

**Providing Access & Transforming Health** 



# Alameda CalAIM PATH Collaborative May 17, 2024

Welcome! Please introduce yourself in the chat with your name and organization.

# **2024 Collaborative Aims and Objectives**



By December 2024, increase eligible members authorized for ECM by 15% & Community Supports by 15%

Build resources and relationships to drive community referrals

Strengthen ECM and Community Supports provider capacity

Facilitate relationship building between providers, plans, and referral partners

# **Today's Agenda**



Time	Topic
10:00am	Welcome, agenda, and housekeeping
10:05am	Follow-ups from April In-Person Meeting
10:10am	Resources and Upcoming Events
10:20am	MCP Updates
10:45am	Spotlight: Birth Equity Population of Focus
11:00am	Presentation: AAH Population Health Team
11:30am	Open Office Hours



# Housekeeping





# **April Follow-Ups**













## **Updates: Data, Trainings, and Resources**

- Upcoming trainings from ACTDU
- **Updated Provider List**
- PATH Technical Assistance Marketplace
- **Upcoming Office Hours**
- New Alameda Homelessness Point-in-Time Count Results



# **Upcoming trainings**



Alameda County Training and Development Unit (ACTDU) regularly offers valuable virtual trainings for local CalAIM providers:

- New Hire Academy (June 12-13, In-Person at the Marina Inn)
- Engaging Individuals Navigating Reentry (June 25, 11am-1pm, In-Person at CHCN in San Leandro)

To check out these offerings and more, register here: <a href="https://bit.ly/ACTDU-Portal">https://bit.ly/ACTDU-Portal</a>



# **Available now: ECM and CS Provider List**





CalAIM PATH Care Coordination Provider List ECM and Community Supports Providers March 2024

# **Community Supports Providers: Quick Reference**

	Alameda Alliance	Kaiser	
Asthma Remediation			
Alameda County Public Health ASTHMA START.     Breathe California.     Evolve Emod.		X X	
Roots Community Health Center	X		
Community Transition Services/Facility Transition to Home			
East Bay Innovations.     Independent Living Systems.	Х	Х	
Omatochi     Serene Health.		х	
Star Nursing		Х	
Day Habilitation Programs			
Serene Health		Х	
Environmental Accessibility Adaptations (Home Modifications)			
Assured Independence		Х	
Connect America West		Х	
Lifeline Systems Company		Х	
LifewiseCHM		Х	
East Bay Innovations	X		

*	EAST BAY INNOVATIONS
About	East Bay Innovations (EBI) is a private non-profit organization providing services to people throughout Alameda County. EBI offers a variety of services supporting more than 500 individuals with disabilities to live as independently as possible in their own homes, to be successfully employed, and to feel a sense of membership in their community.
Location	2450 Washington Avenue, Suite 240 San Leandro, CA 94577
Website	https://www.eastbayinnovations.org/
Main Line	510.618.1580
Provider Type	Enhanced Care Management
Population of Focus	Adults At Risk for Hospital or ED Utilization   Adults/Families experiencing Homelessness   Adults At Risk for LTC Institutionalization   Adult SNF Residents Transitioning to the Community



# Coming Soon: Sortable Provider List Spreadsheet

	MCP CONTRACT		ECM		
Provider  (See the Provider List on our website for detailed information)	Is this provider contracted with Alameda Alliance for Health (AAH)?	Is this provider contracted with Kaiser Permanente (KP)?	Does this provider offer ECM for Children/Youth?	Does this provider offer ECM for Adults?	Does this provider offer CS?
24 Hour Home Care	x				Х
AAT Home Placement Agency		x			
A Better Way, Inc.		x	x		
Accentcare of California		x			x
Agape Village		x	x		
Alameda County Behavioral Health Care Services	x			x	
Alameda County Behavioral Health, Eastmont Health Center	x			x	
Alameda County Community Food Bank	x				x
Alameda County Health Care Services	x				x
Alameda County Public Health (Asthma Start)	x		x		х
Alameda County Public Health, California Children's Services (CCS)	x		x		
Alameda County Recipe4Health	x				x
Alameda Family Services	x	x	x		
Alameda Health System	x			X	
Alameda Health System, Eastmont Wellness	x			x	
Alameda Health System, Hayward Wellness	x			x	
Alameda Health System, Highland Wellness	x			x	
<u>Alegrecare</u>		x			х
Alternative Family Services	x		x		
Amity Foundation		v		v	

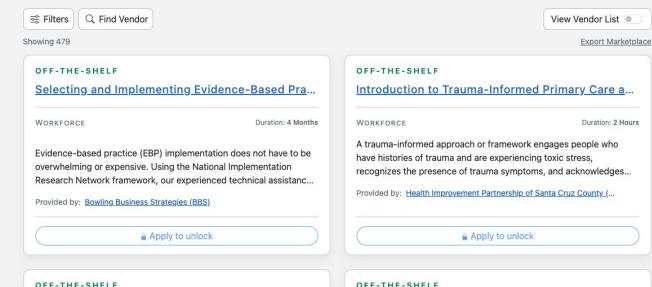
# **Check out the TA Marketplace!**





Sign In

X





#### OFF-THE-SHELF

#### Health Insurance Portability and Accountability A...

WORKFORCE

Duration: 3 Months

The goal of this 20-question Risk Assessment is to provide a starting point for healthcare organizations (including hybrid entities) as they begin to evaluate and prioritize their potential liabilities associated...

#### OFF-THE-SHELF

#### Evaluation of Care Coordination and Care Manag...

ENHANCED CARE MANAGEMENT (ECM)

Duration: 4 Months

Our goal is to improve ECM, access, coordination, and integration of care by evaluating structures, processes, and outcomes and by identifying key opportunities to improve care management and care...





Wednesday, May 22 | 11am - 12pm
On Zoom
Discuss data sharing and CalAIM with ITUP

Assistant Director of Policy Shirley Lam

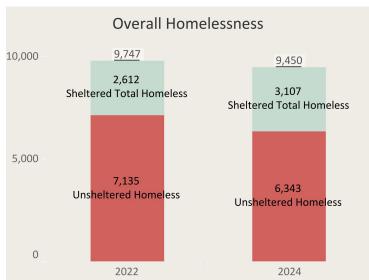
**Register Here** 



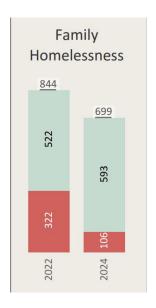


# New Data on Homelessness: 2024 Alameda Point-in-Time Survey

- 3% decrease in overall homelessness
- 11% decrease in unsheltered homelessness
- 67% decrease in unsheltered family homelessness
- 70% decrease in unsheltered youth homelessness















# **MCP** updates



#### **Complex care certificate | A free training resource from Kaiser Permanente**

The complex care certificate will provide essential knowledge, skills, and attitudes required to provide complex care. This training program

is rooted in Camden Coalition's core competencies for frontline complex care providers.

#### What is complex care?

- Complex care improves health and social well-being or individuals with complex needs.
- Complex care addresses the multiple drivers of health and social needs through collaboration in communities and across sectors.

#### What is the complex care certificate?

- Nine self-paced online courses (13 CEUs) that teach frontline complex care staff how to engage with complex health and social needs.
- Learners will be equipped with tools to build relationships and address gaps in care delivery that apply to all target populations, from pediatrics to older adults.

The complex care certificate program provides care teams with shared language and frameworks necessary for collaborative care delivery

- care deliveryKP's California-based community partners
- Frontline complex care practitioners
- Interdisciplinary care teams including community health workers, nurses, doctors, peers, social workers, care managers
- Healthcare and social care workers who want to strengthen their practice of whole person care and team collaboration

#### The training curriculum is:



Self-pace d



Person-centere



Collaborativ



Accredite



#### Complex care certificate | Courses included in the program

Each self-paced online course includes a set of activities for a team to complete together to apply what they have learned to their work.

#### **Complex care certificate courses:**

Introduction to complex health and social needs Motivational interviewing in complex care Interplay and compounding effects of multiple health, behavioral health, and social needs Principles and practices of motivational interviewing in complex care settings Relationship-building in complex care Care planning in complex care Building authentic healing relationships, setting boundaries, and establishing self-care Generating, implementing, and maintaining strengths-based and person-centered care practices plans Power and oppression in complex care Complex care delivery Power dynamics in complex care, self-reflection on privilege and bias, and responsible use Person-centered language, implementing care plans, and navigating complex systems of power Collaboration and communication in complex care teams Trauma-informed complex care Building authentic healing relationships, role clarity, collaborative decision-making, and Principles and practices of trauma-informed care in complex care settings conflict transformation in teams A systems change project (optional for certificate designation) Harm reduction in complex care Identifying systems issues, collecting data, storytelling, and implementation within your Principles and practices of harm reduction in complex care settings system/community

#### Courses contain a diverse array of education methods:



Video, audio, and interactive elements



Patient and practitioner stories



Reflection and discussion questions

Team activities

#### ABOUT THE CAMDEN COALITION



The Camden Coalition is a multidisciplinary nonprofit working to improve care for people with complex health and social needs in Camden, NJ, and across the country. The Camden Coalition works to advance the field of complex care by implementing person-centered programs and piloting new models that address chronic illness and social barriers to health and well-being.



Links to research

## **Helpful Links and**

Contacts	
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



## **Helpful Links and Articles: Maternity**

KP Maternity Care Website	https://thrive.kaiserpermanente.org/easier-healt h- care/maternity/
Maternity Consumer Page (English)	https://healthy.kaiserpermanente.org/southern- california/health-wellness/maternity/expect-great-care
Maternity Consumer Page (Spanish)	https://espanol.kaiserpermanente.org/es/southern-california/health-wellness/maternity/expect-great-care
Maternity Care Member Flyer (English)	https://infosource.kp.org/content/dam/kp/sdswe/site- contents/mkt/mc/375426398 Maternity-Flyer Englis h- HR-ADA.pdf
Maternity Care Member Flyer (Spanish)	https://infosource.kp.org/content/dam/kp/sdswe/site- contents/mkt/mc/417538491 Maternity-Flyer Spanis h- HR-ADA.pdf
Articles on Black Maternal Health	Having Her 'Rainbow Baby' After a High-Risk Pregnancy Quick, Coordinated Care Saves a Mother and Baby - Turning the Tide on the Maternal Health Crisis Maternity Care: How to Address Bias and Increase Cultural Humility  KAISER PERMANENTE

#### Where to find information about KP Doula Services

#### Resources for

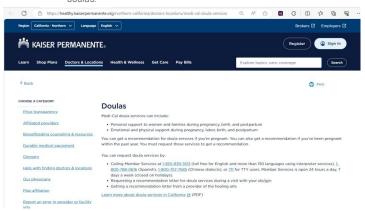
KP has two websites with Doula services information. These sites assist Medi-Cal Members in finding a Doula in a specific county and have information on the Doula within KP's network.

Medi-Cal Doula Services in Northern CA | KP



Medi-Cal Doula Services in Southern CA | KP

Please note that these sites are currently being updated to include additional information on KP contracted doulas



#### Resources for Doulas

2024 Northern California Medi-Cal Provider Manual Supplement Benefits and Services for KP

<u>Community Provider Portal</u> - Contains all provider resources and tools to help

<u>Provider Information/ Provider Manual</u> - Guide regarding expectations and responsibilities of being a contracted provider

Member Services Contact Center 1-800-464-4000; General referral questions or claim issues 1-800-390-3510

Claims Services 1-800-390-3510 for details regarding your claim status, denial, or payment

KP Transportation Services 1-833-226-6760

KP Medi-Cal Member Handbook 2024 – Contains all member resources



#### How to Submit a Referral for ECM or Community Supports

#### KP has a no-wrong-door approach for referrals

- Referrals are accepted from any source (members, providers, family, community organizations, etc.)
- Use of the KP referral form is recommended; however, KP will accept any referral form created by another Medi-Cal plan. Simply send the completed form to the same KP email address noted below.
- Referrals may be placed via email or via phone.

# Citie s Phon e

#### Sacramento/Central Valley

Amador, El Dorado, Fresno, Kings, Madera, Mariposa, Placer, Sacramento, San Joaquin, Stanislaus, Sutter, Tulare\*, Yolo, Yuba

1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.

#### Rest of Northern California

Alameda, Contra Costa, Marin, Napa, San Francisco, San Mateo, Santa Clara, Santa Cruz, Solano, Sonoma,

1-833-952-1916 (TTY 711) Monday-Friday (closed major holidays) 9:00 a.m. to 4:45 p.m.

#### Southern California

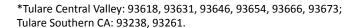
Kern, Imperial, Los Angeles, Orange, Riverside, San Bernardino, San Diego, Tulare\*, Ventura,

1-866-551-9619 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.

Send completed <u>referral form</u> to <u>RegCareCoordCaseMgmt@kp.org</u> with the subject line "ECM Referral" or "CS Referral"

Emai

Send completed <u>referral form to REGMCDURNs-KPNC@kp.org</u> with the subject line "FCM Referral" or "CS Referral"





#### How a community-based organization can serve KP members

KP is working with three Network Lead Entities (NLEs) to develop a network of community-based ECM, CS, and CHW providers.

If your organization wishes to become part of an NLE's network, you may send an email message to:



network@fullcirclehn.org

Phone number: 888-749-8877

Full Circle Health Network meets with prospective providers each week on Thursdays from 12-1pm PST https://us06web.zoom.us/i/86507421534



ILSCAProviderRelations@ilshealth.com

Phone number: 305-262-1292



Hubinfo@picf.org

Phone number: 818-837-3775

In your email, please specify the services your organization provides, geography serviced, and population expertise.

\*Partners in Care only serves the Southern California region at this time.



# **Birth Equity**



ECM is available for individuals who meet the eligibility criteria for the Birth Equity Population of Focus.

#### Adults or youth who:

 Are pregnant or postpartum (up to 12 months), including pregnancies that ended with live birth, still birth, or spontaneous or therapeutic abortion

#### AND

Identify as Black, American Indian or Alaska Native, or Pacific Islander

# **Birth Equity ECM Providers**





#### **Alameda Alliance**















#### **Kaiser Permanente**









# **DHCS Birth Equity FAQ**





# State of California—Health and Human Services Agency Department of Health Care Services Last Update: February 2024

Enhanced Care Management Birth Equity Population of Focus: Frequently Asked Questions

#### Background:

Across California, Medi-Cal provides health insurance coverage for about 40 percent of all births in the state each year. The Department of Health Care Services (DHCS) is taking steps to strengthen coverage and care for birthing populations by implementing Medi-Cal eligibility and benefits changes aimed at improving prenatal and postpartum care and reducing pregnancy-related morbidity and mortality for all Members.

Improving maternal health is one of the DHCS' Comprehensive Quality Strategy "Bold Goals", which specifically seeks to improve maternity outcomes and birth equity, including access to prenatal and postpartum care.

All pregnant and postpartum individuals enrolled in Medi-Cal receive coverage for a range of benefits to support maternal health and family well-being such as the Community Health Worker (CHW) and Doula benefits and the Dyadic Services benefit for children and families, regardless of their eligibility for the Enhanced Care Management (ECM) Birth Equity Population of Focus (POF). DHCS is also developing a comprehensive Birthing Care Pathway — envisioned as a care model with related benefit and payment strategies to reduce maternal morbidity and mortality for all Medi-Cal members who are pregnant and postpartum.

DHCS's <u>PHM Policy Guide</u> outlines expectations for MCPs to provide all medically necessary services for all pregnant and postpartum individuals, including, transitional care services, risk assessment and care planning, and appropriate follow-up care.



## **ECM** and other Medi-Cal Benefits



**Doula Benefit:** Members receiving doula services *can* also qualify for ECM if they meet eligibility criteria for the population of focus

**Dyadic Services Benefit:** Members *can* receive both the dyadic services benefit and be enrolled in ECM

**CHW Benefit:** A Provider cannot bill for services under the CHW Benefit and ECM for the same Member at the same time. The ECM Lead Care Manager is expected to provide services similar to those provided under the CHW Benefit.

# **Community Referrals for Birth Equity ECM**



#### **Providers**

OB/GYN Offices, Hospitals, Family Medicine Physicians, Maternal Home Visiting Providers (CDPH's California Home Visiting Program (CHVP)), CDSS' CalWORKs Home Visiting Program (HVP), Doulas and Doula practices/Doula circles, Midwives and Midwifery practices, Promotoras, Community Health Workers (CHWs), Comprehensive Perinatal Health Workers (CPHWs), Community Health Representatives (CHRs), and Behavioral Health Providers

# Organizations serving Black, AI/AN and Pacific Islander individuals

- Comprehensive Perinatal ServicesProgram (CPSP)
- Black Infant Health (BIH) Program
- CA Perinatal Equity Initiative (PEI)
- Indian Health Programs
- American Indian Maternal Support Services (AIMSS)
- Tribal Social Services Programs
- Other preexisting local interventions designed to support Black, American Indian and Alaska Native (AI/AN) and/or Pacific Islander birthing populations

#### Social Services

#### **Organizations/Programs**

- Women Infants and Children (WIC) sites
- Community Based Organizations
- Women's and family shelters





#### **Providing Access & Transforming Health**



#### **Discussion:**

- 1. Who are potential referral partners for the Birth Equity population in Alameda County?
- 2. What resources or processes are needed to bring these partners into the referral system?
- 3. How can we utilize ECM to enhance existing home-visiting and clinical interventions? Any successes to share?

# Alameda Alliance for Health Perinatal Services

CalAim PATH Learning Collaborative 5/17/2024





# **Agenda**

- Welcome to Alameda Alliance for Health
  - ☐ Alliance Services for Members
  - ☐ Our Perinatal Population 2023
  - ☐ Alliance Perinatal Supports for Members
  - ☐ The Alliance Doula Program
  - ☐ CA Abundant Birth Project Daphina Melbourne, ACPHD
- Questions



"

#### Our Mission:

Improving the health and well-being of our members by collaborating with our provider and community partners to deliver high quality and accessible services.

# Our Perinatal Population - 2023





# **Our Perinatal Population - 2023**

Medi-Cal Relevant subpopulations - Pregnant/postpartum	Coun t	Percent
GENDER		
Female	4,968	100.0%
Total	4,968	100.0%
AGE BAND		
21-34	3,410	68.6%
35-49	1,144	23.0%
12-20	396	8.0%
50-64	18	0.4%
Total	4,968	100.0%
COUNTY REGION		
North	2,622	52.8%
Central	1,412	28.4%
South	568	11.4%
East	313	6.3%
Other	53	1.1%
Total	4,968	100.0%

PRIMARY RACE/ETHNICITY		
Other	1,725	34.7%
Hispanic	1,693	34.1%
Black	827	16.6%
White	224	4.5%
Chinese	147	3.0%
Other Asian	114	2.3%
Vietnamese	91	1.8%
Pacific Islander	69	1.4%
Filipino	53	1.1%
American Indian or Alaskan Native	13	0.3%
Unknown	12	0.2%
Total	4,968	100.0%

PRIMARY LANGUAGE		
English	3,380	68.0%
Spanish	1,163	23.4%
Chinese	133	2.7%
Arabic	88	1.8%
Vietnamese	72	1.4%
Other Non-English	65	1.3%
Unknown	62	1.2%
Tagalog	5	0.1%
Total	4,968	100.0%

HOMELESSNESS		
Housed	4,519	91.0%
Unhoused	449	9.0%
Tota	4,968	100.0%

# **Alliance Services for Members**





### **Alliance Services for Members**

- Primary Care Physicians and Obstetrician Gynecologists (OB/GYN)
- ▷ OB or OB/GYN Services
- Direct Access to OB/GYN Services
- Sensitive Services
- Behavioral Health

# Primary Care Physician and OB/GYN Services



- A primary care physician practices general healthcare, addressing a wide variety of health concerns for members. They are typically the first person you talk to if you have a health concern.
- An OB/GYN is a doctor of obstetrics and gynecology. These doctors specialize in pregnancy, childbirth, and the female reproductive system.
- Alliance members can search for a provider through the <u>Alliance</u> <u>Provider Directory</u>.



# **Prenatal and Postpartum Visits**

- The Alliance aims to ensure pregnant members receive the care they need during the perinatal period.
- Please encourage your clients to schedule and attend timely pregnancy care appointments:
  - ☐ Prenatal visit in the first trimester or within 42 days of enrollment
  - ☐ Additional prenatal visits as determined by the member's health care provider
  - ☐ Postpartum visit on or between 7 and 84 days after delivery
- Members can contact the Alliance Member Services Department at 1.510.747.4567 to help find a provider and schedule an appointment.



## **Well Child Visits**

- Babies and toddlers grow quickly, so it is important that they visit their doctor for checkups, preventative screenings and vaccines.
  - ☐ The Alliance has created a chart to highlight the recommended timing for these visits and help members keep track of these appointments.

			AGE 0	TO 12 MO	NTHS		
	3-5 days	1 month	2 months	4 months	6 months	9 months	12 months
DAIE							
	15 mo	nths	AGE 15	TO 30 MC	ONTHS 24 months	30	months
DATE	13 1110	11015	TO MORE		24 11011(113	30	months

Members can cost find a provider and some and appearance and appea

510.747.4567 to help



## **Well Child Visits**

	Age	Visits	Developmental Screening	Social and Behavioral Screening	Immunization	Lead Screening	Fluoride Varnish*
	Newborn	•		•	•		
	3-5 days	•		•	•		
5	1 month	•		•	•		
Infancy	2 months	•		•	•		
≟	4 months	•		•	•		
	6 months	•		•	•	*	
	9 months	•	•	•	•		
	12 months	•		•	•	•	
, 00	15 months	•		•	•		
Early Childhood	18 months	•	•	•	•	*	
単量	24 months	•		•	•	•	
0	30 months	•	•	•	•		$\overline{}$

<sup>\*</sup>Fluoride varnish should be applied every three (3)-six (6) months.

### Visits:

● = To be performed ★ = Risk assessment to be performed with appropriate action to follow, if positive

→ = range during which a service may be provided



# **Direct Access to OB/GYN Services**

Female members of the Alliance may self-refer for covered obstetrical and gynecological services from OB/GYNs participating within the Alliance or their medical group's network.

<sup>\*</sup> Referral requirements may vary depending on the member's assigned Alliance medical group. Please contact the member's assigned medical group to find out if a referral is required for a particular service.



## **Sensitive Services**

- Sensitive services are those services designated by Medi-Cal as available to members without a referral or authorization in order to protect patient confidentiality and promote timely access.
- Sensitive services include family planning, screening and treatment for sexually transmitted diseases, HIV testing, and abortions.
- All Alliance Medi-Cal members may go outside of their medical group's network for sensitive services, which does not include prenatal care.
- Authorization is not required for prenatal care, but members must stay within their medical groups.



# **Sensitive Services (cont.)**

## Abortion

- Alliance Medi-Cal members may obtain abortion services from any Medi-Cal provider without a referral or authorization.
  - ☐ In-network abortion services are available to all Alliance members without referral or authorization.
  - Abortion services from non-Alliance providers are also available to all Alliance members without referral or authorization.



## **Behavioral Health**

- All Alliance members have access to outpatient and inpatient behavioral health care, which includes substance abuse treatment. PCPs and specialists can encourage members in need of behavioral health care to access this free and confidential benefit.
- Members may contact Alliance Health Programs at 510.747.4577 for more information or may search for a provider through the <u>Alliance Provider Directory</u>.

# **Alliance Perinatal Supports for Members**





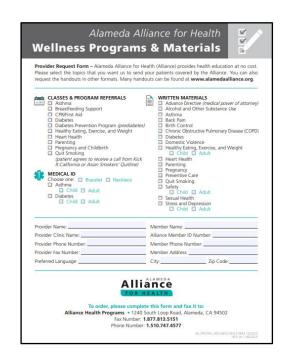
## **Health Education**

- The Alliance has health information, self-management tools and referrals to materials, programs and classes for all members at no cost.
- Health topics include:
  - ☐ Conditions like diabetes, asthma and hypertension
  - ☐ Pregnancy, breastfeeding (lactation consultants) and parenting
  - ☐ Healthy weight, nutrition and exercise
  - ☐ Smoking cessation, Diabetes Prevention Program (DPP), and others



# **Health Education (cont.)**

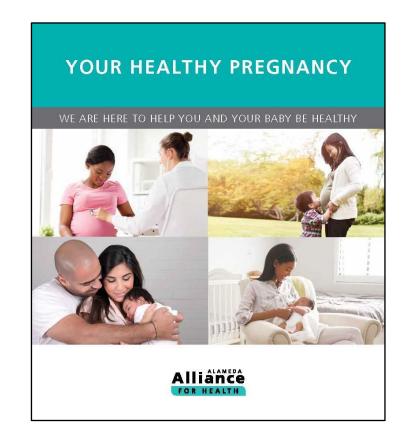
- Members will receive prenatal and postpartum mailings to inform them of available resources and supports.
- The <u>Provider Resource Directory</u> lists classes, programs and community referrals available to at no cost to Alliance members.
- Providers can refer using the <u>Wellness</u> <u>Provider Fax Request Form</u>.





## **Health Education Materials**

- Member can also request care books about pregnancy, preventive care, healthy eating, and more!
  - Available in English, Spanish, Chinese, Vietnamese, Tagalog, and other languages on request
- Members can complete the Wellness Request Form or call Health Programs at 1.510.747.4577 to request class listings and materials in our threshold languages (English, Spanish, Chinese, & Vietnamese).
- Other community resources online: www.alamedaalliance.org/live-healthy





## **Health Education Classes**

- Topics include:
  - Pregnancy and Childbirth
  - ☐ Breastfeeding
  - Parenting
- Refer to the Provider Health Education Resource Directory for classes and other resources.
- Members can request interpreter for some classes.
- Member can request class list on Wellness Request Form or call Member Services.

### PROVIDER RESOURCE GUIDE

PAGE 6

### Pregnancy and Childbirth Members: 1.510.747.4577

The Alliance pays for childbirth education for members at your delivery hospital. Alliance staff can facilitate the arrangements, or our members may sign up directly with the hospital.



1100 San Leandro Blvd., San Leandro Phone Number: 1.510.618.2019

Weekly group sessions for African American pregnant and parenting people 18 years of age and older. Provides education, support, and case management.

### Alameda County: Starting Out Strong Phone Number: 1.510.667.4333 Email: homevisiting@acgov.org www.facebook.com/ACPHDStartingOutStrong

Starting Out Strong programs offer family support services and health education to people who are pregnant, parenting a child under 36 months, or have suffered a pregnancy loss and want to become pregnant again. Referral form is available on their website.

City of Berkeley: Quit Smoking Class Phone Number: 1.510.981.5330

Email: quitnow@cityofberkeley.info

"Freedom from Tobacco" quit smoking classes is an 8-class series, Alliance members can call to sign up.

### Toll-Free: 1.877.879.6422

### www.nica-norcal.org/meetings www.nicotine-anonymous.org

Nicotine Anonymous brings together groups of people who have felt the grip of nicotine addiction. The primary purpose is to help others to live free of nicotine. Meetings can be in-person, online, or over the phone.

### Toll-Free: 1.877,448,7848

### www.smokefree.gov

Connect with a specialist in English or Spanish to get information and answers about quitting smoking. Visit online to receive tools, tips, and resources.

The provider of vision care depends on the Alliance plan

### in which the member is enrolled.

Alliance Group Care Members Alameda County Public Authority: 1.510.577.3552

### Alliance Medi-Cal Members

March Vision Care: 1.844.336.2724

Information and Referral Numbers



# **County Referrals**

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We	e refer members who meet program criteria to:					
	Black Infant Health					
	☐ Weekly group sessions for Black/ African American pregnant and parenting adults.					
	<ul> <li>Doulas or members can contact Shamelle Bremond - BIH Family Support Case Manager at 510.612019 or by ema Shamelle.Bremond@acgov.org</li> </ul>					
	Alameda County WIC					
	Nutrition education, supplemental food, and breastfeeding support for pregnant and postpartum women, infants, and children up to age 5.					
	Doulas or members can sign-up for an enrollment appointment.					
	Asthma Start					
	☐ In-home case management for families of children with asthma ages 0-18 living in Alameda County.					
	Doulas or members may complete this <u>referral form</u> , or call the Asthma Start Program at 510.383.5181.					



## Resources

- <u>Text4Baby</u>
  - ☐ English, Spanish
  - ☐ Texts information & appointment reminders
- <u>Kick It California & Asian Smoker's</u> <u>Quitline</u>
  - ☐ English, Spanish, Chinese, Vietnamese, Korean
  - ☐ Web referrals available
  - ☐ Text or live support
  - ☐ Support tailored to pregnant individuals







## **Lactation Consults**

- The Alliance offers International Board-Certified Lactation Consultants (IBCLCs) through Alta Bates Summit Medical Center
- Members call to schedule an appointment:
  - ☐ Alta Bates Summit Medical Center Monday through Friday 9 am to 4 pm Phone number: **1.510.204.6546**
- Members can also get support with breastfeeding from local WIC offices <a href="https://www.myfamily.wic.ca.gov/">https://www.myfamily.wic.ca.gov/</a>
- Additional breastfeeding resources can be found at <a href="https://acphd.org/acbreastfeeds/">https://acphd.org/acbreastfeeds/</a>





## **Breast Pumps**

- Considered Durable Medical Equipment (DME)
  - ☐ A licensed clinical provider must initiate a <u>request</u>
  - ☐ Requires an authorization
- Pumps are provided by California Home Medical Equipment (CHME)
- Can use <u>Breast Pump Request Form</u> to make request (includes pump options)
  - ☐ For Hospital Grade, clinical notes must be included

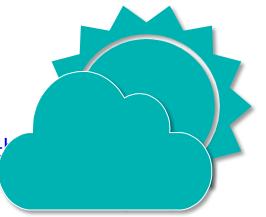
Fax to CHME 1.650.931.8928

Phone Number: 1.800.906.0626



## **Maternal Mental Health**

- BirthWise Wellbeing Program
  - ☐ Member can self-refer: Call Alliance Member Services Department at 1.510.747.4567
- Find a behavioral health care provider
  - Member can self-refer: Call Alliance Member Services Department at 1.510.747.4567.
  - Provider referral form <a href="https://alamedaalliance.org/providers/provider-forms/">https://alamedaalliance.org/providers/provider-forms/</a>
- National Maternal Mental Health Hotline
  - https://mchb.hrsa.gov/national-maternal-mental-healthotline





## **Transitional Care Services**

- The Alliance provides Transitional Care Services (TCS) to members who are transferring from one setting or level of care to another, including discharge from an inpatient stay for labor and delivery to the community and/or home.
  - ☐ A single point of contact can help members during this transition.
  - ☐ Transitional Care Services will be offered to members who meet criteria.
  - ☐ Members can also self-refer by contacting the Case and Disease Management Department at 1.510.747.4512.

# California Abundant Birth Project

# Daphina Melbourne Alameda County Public Health Department





### FREQUENTLY ASKED QUESTIONS

## CA ABP Eligibility Criteria

The California Abundant Birth Project is designed to provide monthly cash gifts to eligible participants in order to support people at risk for poor birth outcomes. More information on program eligibility is below.

### How do I know if I am eligible?

### To be eligible, you must:

- Live in Alameda, Contra Costa, Los Angeles, or Riverside counties
- Be 8-27 weeks pregnant at the time of the
- Abundance Drawing

  Have household income under the
- following for your county:
  - o Alameda: \$128,017
- Contro
- o Contra Costa: \$132,360
- o Los Angeles: \$106,911
- o Riverside: \$81,581

- And identify with one or more of the following risk factors for preterm birth:
  - Are Black or African American
     Have had a previous preterm birth (live birth before 37 weeks)
  - Have preexisting hypertension (before this pregnancy)
  - Have preexisting diabetes (before this pregnancy)
- Have sickle cell anemia (SCA)
   Not be currently participating in another guaranteed income program.

### Do I have to be Black to participate? What if I do not fall into the risk factor categories?

Applicants need to identify with one or more of the high risk factors for preterm birth to be eligible, which includes being Black or having one of the medical conditions listed.

### What if I do not currently live in one of the participating counties?

The program is currently specific to people who live in Alameda, Contra Costa, Los Angeles, and Riverside counties. Our goal is to expand to other counties in the future.

### What documents will I need in order to complete the application?

We will need you to upload a form of ID, a Proof of Pregnancy form, and a Proof of Residence document. Please see <a href="here">here</a> for the full list of documents.

### Do I need to include everyone's income where I live?

Yes, the income eligibility is based on the total income of all adults in the household.

### I am 27 weeks pregnant. Can I still apply?

Participants must be 27 weeks or earlier in their pregnancy to be eligible to participate in the program. Because we do not automatically enroll applicants in the program, we recommend applying at 25 weeks pregnant or earlier.

If you have any questions please feel free to reach out to us at info@abundantbirthproject.org

# The Alliance Doula Program





# **The Alliance Doula Program Mission**

- Doulas provide health education, advocacy, and physical, emotional, and non-medical support for pregnant and postpartum members before, during, and after childbirth, including support during miscarriage, stillbirth, and abortion.
- Our mission is to ensure all perinatal members have access to the doula services they require to feel supported throughout their pregnancy and in the postpartum period.



## **Doula Services at the Alliance**

- Alameda Alliance offers doula services to Medi-Cal members through a network of doula providers.
- Members can connect with a doula:
  - ☐ Call the Alliance Member Services Department at **1.510.747.4567** (current preferred method).
  - ☐ Search the Alliance Provider Directory <a href="https://alamedaalliance.org/help/find-a-doctor/">https://alamedaalliance.org/help/find-a-doctor/</a> and contact a doula directly (will be available soon).
  - ☐ Ask your provider to send a recommendation to a doula (not required).



# The Alliance Doula Program Strategy

- Support a robust, knowledgeable, and high-quality doula provider network.
  - ☐ Integrate doula services across care continuum.
- Support our diverse community in becoming doulas to provide culturally and linguistically concordant care to our members.
- Educate providers and members about the benefits of doula services.
- Identify and provide targeted support to members experiencing maternal and child health inequities through doula services.
- Positively impact the maternal and infant health outcome disparities that exist for birthing people in Alameda County.

# **Questions?**





## **Contact Us**

For questions regarding Alliance processes, contact the Provider Services Department at:

Phone Number: 1.510.747.4510

Email: providerservices@alamedaalliance.org

For questions regarding Alliance services for members, contact the Member Services Department at:

Phone Number: 1.510.747.4567

Email: <u>memberservices@alamedaalliance.org</u>







# Thank you for attending!



## **Providing Access & Transforming Health**



# **Appendix**

# **2024 Collaborative Aims and Objectives**



# Alameda Collaborative Aim

By Dec 2024,
increase eligible
members
authorized for ECM
by 15% &
Community
Supports by 15%

## **Objectives**

Build resources and relationships to drive community referrals

Strengthen ECM and Community Supports provider capacity

3 Facilitate relationship building between providers, plans, and referral partners

## **Activities**

(additional activities in development)

**CalAIM 101 trainings** 

Care Coordination Provider
List

PoF-specific post-meeting action items

**ECM & CS Member Engagement Job Aid** 

**In-Person Meetings** 

Alameda Collaborative
Resource Hub

# **Appendix**





# **Case Management**

>	The Case Management Department provides:
	☐ Care Coordination
	☐ Complex Case Management
	☐ Community Supports
	☐ Enhanced Care Management
	☐ Transitional Care Services
>	Providers may refer members for any of the above services by using the <u>Alliance Case Management Referral Form</u> .
	☐ Member can self-refer: Call Alliance Member Services Department at 1.510.747.4567



to

# **Community Supports**

Management Department at 1.510.747.4512.

	Housing Transition Navigation Services, Deposits, and Tenancy and Sustaining Services
	□ Referral form
	Medically Tailored Meals/Medically-Supportive Food
	□ Referral form
	Personal Care and Homemaker Services
	□ Referral form
	Caregiver Respite
	□ Referral form
>	viders may refer directly to Community Supports by emailing a completed Health Referral Form listed above DEPT@alamedaalliance.org

Providers may refer, or members can see if they are eligible for, the above services by contacting the Case and Disease

Eligible Alliance members can receive Community Support Services, which include:



# **Enhanced Case Management**

- ► The Alliance Enhanced Case Management (ECM) Program is a Medi-Cal benefit that provides extra care coordination to members with highly complex needs.
  - ☐ Members have a care coordinator that can help:
    - ☐ Find doctors and get appointments for health care services you may need.
    - ☐ Better understand and keep track of your medications.
    - ☐ Set up a ride to get to your doctor visits.
    - ☐ Find and apply for community services based on your needs, like housing supports or healthy food.
    - ☐ Get follow-up care after you leave the hospital
- Providers may refer, or members can see if they are eligible for, the above services by contacting the Case and Disease Management Department at 1.510.747.4512.