

CalAIM Enhanced Care Management & Community Supports Office Hours – Rural Implementation

July 22, 2022

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VISUAL	SPEAKER – TIME	AUDIO
Slide 1	Mario – 00:00:38	Hello and welcome. My name is Mario. I'll be in the background answering any Zoom technical questions. If you experience difficulties during this session, please type your question into the Q&A field, which is located on the bottom of your Zoom panel.
Slide 1	Mario – 00:00:55	We encourage you to submit written questions at any time using the Q&A. The chat panel will also be available for comments and feedback. Finally, during today's event, live closed captioning will be available in English and Spanish. You can find the link in the chat field. With that, I'd like to introduce Juliette Mullin, senior manager at Manatt.
Slide 1	Juliette Mullin – 00:01:21	Thank you, Mario, and welcome everyone to the first in a series of office hours sessions for CalAIM Enhanced Care Management and Community Supports. As Mario said, my name is Juliette Mullin. I'm with Manatt Health. I'm thrilled to be hosting this first session with you today. The focus of our session today will be rural implementation.
Slide 1	Juliette Mullin – 00:01:41	Before we get started, I'm going to introduce Neha Shergill, the chief of Community Supports and Optional Program Section at DHCS, to provide an overview and a couple announcements before we get started. Thank you. Could we go to the next slide, please?
Slide 2	Neha Shergill – 00:02:02	Thanks, Juliette. So just getting into the public health emergency that's unwinding, the COVID-19 public health emergency will end soon, and millions of Medi-Cal beneficiaries may lose their coverage. So just wanting to mention the top goal of the department is to minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
Slide 2	Neha Shergill – 00:02:21	And how you can help. You can help by becoming a DHCS coverage ambassador. You could also download the outreach toolkit on the DHCS coverage ambassador webpage. You can also join the DHCS coverage ambassador mailing list to receive updated toolkits as they become available. Next slide, please.

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Slide 3	Neha Shergill – 00:02:40	So the DHCS PHE unwind communication strategy. For phase one, it'll launch immediately. It'll be a multi-channel communication campaign to encourage beneficiaries to update contact information with county offices, and flyers in provider and clinic offices, social media, call scripts, and website banners.
Slide 3	Neha Shergill – 00:02:58	For phase two, watch for the renewal packets in the mail, please. Reminder to update your contact information. The launch for that will be 60 days prior to the COVID-19 public health emergency termination. Just reminding all beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet. I'll hand it back over to Juliette.
Slide 4	Juliette Mullin – 00:03:23	Thank you, Neha, for that announcement. So before we get started, I'd like to give everyone a little bit of an overview of what we mean by office hours. As I mentioned, this is the first in a series. Office hours are a Q&A discussion with DHCS leaders and stakeholders implementing CalAIM, focused on a specific implementation topic.
Slide 4	Juliette Mullin – 00:03:44	Unlike previous sessions, where we might spend some time at the beginning of the session walking through some slides, telling you about policy, spotlighting some providers and the practices and implementation experiences that they are sharing with you, in this session, we're really going to focus on answering your questions.
Slide 4	Juliette Mullin – 00:04:03	The topic for today is rural implementation. What we'll do is we'll start with some introductions, and then I'm going to explain how you as a participant can ask a question to any of the panelists today.
Slide 4	Juliette Mullin – 00:04:18	Once we've covered that housekeeping, we will dive into a Q&A discussion that covers three different themes. The first theme will be understanding ECM and community supports. The second will be recruiting and growing a workforce. The third will be delivering care in a rural setting.

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Slide 4	Juliette Mullin – 00:04:35	So, as I said, the focus for today is really around rural implementation, and that will be the grounding in each of these core three themes. We've identified these themes based on questions that you have submitted to us prior to this session, based on questions that you've asked in previous webinars as well. So with that, if we can go to the next slide, I will do some introductions.
Slide 5	Juliette Mullin – 00:04:57	So I'm thrilled to introduce our panel for this office hour session today. From DHCS, we will be joined by a number of DHCS leaders working on enhanced care management and community supports, including Dr. Palav Babaria, Bambi Cisneros, Dana Durham, Neha Shergill, and Aita Romain. They will be answering questions throughout the session from you about ECM and community supports.
Slide 5	Juliette Mullin – 00:05:24	We're also thrilled to introduce Julie Jones, the integrated operations director at Hill Country Community Clinic. Julie, you may remember if you joined our June webinar on rural implementation, gave a wonderful presentation about the work that she and her colleagues have been doing at Hill Country to launch and provide enhanced care management to residents of Shasta County.
Slide 5	Juliette Mullin – 00:05:48	A little bit about Julie. Julie is a Shasta County native who's been working in the helping profession for over 20 years. Her expertise is working with the unsheltered and providing housing advocacy, with an emphasis on domestic violence and working with LGBTQ youth in her community. So we're thrilled to welcome Julie back to answer additional questions you might have about the work that she does in Shasta County.
Slide 5	Juliette Mullin – 00:06:15	As I mentioned, my name is Juliette Mullin. I will be facilitating the conversation today, along with my colleague Edith Coakley Stowe. With that, if we can go to the next slide.

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Slide 6	Juliette Mullin – 00:06:26	A little bit more about Hill Country Community Clinic in case you weren't able to join the webinar in June. Hill Country Community Clinic is located in Shasta County, where about a third of residents are enrolled in Medi-Cal. Hill Country Community Clinic has just shy of 8,000 patients and in 2021 had 46,000 visits, of which about 4,000 were virtual. So with that, we'll go to the next slide.
Slide 7	Juliette Mullin – 00:06:57	So how can you as a participant today ask a question? So we will first be kicking off with some questions that are sourced from previous webinar Q&As and questions you've submitted via email or via the session's registration page. So I will go through some of those questions to kick us off.
Slide 7	Juliette Mullin – 00:07:15	Then we will transition into a portion where we will take questions directly from the chat and where you can actually get in line to ask questions as well. So if you would like to ask a question out loud, the way that we'll do that is by raising your hand in Zoom. Then we will call on people who have raised their hand and take them off mute to ask their question.
Slide 7	Juliette Mullin – 00:07:37	That is one option. Then the other option, as I mentioned, is to put your question in the meeting chat. We'll be monitoring that throughout the session, and we'll ask those questions throughout the session. You can also use the meeting chat to share your own experiences relating to the questions that we're asking.
Slide 8	Juliette Mullin – 00:07:54	One more technical drill down on how to ask a question and raise your hand. We want to acknowledge that some folks may be joining us by phone only today. And so, we want to provide those instructions as well for how you can raise your hands in that situation. To raise your hand, if you've joined us by phone only, please dial *9 on your phone. This essentially is going to raise your hand in the Zoom meeting. When the time comes for us to take people off mute, we will read your phone number to let you know that we're about to take you off mute. So that'll be how we call on people who dialed in.

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Slide 8	Juliette Mullin – 00:08:28	Then for people who are logged in through the Zoom interface, you can raise your hand in the reaction section. You should see a raise hand down on the bottom of your screen. If you're selected to share a comment, we will state your name and let you know we're about to take you off mute. So with that, we can dive into the content of our discussion today.
Slide 9	Juliette Mullin – 00:08:50	So as I mentioned, we're going to be walking through three core themes. The first is around understanding ECM and community supports. The second is around recruiting and growing a workforce. The third is around delivering care in a rural setting.
Slide 9	Juliette Mullin – 00:09:04	We're going to start with a brief overview of enhanced care management and community supports. I'm going to pass it off to Neha to give us that brief overview. We could go to the next slide, please.
Slides 10-11	Neha Shergill – 00:09:14	Great. Thank you. So just really getting into understanding ECM and community supports. Next slide, please. So CalAIM, what is CalAIM? CalAIM is a long-term commitment to transform and strengthen Medi-Cal, offering Californians a more equitable, coordinated, and person-centered approach to maximizing their health and life trajectory.
Slide 11	Neha Shergill – 00:09:37	So some of the goals of CalAIM include implementing a whole-person care approach and addressing social drivers of health, improving quality outcomes, reducing health disparities, and driving delivery system transformation, and creating a consistent, efficient, and seamless Medi-Cal system. Next slide, please.
Slide 12	Neha Shergill – 00:09:56	So what is ECM? ECM is a new Medi-Cal benefit to support comprehensive care management for enrollees with complex needs that must often engage several delivery systems to access care, including primary and specialty care, dental, mental health, substance use disorder, and long-term services and supports.
Slide 12	Neha Shergill – 00:10:15	ECM is designed to address both the clinical and nonclinical needs of the highest-need enrollees through intensive coordination of health and health-related services, meeting enrollees wherever they are, whether that's on the street, in a shelter, in their doctor's office, or at home.

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Slide 12	Neha Shergill – 00:10:31	ECM is a part of a broader CalAIM population health management system design through which MCPs will offer care management interventions at different levels of intensity based on member need, with ECM as the highest intensity level. Next slide, please.
Slide 13	Neha Shergill – 00:10:47	So just wanting to talk about the launch and expansion of ECM. The remaining, pink, began implementation ECM in July of 2022, making ECM now statewide. Currently the live populations of focus are high-utilizer adults, such as multiple emergency department visits and/or hospital/short-term skilled nursing facility stays, individuals and families experiencing homelessness, adults with SMI and/or SUD.
Slide 13	Neha Shergill – 00:11:14	Starting on January 1st of 2023, ECM will extend statewide to individuals at risk for institutionalization and eligible for long-term care, and also nursing facility residents transitioning to the community. Next slide.
Slide 14	Neha Shergill – 00:11:30	What are community supports? So community supports are services that Medi-Cal managed care plans are strongly encouraged, but not required to provide as substitutes for utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use.
Slides 14-15	Neha Shergill – 00:11:49	A note that community supports are designed as cost-effective alternatives to traditional medical services or settings. They're designed to address social drivers of health, such as factors in people's lives that influence their health. Next slide, please. Then you'll see the 14 pre-approved DHCS community supports that we have currently listed in the table below. Next slide, please.
Slide 16	Neha Shergill – 00:12:16	Who is eligible for community supports? Each community support has specific eligibility criteria linked to each service. Enrollees in Medi-Cal managed care may be eligible for community supports, which are voluntary to the enrollee. Given that community supports are optional to MCPs, there's a mix of how community supports are available with each plan and each county. With that, I'll hand it back over to the next.

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Slide 17	Juliette Mullin – 00:12:42	Great, thank you. So with that, we'll begin a conversation around some additional questions we might have around ECM and community supports. I'm going to start by asking a question that we get a lot across all of our different webinars. This question is going to be for Bambi. Bambi, we get a lot of questions about whether patients and members can receive both ECM and community supports at the same time. Could you speak to that?
Slide 17	Bambi Cisneros – 00:13:15	Yeah, absolutely. Thank you, Juliette, and thank you for the question. It's a good question. And so, yes, a member can be enrolled in ECM and also be eligible for one or more of the community supports. The member does not have to be eligible for ECM in order to be eligible for community support. So they can get both at the same time. Remember, the members' ECM lead care manager is really the one primarily responsible for the overall coordination between the systems.
Slide 17	Juliette Mullin – 00:13:45	Great, thank you. If folks have questions about some of the core policies around ECM and community supports, please drop them in the chat now, and we will start to read those out. While we're pausing for folks to drop those in the chat, Julie, I'd love to ask you a few questions about your implementation experience with ECM in Shasta County.
Slide 17	Juliette Mullin – 00:14:08	You, of course, rolled out ECM at the beginning of this year, in January. Could you share a little bit about what that transition from whole-person care looks like in Shasta County into ECM and how you navigated that?
Slide 17	Julie Jones – 00:14:23	Absolutely. Yeah, we did start in January. Just to give everybody a little bit of a framework, we didn't have an enormous amount of folks, but we had a strong collaborative between Shasta County, who was doing the whole-person care as it relates to housing. Then we had more of the case management pieces and the medical nursing pieces of whole-person care.

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Slide 17	Julie Jones – 00:14:51	So we began rolling that out, and I want to preface with just a strong collaboration with our fellow federally qualified health center here in Shasta County, which is Shasta Community Health Center, the county, and just numerous other organizations that whole-person care helped pull us all together. We have a local committee called the Shasta Health and Redesign Collaborative and a dropdown committee that is focused ... It's called ICC. It is focused directly on integrated care.
Slide 17	Julie Jones – 00:15:29	So those of you that are just starting and really wanting to push off well, I'm encouraging a strong collaboration between all of your fellow federally qualified health centers, your lookalike clinics, even your domestic violence agencies, any facilities or community involvement piece, because it'll enhance your resources in terms of doing case management. It is just a super positive way to lay groundwork. Our ICC committee, through SHRC, has actually been in place for about eight years, and I think it really did help us move forward in that way.
Slide 17	Julie Jones – 00:16:12	But what we did do internally is we just took those whole-person care people and we started an intensive phone-calling process in order to explain what was happening. We sent letters out talking about the ECM transition, or the whole-person care transition to ECM, and we took off from there and started bringing people in to talk to them about it, get ROIs signed, and start directly working on care plans with the individuals and re-getting to know them all over again.
Slide 17	Juliette Mullin – 00:16:52	Wonderful. Thank you. I'm curious. You've gone through this eight-year journey, most recently transitioning into ECM this year. We have a number of counties who are implementing ECM this very month. I'd love to hear what advice you have for rural counties who are just getting started this month with ECM.
Slide 17	Julie Jones – 00:17:12	Okay. Well, obviously the collaboration piece, laying any groundwork and being familiar with all the resources in your community and who the go-to people are on that is important.

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Slide 17	Julie Jones – 00:17:29	In terms of laying the groundwork, it takes a special soul to do case management with some of these complex patients. And with COVID, there were challenges with hiring, as we're all aware of.
Slide 17	Julie Jones – 00:17:49	So finding the right type of folks is really important, and we approached that in numerous ways. Obviously we were looking for anybody. We posted with a strong case management job description. We were looking initially for people that had education related to social services and psychology, and those types of things.
Slide 17	Julie Jones – 00:18:18	But we were also looking for people that didn't have education, but had obviously been working proactively in their community across the board. That could be people working in residential housing, people that have been working at sobering houses or recovery facilities, anything like that that gave us a tip that they might have an understanding of the population that they would be serving. And so, we reached out and began our hiring process.
Slide 17	Julie Jones – 00:18:51	We brought aboard three case managers for our enhanced care management team, and they're interesting. One is a solid case manager out of Seattle, who has a lot of experience in case management in a, let's say, urban environment. She brings a lot to the team.
Slide 17	Julie Jones – 00:19:11	We have a person who was super active in her church and had no formal training in terms of case management, but was hands-on out in the community really trying to serve through her church. And so, we're running the gamut between highly experienced and somebody who just has the heart for it.
Slide 17	Julie Jones – 00:19:36	Then we have somebody that we transitioned internally into that role who had a strong understanding of the community and was coming out of the assisted outreach treatment program. So we hired our team based on education when we could, probably experience on the top of that, and then looking for heart.
Slide 17	Julie Jones – 00:20:03	Then with that being said, we've been watching it and we've been watching it work. We're focusing on a caseload of 20 per case manager, and we're quickly maxing out. So we're looking to hire again.

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Slide 17	Julie Jones – 00:20:19	My number one concern right now is retaining these three strong case managers that I currently have. We started out with a five-eight in terms of their schedule. This week, we began a four-10 schedule to ensure their quality of life and give them some wind-down time that I think is so important, because the complexity of these patients can be exhausting.
Slide 17	Julie Jones – 00:20:46	It's harder for me on a four-10 schedule, but I am hoping to see a little less exhaustion from my staff and a little more zest for life, because they're doing great, but it is challenging work.
Slide 17	Juliette Mullin – 00:21:06	Yeah, absolutely. I think that's a great transition into our section on recruiting and growing a workforce, which I think we're starting to get into here. I want to acknowledge that I'm seeing a number of questions in the chat relating to that. And so, we'll weave those in as we walk through these different components. So if we could go to the next slide to just highlight our new section. Great.
Slide 18	Juliette Mullin – 00:21:29	So you spoke a little bit through the range of experience that the people on your team have. You have some tried and true, have been doing it for years care managers, and you've got some people who are doing it for the first time. Could you tell us a little bit about your training process and how you build out the core competencies that someone either new or has been doing it for a long time need to grow to be in this role?
Slide 18	Julie Jones – 00:21:56	Right. So this has also been a really collaborative effort, and I want to give a big shout out to our fellow federally qualified health center here, Shasta Community Health Center, and our local college, Shasta College. All of us are working to try to develop these really solid core competencies for doing it.
Slide 18	Julie Jones – 00:22:18	There's a long arm list, but I created a list of the ones that we're trying to get completed within the first three months and then the first six months. So I'm just going to read those out.

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Slide 18	Julie Jones – 00:22:33	I think different agencies might have different levels of importance, but for me, the one which drives the culture of Hill Country is harm reduction. So it is very important to us that our new staff do what we have as a three-part series on harm reduction with the challenges with housing and the times it takes to get into housing. Our ability to keep people healthy, out of the hospital, and understand how to help them stay as safe as possible in environments that are tough to stay healthy in is really important to us.
Slide 18	Julie Jones – 00:23:17	We also put our folks through mental health first aid, suicide awareness. It's called ASIST. Motivational interviewing and de-escalation training are some that we try to get out to them right in the first month. Then some of them are two or three-part series. So we're trying to expose them right out of the gate, and then get them through all of those within the three months.
Slide 18	Julie Jones – 00:23:45	They obviously do an extensive shadowing program with other case managers that we've had here and also with the people that are on the medical floor that are doing a lot of case management from the desk to learn some of the skills and the resources that are out there in the community.
Slide 18	Julie Jones – 00:24:05	The next biggest piece for us here at Hill Country, and I'm not sure how other agencies do it, is before they would go out with anybody on their own, they would go through safety training. There are some basic things that we do right out the gate. We obviously have breakaway lanyards so that if somebody was to grab them, their lanyards would come off of their neck easily.
Slide 18	Julie Jones – 00:24:35	We do something here with our phones. They all have a cellphone, and we use the application Life360. So as a supervisor, I can look on a phone that I keep just for that. So that if somebody's going out, they check in and say, "Hey, I'm going out to French Gulch," which is a very rural area. "I plan to be back about this time." I can simply look at the phone on and off to see how they're doing.

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Slide 18	Julie Jones – 00:25:06	At the end of the day, the supervisor or myself is checking that phone to make sure that all the folks are back in and safe at the end of the night, because the ruralness of our county, sometimes they don't even have service. And so, I'm watching to make sure that they're coming back into service and having a strong idea of where everyone's going that day through a morning huddle.
Slide 18	Julie Jones – 00:25:34	Other stuff that we're doing in safety is what we're calling environment awareness. So if you know you're going to have a client in the car with you, you're plotting out that course, you're looking for parking lots where you might be able to pull over safely and leave the vehicle. If somebody is having some sort of issue or concern and the case manager is feeling unsafe, we want to teach them to think about their route, where they're going, let somebody else know, and then think about safe spots where they could take themselves and be safe.
Slide 18	Julie Jones – 00:26:13	Training that we're looking for is how to travel safely with someone in their car with them and provide dignity in that process. So we're still looking for that.
Slide 18	Julie Jones – 00:26:25	The other big training is related to documentation and it's related to HIPAA. As they get a client base or a caseload, we have to obviously make sure that they're doing HIPAA. Then professional ethics, and connected to that is dual relationships, which is very, very important, because with case management, you have to have clear boundaries, you have to understand what your role is, what their role is, and the old tried and true it's important that we're not working harder than they are. It helps case managers take care of themselves in the process when they're learning those strong boundaries.
Slide 18	Julie Jones – 00:27:12	So those are the ones that are really, really important. Then the other one that's compliance related would be the mandated reporting training. I hope that helps.

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Slide 18	Juliette Mullin – 00:27:21	It absolutely does. Yeah. I think it gives a great sense of all the different interweaving components that need to be involved in training and making sure that your staff have the right tools to be able to do their job safely and to prevent burnout. So that's amazing. Thank you for sharing all of that with us.
Slide 18	Juliette Mullin – 00:27:39	I do want to ask, because I see a couple questions in the chat, specifically some interest around Life360. Could you tell us a little bit more about that app and how it works and how you're having your staff use it?
Slide 18	Julie Jones – 00:27:52	Yeah. There's a lot of different things that you can do with Life360. Obviously from an HR aspect, it's definitely something that you want to ... If you have an HR team, and if you don't, if you want to use it, you need to look into the legal aspects, because ultimately I am tracking where my case managers are. And so, our HR team actually created a form that each of the case managers sign prior to do it.
Slide 18	Julie Jones – 00:28:25	There's different costs related to it. I am doing the basic cost because I just want to know they're safe. So we're only paying ... I think it's like \$12 or something like that. We just pay it and basically they're all on there.
Slide 18	Julie Jones – 00:28:48	They can also use the buddy system. They can see where each other are. So perhaps if they're out and about and they have a breakdown or something like that, they can quickly look at the Life360 app. You can literally see the map and you can see where everybody is located on it.
Slide 18	Julie Jones – 00:29:07	And so, that's how we're doing it. It's not an expensive app in the way that we're doing it. It will do a lot more if we want it to, but I really don't and I'm really cautious with it.
Slide 18	Julie Jones – 00:29:22	I'm in the process of hiring a supervisor, and that supervisor would pretty much be manning it. The way I've been doing it up to this point is I've been assigning a safety person for the week, and that person carries the phone so they don't feel like they're really being tracked by me in terms of a management sense, but it's just about safety.

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Slide 18	Julie Jones – 00:29:47	It's working, but I think I would like to have the supervisor man it, because sometimes the case managers get caught up in crisis, and I don't know that it's always providing the best safety because they forget to tell me that all the cubs are in the den at the end of the night. Usually it's because they're dealing with their own crisis or with their clients. So I am going to move it to a supervisor handle the phone once I have a supervisor.
Slide 18	Juliette Mullin – 00:30:15	Okay. I think that really emphasizes, I know you and I have talked about it before, Julie, the critical importance of clear communication and a good understanding of where everyone's going to be when they're going to be there, when you're operating in a large geography where, as you mentioned, sometimes you won't have service or you won't be reachable. So I think that really highlights that piece of it very clearly.
Slide 18	Juliette Mullin – 00:30:40	I have one more question for you in the workforce category before we turn over to the chat and we ask people if they'd like to raise their hands. So we've talked quite a bit about what it looks like to train someone up and what the work you're doing to help make sure that you're retaining staff and preventing burnout and making sure they're feeling safe and satisfied at work.
Slide 18	Juliette Mullin – 00:31:02	The piece I'd be really interested in learning a little bit more about is in your hiring process. So you mentioned that you've hired a range of care managers or the range of experience. I see a number of questions in the chat about what you look for. If I were to open up your job description for a care manager in the ECM program at Hill Country, what would I find? What are the core qualifications you have listed there?
Slide 18	Julie Jones – 00:31:37	Well, the core qualifications that we're looking for are basic things, able to communicate in a proactive manner, understanding ... Our electronic health record is a big piece of it. So being able to learn the electronic healthcare system and do appropriate documentation.

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Slide 18	Julie Jones – 00:32:05	That's a big piece for ECM. That's new to case managers out there. So that's one I ask a lot of questions on is computer literacy and being able to learn a software package. Case managers are really people, and there's a large component connected to quality documentation and building care plans in the electronic health record to make this a successful system. So there's quite a lot on that in our job description.
Slide 18	Julie Jones – 00:32:40	There's also the ability to work well with others. Even though they're working individually, I'm looking for people that like to work in a team environment, because you have to have a little bit of both, and your ability to develop those quality relationships speak to a person that works well in a team. Even though they may be working on their own a lot, they have to have those abilities, because these case managers are handling ... They are responsible for the care management team. So a lot of skills with working with others, that type of thing, is what's listed on our job description.
Slide 18	Juliette Mullin – 00:33:27	Great. I think that's very helpful and makes a lot of sense given the type of work. Great. So with that, that covers the core of the questions I wanted to make sure that we got to around recruiting and growing a workforce. I do see a few questions in the chat relating to this. So I'm going to take a couple of them now.
Slide 18	Juliette Mullin – 00:33:49	One is actually ... This is a question for DHCS. It actually gets into our first category around understanding ECM and community supports. We have a question in the chat about the populations of focus for children and youth in 2023. The question is asking if there's been any change in the definition or the timeline around the population of focus. So Bambi or Edith, maybe one of you could speak to that.
Slide 18	Edith Coakley Stowe – 00:34:18	So my name's Edith. So I can start us off. Then, Bambi, Aita, others may want to layer on. I'm a colleague of Juliette at Manatt working on the ECM benefit. So if you go onto the ECM and community supports website, you'll see the ECM program guide and also some accompanying slides. Those give the ECM populations of focus definition.

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Slide 18	Edith Coakley Stowe – 00:34:47	The children population of focus does not go live until about a year from now. So July of next year. The current definition of that population of focus is on the website. There are some not ... I don't think major modifications, but some refinements that are being made behind the scenes at the moment. The projection for releasing final information is in the fall, probably about the end of September. Bambi or Aita, do you have anything else that you'd want to add on that one?
Slide 18	Bambi Cisneros – 00:35:22	No, that's perfect, Edith. Thank you.
Slides 18-19	Juliette Mullin – 00:35:29	Great. Thank you. Great. So that was a general question about the broader ECM and community supports structure. I'd love to go to the next slide. As I take a couple more questions from the chat, I wanted to remind people that we have the option to raise your hand to ask a question. So I'm going to turn it over to my colleague Emma Petievich to explain the process for that and give folks an opportunity to start raising their hands.
Slide 19	Emma Petievich – 00:35:59	Thanks, Juliette. If you are on the phone, as Juliette mentioned previously, you can press *9 to raise your hand. Listen for your phone number. If you're selected, please be sure to hit *6 to unmute. If you're in Zoom, you can hit your raise hand button in the reactions area, and I'll call on you from there. At this time, I don't see any hands raised.
Slide 19	Juliette Mullin – 00:36:25	Great. Thank you. If people want to raise their hands, they can go ahead ... Oh, there we go. Already see one.
Slide 19	Emma Petievich – 00:36:32	Good. Good. Okay. Norma Williams, I'm going to go ahead and allow you to unmute now.
Slide 19	Norma Williams – 00:36:40	Hi. Yes, I do have a question. I work for Del Norte County Public Health under California Children's Services. So I'm just wondering, for Shasta County, is any part of the county department services, or any of the department services there, do you work with them? Are they part of the ECM network? I mean how do you collaborate with, say, public health, behavioral health, social services? I mean how does that work in your collaboration?

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Slide 19	Julie Jones – 00:37:20	Yes, we are working with them. We just had a meeting yesterday. The county here is also tied into community supports. But that SHRC committee, also the health and redesign collaborative for integrated care. We also meet monthly with just all the folks in the county that might be working across the board to serve the county higher.
Slide 19	Julie Jones – 00:37:51	Directly related to ECM, we are meeting monthly to talk about ... We have ROIs between the different agencies. So we're bringing in our federally qualified health center. We're bringing in the county who is also doing community supports. We are also bringing in adult protective services into those meetings so that we can all be talking about the vulnerable populations.
Slide 19	Julie Jones – 00:38:30	We recently had a pizza get-together to bring more folks in to just start the process. We've had some starts and stops with that with COVID. We've only been able to have one. But we are meeting directly on a monthly basis with the core group.
Slide 19	Juliette Mullin – 00:38:56	Great. Thank you, Julie, and thank you for the question. Other folks would like to raise their hand to ask a question, either of Julie or of our DHCS leaders, please feel free to do so now. As we're giving people a minute to think about maybe what other questions they have, I will take a couple questions from the chat.
Slide 19	Juliette Mullin – 00:39:18	So I do see some questions about the tools that you're using as part of your program. I'm seeing some questions about the breakdown of where you provide care. So why don't we start there a little bit?
Slide 19	Juliette Mullin – 00:39:36	So obviously, Julie, you work in a very large county, and the distances between where you are and where some of your clients are located can be quite significant. Could you tell us a little bit how you balance the in-person component with the virtual component? Then tell us a little bit about where you're meeting people when you're meeting them in person.

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Slide 19	Julie Jones – 00:39:57	Absolutely. So right now, as it relates to engagement, our largest success rates are through text initially. I'm not sure why, but for some reason ... And I think it may have to do with people running out of minutes on their phone or something like that, where you can still text, but you can't necessarily call. So our engagement person that ... We'll get a referral and our initial engagement person has the greatest success through text.
Slide 19	Julie Jones – 00:40:34	So once we have them engaged through that and assigned to a case manager, our case manager is reaching out to them. Whenever we can, we try to ... And we often go and pick them up. These are some of the safety issues that do come up, because we don't necessarily know these clients real well yet and we're often driving far.
Slide 19	Julie Jones – 00:40:57	We like to go pick them up, though, and I encourage it because we get to see what their living environment is like, what sort of obstacles that we're able to pick up in doing that. I'm going to give you an example.
Slide 19	Julie Jones – 00:41:12	We picked up somebody be behind a closed grocery store the other day. While we're not able to house him immediately, we are able to provide a tent, some stuff, a shade to get him out of the sun, a tarp, stuff like that right out of the gate to develop a quality relationship and to let them know that we're not judging. We're going to do some harm reduction to try to keep them as healthy as possible.
Slide 19	Julie Jones – 00:41:41	If we're going up into that more rural area, such as Round Mountain, French Gulch, Shingletown, we are telling our buddy that we're going. They're letting me know so I'm watching it on Life360.
Slide 19	Julie Jones – 00:41:56	The other thing that we're doing is we're also looking at our vehicles. You can spend about \$500 on your cars and it will expand the range. So we're piloting one of those to see if we get better phone reception out there. But usually we have pretty good success with engagement when they know we're coming to pick them up.

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Slide 19	Julie Jones – 00:42:22	We have hotspots on our computers. I'm not going to lie to you, they're hit and miss. That's why I'm wanting this pilot with the cars. I don't have results of that yet, but I'm hoping it works better because it would allow the ... What they're doing right now is using paper when they meet them out in the field. When I say in the field, sometimes it's actually in a field. They try to find a shade tree and get under it with them. But we normally roll with a little food with us, with some tarps with us, maybe a blanket. If they don't need the blanket to cover up, it might just be to lay down on, that sort of thing.
Slide 19	Julie Jones – 00:43:05	We've met with people at a Starbucks. We've met with people in the Raley's parking lot on a regular basis, because we have a large camp near the Raley's parking lot. So we're going wherever, but our goal usually is to pick them up where they're at and bring them into our facility so that we can show them around and hopefully get them to feel comfortable coming in for services as well.
Slide 19	Julie Jones – 00:43:33	That's the best case scenario and it's the fastest for our case managers because the computers work. They can do the care plan. They can print it out for them in a clean manner, because part of the process here is to help and to give the clients a copy of their care plan as well. It allows them to really spend time in a cool environment that's not hot and all those things, and give them an initial care plan to get started and look at. That care plan gets moved a million times, but it does start us off on the right foot.
Slide 19	Juliette Mullin – 00:44:11	Okay. I see a question actually. Since you mentioned the care plan, I'm going to begin to transition us really into talking about what it looks like to deliver this care moving off of workforce. But let's go ahead and leave this slide up. If anyone has a question at any point, please feel free to raise your hand and we will call on you.

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Slide 19	Juliette Mullin – 00:44:34	One of the core questions that we have in thinking about providing ECM and rural communities is thinking about how do you enroll people? I know that you have done a lot of thinking about how you reach communities that are hard to reach or who are underserved or who may not be easy to contact to enroll them into ECM. Could you share a little bit about that work that you've done with the group?
Slide 19	Julie Jones – 00:45:02	Absolutely. Well, we are fortunate in that we had the whole-person care pilot going off. So it gave us a really great start. And so, those were the first folks that we transitioned. We are also fortunate in that we're doing a lot of internal referrals because Hill Country just serves a lot of complex care patients. But some of the other work that we're doing right now and as a community .. Once again, we're trying to do it together with numerous other organizations. But we are in the process right now of hiring outreach workers.
Slide 19	Julie Jones – 00:45:41	We maintained the position of field nurse from the whole-person care and now we have a new field nurse. And so, our outreach people are getting ready to launch and hit the ground. We've been interviewing for a couple of weeks to get the right folks. We were really looking for people with real-life experience to be in these roles so that they could quickly create relationships and engagement. We were also looking for people that were really solid in the harm reduction movement.
Slide 19	Julie Jones – 00:46:18	And so, that is a focus for us now is moving out into the community, into camps, or areas of high overdose, that sort of thing, where we're hoping to have an effect and, yes, bring people in to ECM through that process of relationship building and just being consistent in the community on a regular basis, where folks that aren't coming in start to feel comfortable and will trust these folks, and hopefully they can help bring them in. Is that what you were asking?

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Slide 19	Juliette Mullin – 00:46:55	It absolutely was. Yeah. I mean you just spoke about how you really go to where patients are to support them once they're enrolled. What I'm hearing is you in fact do that even before you enroll them as part of the enrollment process. You are going to where they are, making sure you're meeting their needs, and trying to engage them in that way, which is great.
Slide 19	Julie Jones – 00:47:16	We really are. We're trying to do it ... Our outreach isn't off the ground yet, but it is this close. We're inches away. The team's getting ready to get started here at our next onboarding. It's probably the piece that I'm most excited about, because I think we'll get to see the impact on our rural community. I'm hoping that we really start to see it in a big way.
Slide 19	Juliette Mullin – 00:47:41	Yeah. Yeah. That's great. There's a question in the chat about California fire season. So acknowledging the unfortunate reality of frequent fires in California. We have a question about how, if at all, your model changes or your workflows and your process change during fire season.
Slide 19	Julie Jones – 00:48:04	Well, all of us in California know that fire season just pretty much stays year round here. I'm hoping that that can be part of what ... And I haven't been able to go to it yet. They had their first meeting this last Tuesday, but it looks like the next meeting will be on a day where I can go. So I'm pretty excited. But as a community, there's a big push to put together a multidisciplinary team that will be focusing on issues such as that and just the outreach in general.
Slide 19	Julie Jones – 00:48:47	I'm not going to lie. We're not as ... We're obviously aware of it. When we give out food, we're always asking, "Do you have a means to cook or no?" But when we're out in the camps, obviously trying to give people food that doesn't need to be heated up to keep the community safe, as well as them safe. It is huge here.

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Slide 19	Julie Jones – 00:49:12	Personally, I'm doing research on outdoor kitchens and how those could be maybe made safe. But that's pretty far down the road for us in terms of this ECM piece and just trying to get off the ground. Really, my focus right now ... And I would love it to be there, but I'm hoping that the collaborative group can help move that along a little bit better, because right now my focus is getting more ECM counselors hired, getting community supports off the ground solidly, and adding to our team so that we have individual people to help these complex care folks.
Slide 19	Juliette Mullin – 00:49:55	Yeah, that's great. I would invite ... Because we have a chat and we have so many people on the line today that are also implementing ECM in their rural communities. If you have some processes that you've implemented or ways that your model changes during fire season, we'd love to hear about them. So please feel free to drop those in the chat. This is about shared learning.
Slide 19	Juliette Mullin – 00:50:20	A follow-up around what you shared around the collaborative element, the importance of the collaborative element. Earlier in the conversation and just now you mentioned that. You spoke about being able to connect patients to tools and resources in the community. Can you talk a little bit about how you build those relationships with different community supports and different organizations in your community to help provide resources to your patients?
Slide 19	Julie Jones – 00:50:54	Yeah. As I said, that Shasta Health and Redesign Collaborative was in place long before me. That committee functions at a pretty high level in terms of Shasta County as a whole. We are certainly under many, many changes in Shasta County in terms of the structure and the folks. Our leadership in the county has stepped down. So these personal relationships that are between organization to organization that grew out of this are incredibly important.

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Slide 19	Julie Jones – 00:51:31	Those meetings, I encourage you all to just reach out. Many of us have ... And I'm imagining ... I know we have Del Norte on here. I'm imagining there's a lot of communities out there that are working together to do the homeless counts, where a lot of organizations come together to do that.
Slide 19	Julie Jones – 00:51:54	Those are organizations that tend to be involved on a larger scale, and many of our communities are formed out of other committees. So if you know that there is a group meeting, often there are suggestions that are made that are like, "Hey, we should start something to do this specifically." Then people tend to know in these rural communities ... It's like the seven degrees of Kevin Bacon kind of thing out there. That's how it's pretty grassroots and that's how the committees grow.
Slide 19	Julie Jones – 00:52:32	So I would look in your communities for what's already happening. I would directly reach out to your county, pick up the phone. It takes sometimes a lot of calls, just like case management. It takes a lot of calls to be a good case manager. It takes a lot of calls to create a good collaborative process in your community.
Slide 19	Julie Jones – 00:52:56	But those groups are out there and you have to find them. I think starting with the folks that are working with the unsheltered population is a great way to go to get started if you don't have anything doing that, because just about every county is doing the homeless count, and it takes a lot of people. I hope that's helpful.
Slide 19	Juliette Mullin – 00:53:22	Yeah, definitely. Thank you. We have a question about your assessment tools and your documentation tools. We'd love it if you could share a little bit about what your electronic health record looks like and how you're documenting assessments for patients.

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Slide 19	Julie Jones – 00:53:38	Absolutely. So we are using ... And I'm not recommending this because we have to switch. So your electronic health record, whatever you're using to capture your data, is important in this because it triggers and drives the billing for us. Many of you might be doing non-electronic billing, so this may not pertain to you at all. We use Athena, but we are in the process of transitioning. In the next year or so, we'll be transitioning to something else. Not because they were bad, but because they're no longer doing the electronic health stuff that we do.
Slide 19	Julie Jones – 00:54:20	But we have built a basic needs assessment into our system, because that's a requirement of ECM. But we were using it already in our case management before ECM. So our basic needs assessment basically touches on all the social determinants of health.
Slide 19	Julie Jones – 00:54:42	When you use the basic needs assessment, it's taking us through just about everything, food insecurities, and you can get real focused on what they're getting already versus getting nothing already. Sometimes that's the quickest place to start because food is a basic survival mechanism.
Slide 19	Julie Jones – 00:55:00	It obviously has a section related to whether they're sheltered or not and what type of shelter they have. Are they couch surfing and burning out relationships, or are they pretty successfully housed or are they out in a camp or sleeping on the street, that sort of thing?
Slide 19	Julie Jones – 00:55:20	There's a component to the mental health piece. There's a dental component related to the oral health, which in Shasta County, we struggle with so much in terms of getting people help for their dental. But we do want to be aware of it so that as case managers, if there's things that we can work on at a higher level to get folks into clinics that maybe we can get people working together on, we want to be able to do that.
Slide 19	Julie Jones – 00:55:50	That's a goal for me. I'd really like to get a few of those dental clinics together, where we're able to see a whole lot of people in the community at once. Are we there? No. But these needs assessments really lay out for you the needs in the community as a whole, as well as drills down on the individual.

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Slide 19	Julie Jones – 00:56:11	Part of our partnership plan, because we go through partnership health, part of the requirement is that we do have an assessment that is submitted along with the care plan, the ROI. And so, that assessment is a key piece and it is exactly how we built the care plan in terms of priority with the client. So ours was built around the social determinants of health and it went from there, and that's pretty much how we do it.
Slide 19	Juliette Mullin – 00:56:48	Okay. When your care managers are out in the field and not at a computer, how are they documenting that needs assessment? Is that tablets or ...
Slide 19	Julie Jones – 00:57:00	Well, partnership did this cool thing for us where they provided an example. If we use their example and we're out in the field and our computers ... We're trying to use our computers when we can because it saves the case manager time in terms of having to come back in and do it.
Slide 19	Julie Jones – 00:57:23	But this example that was given to us by partnership is really helpful because it pretty much hits on all of those things and it helped us build our care plan around it. We print those out and we keep those in our bags. So if we're out there and we don't have computer access, or a lot of times it's just not the right thing to do to have your computer out.
Slide 19	Julie Jones – 00:57:49	And so, a lot of times we print those out along with the ROIs when we're trying to do engagement, and we'll do it with a clipboard on paper wherever we need it to be. It's really helpful.
Slide 19	Julie Jones – 00:58:06	I'll be honest with you, even when I'm doing an initial engagement with a client, I don't use my computer. I think some of our case managers who are younger and more adept and are able to have conversations with people and enter stuff into the system can do it well. I cannot. I really just like to sit with them, I keep notes, and I use that care plan that partnership provided, and I make sure that I touch all of those pieces so that I know I can get them enrolled.
Slide 19	Julie Jones – 00:58:39	Do I know I'm going to have to go back and revisit extensively? Yes, but I'll have what I need to get it into the computer and meet the needs of the compliance pieces.

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VISUAL	SPEAKER – TIME	AUDIO
Slide 19	Juliette Mullin – 00:58:53	Great. Thank you. We are coming up on the last minute of our office hours here. I will pause because I could certainly ask Julie questions for another three hours. But I will pause one last time to see if there's anyone who would like to raise their hand and ask a question.
Slide 19	Juliette Mullin – 00:59:25	It looks like we have a quiet group today, although it's been very active in the chat. I want to thank everyone for their participation and the questions they've been asking in the chat.
Slide 19	Juliette Mullin – 00:59:36	I certainly want to thank Julie for joining us today, as well as having joined us in June, for sharing her time and sharing the experience of her organization. With that, we have one more hand. So we will go ahead and take that last question and wrap there.
Slide 19	Emma Petievich – 00:59:55	Great. Joanna Garnell, I will go ahead and give you the opportunity to unmute now.
Slide 19	Joanna Garnell – 01:00:07	Thank you. Can you hear me? Perfect.
Slide 19	Juliette Mullin – 01:00:10	Yes, we can.
Slide 19	Joanna Garnell – 01:00:11	Julie, thank you so much for your presentation. The information you provide is extremely helpful. The implementation of this is a little overwhelming. I was wondering, and saw a few other people were wondering, are you able to share that example from partnership? Because that's one of the things that I'm working on right now for my MCP application is drafting that care plan.
Slide 19	Julie Jones – 01:00:34	I have no problem sharing it, and I doubt partnership would either. Is there a way, Manatt, that we can do that?
Slide 19	Juliette Mullin – 01:00:46	Yeah. After the session, Julie, maybe we can connect about the best way to get that to folks. If you want to drop, Joanna, in the chat that request that we've got it with your name, we can see what we can make happen there.
Slide 19	Joanna Garnell – 01:01:02	Perfect. Thank you. I did drop that in the chat. Then, Julie, I'd love to connect with you on the side to set up a meeting, pick your brain some more, and potentially do like a site visit, if that's something you're open to,

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Slide 19	Julie Jones – 01:01:15	I'm absolutely open to it. Is it cool if I give my email out here, or is that not okay? Just following the rules here.
Slide 19	Juliette Mullin – 01:01:29	I'll ask Manatt Events if there's an approach here that we should follow.
Slide 19	Joanna Garnell – 01:01:45	Okay. Thank you so much, ladies.
Slide 19	Julie Jones – 01:01:48	All right. Thank you.
Slide 22	Juliette Mullin – 01:01:48	Thank you so much, everyone. Thank you, Julie, for your time today. We will follow up on some of the last pieces that we heard. I see some folks who are dropping their emails in the chat to connect with Julie. So, Julie, if you would like to drop your email in the chat, you are welcome to, or can also reach out to the folks who have put their emails in there.
Slide 22	Julie Jones – 01:02:05	Okay.
Slide 22	Juliette Mullin – 01:02:05	Thank you.
Slide 22	Julie Jones – 01:02:06	Let me let do that real quick before it goes away.
Slide 22	Juliette Mullin – 01:02:11	Great. I will talk slowly on my wrap-up so that you can do that. Thank you everyone so much for joining us today. Thank you, Julie, for your time. Thank you to our DHCS leaders for their time as well. With that, I'll let Julie put her email in before we close out. But thank you everyone for joining and have a great rest of your day.
Slide 22	Julie Jones – 01:02:30	Okay.
Slide 22	Mario – 01:02:43	Thank you for joining.
Slide 22	Mario – 01:02:44	You may now disconnect.