and efforts to get to success with each component. This will be a heavier list for Good Samaritan.

ECM and Community Supports Fact Sheet & Timeline

Dr. Do-Reynoso explained the current state of Enhanced Care Management and Community Supports with significant increases as we build our provider network. We are getting engagement and services delivered. We have seen significant increases in both ECM and Community Supports over the last six (6) month period. Sobering Centers have the highest utilization followed by Housing Transition Navigation Services. Looking forward to launching the remaining Community Support services and projecting an increase in members utilizing these services.

ECM/CS Ramp -Up

Mr. Gomez requested feedback on the participation in a short-term and long-term manner as well as the community supports strategy approach. What are some strategies and/or support that CenCal Health could lean into to help us extend our reach, and capacity and where we can add? Any reflections? Goals?

Discussion:

Ms. Barnard shared that they get a lot of calls from their partner agencies who haven't quite gotten there yet. She suggested providing support by offering in-house, all-day training to understand the process, as they are relying on in-house staff to understand that process. All shelters should be utilizing ECM. Possibly flow those workshops into the county as an opportunity as well.

Ms. Snyder reminisced about the days when CenCal Health provided an in-person Boot Camp and its benefits of an inter-relationship among providers.

Ms. Walter expressed that we focus on capacity building but that it's important to now focus on the coordination building too. Bringing ECM providers to those who are eligible for ECM benefits to increase the number of those served.

Ms. Barnard continued to share that having all those agencies in one place to coordinate would help all of us understand what these warm hand-offs would look like. 1:34:42

Ms. Heitman wondered about the areas where we are increasing Navigators. Also, asked what the difference is between a Navigator and ECM? Those who are growing in need of those services are those with mental illness and the unhoused.

Ms. Barnard suggested CSI and CADA as ECM providers. Shared roadblocks for new providers.

Ms. Owen continued that it seemed a hands-on workshop would help demystify elements of becoming an ECM provider.

Dr. Do-Reynoso shared that included in the slide deck is a capture of our current ECM and CS network, that we will keep up to date.

Discussion: Ms. Owen asked for the hospital's perspective on what scaling that last couple of Community Supports could do locally.

Ms. Silva stated that she can see a lot of benefits with the remaining four (4) services becoming available.

Ms. Navarro shared that housing-sustaining tenancy may be an issue, there is not enough for the senior population. Looking for how we build community and help people out of isolation

with connection.

Ms. Owen pointed out those who offer these types of services to make people successful in that transition. These new services provide help for those who need post-hospitalization assistance in their homes, after their stay in the hospital.

Mr. Gomez shared themes that we can carry forward:

- Providing in-house, intensive training for ECM providers.
- Optimizing, coordinating, and braiding to create a coherent intertwining of these services for the population.

Comments:

Ms. Hartmann mentioned from conversations with the fire department is they receive most of their calls from seniors around 4-5 p.m. due to missed medication doses. A possible alert to seniors to remind them to take their medication in the early afternoon might be valuable. Also, shared that senior centers are critical for social connection.

Ms. Snyder expressed that home remediation is important, but relationship and case management is key. It's important to get them settled but also to continue that relationship of support.

Mr. Gomez pressed a conversation about what the future holds since we are moved from the “put in place’ to sustaining services. Also, think about future meetings to continue having these meetings and that they are meaningful to you.

Ms. Owen shared that there is so much scaling up that has taken place and wants to make sure we scale sustainably. She mentioned that Jaycee Cooper has left DHCS and will join CMS. CMS wants to see more of what California is doing. We’ll see Jaycee continue to focus on this at the federal level.

Mr. Gomez asked for guidance or topics you would like to see for the December meeting:

Mr. Gamble requested an update on the newly eligible population for ECM.

The next meeting will be a joint meeting in Santa Maria, CA on Monday, December 11th as a joint meeting for the San Luis Obispo County and Santa Barbara County teams to come together to look at the landscape analysis.

Meeting adjourned by Marina Owen at 11:55 am