

**CalAIM Community Steering Committee Meeting
Santa Barbara County
MINUTES
July 10, 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 July 10, 2023, at 10:03 AM at the CenCal Health Offices, 4050 Calle Real, Santa Barbara, CA.

MEMBERS PRESENT: Gina Fischer, Supervisor Joan Hartmann, John Doyel, MaryEllen Rehse, Merin McCabe, Mona Miyasato, Steve Popkins, Sue Andersen, Sylvia Barnard, Tanja Heitman, Toni Navarro

GUESTS PRESENT: Commander Ken Callahan (SBSO, Custody Support Division), Kimberly Shean (Probation), Lindsay Walter (SBC), Merin McCabe (AIHS),

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

- **Welcome and Introductions**

Marina Owen welcomed everyone to the July CalAIM Community Steering Committee meeting for Santa Barbara 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 Cal AIM ECM and CS Model of Care submissions, hiring staff, and building provider network for the new Community Supports.

Community Discussion:

Ms. Rehse asked if CCH has the language needed for services to be provided. Ms. Bernard requested for definition of services, eligibility, hospitalization, and acute care, a specific request to understand the difference between recuperative care (member) and respite care (caretaker). Excitement of offering short term post hospitalization (180 days) as an extension of recuperative care (90 days).

Dr. Do-Reynoso gave updates on the following topics:

- **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.
- **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.
- **Early Redetermination Data**
 - 31% of members on DHCS June Renewal File are no longer covered by Medi-Cal: 1,423/4,662. *(Post meeting Update: Current DHCS data indicate a lower disenrollment rate in SBC than State average, at 19.7%)*
 - 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. Ms. Owen 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.

Ms. Owen emphasized the importance to reach out to the ECM members to communicate before services are needed.

Dr. Do-Reynoso shared that members are informed that they've 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:

Suggestion to follow through each month by way of training admins that are in a role to have contact with the community. Partner with CenCal health to educate across all spaces. Suggestion to have a representative from DSS at the meeting to join in the discussion. Experience was shared that delays in transfers were aided by having a representative from DSS within provider locations. One location has a full-time PM working around re-enrollment. Suggestion to ensure that County DSS is involved and an attendee or guest so that the most up to date information is available to CenCal Health and the

County on member redetermination. **Ms. Rehse, Ms. Walter, Ms. Barnard** volunteered Alexis, and Ms. Anderson volunteer a Dignity eligibility worker to participate in a redetermination workgroup if needed.

Ms. Owen added that more information and updates on these topics will be shared at future meeting.

- Jennifer Fraser, CenCal Health CalAIM Program Manager, CenCal Health, shared the following: **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. Fraser shared that the rough estimates for eligibility came from the State (834 File) and the State will be creating AIM Codes.

Community Discussion:

Ms. Shean recommended adding "Assessment" as a workflow before the "Pre-Release Services" loop to denote the heavy lifting on the adult side. Comments were offered to include "flags" for individuals transitioning from incarceration who are served homeless shelters.

• **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 ECM POF go-live represents those individuals released from incarceration who did NOT receive pre-release services. Until the correctional facility is live, individuals released from correctional facilities will only be receiving post release services. On and after April 1, 2024, correctional facilities have the option to go-live on a quarterly basis based on their readiness status with DHCS over the next two years through March 31, 2026

Community Discussion:

Discussion of how facilities and the incarcerated community are notified, and how it is handled now and was handled previously.

Ms. Shean expressed that it would be beneficial to have make plans while member is receiving sentencing. Also, to gather information while in intake and establish criteria for warm handoffs will create easier workflows.

Ms. Bernard commented that it would be useful to create criteria for short-term stays as it doesn't make sense for inmates to switch PCPs. She wondered about the role of the PCP in pre-planning, the opportunities for a warm hand-off, define the criteria for warm hand-off, and proposed on creation of workgroup to define criteria for local implementation. She mentioned currently being on a workgroup with Sheriff's Office, Probation, and County of SB.

Ms. Owen referenced the MOUs created can serve to guide expectations. Commander Kenneth Callahan (SBSO, Custody Support Division) shared the jail population as approximately 350 individuals in North County and 450 individuals in South County, of this total approximately 8-10 released per month are children or youth.

• **Key Issues and Challenges to Address (to address in the next 6-12 months)**

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

Discussion:

Ms. Owen expressed that 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.

Community Discussion:

Ms. Walter suggested to add a justice involved indicator to the ECM referral form as likely that JI eligible members would be eligible or already included in other Populations of Focus. She added that assessments conducted in pre-release is a heavy lift for facilities. Continued discussion of more information needed on warm handoffs which is not specifically defined in the JI Operations Guide as to what is included and how it's conducted. It was estimated that 70-80% of release of individuals experiencing incarceration people are expected to be eligible for ECM. It was shared that unknown release dates have a significant impact on coordination of care.

• **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:
 - ECM need to start with Pre-Release Services.
 - Providers who have Clinical, Navigation, Transportation and Mentorship skill sets to be involved.
 - Importance of Continuum of Care.
 - Stay connected with community, whether by telehealth or brick and mortar resource centers.
 - Post-pandemic partner process that had to be modified a great deal during the pandemic and might need a refresher.
 - Eligibility suspension, de-assessment, and fine tune.
- Group 2 noted:
 - Care Coordination is one of the issues and most promising – providers identified and on-hand for warm hand-off.
 - Important to talk about HIE – suggests Octavia, likes their product, attended a presentation.
 - Within the pre-release system there will have to be consent and coordination that will fall within WellPath. Does such a system exist? Can CenCal Health hire these resources? (Retired staff, due to the prohibited nature of inability to hire and imbed)
 - Jail discharge planners.
 - How easily can we flip the Medi-Cal switch back on?
 - Looking to individuals experiencing incarceration for their feedback.
 - Need WellPath to be a Medi-Cal provider.
- Group 3 noted:
 - 1. Data sharing element was #1 priority: Jail and Jail Health getting data on Medi-Cal eligibility. Jail Health commented that eligibility is checked @ booking via DSS, and inmate will be flagged if not. Jail has lists for chronic disease and SMI to estimate PoF #s. Comment was made as to why can't we get ECM info at booking-if the inmate is receiving ECM?

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| | 3) Layering homelessness services | <ul style="list-style-type: none"> ○ ECM CS provider ○ CenCal Health ○ ECM CS providers ○ Jail ○ JH ○ CenCal Health |
|--|-----------------------------------|---|

- Justice-Involved Takeaways
 - Good Samaritan reported ratio of lead care manager to members by 1:20.
 - Need to understand all the justice involved players (*organizations mentioned by attendees – links provided by Jennifer Fraser's research after the meeting*):
 - CSI – Community Solutions, Inc. – day reporting centers - https://www.csi-online.org/adult_services/Santa%20Barbara%20County%20DRC_final.pdf
 - PRRC – Probation Report & Resource Center - <https://www.countyofsb.org/1582/Report-Resource-Center>
 - Discharge planners in jails
 - Voice of the Justice Involved Population
 - Justice Alliance - <https://www.countyofsb.org/769/Justice-Alliance-Action-Team>
 - Re-establish relationships lost due to the pandemic.
 - Good Samaritan inquired about the ability for CenCal Health to hire staff and embed them in the community/facilities?
 - Good Samaritan shared of the likely need for WellPath to enroll as Medi-Cal provider given they cover 30+ counties for medical care in jail settings.
 - Idea that justice involved is not a stand-alone criteria to be defined as primary situation and core process even though they represent a captive audience.
 - Ability to communicate to all stakeholders once member is in a correctional facility.

Adjourned meeting to lunch at 12:16pm

Upcoming Meetings

- October 9, 2023, 10:00am – 12:15pm (followed by lunch)
- December 11, 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