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Children and Youth

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SPEAKERS

Jill Donnelly
Michelle (Shel) Wong
Tyler Brennan
Alexandra Parma
Nancy Shipman
Tiffany Miotla-Metz

Jill Donnelly:

Hi, everyone. Thank you for joining. We're going to give everyone one more minute to jump on the call and then we'll get started. All right. Hello, everyone. My name is Jill Donnelly, and I'd like to welcome you to our eighth and final CalAIM Community Supports Spotlight Webinar. Before we begin, a few housekeeping notes. All participants will be on mute during this presentation. We'll have some time reserved for questions at the end of the webinar. Please feel free at any time to submit your questions via the Q&A feature on Zoom at any point. We will try to work through as many as we can. The PowerPoint slides we'll be presenting today and all of the meeting materials will be available soon on the DHCS website, probably within the next couple of weeks, and we'll share details for where to access that information in the chat. Our recording of the webinar will be available soon as well. Finally, we do have captioning available for this webinar. If you'd like to use this feature, just click on the closed captioning at the bottom of your screen and select subtitles.

Today, we'll be hearing about the impact of CalAIM Community Supports on child and youth populations. This is a little different than some of our other presentations within the spotlight series. We'll start with some introductions. We'll hear about how Community Supports can benefit children and youth, and we'll take a look at how Community Supports intersect with other state and local programs for kids, and hear about promising practices from a few presenters in the field. Again, we'll have time for Q&A at the end, but feel free to drop your questions into the Q&A feature at any time. And with that, I will hand it over to Shel from DHCS to speak about Community Supports.

Shel Wong:

Hi. Thanks, Jill. So we'll begin with a brief overview of CalAIM and Community Supports. So Community Supports are medically appropriate, cost-effective alternatives and services Medi-Cal managed care plans may provide in lieu of services traditionally covered by Medicaid. So Community Support services are designed to potentially decrease utilization of other Medi-Cal benefits such as hospital or skilled nursing facility admissions, discharge delays, or emergency department use. Managed care plans are strongly encouraged but not required to provide Community Support. CalAIM currently includes a robust menu of 14 pre-approved Community Supports to address the health needs of members. The list of pre-approved Community Supports is informed by the work and lessons learned under the Whole Person Care Pilot and Health Homes Program. Managed care plans selected Community Supports to offer when CalAIM went live on January 1st of 2022 and had the option to add new Community Supports every six months. MCPs in all counties are encouraged to offer at least one Community Support by January 1st of 2024. Next slide, please.

So Community Supports are in lieu of services which are medically appropriate and cost-effective services or settings offered by a managed care plan as a substitute for Medicaid state plan-covered services or settings. Under regulatory requirements, in lieu of services must be authorized and identified by plan contracts and offered at plan and enrollee options. This allows for Community Supports to cover a broad range of social and support services or eligible [inaudible 00:04:51] rates the plan in the same way as state plan services and do not require a [inaudible 00:05:00] waiver [inaudible 00:05:01], and I'm really sorry about that. One second.

So this slide outlines 14 pre-approved Community Supports. If you're interested in learning more about any of these services, we encourage you to review recordings of previous webinars we've done in the series highlighting all of these services. You can find the links to recordings and slides on the DHCS, ECM, and IOS website, and we'll drop a link to that in the chat. And I'm just going to put myself on mute

for one... Apologies, somebody rang my doorbell. All right, so now we'll continue with an overview on child and youth populations, and how Community Supports can benefit them.

So for today's webinar, we'll be talking about Community Supports programs that are especially impactful to children and youth. So some of the programs we'll be covering are pediatric programs, pediatric generally referring to children and youth up to 21 years old. So this does overlap with transitional age youth. So many of you in the audience may be serving transitional age youth populations in particular, so transitional age youth overlaps with pediatrics, but there are many different definitions of the age ranges at different organizations. So importantly, children and youth can access Medi-Cal through several different programs including Traditional Medi-Cal for all children, California Healthy Families, and California Children's Service, and we will talk a little bit more about some of these in detail later on. Slide, please.

So let's start with some of the background about children and youth in Medi-Cal. Medi-Cal serves a large proportion of children living in California. So children make up about 41% of all Medi-Cal enrollees, and 57% of children ages zero through five statewide are enrolled in Medi-Cal. There are many issues that impact children and youth, and we want to highlight some areas where Community Supports programs can actually help to make a difference. Asthma, one of the most common chronic diseases among children affects about 7% of all children in our state. Many children and youth are also affected by homelessness. Recent estimates indicate that at any point in time, over 8,000 families and over 12,000 unaccompanied young adults are experiencing homelessness in California.

Children also have high caregiving needs, with nearly one in seven kids needing special health and support services. These conditions and more can be supported through Community Supports services such as asthma remediation, housing navigation, deposits, and tenancy supports, as well as caregiver respite services. Next slide, please. So issues like homelessness can act as social drivers of health for other health conditions in children. So kids experiencing homelessness get sick and suffer from asthma at higher rates than other children. And children who live below the poverty line have increased risk for adverse childhood experiences, which are associated with worse behavioral and physical health outcomes throughout life. Slide, please.

So Community Supports are designed to be cost effective and medically necessary services that can help reduce the need for higher intensity care. For pediatric populations, asthma remediation, housing navigation, deposits, and tenancy, and sustain services, and respite services for caregivers can help to address some of these challenges. So what are some of these services? Asthma remediation can include services offered by home visiting programs who can make physical modifications to a child's home environment to address asthma triggers. Housing supports can help youth and their families to find and access housing, move in, access the resources and support that they need to remain successfully housed, and respite services for caregivers can provide episodic relief for individuals taking care of a child enrolled in Medi-Cal with the goal of helping those members to continue living in their homes and communities.

So we encourage you to review the Community Supports policy guide for detailed information about who can offer these services. Some examples include hospital systems, primary care clinic and health centers, CBOs, and county and local governments and entities, so this is not an exhaustive list. And now I'll hand it over to Tyler, who will take us through the connection between Community Supports and the Enhanced Care Management benefits.

Tyler Brennan:

Hi, thanks so much, Shel. All right. So now we're going to talk about and provide a summary of guidance on Enhanced Care Management and Community Supports. Next slide, please. At a high level, the CalAIM Enhanced Care Management Benefit provides coordination of health and social services for Medi-Cal members with high needs. The program is focused on engaging the whole person and meeting the

member where they are when providing care management. ECM is available to select populations of focus. At this current time, ECM has been a statewide benefit for about six months for select populations, while other populations of focus will be going live throughout 2023. Some children may currently be eligible to receive ECM through adults and their families experiencing homelessness population of focus, and the children and youth population of focus goes live next year in July of 2023. We'll cover this a bit more on the next slide.

There are eight ECM populations of focus that apply to children and youth. We encourage you to review the ECM policy guide for more details, but at a high level, children and youth that meet the eligibility criteria for any of these ECM populations of focus will be eligible for Enhanced Care Management. Please also note that the eligibility criteria for populations of focus number one, individuals and their families experiencing homelessness, are applicable from January, 2022 until the launch of ECM for Children and Youth on July 1st, 2023. After the launch of ECM for Children and Youth, the eligibility criteria for that population of focus will apply to adults without dependent children or youth living with them. Next slide, please.

With a little bit of background on ECM, let's talk about how this benefit connects with Community Supports. ECM is a statewide benefit, and is available to people who meet the specific populations of focus criteria. In contrast, Community Supports are optional services for plans to offer and for members to accept. Eligibility for Community Supports varies by the eligibility criteria for each Community Support service. Access to both services will overlap for many members. Some will be eligible for both ECM and a given Community Support, while other members may be eligible for a given Community Support, but might not be eligible for ECM. Members do not have to be eligible for ECM to be eligible for Community Supports. And with that context on ECM and Community Supports, we'll now go through an overview of some other programs and services for kids in Medi-Cal. Next slide, please.

So in the next few slides, we'll look at some other state and local programs that many Medi-Cal members may be eligible for and talk a bit about how Community Supports fits in here. Next slide, please. Okay, so we'll be doing a short overview on each of these programs that you see on screen here. I want to mention also that this is not an exhaustive list of the programs any child or youth might be eligible for, but these are some of the most common programs and services that members accessing Community Supports may also be eligible for, or are already receiving. And the next slide, please. All right. CCS. The California Children's Services Program is a state program jointly run by the state and counties. We'll spend a couple of minutes exploring how this program works. CCS offers health services, case management, and other services to children under 21 who have certain program eligible conditions like those listed here. Next slide, please.

The program is administered by DHCS and County Health Departments, and about 70% of children who are eligible for CCS are also Medi-Cal eligible. If those children qualify for Medi-Cal, they may also be eligible for Community Supports depending on individual supports and eligibility criteria. For these patients, Medi-Cal reimburses their care. Next slide, please. All right. Another model of care delivery within CCS is the Whole Child model. The Whole Child model is a part of CCS and was launched in 2018 across 21 counties and five health plans. Under this model, services that are covered under California Children's services are incorporated into Medi-Cal Managed Care plans contracts, and the MCPs are responsible for delivering services. This program is designed to improve care coordination for the member across health needs and conditions. Next slide, please.

So zooming out again, we'll take a moment to talk about how these services fit together with both ECM and Community Supports. ECM is meant to serve as a WRAP program for members eligible for CCS and the Whole Child model of CCS. CCS enrolled children, who are eligible for and enrolled in Medi-Cal Managed Care, may be eligible for Community Supports depending on the county they live in, the health plan they're enrolled with, and the individual Community Supports eligibility criteria. Whole Child model

enrollees may be eligible for Community Supports depending on the county they live in, their health plan, and the individual Community Supports eligibility criteria. Next slide, please.

Okay, so Pediatric Palliative Care Services, we'll go over a couple more programs here. Pediatric Palliative Care Services provide children with serious conditions, supportive services at home and in their community. Currently, Pediatric Palliative Care Services are administered by both the managed care plans and the fee for service medical delivery systems. Pediatric Palliative Care Services are offered to members through the Early and Periodic Screening, Diagnostic, and Treatment Services benefit, or EPSDT. Participation in pediatric palliative care does not exclude members from receiving Community Supports, so long as there is no duplication of services provided. And next slide, please.

Regional centers. One last resource we'll cover today is regional centers. These are local centers that coordinate with the California Department of Developmental Services to provide services to Californians with developmental disabilities. As such, regional centers may be providing coordination, advocacy, and assistance to members who are also eligible for ECM and Community Supports. Because Community Supports can be provided by a diverse range of entities, some regional centers may be eligible to provide Community Supports in addition to their other offerings. Again, individuals receiving services from regional centers may also receive services under Community Supports, so long as there is no duplication of services. And next slide, please.

So how do these programs fit together? To zoom out again, we want to discuss how these services and programs fit together with Community Supports. All of the Community Support services are meant to supplement rather than supplant programs and services that are provided by other state, local, or federally funded programs. If a member is receiving services through other pediatric focused programs, they may still be eligible for Community Supports depending on the individual Medi-Cal eligibility and managed care plan enrollment, Community Supports, program criteria, and county of residents. Next slide, please. A few considerations for providing Community Supports to child and youth populations.

For many minors, providers may also need to work to support caregiver's ability to access services such as housing or provide relief to caregivers of children and youth. Additionally, specialized training in working with children and youth is recommended for providers tailoring service delivery to children and families. This can include training on the unique aspects of providing care to children and youth, and understanding what resources and programs are available locally for children, youth, and families. And finally, Community Supports providers may need to work with and coordinate access across multiple systems to deliver services, such as by working with local housing services and programs, child welfare, and behavioral health programs. And with that I'll now pass things back to Jill to introduce our presenters for the day. Jill?

Jill Donnelly:

Thanks, Tyler. All right. First, we will hear from Alexandra Parma, Senior Policy Research Associate at First Five Center for Children's Policy. I'll hand it over to you, Alexandra.

Alexandra Parma:

Thank you, Jill. Hi, everybody. I'm really glad to be with you today, and thanks for the department for hosting and also for inviting First Five to take part. My name is Alexandra Parma, and I'm Senior Policy Research Associate at the First Five Center for Children's Policy. Next slide, please. Thank you. So some of you might be familiar with First Five in one or more context, but as a bit of background, over 20 years ago, voters passed Proposition 10, a tax on tobacco, to fund early childhood development programs. Most of these funds go to First Five commissions in each of our 58 California counties, and the rest is allocated to First Five California, our state agency partner, and they support statewide programs and research.

First Five association, where I am joining you from, is our membership organization, and we support the work of the 58 First Five commissions in our counties, and the First Five center for Children's Policy is the think tank arm of the First Five Association. Our purpose is to draw on the learning of our 58 county First Fives, and research, and promote policies and best practices for young kids. Next slide, please. So today I'm going to speak about Community Supports from the lens of working with children ages zero to five, and I think when you look at the list of Community Supports that managed care plans are encouraged to provide, children and especially young children may not immediately come to mind, and although certain children, as we've talked about a little bit today and also in previous webinars, may be eligible for Community Supports on their own, I think it's important to remember too that they may be dependents of beneficiaries who are eligible for Community Supports.

So I'm going to talk about whole-child, whole-family approach for working with beneficiaries who are eligible for Community Supports and have young children, and what other initiatives and programs that serve the whole family may intersect with Community Supports. As a bit of framing, whole-child and whole-family approaches consider the child's physical, developmental, and mental health, and the child, parent, or caregiver relationship in addition to the family's social and economic circumstances when providing services and care. This approach is really central to how First Fives operate, but has also been elevated by the department.

So in March, the Department of Healthcare Services released the Medi-Cal Strategy to Support Health and Opportunity for Children and Families. We often call it the Children's Strategy. It's a policy agenda, and it's meant to unify a vision of children's care in existing and new Medi-Cal efforts like CalAIM. And in this document, it's guided by the principles of addressing health disparities, but also implementing a whole-child preventive approach informed by families and really elevates this need to provide family-based care, especially when young children are in that family unit. And I think this whole-child, whole-family frame is really helpful, a helpful lens for us to look at Community Supports for young kids through. Next slide, please. Thank you.

So core to this whole-child, whole-family approach is really the connection between early childhood health and the overall wellness of their caregivers. I think it's really important for Community Supports providers to understand that early child development is it really creates the foundation on which future development and learning unfolds. It is the most rapid brain development period of life, and very young children are uniquely dependent on the adults in their lives to meet their social emotional needs and bounce back from anything stressful that might be going on. So stressors, social needs, and health concerns, the very things that are impacting beneficiaries of Community Supports can really impact a child's social, emotional, developmental, or even physical health. Next slide.

So how can we serve families in a whole-child, whole-family way, especially those families who are experiencing acute social drivers of health challenges? I'm going to highlight four interventions and programs that may intersect with Community Support services, and First Fives are also pretty involved in these four areas of work in their counties. So first is family therapy. It's a medical benefit since 2020, and in family therapy, at least two family members can receive therapy together from a mental health provider. What's really great about this benefit is that instead of needing a diagnosis, children are eligible, and their families are eligible if they're experiencing certain risk factors. And these risk factors are really broad. They can include things such as food insecurity and housing instability. Second is dyadic care. Starting in January of 2023, so just a month from now, Medi-Cal will also cover dyadic services, dyadic care services.

This is an integrated physical and behavioral health service for the whole family. It provides treatment for the child and their parent or caregiver, that dyad, during the child's well-child visit and is paid for under the child's Medi-Cal coverage. So these services include screenings, evaluation, and case management, in addition to an integrated behavioral health service at the well child visit. This benefit will allow clinics to bill for models such as Healthy steps, if you're familiar with that pediatric model that might already exist in the

places that you work. Third is home visiting, and home visiting is an early childhood intervention that connects caregivers to be and caregivers of infants and toddlers with a support person, typically an early childhood specialist or another trained professional. This person guides the family through early stages of raising a child and provide information about how the child is growing, gives emotional and physical health support to the whole family, and it makes a lot of connections for families to community services like food assistance.

And as the name implies, home visitors can meet families in the home or in their communities, which is especially relevant for families who may be experiencing housing insecurity. There's some flexibility in where these interactions take place. There are many models and pairs of home visiting, and as mentioned before, it could be something to think about in asthma remediation, and the state is a funder, including the Department of Public Health, the Department of Social Services through CalWORKs, and also there are some programs that are developed by and funded by First Five. And then the last thing I wanted to highlight here is pretty broad, but it's care coordination supports. And I know what care coordination and case management looks like in Medi-Cal is shifting with the rollout of ECM for kids and population health management through CalAIM, but care coordination support for families who are concerned about how their baby is growing or developing is particularly important because early childhood serving systems can be complicated to navigate, especially for those families who are also trying to navigate some social driver of health concerns at the same time.

And for young children, timely intervention is crucial. It's as I mentioned before, it's this time where brains are most adaptable, and intervening can have the biggest impact. I'm going to highlight and dig in a little bit more on one program in particular called Help Me Grow that Addresses and Supports Families with care coordination, but before I jump into that, I just wanted to note that I think there are ways for providers who are offering these four services to interact with Community Supports for children, and I think that can be bidirectional referrals or more concrete partnering with Community Supports providers, but it will really take building a mutual understanding of Community Supports and also the child developmental supports that are existing in our communities. Next slide. Thank you.

So as I mentioned, I'm going to dive a little bit into Help Me Grow. Help Me Grow Systems were built at the county level by First Fives with the goal of improving developmental screening rates and helping parents understand developmental milestones, and linking children to services efficiently and quickly. We know that children benefit and families benefit when we have resources in our community that are well organized, and when the system is hard to navigate, which it often is for families, it's hard for them to access what they need, and it can be also challenging for service providers to connect families with supports. So First Fives have replicated a national model called Help Me Grow.

It's in more than 30 counties now across our state, and there's four core features that I'll quickly run through so you can get a feel for what this service looks like. First is a centralized access point. It's a go-to point for families to call, to text, to write into, also healthcare providers can write in and call in, and really they provide information, support, and referrals around child development. The second core component is family and community outreach. This is really working with communities to build caregiver understanding of healthy child development and the services in the community that are available for families. Third is healthcare provider outreach, really supporting more developmental screening, and early detection, and referrals among healthcare providers, and fourth is data collection and analysis, really allowing Help Me Grows to understand their reach and improve their services. Next slide.

So although Help Me Grow is focused on child development and connections related to developmental screening, Help Me Grows do support families on a wide array of topics, and you can see with the data on this slide that many families who contact Help Me Grow actually report concerns with social and economic issues including basic needs and living condition supports that they have. Next slide. And in addition to those concerns being frequently noted by families, Help Me Grows are making referrals to the social and

economic concerns or for these concerns at a high rate as well. So they're referring to housing, basic needs support, legal assistance, things of that nature, and I'm not aware right now of Help Me Grow's currently thinking about how to connect with Community Supports or vice versa yet, but I do think that those connections can be built, especially around housing services. For example, Help Me Grow Sacramento provide screenings and connections to services for families, especially those in transitional housing and in shelters.

So across our state communities, caregivers, and all types of providers serving families with young children I think can turn to Help Me Grow for navigation support, and then also just kind of taking a step back, and in summary managed care plans, Medi-Cal providers can turn to First Fives for collaboration on improving early childhood service delivery overall, but then also in regards to CalAIM and Community Supports where appropriate. So I think I'll leave it at that, and I think we can just go to the next slide. Thank you. But I want to thank you for your time and also welcome you to reach out if you have any questions or would like connections to our work across the state.

Jill Donnelly:

Great, thank you so much Alexandra. We'll now move on to hear from Nancy Shipman, who is the director of special programs at Anthem Blue Cross.

Nancy Shipman:

Hi, good afternoon. Are you able to hear me okay?

Jill Donnelly:

Yep, we sure can.

Nancy Shipman:

Okay, fantastic. My name is Nancy Shipman. I am a director at Anthem Blue Cross. I'm over special programs, and the unique structure of my department is that I oversee the clinical teams that are offering not only Community Supports, but long-term services and supports, as well as our community health worker program, and I work alongside the team that is administering the ECM or Enhanced Care Management program. So next slide. So today, I was asked to talk about what's going on really with Community Supports at the health plan level, and really focusing on this children and youth population, and I really appreciate the opportunity to dive into this area, because when I did really look closely at the impact we're making on this population, this is a fantastic opportunity to show you what we're doing well, and where we can improve.

So at Anthem, we are offering all 14 Community Supports. The rollouts have been phased in in some counties, of which we are in 29. We offer as few as six Community Supports and up to 12 Community Supports in some other counties. By the end of 2025, probably mid 2024, Anthem will have every Community Support, meaning all 14 Community Supports in all 29 counties. We are doing ongoing education not only to our providers, our communities, and our members. I've listed the counties in which we reside in as a reference point. You can go to the next slide, please.

So I really wanted to show what is going on unique in our landscape. First of all, we designed our program to have what we call a no wrong door, and what I mean by that is that referrals can come into the health plan through not only phone, fax, email, our provider portal, but they can come from anyone. They can come from a member, a caregiver, an ECM provider, a Community Supports provider. It can come from an

internal team. So there's really just no wrong way to try to get assistance with Community Supports at the health plan level.

And then I kind of added another layer, and I will say our team was instrumental in this design, and this took the thought leaders of not only experience case managers, but a variety of people who had experience trying to innovate and lead new program types, and so we decided that we're not just going to be a door that opens as the health plan to provide an authorization, that we were going to take an active role in being a coordinator. So when we receive referrals into our department, the first thing we look at is where did that a referral originate from, and if does the member have an enrollment in the Enhanced Care Management program already, or are they sitting in an outreach status in the Enhanced Care Management program?

We want to first and foremost reach out to that provider and say, "Hey, are you aware that we just got a referral in for housing transition? Because we are seeing sometime there's a disconnect, and that the ECM lead care managers may or may not be aware of referrals that are being made by other entities. So we want to help connect the dots." But many of our referrals are not coming in whereby ECM is involved. And so our team is assigning a clinician or a housing outreach specialist directly to the member, and we are calling them and providing an additional layer of education on what Community Support is being requested, and really exploring several items.

Is this the correct Community Support? Do they need additional Community Supports, as well as do they need a referral to Enhanced Care Management? We're trying to help our members connect the dots, and this also allows us to provide additional education to the referring party, because at the beginning of the year, we're now at month 12, we'd get a referral with every Community Support checked off. That's happening less and less as we go on, but we say there's no bad referral. You're not sure what you exactly need, but you've heard about Community Supports. You think you can help. We're going to help you collect the documentation, making sure that you're pointed in the right direction, and that you can get services delivered.

So once we identify, okay, you need housing transition services, we make the referral to the provider in your area, and we try to allow some choice by the member, recognizing that we would like to reduce the layers that a member has to go through. So if they're getting services at a clinic or an FQHC, which is also contracted with Anthem for that Community Support, we try to match those things up, because reducing the layers of communication and data sharing, we are seeing better success. So after connecting our members to a Community Supports, we give a call out 10 days later, "Hey, did you hear from your provider? Have they started outreaching to you?"

Because often people put in referrals for services, and they go nowhere. And we've learned by our experience in case management that we need to outreach to make sure the dots were connected. We are also reaching out in a 30 to 60 day increment with our members to make sure that services are being delivered, and that they don't have any questions. And so this lead, this care manager or service coordinator on the Anthem side is really the go-to person, and regardless if you're requesting one Community Support or five Community Supports, that key person does not change. So we have had a lot of success with that. Let's go on to the next slide.

Okay. I put up this slide to really show you where utilization is happening. This is across all age groups. This is not specific to youth and children, and I think DHCS was saying, "Okay, well, tell us about what are the numbers like for the youth and children." I can tell you they're less than 1%, and that is alarming. So you start to explore why do you think that's happening? Well, if you look on the next slide, I'm going to tell you where we're seeing the Community Supports referrals for children and youth. As predicted, it's happening in housing transition, asthma remediation, but look, there's a surprise there, medically tailored meals.

The top utilization is in housing transition, and so I'm going to share with you a little bit about where those referrals are coming from, what we were able to do, some of the challenges that we're seeing, and where do we think we should be exploring future efforts? So let's go to the next slide, and I'm going to talk about what is really going on at the granular level when the managed care plan is receiving these authorizations. Where are they coming from? The three top areas are they are actually coming from the health plan's internal teams. We're seeing them from school clinics, and these are contracted Community Support provider clinics, but then we're also seeing them from hospital social workers, and that was a pleasant surprise, actually, but the age group is very young.

We actually had referrals on newborns up to the age of seven. This is the common age group that we are seeing, and we're seeing these with children that have some medical issues attached to the referrals. We're seeing infants that have had hypoxic events during their birth, feeding issues, newborns with feeding tubes. We're seeing children that are four years old with ADHD and autism. We're seeing them with anxiety and depression disorders, as well as a seven year old we had with an adjustment disorder. It's a pretty common theme, right? They're young. They're in this under age seven group, and they're having health events related to needing assistance with SDOH issues. So let's go to the next slide.

Okay. So you look at what are the real challenges with these cases, because I literally, after being asked to speak on this topic, I went into each and every case that we did for a child over the course of the last year to see how did the case really progress or not progress? What were the showstoppers? What was preventing progress, and what was making progress, right? What were we doing well in? Where did we need to improve? Here's the challenges, with the referrals for housing transition navigation, right? It all stemmed because of the parent. I believe that we're not seeing a lot of referrals on housing transition navigation for children or don't have insight into how many children are benefiting from Community Supports is because the service is being rendered under the parent, but in these cases whereby we did receive referrals for housing transition navigation, the parent was actually not our member. It was the child.

And so we are dependent on the parent being active in the case, answering the phone, engaging with our service coordinators, engaging with our providers, and every single one of these members, the parents had issues of chronic homelessness, and none of them were in the coordinated care entry system, not one of them. So this is a gap, right? There's challenges in some areas providing temporary housing provisions, so children are left couch surfing with their parents or parent, living in vehicles, or jumping from shelter space to shelter space. We're having challenges with sharing of information timely. Where is the member at? Oh, they called the service coordinator today and said, "Hey, I haven't heard from my housing navigator in a while. We're still waiting to hear from them." We get in touch with the housing navigator. They've been trying to reach the member. So we need to really streamline accurate, timely sharing of data, and we are continuing to improve on that.

So successes have been around getting parents to engage. Successes are being seen with increased awareness of the services that are available, and we do have success in getting some of our members, the children, the parents housing vouchers in the area of housing transition navigation, but I really wanted to highlight over the course of this year, we are seeing that service utilizations are in certain counties like Sacramento, Los Angeles, Alameda, Tulare, Santa Clara, Fresno. Those are the high utilization counties requesting Community Supports. That's just a very few of 29. We have 110 contracted providers now for Community Supports. that will continue to grow. These are not only county behavioral health and public health agencies, these are local CBOs, FQHCs and regional providers. This is going to continue to grow the program in this population. And before me, we spoke about improving, like there's an this improving access, improving knowledge, so over the course of the next year, there's a lot of things that are changing, that are going to improve knowledge, and access, population health management, the risk stratification.

Children are going to be put into that risk stratification and be required if they're high risk for the health plans to be care managing them. We're having these new populations of focus. We have the youth and children coming in July 2023. We have long-term care expansion in July happening for our pediatric subacute population, and then afterwards we have our ICF DD population coming in under long-term care expansion, and then another key piece that is happening, which I didn't hear mentioned today, is community health workers. Community health worker services became a benefit as of last July. The health plans are actively working to bring in providers as well as integrating them into our Community Supports.

They are integrated already into Enhanced Care Management, but they're also going to be integrated into population health management, and thinking about all of these resources, all of these new programs are going to be touching this population, and it is going to be critical that the health plans make it easy, spread the knowledge, continue to find ways for these types of providers to make a referral, and to understand how that's supposed to happen, and to understand the names of the programs, and who to point the member to. So I'm going to stop there. I really appreciate the time to speak and to share what's going on at our level, right? Because there's all these connecting points, and I'm really proud of the work that all of the health plans have done over the course of the last year.

We've seen some tremendous successes amongst all populations, and in fact, yesterday, we had a webinar that was just on year end success stories. And so yes, lots of challenges, lots of growth opportunities, but with any new program development we do have to celebrate successes and move towards learning and growing. So thank you again.

Jill Donnelly:

Thanks so much, Nancy. All right. We will now hear from Tiffany Miotla-Metz, Program Manager at American Family Housing. I'll hand it to you, Tiffany. [inaudible 00:47:47]. There you go.

Tiffany Miotla-Metz:

Hello. Yep. Hello, my name is Tiffany. I'm the CalAIM program manager at American Family Housing. You can go to the next slide, please. American Family Housing was founded in 1985 and has been serving the Los Angeles and Orange County for the last 30 years. AFH is driven to create affordable housing for all, with the connection of supportive services to help our clients maintain housing. In October of this year, American Family Housing opened up Casa Paloma in Midway City, California. Casa Paloma has 71 units, 48 of them are permanent supportive housing, also known as PSH units, and 21 of them are general affordable units. What's unique about Casa Paloma is that there is services onsite both for PSH tenants and general affordable tenants to utilize. These services include American Family Housing case managers, Telecare, and other community partners. This is just one of the many ways AFH is providing affordable housing and connecting clients with supportive services. If you can go to the next slide, please.

There are a few points I would like you to take away from this presentation. The first is the increase of children enrolled into the CalAIM program. It's not a huge increase, but there definitely is an increase. The second one is the process of matching clients with children to housing opportunities. Lastly is AFH's future goals for our families with children. Next slide, please. Currently, AFH provides three services to all our clients in the CalAIM program. The first service is housing navigation. Under this service, we are trying to connect our clients to housing opportunities. For our clients who have children or multiple family members, our focus is to make sure we get as much documentation to prove how many family members will be living in a unit to make sure that clients Section 8 voucher indicates the appropriate amount of bedrooms. We also try to keep families with children in preferred areas to make sure that they stay in the same school district or near other family members.

The next service we provide is housing deposits. All our clients have a \$5,000 bundle to help pay for application fees, security deposits, furniture, and household items. If a client has a child with disabilities, the bundle could pay for items that will help the child live more comfortably in the home, like a medical bed, air purifier, et cetera. The last service is housing tenancy. Under this service, we assist with helping the clients maintain housing. Our case managers are here to help clients overcome barriers. In some cases, we have had clients who have had children in the foster care system due to lack of housing. Once we've housed the client and helped them maintain housing, we've helped them, assist them getting reunification with back with their children. Next slide.

Last year, the healthcare agency was funding us under the Whole Person Care Program. Whole Person Care is very similar is a very similar program to the CalAIM program. Our focus there was also housing navigation and housing sustainability. Since the transition to CalAIM, AFH has seen an uptick of how many children are enrolled into our program. I believe this is due to the Whole Person Care focusing more on clients who are high utilizers for Recuperative Care, which leans more towards single individuals, whereas CalAIM has a more general focus, which leads to more opportunity for families with children. Currently, this number will not be increasing due to AFH opening up two new home key sites, also known as shelters. With these sites opening up in the last month, AFH is on track to enroll over 100 new CalAIM clients.

We are currently growing our CalAIM program to help assist with these new clients. Once we settle from wrapping up these two shelters, we'll be discussing taking on outside referrals again. Next slide, please. Currently, we are serving children from the ages of two to 18 years old. Currently, we have seven children currently housed, 16 children who are currently in housing navigation, and eight children who are in housing navigation with housing deposits open, so basically that means our housing navigation clients, were trying to connect them to some sort of housing opportunity, and they're just not ready for us to spend money on them yet. And then the clients who are in housing deposits, we are putting in applications and seeing where that goes. Next slide.

Prior to CalAIM, all our clients referred to American Family Housing were adults. With the transition to CalAIM, we have started getting referrals from CHOC, Children's Hospital of Orange County. We received these referrals through the CalOptima Connect System. We currently have six active CHOC referrals, five of which are in housing navigation, and one referral that we just housed yesterday, so they're now in housing tenancy. When we receive referrals from CHOC, they're under the children's name, under CalOptima Connect. Due to the child not being eligible for services in HMIS due to their age, we assign their guardian to be the head of household, which becomes the main account on HMIS. The guardian must be over the age of 18. For the child's documentation, we have the guardian sign on behalf of the child. Next slide.

Matching clients to housing opportunities. So clients who have children, we try to enroll them into the Family Coordinated Entry System, also known as FCES. FCES will then take these referrals and help match them to housing opportunities. This could be either rapid rehousing, permanent supportive housing or permanent housing. Unfortunately, not all our clients with children are eligible for FCES. FCES requires families to have at least one minor child live in Orange County, be in literal homelessness, which that can be so either living in a shelter, or on the streets, or be 14 days from losing their housing. If clients are not eligible for FCES, we try to help the client obtain income, whether that be receiving SSI or help finding them work. Afterwards, we try to help the client find low income housing that they can afford. Next slide.

So we actually just did that a month ago. We were referred a client with two children, who is not eligible for FCES due to living in a motel. The client had been struggling with homelessness since 2014. The client was also struggling with maintaining a full-time job and raising her two children as a single parent. The client was referred to us this year. We were able to connect her to a housing site, help her security

deposit, first month's rent, furniture that included bunk beds for her children and desks, so that her children can do their schoolwork. Next slide.

Future plans. So right now at Casa Paloma, we just finished creating our homework room for the children to do their homework. We're going to have what's called Tutoring Tuesdays. So we're going to have a tutor come in and help the children with their homework. We just added computers also there as well. Prior to the pandemic, we had a children's program where we took the children on field trips. One of the big trips was to Lego Land. Now that the pandemic is slowly slowing down, we are looking into reinstating our children's program to start that up again. Another thing we want to start next year is Day Habilitation. This is a new service that AFH will be providing through CalOptima. We're providing life skills courses to our clients and to their children. Next slide. And that's it for me. I just want to thank you everyone for having me here.

Jill Donnelly:

Thank you so much, Tiffany. All right, well, that concludes our presenters for today. We're now going to move on to some FAQs. So DHS has provided some non-binding pricing guidance. So for those of you who might be interested in learning more about what the range of pricing might be out there, or what DHCS has in its resource, that's available. If you are interested in becoming a Community Supports provider, we recommend reaching out to your local plans to determine what the provider application process looks like, and then we also, we get questions pretty frequently about who can refer a member into Community Supports. And the answer there is that patients can be referred in from many different sources. You don't have to be a contracted provider to refer someone in. You can reach out to the client's managed care plan to determine the preferred referral process.

And then questions about eligibility, these are outlined in the DHCS Community Supports Policy Guidance, and we can throw a link to that in as well. We'll now go into some Q&A, and there has been some great questions submitted through the Q&A feature, some of which have been answered already. So if you're interested, feel free to look at the responses there. We will, if some of them are public, we'll also go through some of the questions that haven't been answered there yet. Let's start with the question about the limitations for any Community Support services, and I'll toss this one to Shel. Shel, can the Community Support services you talked about today be combined with other Community Supports? So if, for example, medically tailored meals, and supportive food, and respite, can those be combined if the member is eligible for all of those?

Shel Wong:

Sorry. I was on mute. So sorry. Do you mind repeating? Well, you're asking if about... I know you mentioned eligibility. [inaudible 00:58:20].

Jill Donnelly:

Yeah, no, no problem. The question was, can Community Supports be combined? Can someone receive more than one Community Support at once if they're eligible for more than one?

Shel Wong:

Yes. So they actually can be enrolled or receive more than one Community Support at any time. So in any instance where a member is eligible for more than one Community Support and would benefit from receiving more than one Community Support, they can receive them simultaneously. So for instance, you could receive the housing tenancy in supportive services, medically tailored meals, asthma remediation, and any other combination of Community Supports as appropriate.

Jill Donnelly:

Great. Another question here, this one is about overlaps between Community Support services and some of the other programs we went over today like pediatric palliative care or CCS. Question is, "Do individuals have to qualify for these programs in order to Community Supports, and if a member is receiving services through Community Supports and another state children's health program, how does that work? How do they interact?"

Shel Wong:

Yeah, so that's a really great question. So members do not need to be approved for any other state children's health program in order to be eligible for Community Supports. So lots of children may be eligible for both a state children's health program like CCS and Community Supports, but children who are not enrolled in other state programs can also or may also qualify for Community Supports. And just for the second part, if services are similar and available through the other program, those are meant to be used first. So Community Supports can be used to fill in any gaps for those receiving services through the other programs, and just generally speaking, Community Supports are meant to supplement rather than supplant the other programs.

Jill Donnelly:

Okay, great. We have another one about how providing Community Supports to children works. Maybe Tyler can address this. So if a child is enrolled in Medi-Cal managed care, but their parent or guardian is not enrolled, can providers offer necessary services to the guardians as well? And the example is with housing navigation, can the Community Supports provider help the child's guardian obtain the next necessary ID or paperwork to get housing for the child and the guardian?

Tyler Brennan:

Okay. So yes, that can be allowed. Specifically for housing transition navigation and the tenancy and sustaining services, certain groups of individuals, and their families, and guardians may be eligible for the services. I will say that the criteria are a bit lengthy, so we would encourage you to review them in greater detail in the Community Supports Policy Guide. In cases like caregiver respite, that service in particular can, of course, be provided to relieve the caregiver of a child who is enrolled in Medi-Cal Managed Care.

Jill Donnelly:

Okay, great. We have a question about rates for Community Supports, and I know I very briefly just mentioned the non-binding pricing guidance. That pricing guidance includes a few different rate structures for the program like fee for service or per member per month, PMPM, cost-based reimbursements with a pricing cap. Can a managed care plan set any of these service rates above those listed in the pricing guidance?

Tyler Brennan:

Short answer is, yes, of course. So managed care plans may offer rates that are different from those outlined that are... I'm sorry, that are different from the rates that we've outlined in our non-binding guidance, which at this point, I believe we put out that guidance last August. So it also didn't factor in a lot of the inflation that's happened over the last year. So we are aware of that, but we do feel that it gives both plans and providers sort of a good foundation to start negotiations on, and generally speaking, the pricing guidance is designed to serve as a tool to support discussions regarding rates. So it's we're very clear that it's nonbinding.

Jill Donnelly:

Okay, great. It's in the name. All right, let's move on to a question about referrals, which I think might be helpful for those on the call who are working on other programs and trying to understand how Community Supports will fit into their work, and I'll throw this one to Shel. Shel, the question is, "Do you have to be a Community Supports provider to refer a client for Community Supports? So if I'm a provider, and I think I have someone who might be eligible, where do I start? Who do I reach out to?"

Shel Wong:

Yeah, so first of all, no, you do not have to be a contracted provider or a contracted Community Supports provider in order to refer somebody to Community Supports. The referral process is really based on that no wrong door approach that Nancy mentioned earlier, so that any community provider, even members or their families, parents, guardians can submit a referral. And so the best place to start, if you think you might have someone who's eligible, is to reach out to the member's health plan to learn more about the process for submitting referrals.

Jill Donnelly:

Okay, great. So the health plan is the first stop. Let's answer another question. This one is about how providers can contract if they're interested in providing these services. "So for organizations, they already have experience providing some type of services to kids, but they're not currently contracted with any of the MCP as a Community Supports provider. How do they join the Community Supports program?"

Shel Wong:

Yeah. So for organizations that are interested in becoming a Community Supports provider, we recommend you reach out to your county's Medi-Cal health plan to determine what is their provider application process. You can also review on the DHCS website, the Managed Care Plan County Elections Document. This one shows what plans operate in each county, and also includes which Community Supports they have elected to offer, and so that's a really great tool to begin looking at, if you're thinking about whether you might qualify as a provider for any of the Community Supports. Do you mind if we can drop a link to that in the chat, actually? And then also on the DHCS website, we do also have a Community Supports explainer that has some great questions for people who are thinking about becoming providers too.

Jill Donnelly:

Great, thank you. So that first stop is to determine whether the Community Support is even being offered in your community by which plan, and then you can reach out to that plan. Next one actually just came in through the chat, is about funding opportunities, and I'll throw this one to Tyler. Tyler, what funding opportunities exist to help new providers, CBOs, who are beginning to offer Community Support services?

Tyler Brennan:

Sure. That's definitely an important question. So we have several different funding opportunities that may or may not be relevant to the different folks that are on this call. The Providing Access and Transforming Health or PATH program, which you may have heard about, is an initiative which offers several streams of funding to providers. For providers who are contracted with Managed Care Plans or in the contracting process with health plans, there are existing PATH funds that they can apply for directly. For organizations who are not that far into the process and may need support getting to that point, we're excited to say that there will be a technical assistance marketplace launching in January. There's also the Incentive Payment

Program, or IPP, and this is run through the health plans. We would encourage you to reach out directly to Manage Care Plans in your area to learn more about that one. DHCS has also developed a cheat sheet that explains these funding opportunities in detail, which hopefully we can drop in the chat as well for people to be able to access.

Jill Donnelly:

Yeah, we definitely can. Yeah, and that's a great resource for trying to wrap your head around what funding options might be out there. Another one for you, Tyler. This is a question about the contracting process, and the question asks, "For providers interested in offering Community Supports that don't have state level enrollment pathways, what are the requirements from the Managed Care Plans that they'd have to meet? Oh, and you're on mute.

Tyler Brennan:

I apologize for that. I was saying I can certainly answer that, and I was just going into it. So at a high level, in situations where there is not state level enrollment pathway, which can be the case for many Community Supports providers, given that many Community Supports are novel services in Medi-Cal. The providers still have to be vetted by the Managed Care Plan though, so we've updated our ECM Community Supports FAQ document in August, and in it you can find more details about what criteria Managed Care Plans might consider using for enrollment pathways for new providers. In terms of getting to the point of contracting, most plans do have their own application processes, so we'd encourage you a closer communication with them. There's also more guidance on this topic in the ECM Community Supports FAQ, and if we could include that link in the chat as well for people to access, so that folks can take a look at it at their convenience.

Jill Donnelly:

For sure. Great, and I think we will probably wrap things up there. We've gotten a couple questions come through about whether these slides will be available, and the answer is absolutely. We will also have a recording available in the coming weeks, so you'll be notified when those are posted. I want to thank everyone who's presented today, all of our guests from the field. We are so appreciative of your time and your expertise, and all of you for joining us today and for joining this series over the past eight months. It's been really wonderful to get to talk about each of these Community Supports. Again, we'll send out a follow-up message to you all once the recording and slides have been posted, and then that will live on the DHCS ECM Community Supports webpage, where you can also find recordings and slides from all the past webinars and presenters.

So again, thank you, everyone. If you have questions, please reach out via the shared mailbox and keep an eye out for more webinars. There will be a lot more coming in 2023, but in the meantime, we wish you all a wonderful holiday season, and thank you again for joining us.