LA County Overview

CalAIM ECM/ILOS Workgroup
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Participant Story
Mr. Smith

<u>Under CalAIM Model</u>

- Robust jail-based engagement w/ warm hand-off post-release (community health worker - CHW)
  - Housing and Re-entry services
  - Primary care and behavioral health linkage
- CHW engagement
  - Reentry support
  - Provided **Transitions of Care** support when hospitalized the fourth time
    - On 5th admission worked with hospital to set up **Recuperative care -> Permanent Supportive Housing**
  - Linked to mental health
  - Refused referral to SUD treatment for Methamphetamines – stopped using Methamphetamines after entry into Recuperative Care
  - Linkage to primary care/anticoagulation clinic with accompaniment to visits
  - Helped him get an ID, phone, SSI, into an education program
  - Warm Hand-off to Primary Care Clinic – with embedded CHW

Current Services & Programs

Primary Care-Based
- Health Homes
- Behavioral Health Integration

Peri-Acute Care
- Transitions of Care
- Post-acute Care Coordination Program
- Hospital Support Program
- Hospital-based Violence Intervention
- Comprehensive Medication Management Initiative
- Mama's Visits

Behavioral Health
- SUD Engagement, Navigation & Support
- Sobering Center
- DMH Care Management Programs
  - Residential and Bridging Care
  - Intensive Service Recipients
  - Kin Through Peer

Housing
- Permanent Supportive Housing
  - Enhanced Residential Care
  - In Home Support Services Bridge
- Interim Housing, including Recuperative Care
- Housing Navigation & Tenancy Support Services

Justice
- Pre-release Reentry
- Post-release & Community Reentry
- Mental Health Diversion
- Juvenile Aftercare

Other Support
- Medical Legal Partnership
- Overdose Prevention and Naloxone Distribution
- Benefits Advocacy
- Outreach & Engagement
- Pediatric Trauma Informed Practices

County Infrastructure

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Countywide Data Integration/ Analytics

- **Data Sharing**
  - Authorization & consent management
  - Information to support care teams

- **Deep Analytics**
  - Analyses to support care teams
  - County Data Sources for Risk Stratification

Enabling IT & Support

- **Care Management Platform**
  - Social Services care management platform linked to health care IT systems
  - Support PI/reporting

- **Community Resource Platform**
  - Referral tracking
  - Community Partnerships -> Governance & Stewardship

Capacity Building & Collaboration

- **Capacity Building**
  - Organizational
  - Workforce Training
  - Pipeline & Career Development

- **Collaboration**
  - Partnerships & focused community engagement
  - Health system integration

Other Infrastructure Support

Housing/Justice
- Funding for Facilities, Subsidies, & Programs
- Service infrastructure
- Correctional Health

Other
- BH Plans/Network, Public Health & Social Services (e.g. DPSS, WDACS, LAHSA)

Preparing for Transition to Post-2020 CalAIM

- Partnership – working towards shared decision-making & efficient allocation of countywide (Medi-Cal and non-Medi-Cal) resources for the benefit of County Medi-Cal beneficiaries
  - Key Stakeholders: DHCS, Managed Care Plans, Behavioral Partners – County & Non-County, Social Service Partners (including housing & justice) – County & Non-County
- Sustainability Planning -> Transitional Planning – mapping current state to future State & creating a detailed transitional implementation plan
  - Assess funding gap areas – seeking opportunities
- Strategic WPC investment (e.g. infrastructure, programs) – aligned with future state
- Dissemination/Implementation/Improvement approaches to continuously improve effectiveness of programs & prepare replications packages for dissemination
- Ongoing evaluation efforts to identifying high value programs for continuation/ expansion – leveraging the ILOS to mandated benefits opportunity

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Challenges in Transition to CalAIM

- Big, complex change with a lot of near-term uncertainty
  - Uncertainty around CMS/DHCS approval, financing & rate for CalAIM proposals
  - Volume & complexity of work – "Devil is in the detail"
  - Shift in locus of control to MCPs
    - County vs MCP networks – variable contract rates & competition, & poor understanding of available assets/resources between stakeholders
  - Lack of alignment in priorities & resources between stakeholders – e.g. emphasis on justice-involved populations, IT infrastructure investments, between Health Plan (in multi-plan counties)
  - Administrative/reporting burden for MCPs -> burden on providers
- Rapid implementation timeline
  - Long lead times for infrastructure building (e.g. IT) – especially without more detail on the specifics
- Variability in stakeholder investment, capability, capacity & resources
  - Dependence on MCPs & variable MCP experience/expertise, bandwidth, resources, & readiness
  - Variation in resources/infrastructure across counties/geography
  - Variable level of partnership & transparency between MCPs & Counties

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CalAIM Opportunity

- CalAIM is a part of a roadmap to value-based health delivery

- Opportunity to address social determinants of health through Medicaid funding

- Opportunity for partnership & development of a shared vision and decision-making process towards building a more integrated, high-performing health delivery system

- Opportunity to optimally leverage all available resources to benefit all County residents – preventing a backslide in this transition and increasing investment in the Health Delivery "Commons"

Questions & Discussion

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