Alameda CalAIM PATH Collaborative Meeting

November 15, 2024

BluePath HEALTH

DHCS | PATH
Providing Access & Transforming Health

Today's Agenda

Time	Draft Agenda Topic
10:00-10:05	Welcome, Agenda, and Housekeeping
10:05-10:10	Follow-up from previous meetings
10:10-10:20	Overview of the CalAIM Justice-Involved Initiative
10:20-10:40	Managed Care Plan Updates
10:40-11:10	Spotlight: ECM for Individuals Transitioning from Incarceration *Featuring Bay Area Community Services (BACS)*
11:10-11:20	Resources, Events, and Updates
11:20-11:30	Quick Survey and Wrap Up
11:30-12:00	Office Hours

DHCS | PATH
Providing Access & Transforming Health

Housekeeping

DHCS | PATH
Providing Access & Transforming Health

Follow-ups from October

Medically Tailored Meals and Medically Supportive Food

Medi-Cal Members receive deliveries of nutritious, prepared meals and/or healthy groceries to support their health needs. Members may also receive vouchers for healthy food and nutrition education.

In the last reporting period (Q4 2023), **771 members** in Alameda County utilized Medically Tailored Meals or Medically Supportive Food.

MTM/MSF Providers in Alameda County

Alameda Alliance for Health Providers:

ALAMEDA COUNTY COMMUNITY FOOD BANK
Until everyone's fed

Project Open Hand
meals with love

ALAMEDA COUNTY RECIPE4HEALTH

Kaiser Permanente Provider:

MOM'S MEALS®

Proposed Community Supports Revisions

In September, DHCS released proposed definition changes to 7 Community Supports Services:

1. Housing Transition Navigation Services
2. Housing Deposits
3. Housing Tenancy and Sustaining Services
4. Nursing Facility Transition/Diversion to Assisted Living Services
5. Community Transition Services/Nursing Facility Transition to a Home
6. Medically Tailored Meals/Medically Supportive Food
7. Asthma Remediation

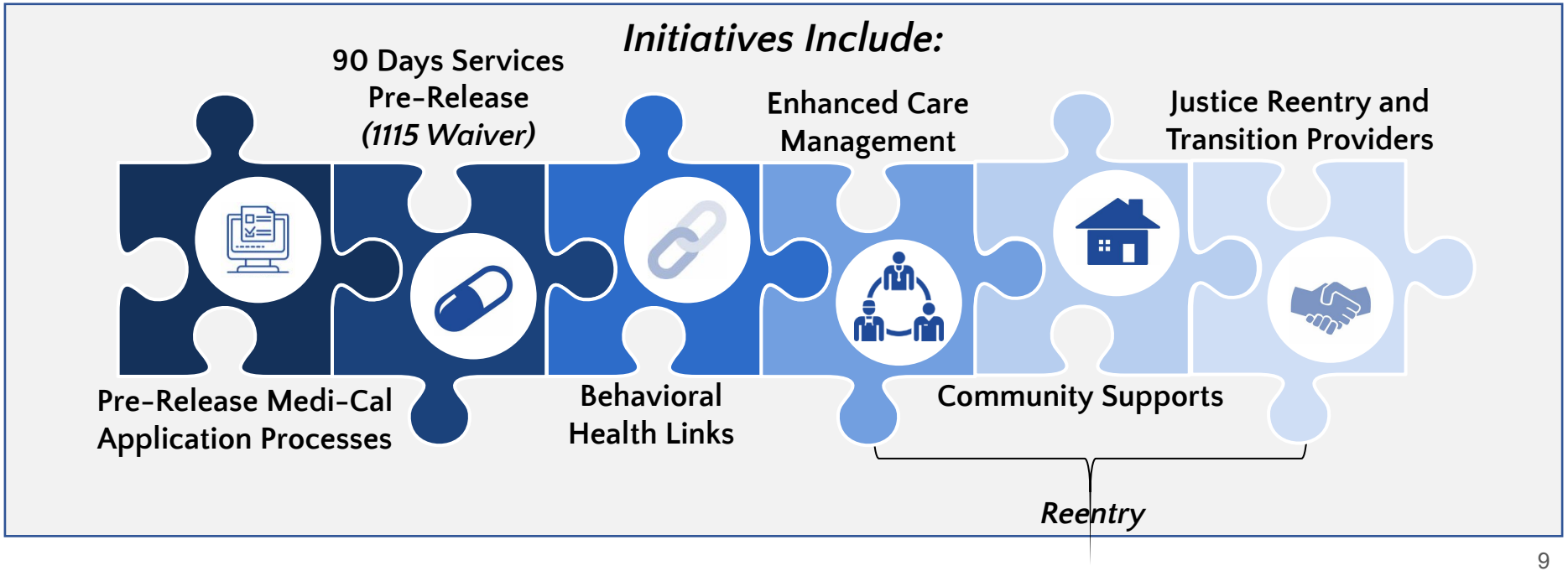
Final Community Supports definitions are being finalized by DHCS. The updated definitions will likely go live in Summer 2025.

DHCS | PATH
Providing Access & Transforming Health

Intro to the CalAIM Justice-Involved Initiative

The CalAIM Justice-Involved Initiative is Comprised of Pre-Release and Reentry Components

CalAIM justice-involved initiative support justice-involved individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with behavioral health, social services, and other providers that can support their reentry.



Justice-Involved Initiative Timeline

January 1, 2023

- Pre-Release Medi-Cal Application Mandate: requires all counties to facilitate enrollment in Medi-Cal for individuals who are incarcerated

January 1, 2024

- Enhanced Care Management for the Population of Focus for Adults and Youth who are transitioning from incarceration

October 1, 2024

- Behavioral Health Agencies go-live with Behavioral Health Links

October 1, 2024 - September 30, 2026

- 2-Year Period for Correctional Facilities to Go Live with 90-Day Pre-Release Services
- Alameda County will go live in 2026.

Behavioral Health (BH) Links

To promote continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to facilitate referrals/links to post-release behavioral health providers and share information with the individual's health plan.

BH Links Requirements:

To operationalize behavioral health links for individuals who will receive services through SMHS/MHPs, DMC, and DMC-ODS, DHCS has laid out the following minimum requirements for CFs, county behavioral health agencies, and pre-release care management providers/post-release ECM providers:

Correctional Facilities (CF)

- Leverage existing processes to screen and identify individuals who may qualify for a BH link.
- County CFs will be expected to screen for this need at intake; CDCR will be expected to leverage existing treatment plans to screen for need.

Behavioral Health Links minimum requirements are detailed in **Section 11.4 of the Policy and Operational Guide.**
Source: CA Penal Code 4011.11(h)(5)

Pre-Release Care Manager

- Review all available records related to the individual's behavioral health care.
- If a screening was not already performed, complete the standardized behavioral health screening to identify behavioral health needs.
- Determine if a BH link is needed
- Build the care plan.

County Behavioral Health Agency

- Enter into agreements or amend current agreements as needed, by mutual consent, with the CFs to provide or support in-reach provision of pre-release services related to reentry behavioral health treatment.
- Within 14 days prior to release (if known) and in coordination with the pre- and/or post-release care manager:
  - Ensure processes are in place for a professional-to-professional clinical handoff between the correctional behavioral health provider, a county behavioral health agency provider, and the member (as appropriate).

ECM Eligibility Criteria for the Individuals Transitioning from Incarceration POF

Adults Transitioning from Incarceration

Adults who:

1. Are transitioning from a correctional facility (e.g., prison, jail, or youth correctional facility) or transitioned within the past 12 months

AND

2. Have at least one of the following conditions:

i. Mental Illness
ii. Substance Use Disorder
iii. Chronic Condition/ Significant Clinical Condition
iv. Intellectual/ Developmental Disability (I/DD)
v. HIV/AIDS
vi. Traumatic Brain Injury
vii. Pregnancy/Postpartum

Children and Youth Transitioning from a Youth Correctional Facility

- Children and youth under 21 or former foster youth between 18 and 26 who are transitioning from a youth correctional facility or transitioned within the past 12 months.
- No further criteria are required to be met for Children and Youth to qualify for this ECM Population of Focus.

Source: CalAIM Enhanced Care Management Policy Guide (Updated August 2024)

Community Supports for Individuals Transitioning from Incarceration

Discharge planners or care coordinators within County Correctional Facilities frequently identify housing and transportation needs for their clients transitioning from incarceration. Community Supports that correspond with these needs include:

- Housing Deposits
- Housing Navigation
- Housing Tenancy & Sustainability
- Other Community Supports, depending on eligibility

For more information on ECM and CS, see the Alameda CalAIM ECM and Community Supports Guide: English / Spanish

DHCS | PATH
Providing Access & Transforming Health

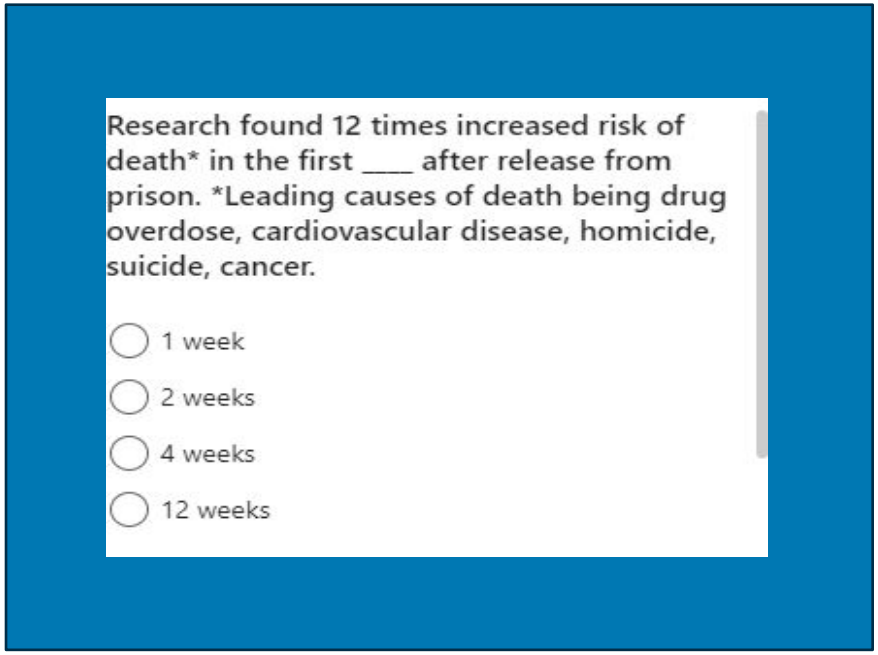
Managed Care Plan Updates

Justice Involved (JI) Key Updates

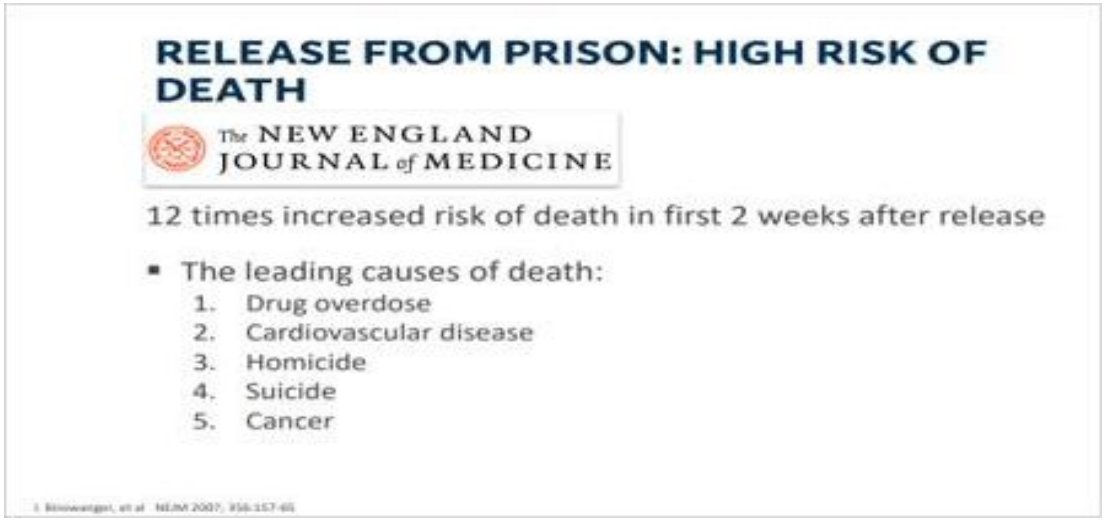
Amy Stevenson, DNP, RN, PHN,
ACM-RN

Why CalAIM Justice Involved (JI) Pre-Release is so Important

- What did The New England Journal of Medicine (NEJM) research find?



RELEASE FROM PRISON: HIGH RISK OF DEATH



https://www.nejm.org/doi/10.1056/NEJMsa064115

Constitutional Right to Care

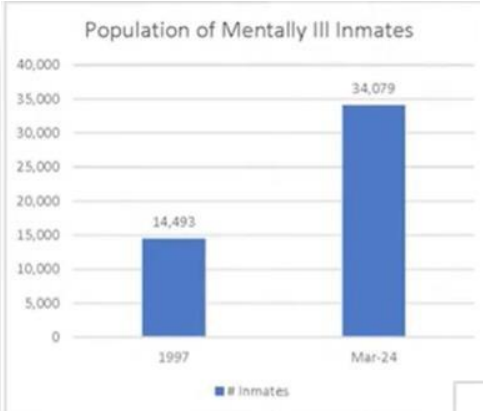
All incarcerated individuals have a right to care.

Excerpt:

These elementary principles establish the government's obligation to provide medical care for those whom it is punishing by incarceration. An inmate must rely on prison authorities to treat his medical needs; if the authorities fail to do so, those needs will not be met.

-**US Supreme Court, Estelle v. Gamble, 429 U.S. 97 (1976)**

Federal judge fines California state prison system (CDCR) $112M for not providing enough mental health care to inmates



Prisons confine inmates during group therapy in metal cages, also known as therapeutic modules, at California State Prison in Sacramento. *(Julie Small/KQED)*

- **Fine** comes from what CA Dept of Corrections & Rehab (CDCR) has ***saved*** **by not filling mental health positions**
- **30% of positions** from psychiatrists to social workers have been open for years
- Clients (inmates) who are suicidal wait **weeks – months to see a clinician**
- Inmates with serious mental illness has increased **2X, while staffing needs have worsened**

[Breeker US V10 16x9 VO2 QR 2 (youtube.com)]

> “Those people are coming back to the same communities, and if we don't provide some minimal support for them while being punished in prison, then it just intensifies the community needs when they go back”

- Ernest Galvan (attorney for inmates)

Key Updates

Behavioral (BH) Health Links
- Developing County contact cards
- BH Linkages fits in well with current KP/Alameda County BH pilot

Care Coordination
- Alignment with presumptive eligibility/retro authorization process for JI ECM Referrals coming from the Correctional Facilities.
- Continuing to develop JI Liaison role/responsibilities and relevant escalation path. ji-liaison@kp.org

Data Sharing
- Continuing outreach to determine strategy for engaging County partners and executing data use agreements for JI Pre-Release and BH Linkages until DHCS releases JI Memorandum of Understanding (TBD 2025)
- Standardized ECM data sharing template has been shared with Sheriff, Probation, and AAH for their feedback.

Independent Living Systems (ILS) /JI Provider Network

- ILS continues to outreach for contact alignment
- Developing training materials in collaboration with ILS and Amity Foundation

Alameda JI Provider	Status
Community Health Center Networks (CHCN)	Outreach in progress
EA Family Services	Contracted
La Familia	Contract in Progress
Roots Community Health Center	Contract in Progress
Serene Health	Contracted

Timeline & Next Steps

	Q4 2024		Q1 2025			Q2 2025		
County	**Santa Clara**	**Yuba**	**Sacramento**	**San Joaquin**	**San Mateo**	**Orange**	**San Francisco**	**CDCR (state prisons)**
Go-Live Target	10/01/24	10/01/24	01/01/25	01/31/25	02/08/25	04/01/25	04/01/25	04/01/25

- PDSA processes & workflows in go live counties
- Share lessons learned & best practices across KP's 32 counties and with CDCR
- Alameda target go live date July 2026 (Sheriff / adults; Probation / youth TBD)

Helpful Links and Contacts

KP Medi-Cal Resource Center:	**Resource Center Link**
KP 2024 Medi-Cal Direct Contract:	**KP.org/Medi-Cal2024**
KP Designated Medi-Cal Call Center:	**1-855-839-7613** Call to speak to a live Medi-Cal trained agent
KP Medi-Cal Programs (ECM, CS, CHW):	For current information, go to our website: **Link**
KP Medi-Cal Continuity of Care:	For current information, go to our website: **Link**
KP Self-Service Community Resource Directory:	**KP.org/communityresources** **1-800-443-6328** Toll-free number to speak with a resource specialist (M-F, 8a-5p local time)
KP Community Health Care Program:	Available to California residents without access to other health coverage. For current information, go to our website: **Link**
Medi-Cal Redeterminations Toolkit:	For current information, go to DHCS website: **Link**
Medi-Cal Rx:	**1-800-977-2273**
Medi-Cal Dental:	**1-800-322-6384**
Medi-Cal External Engagement	For general Cal AIM and CS/ECM inquiries, medi-cal- externalengagement@kp.org

KAISER PERMANENTE®

Alameda Alliance Updates

ALAMEDA Alliance FOR HEALTH

Alliance Updates

- Justice Involved Population of Focus in Alameda County timeline
- Behavioral Health Integration – Went live 10/1/24
  - New referral form
- Closed Loop Referral Process – Go-Live pushed out
  - 7/1/25
- FindHelp Update

ALAMEDA Alliance FOR HEALTH

Case and Disease Management (CMDM) – Program Referral Form

The Alameda Alliance for Health (Alliance) Case and Disease Management (CMDM) Program Referral Form is confidential. Filling out this form will help us better serve our members.

INSTRUCTIONS

1. Please print clearly, or type in all of the fields below.
2. Please mail, send by a secure email*, or fax the completed form to:
   Alameda Alliance for Health
   ATTN: Case and Disease Management Department (CMDM)
   1240 South Loop Road, Alameda, CA 94502
   Secure Email*: **deptcmdm@alamedaalliance.org**
   Fax: **1.510.747.4130**
   **If you have questions about how to send a secure email, please visit www.alamedaalliance.org.*

For questions, please contact the Alliance CMDM Department via email or call toll-free at **1.877.251.9612**.
PLEASE NOTE: The Alliance will directly notify the member which CMDM program can provide them with services.

Request Date (MM/DD/YYYY): _____

SECTION 1: REFERRING PROVIDER INFORMATION

Last Name: _____ First Name: _____
Facility/Clinic/Organization Name: _____
Phone Number: _____ Fax Number: _____
Referral Source (please select only one (1)): ☐ Community Partner ☐ Hospital ☐ PCP ☐ Specialty Provider
☐ Other (specify): _____

SECTION 2: MEMBER INFORMATION

Last Name: _____ First Name: _____
Alliance Member ID #: _____ Date of Birth (MM/DD/YYYY): _____
Phone Number: _____ Sex: ☐ Female ☐ Male
Address *(or location, i.e., under 5th St. bridge)*: _____
City: _____ State: _____ Zip: _____
Is the member aware of this referral? ☐ Yes ☐ No
Did the member consent to this referral? ☐ Yes ☐ No

SECTION 3: PROGRAM REFERRAL

Program per referral form (please select only one (1)):

- ☐ Asthma Disease Management
- ☐ Behavioral Health (BH) (including coordination with mental health and Applied Behavioral Analysis (ABA) services)
- ☐ Cardiovascular Disease Management
- ☐ Case Management *(including Complex Case Management (CCM), Care Coordination, and Transitional Care Services (TCS))*
- ☐ Depression Disease Management
- ☐ Diabetes Disease Management
- ☐ Enhanced Care Management (ECM)
- ☐ Other *(please provide details in Section 4)*

ALAMEDA Alliance FOR HEALTH

SECTION 4: REASON FOR REFERRAL

Situation/background *(including past medical history (PMH), if applicable, and attach supporting documents within the past 30 days)* and any additional information you would like to communicate:

FOR BEHAVIORAL HEALTH REFERRALS ONLY:

SECTION 5: DIAGNOSIS

ICD-10	Description:
1.	1.
2.	2.
3.	3.
4.	4.

SECTION 6: REFERRAL INFORMATION

Service Requested:

Select the preferred referral for a behavioral health care provider (please select only one (1)):

- ☐ Refer to the first available behavioral health care provider
- ☐ Refer to a specific in-network Alliance behavioral health care provider
  Behavioral Health Care Provider Full Name: _____

Mental Health Evaluation/Services

Is the referral a member request? ☐ Yes ☐ No

Has the member previously taken behavioral health medication? ☐ Yes ☐ No

Is the member currently taking behavioral health medication? ☐ Yes ☐ No

Is the member currently in psychotherapy (talk therapy)? ☐ Yes ☐ No

Behavioral Health Care Treatment/Evaluation Services for Autism Spectrum Disorder (ASD)

Select the following services based on the member's needs (please select all that apply):

- ☐ Additional assessment services
- ☐ Autism evaluation and/or Behavioral Health Therapy (BHT)/ABA
  (If selected please complete the attached BH Care – Autism Evaluation, BHT/ABA Referral Form)
- ☐ Speech assessment/therapy
- ☐ Other (specify): _____

For all other member requests, please call the Alliance Member Services Department, Monday – Friday, 8 am – 5 pm, at **1.510.747.4567** or toll-free at **1.877.932.2738** (people with hearing and speaking impairments (CRS/TTY): **711/1.800.735.2929**).

Questions? Please contact the Alliance Case and Disease Management Department
Phone Number: **1.877.251.9612**
www.alamedaalliance.org

Thanks!
Questions?

You can contact us at:

For Community Supports:
CSDept@AlamedaAlliance.org

For ECM:
ECM@AlamedaAlliance.org

For CMDM:
DeptCMDM@AlamedaAlliance.org

DHCS | PATH
Providing Access & Transforming Health

Spotlight: ECM for Individuals Transitioning from Incarceration

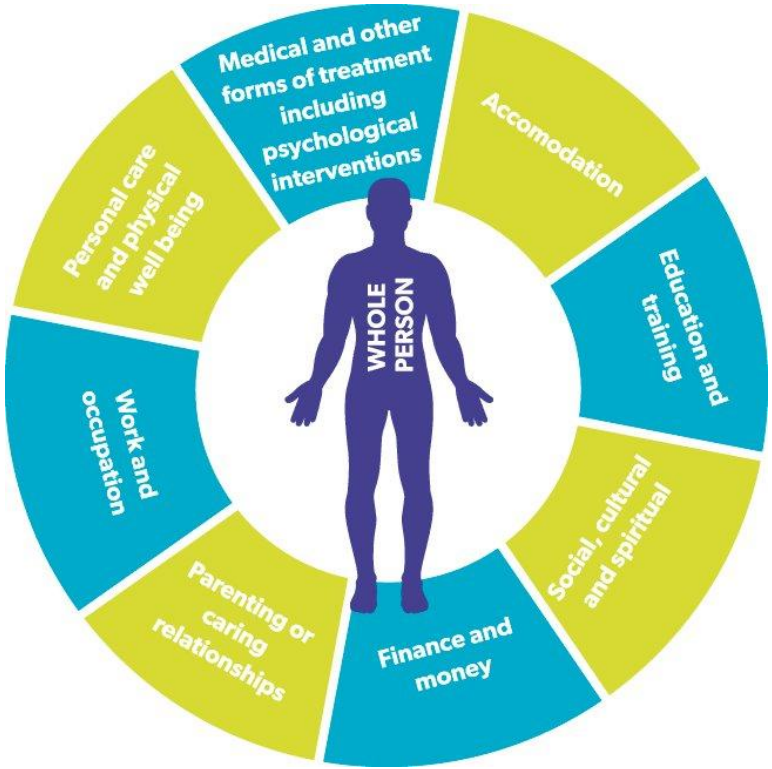
Enhanced Care Management (ECM)

Program Manager Shamima Abdullah &
Program Supervisor Verenice Corona

BACS
Bay Area Community Services

ECM Services

- BACS' ECM offers extra services at no cost to Medi-Cal Alameda Alliance members who have complex needs and challenges that make it difficult to improve their health.
- Keeping all healthcare providers updated about our partner's health needs and wishes.
- ECM is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical needs of a partner with the most complex medical and social needs.
- ECM provides systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered.



Justice Involvement Eligibility

- Are Alameda County residents and have/or are eligible for Alameda Alliance County Medi-Cal
- Are 18 years of age or older
- Will or have been recently released from jail/prison
- Experiencing Homelessness in Alameda County
- Has at least one complex physical, behavioral, or developmental health need with the inability to successfully self -manage for whom coordination of services would likely result in improved health outcome and
- Adults Reintegrating into the Community from jail and At Risk for Long-Term Care Institutionalization

Contracted Services

BACS
Bay Area Community Services

What Services Does ECM Offer?

ECM offers seven types of services to help a member manage and improve their health:

1. **Outreach and Engagement:** Contact and engage the member in their care.
2. **Comprehensive Assessment and Care Management Planning:** Complete a comprehensive assessment with the member and work with them to develop a care plan to manage and guide their care and meet their goals.
3. **Enhanced Coordination of Care:** Coordinate care and information across all of the member's providers and implement the care plan.
4. **Health Promotion:** Provide tools and support that will help the member better monitor and manage their health.
5. **Comprehensive Transitional Care:** Help the member safely and easily transition in and out of the hospital or other treatment facilities.
6. **Member and Family Supports:** Educate the member and their personal support system about their health issues and options to improve treatment adherence.
7. **Coordination of and Referral to Community and Social Support Services:** Connect the member to community and social services.

ECM shall provide the below type of MH services to improve client wellness and community functioning

- Benefits advocacy; Assist clients in applying for public benefits and connect disabled clients without Social Security Income (SSI) to SSI advocacy services;
- Basic needs assistance; Support clients in maintaining basic needs including but not limited to housing, food, utilities, and clothing; Connect clients with short- and long-term support services such as housing assistance, public transportation vouchers, emergency food gift cards, and personal grooming and hygiene products;
- Linkages; Link clients to primary care services, substance abuse treatment, and other health care services;
- Community integration; Assist clients in integrating back into their community; and reduce hospitalization, incarceration, and other emergency events.
- Outreach and Engagement; Provide assertive outreach & engagement

How we service our JI Member Post Release

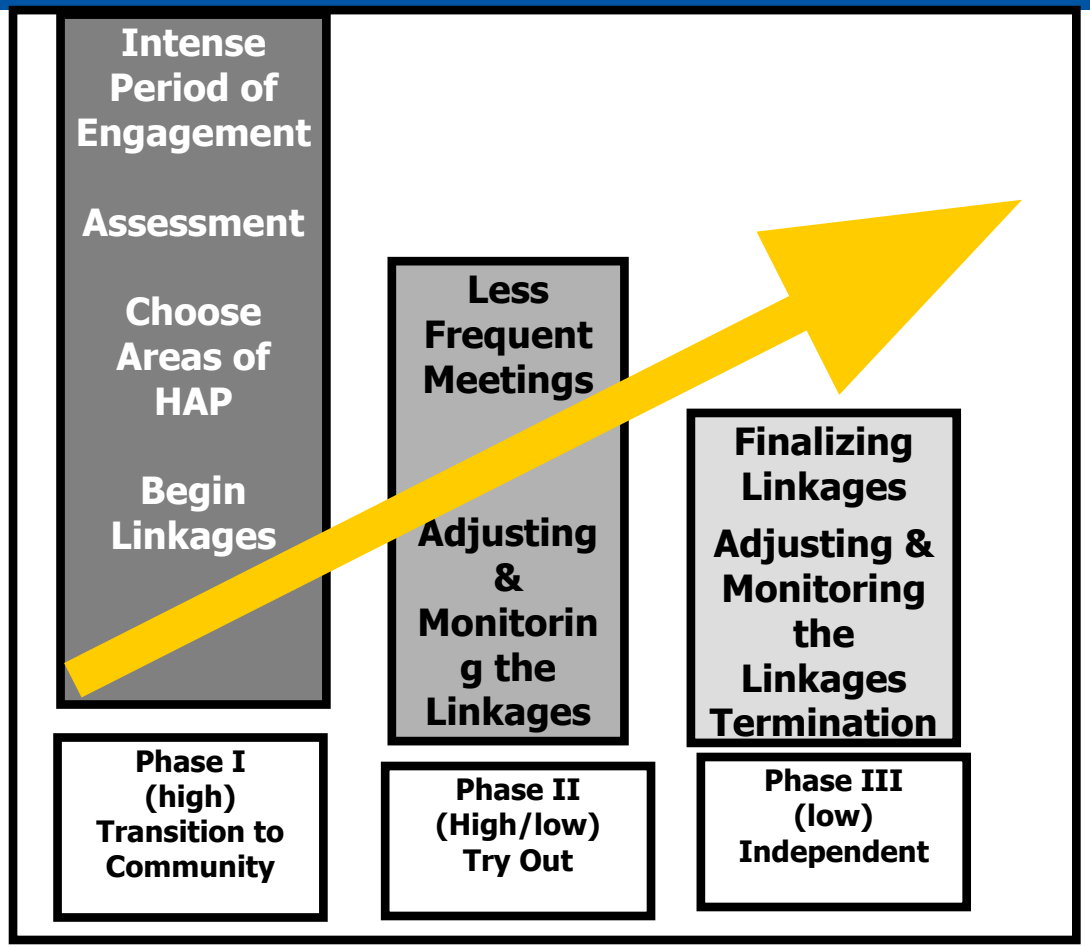
- Warm handoff: BACS gathers needed information of member being referred from AAH and referral source (Santa Rita staff)
- BACS works with Santa Rita to set up member release date and time.
- Meet member at time of Release (verify member has discharge ppw and any medications)
- Link member to BACS Wellness Center (Oakland, Hayward, Pleasanton, Fremont)
- Support member link to Housing: Permanent Residency, Family/friends, Shelter
- Gather information from member as it pertains to their Health Action Plans (HAP)
- Link Member to Preventive Health Care Services and Resources to reduce Recidivism!

Transition of Care

Critical Time Intervention CTI

- Modified CTI services within the SMI/JI Programs are designed to provide targeted case management and housing support services to increase individuals success in maintaining stability in their communities by connecting to community supports.
    - CTI is a case management intervention that assists persons in their transition from a critical time in their lives (I,e. incarceration, homelessness, medical facilities) to stability in their communities.
    - transitional case management is provided to clients starting at the referral process
    - is a time-limited intervention divided into -4 specific phases that focus on a limited number of areas to promote stability and retention.

OVERVIEW OF CTI



Phases of Support (High Tier)

Phase I
Transition to Community
Linkage Begins

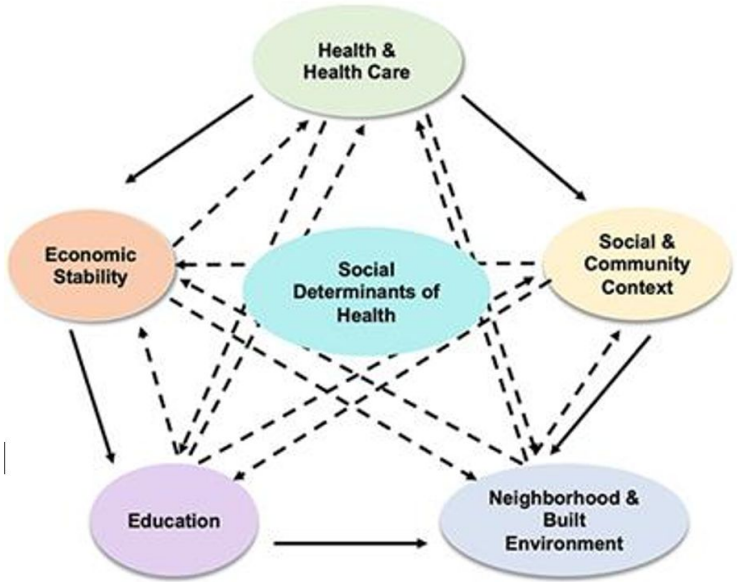
Housing/Shelter

Natural Supports

Phases of Support (High/Low Tier)

Phase II
Try Out

Linkage Begins
Health Care Providers, Food, Economic,
and
Community Resources



Level of Support (High tier/Low tier)

Phase III
Independent

Member able to Manage with Some Support
Or
Independently

Bridging the GAP

Hospitalizations

Jail

Homeless

Program Makeup and Hours of Operation

BACS
Bay Area Community Services

- **Hours of Operation**
- Monday through Friday, 8: 00 a.m. to 4:30 p.m.
- **Service Delivery Sites**
- Field Based locations – services provided in the community where the target population is located.
- Office – 390 40th St, Oakland CA 94609
- **ECM Team**
- Care Coordinators (Lead Case Manager)
- Program Supervisor
- Program Manager

Referral Process

- Referrals can be submitted directly to Alameda Alliance (specify the provider).
- Referrals can also be submitted to the program manager and the program supervisor to verify eligibility and qualifications. Referrals will be submitted directly to the Alameda Alliance Care Team to track and provide other supporting documents.

Point of Contact

- Program Manager : Shamima Abdullah
- 510-365-9778 | sabdullah@bayareacs.org

- Program Supervisor : Verenice Corona
- 510-283-7284 | Verenicecorona@bayareacs.org

- Associate Director : Kat lutz
- Cell: (510) 998-7441 | klutz@bayareacs.org

BACS

Bay Area Community Services

Questions/Feedback

DHCS | PATH
Providing Access & Transforming Health

Resources, Update & Events

Children & Youth Workgroup

We're launching a new workgroup focused on outreach, referrals, and enrollment for children and youth!

Specific goals and objectives will be determined by workgroup members at the first meeting in December.

First meeting:

Tuesday, Dec. 3

11am-12pm

Funding Opportunity: CITED Round 4

- Applications will be open from **January 6 to March 7**
- Eligible organizations include:
  - CBOs
  - County, City, or Local Government Agencies
  - FQHCs
  - Medi-Cal Tribal and Designee of Indian Health Program
  - Providers (including hospitals and provider organizations)
  - Others as approved by DHCS
- Learn more about CITED here

Information Session:

Tuesday, Jan. 7

11:30am-12:30pm

BluePath HEALTH

Training Opportunity:

Understanding Mental Health of Youth and Young Adults

TRAINING DEVELOPMENT UNIT

Tuesday, December 3

10:00am - 12:30pm

On Zoom

Care Workforce Summit

Tuesday December 17 from 11:30am – 1:30pm

California Endowment Oakland Regional Office

Agenda:

- Ice breaker and Introductions
- Care Workforce Opportunities Panel
- Training and Eligibility Information
- Lunch, resource fair and training registration

Free lunch for all who pre-register!

Who should join?

- Individuals seeking flexible employment
- Unpaid caregivers of family and friends
- Community health and service providers

BluePath HEALTH

URBAN LEAGUE OF GREATER SAN FRANCISCO BAY AREA

Omatochi

Get Involved!

- Promote the event on social media
- Share the flyer with your networks
- Post the flyer in your offices
- Join the event as a tabler and/or presenter
- Contact francesca.veverka@bluepathhealth.com for more information and to participate!

BluePath HEALTH

See you in December

Friday, December 13 | 10am-12pm
On Zoom

Register here:

Thank you for attending!

BluePath HEALTH

Appendix

Kaiser Permanente

Alameda PATH CPI Meeting MCP Updates

November 2024

Sending Referrals

KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Referrals may be placed via email or via phone or KP Health Connect
- NEW: For providers/organizations submitting referrals to your own ECM/CS/CHW organization, please send the referral form directly to your contracted Network Lead Entity

	All Northern California Counties	All Southern California Counties
Area		
Phone (Member)	1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.	1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
Email (Counties/CBOs)	Send completed referral form to REGMCDURNs-KPNC@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”	Send completed referral form to RegCareCoordCaseMgmt@kp.org with the subject line “ECM Referral” or “CS Referral” or “CHW services request”
Email (NEW: NLE Contracted providers submitting referrals to their own organization)	Send completed self referral form to contracted Network Lead Entity	Send completed self referral form to contracted Network Lead Entity

Process for Community Providers to Refer to Own Organization (NEW)

If you are a **contracted** community provider and want to refer a KP member **directly** to your **ECM/CS/CHW** organization, please send the referral directly to your **contracted Network Lead Entity** rather than KP.

Email ECM/CS/CHW referral directly to contracted NLE:

- Full Circle Health Network: referral@fullcirclehn.org
- ILS: kpreferrals@ilshealth.com
- Partners in Care Foundation:
  - ECM: ECM@picf.org
  - Personal Care/Non-Medical Respite:privateduty@picf.org
  - Housing Trio: HousingCS@picf.org

Send any questions regarding self-referrals to your contracted NLE For issue resolution, email Network Lead Entity and cc medi-cal-externalengagement@kp.org