

**CalAIM Community Steering Committee Meeting  
Santa Barbara County  
MINUTES  
April 3, 2023**

The regular meeting of the CalAIM Community Steering Committee Meeting of Santa Barbara County was called to order by Marina Owen, Chief Executive Officer of CenCal Health, on April 3, 2023, at 10:06 AM at the CenCal Health Offices, 4050 Calle Real, Santa Barbara, CA.

**MEMBERS PRESENT:** Dana Gamble, Gina Fischer, Joan Hartmann, John Doyel, Kathryn (Katy) Bazylewicz (for Ron Werf), MaryEllen Rehse (for Susan Salcido), Melissa Debacker, Mona Miyasato, Rick Gulino, Scott Black, Sylvia Barnard, Tanja Heitman, Toni Navarro

**MEMBERS ABSENT:** Arcenio Lopez, Daniel Nielson, Ken Trigueiro, Madhi Ashrafian, Ron Werft, Sue Andersen, Susan Salcido

**STAFF PRESENT:** Ed Tran, Jennifer Fraser, Marina Owen, Nicole Wilson, Paula Bottiani, Rafael Gomez (facilitator), Van Do-Reynoso

- **Welcome and Introductions**

**Marina Owen** introduced herself as Chief Executive Officer of CenCal Health, welcomed everyone to the first CalAIM Community Steering Committee meeting for Santa Barbara County and thanked everyone for attending. Ms. Owen also introduced Rafael Gomez, as Facilitator for our meetings and explained his role within this group. Ms. Owen continued to explain that this group will meet quarterly.

- **Our Community Context and the Community Steering Committee Role and Focus**

- **The Medi-Cal and Delivery System Landscape and Local Implications**

- In Medi-Cal...

- Broadening plan responsibility and scope...and more to come
- New and different non-medical benefits
- Increasing accountability for quality and equity

- In Our Communities...

- Health disparities, member complexity and demographic changes
- Long-term challenges to secure sufficient capacity to meet community needs

- **Role, Purpose, and Goals of the Community Steering Committee**

- Representation from senior leadership from across the Medi-Cal and safety-net provider spectrum
- Space to collaboratively plan and coordinate Medi-Cal programs and responses
- A forum to introduce, understand and educate about major Medi-Cal reforms and directions

Areas of initial emphasis:

- Community Supports expansion

- CalAIM Enhanced Care Management implementation
- Health equity / disparities awareness and response
- **CenCal Strategic Plan and Implications for Our Role and Focus**
  - Implications for CenCal Health:
  - Shifting community role from administrator to partner, facilitator and integrator
  - A need to build new skillsets and capabilities
  - Quality and health outcomes from and center
  - Opportunity to prioritize community collaboration to meet our goals

**Discussion:**

**Ms. Owen** added that the CSC Vision is intentionally broad and diverse to make space for input and create the environment for this group to really steer. She continued by discussing the Community Supports survey and how this information-gathering activity has given insight into the strategic planning process.

- **CenCal Health Strategic Focus – Looking forward in a changing environment**

- **Considering the Environmental Factors**

- **COVID-19 reshaped workforce & community health environment**

- Cal-AIM Transformations

- Enhanced Care management / Community Supports
- Population Health Management

- 2024 DHCS Contract Requirements

- Transparency, oversight & reporting
- Quality requirements
- Health equity/disparities
- Community engagement requirements

- Enrollment & Market Considerations

- Dual-Eligible Special Needs Plans (D-SNP)
- Potential Covered California & Medicare Advantage opportunities
- Uncertain Medi-Cal enrollment future with contradictory forces
- Paying attention to revenue in the future

**Discussion:**

**Ms. Owen** explained how COVID-19 has re-shaped our workforce environmental factors while with CalAIM, including ECM, CS and PHM we've experienced the largest transformation in 20 years.

- **CenCal Health's 2022 Adopted Vision**

*To be a **trusted leader** in advancing **health equity** so that our communities thrive and achieve optimal health together*

**Trusted Leader:** As a local health plan, CenCal Health seek to advocate for what is best for our counties so that the voices of partners, stakeholders and members are heard on issues that are important in our communities.

**Health Equity** is the attainment of the highest level of health for all people, where everyone has a fair and just opportunity to attain their optimal health regardless of race, ethnicity, disability, sexual orientation, gender identity, socioeconomic status, geography, preferred language, and other factors that affect access to care and health outcomes.

**Discussion:**

**Ms. Owen** shared the Adopted Plan that originated from conducting various interviews with community partners. She shared that Cottage Hospital, who suggested to “get us all in a room together to work through these changes.” So CenCal Health is convener and facilitator and trusted leader in quality and equity.

- **Key Themes from Strategic Planning Efforts**

- Expand role to convener and facilitator as opposed to administrator
- Lead in quality and focus in equity
- Expand role past Medi-Cal, towards coordinating more services for additional members
- Integrate well internally and strengthen operations for the future

- **Strategic Plan Priorities 2023-2025**

- Organize for Impact and Effectiveness to:
  - Cultivate Community Partnerships
  - Advance Quality and Health Equity for All
  - Expand our Services Role and Reach

- **Strategic Plan Framework 2023-2025 for Adopted Vision (stated above)**

- [Priority] Cultivate Community Partnerships
  - [Objective] Facilitate community collaboration to strengthen the health system
  - [Objective] Engage locally on health equity
- [Priority] Advance Quality and Health Equity for All
  - [Objective] Exceed quality standards and expectations
  - [Objective] Reduce health disparities in our populations
- [Priority] Expand our Service Role and Reach
  - [Objective] Prepare to serve new members
  - [Objective] Develop new Medi-Cal programs and benefits
- [Priority] Organize for Impact and Effectiveness
  - [Objective] Advance organizational readiness to support strategy
  - [Objective] Foster employee growth and inclusion towards a diverse culture
  - [Objective] Leverage and adapt technology and analytics to enable transformation
  - [Objective] Ensure financial performance to support sustainability

- **2023 Operating Plan**

Along with the Vision (shared above) the Mission is:

*To improve the health and well-being of the communities we serve by providing access to high quality health services, along with education and outreach, for our membership*

Priorities and Objectives (shared above) to be addressed and accomplished by the following Organizational Tactics:

- [Priority] Cultivate Community Partnerships
  - [Objective] Facilitate community collaboration to strengthen the health system
    - [Organizational Tactics]
      - Partner to Assess Healthcare Infrastructure and Workforce needs
      - Design Collaborative CalAIM Convening Groups
      - Enhance and Facilitate Provider Engagement and Education
      - Develop Doorway to Health Foundation Roadmap
- [Priority] Advance Quality and Health Equity for All
  - [Objective] Exceed quality standards and expectations
    - [Organizational Tactics]
      - Enhance Insight into Member Experience through CAHPS
      - Enhance Insight into Healthcare Effectiveness through HEDIS
      - Conduct NCQA Accreditation Readiness
      - Enhance the Quality Improvement System to Meet QIHETP Requirements
    - [Objective] Reduce health disparities in our populations
      - [Organizational Tactics]
        - Ensure Equitable Provision of Preventative Services
        - Develop Population Health Management Capabilities
        - Enhance Collection of Population Health Data
- [Priority] Expand our Service Role and Reach
  - [Objective] Prepare to serve new members
    - [Organizational Tactics]
      - Expand Medi-Cal to Undocumented Adults (ages 26-49)
      - Develop and Execute D-SNP Roadmap
    - [Objective] Develop new Medi-Cal programs and benefits
      - [Organizational Tactics]
        - Implement Housing and Homelessness Incentive Program
        - Implement Student Behavioral Health Incentive Program
        - Expand Community Supports Responsive to Local Needs
        - Expand Enhanced Care Management Program
        - Implement and Expand CHW and Doula Benefits
- [Priority] Organize for Impact and Effectiveness
  - [Objective] Advance organizational readiness to support strategy
    - [Organizational Tactics]
      - Develop and Execute a Compliance Risk Assessment Plan
      - Evolve the Auditing and Monitoring Program
      - Enhance Policy and Procedure Management
      - Develop and Enhance Process Improvement Capabilities
      - Develop and Organizational Dashboard

- Evolve the Governance System for Tactics
- [Objective] Foster employee growth and inclusion towards a diverse culture
  - [Organizational Tactics]
    - Create New Performance Management System
    - Develop and Deploy Talent Development Program
- [Objective] Leverage and adapt technology and analytics to enable transformation
  - [Organizational Tactics]
    - Assess Data Exchange Framework
    - Design Technology Strategy Responsive to Strategic Plan
    - Develop Health Information Exchange Capabilities
    - Enhance Processes and Integration through New Health Management Software
- [Objective] Ensure financial performance to support sustainability
  - [Organizational Tactics]
    - Enhance Financial Accounting and Reporting Capabilities through New Software
    - Develop Advanced Financial Analytics Capabilities

**Discussion:** CalAIM Steering Committee Comments

- Appreciation of Mental Health providers for partnering with schools and CHW Community Partnerships
- Recuperative Care and Community Health Workers (CHW) – we have not experienced changes in the Emergency Department yet
- Starting to see patients come to urgent care centers
- CenCal health and Good Samaritan in the Medi-Cal Academy and gives a guideline of how to navigate

• **Mr. Gomez, Q&A Session**

**Question:** Please comment or give advice to give most value to CSC?

**Answers from CSC members:**

- Show workflows to see what is missing and what is working, which could be a problem solver for others. How do we sustain CalAIM and where are the gaps?
- Community Supports and CalAIM are game changers. On homeless services – now that services are reimbursable, who and what can we do? CenCal Health can be a convener to discuss, for example, what is happening in Summerland with homeless services. CenCal would be a good convener and relationship provider.

**Question:** What are potential values or worries that CSC can tackle?

**Answers from SCS members:**

- To achieve it all, what strategies and collective action can be taken to address employment shortages?
- Concerned about assisting impending homelessness, those who have needs later in life (future needs to be handled and how to address those needs)?

- **CalAIM & Medi-Cal Transformation**

Initiatives

- CalAIM Implementation begins 2022
- Specialty MH Services Criteria - 2022
- BH No Wrong Door - 2022
- PHM Framework - 2022
- Medi-Cal Expansion & redetermination begins 2023
- Data Exchange Project begins 2023
- NCQA Mock Survey – 2023
- PHM Implementation – 2023
- QIHETP Implementation – 2023
- NCQA Accreditation Surveys – 2024
- Integrate UM, PHM, and QIHETP – 2024
- Health Plan & Health Equity Accreditation - 2024
- Implementation PHM QCIP Health Equity measure – 2024

Benefits

- ECM phase 1 – 2022
- Two Community Supports – 2022
- CHW – 2022
- ECM Phase 2 & 3 – 2023
- Four CS services – 2023
- Doula Services begins 2023
- Dyadic Services – 2023
- ECM Phase 4 – 2024
- New CS Services – 2024

Funding

- IPP begins 2023
- HHIP begins 2023
- SBHIP begins 2023
- Product Line
- Launch D-SNP in 2026 – 2022
- D-SNP Development – 2023
- D-SNP Development – 2024
- Application to CSM to launch D-SNP – 2025
- Submission of Knox-Keene license – 2025
- D-SNP open enrollment begins in October - 2025

- **CalAIM implementation will continue to 2025 and beyond.**

Key efforts:

- Initiatives – Medi-Cal Expansion to redeterminations and 26-49 year olds and our National Committee for Quality Assurance (NCQA) accreditation by 2026
- Benefits – Engaging our provider partners and community partners to launch Enhanced Care Management (ECM) Phases to meet needs of Populations of Focus (PoF)
- CenCal Health has been distributing funds to build local health care infrastructure via IPP, SBHIP and HHIP

- **Key Milestones in next 12 months**

- Prioritization of remaining 2 Community Supports

- Community Survey
    - Community Steering Committee survey
    - Internal Survey & Data Analysis
    - Board of Director Guidance
    - DHCS approval
    - Implementation

- Data Exchange Implementation

- RFP for Health Information Exchange platform
    - Provider Engagement
    - Community Engagement
    - Technical Solution

- Health Equity Roadmap

- Incorporate DHCS 2024 Contract requirements
    - Incorporate NCQA requirements
    - Assess internal landscape
    - Explore external collaboration

- D-SNP

- Development of product line

- NCQA

- Prepare for mock survey
    - Apply for accreditation

**Discussion:**

**Question:** What does Health Information Exchange (HIE) platform look like?

**Dr. Do-Reynoso** responded that we have a roadmap which includes an RFP for a vendor, as well as community engagement.

**Mr. Gulino:** More information on SBHIP is desired. **Mr. Tran** followed-up during break.

**Ms. Owen** clarified that D-SNP as a required product line that CenCal Health will be launching in 2026. Dual Eligible Special Needs Plans are Medicare Advantage health plans which provide specialized care and uses a whole person approach.

**Question:** Is it not necessarily a good thing for FQs to be in duals, frustrated that FQs will not be able to bill for CHW services. Coming together is good; but we will hear different needs from different partners – i.e. hospitals and FQs have different needs. But the implication is different for FQs than hospitals for services for members who are eligible for both Medicare and Medicaid. Can FQs be engaged to understand how D-SNP will be configured and the impacted population?

**Ms. Owen** responded that yes, the FQs can tackle and be a voice in the FQ collaborative.

- **Community Supports (effective January 1, 2023)**
  - Housing Transition Services
  - Housing Deposits
  - Housing Tenancy & Sustaining Services
  - Sobering Centers
  - Recuperative Care
  - Medically Tailored Meals
  
- **Prioritizing new Community Supports for 2024**
  - Short-Term Post-Hospitalization Housing
  - Respite Services
  - Day Habilitation Programs
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  
  - Community Transition Services/Nursing Facility Transition to a Home
  - Personal Care and Homemaker Services
  - Environmental Accessibility Adaptations (Home Modifications)
  - Asthma Remediation

**Next Steps:**

- July Submission to DHCS for approval
- January 2024: implementation

There are 14 optional services of which health plans may elect to provide. These are cost-effective alternatives to traditional medical services. Recuperative Care and Medically Tailored Meals were launched first as CenCal Health has been providing these services as pilots with partners. The second group CenCal Health selected were a reflection of community input and need. We're gathering input from the community via survey and CSC to present to our Board of Directors and DHCS for approval.



**Community Supports Exercise**

Community Services Prioritization Exercise: CSC asked to prioritize the remaining 8 Community Services by placing dots on their top three services.

Results from the group exercise:

Community Supports	Dots received
Respite Services	4
Short-Term Post Hospitalization Housing	10
Asthma Remediation	0
Day Habilitation Programs	5
Environmental Accessibility Adaptation	1
Nursing Facility Transition/Diversion to Assisted Living Facilities	5
Community Transition Services/Nursing Facility Transition to a Home	2
Personal Care and Homemaker Services	7

\*Top three (3) are highlighted

**Reflections on the prioritizations (above)**

Short-term Post-Hospital Stay – reasons:

- Recovery / transitions are already tough
- Medical complexities
- Outcomes of post-surgery success

Comments:

- No Behavioral Health Nursing Facilities in our community. How do we provide incentives for new facilities?
- Seeing seniors caring for adult children that require care. (example: adult children diagnosed with Autism)
- Where is the infrastructure to take care of these folks?

**Requested Follow-up:**

- 1) Van Do-Reynoso to provide a list of frequently used acronyms.
- 2) How and when to expect communication with this group – CenCal will communicate timeline of services after guidance from Board and approval from DHCS.
- 3) Marina invited all to attend DHCS Listening Tour on April 27, 2023, at 8:30am at CenCal Health offices at 4050 Calle Real, Santa Barbara, Ca
- 4) Marina Owen to ask what DHCS has already heard from other counties on their listening tour.
- 5) How does DHCS measure success of CalAIM?
- 6) Can CenCal adjust the October 2 SBC CSC date, due to County leaders involved in Legislative Committee?
- 7) Additional information for stakeholder engagement when ready

**Comments and questions**

- So many goals, but there's limited funding. For example, 340B impact to FQs. Listening Tour will be phenomenal effort; and good opportunity to share local severe implications.
- Understanding that county Behavioral Health was excited about ECM 2 years ago under full-service partnership; but was excluded from state contract with CCH for ECM. State needs to be more flexible to stabilize so all will be served, not just adults. ECM will keep the community healthy, but BWell can't take a contract since that will be a loss for BWell.
- Transportation is not included in Drug Medi-Cal. Why is transportation uncovered if it's a trip to an ECM provider?
- Can we demonstrate what we did well? CenCal Health funded Recuperative Care for 4 years in hospitals and shelters. This demonstrates that we can do good work.
- Will it be helpful to bring written reflections to share with DHCS?
- Can Marina share reflections from other counties and plans?

**Information on Community Steering Committee & local CalAIM implementation:  
[www.cencalhealth.org/calaim](http://www.cencalhealth.org/calaim)**

**Upcoming Meetings**

- July 10, 2023, 10:00am – 12:15pm (followed by lunch)
- October 2, 2023, 10:00am – 12:15pm (followed by lunch)
- December 11, 2023, 10:00am – 12:15pm (followed by lunch)

Adjourned meeting to lunch at 12:11pm

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