Welcome to

LIFE RAFT FOR KIDS: CREATING SUSTAINABLE PROGRAMS AT THE LOCAL LEVEL

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

Icebreaker Question (answer in the chat)

What positive habit or routine do you practice regularly?

Survey & Certificate of Completion

Available following the training.

CALTRIN
California Training Institute

Hi. We're CalTrin!

Who we are

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

What we offer

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC /CalTrin and do not necessarily reflect the views of the California Department of Social Services.

UPCOMING TRAININGS

mark your calendars!

Visit caltrin.org to view the full training calendar and self-paced online training options

- **3/08 I** What Works in Clinical Supervision?
- **3/14 I** Protective Factor: Knowledge of Parenting & Child Development
- **3/19 I** Building Through Togetherness, not Tasks & To-Do's
- **3/20 I** Effective Feedback
- **3/20 I** Engaging Indigenous Families & Communities
- **3/20 I** When Trauma Reactions and Neurodevelopmental Disorders Overlap

Before We Begin...

DURING

Access the presentation slides and resource sheet now! The links are in the chat.

Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.

This presentation is being recorded.

AFTER

Complete the survey at the end of this training to receive your Certificate of Attendance.

A follow-up email will be sent to all participants within two days.

Life Rafts for Kids: CalAIM 101 PART II

Christine Stoner-Mertz, CEO
Adrienne Shilton, VP of Public Policy and Strategy

www.cacfs.org
www.catalyst-center.org

About us

About The CA Alliance

Passionate representatives for California's children and families facing vulnerable circumstances. More than 160 chief executives of organizations that serve California's most vulnerable populations are members of the California Alliance. We provide legislative and regulatory advocacy to the Governor and the Legislature, as well as a host of state departments all with the goal of helping children, youth, and families thrive in CA.

About the Catalyst Center

The training and technical assistance arm of the Alliance, the Catalyst Center is committed to ensuring that policies are effectively implemented through best practices, and supporting the field as well as those that are served through our public systems and its network of service providers

Agenda

- Review what CalAIM is
- What are the new benefits available?
- How do CBOs and counties engage with CalAIM and MCPs?
- Examples of Integrated Funding Opportunities

What is CalAIM?

- The ultimate stated goal is to "…improve the entire continuum of care across MediCal, ensuring the system more appropriately manages patients over time through a comprehensive array of health and social services spanning all levels of intensity of care, from birth to end of life."
- The underlying premise is to improve delivery and coordination of Medi-Cal services.
- There are a suite of proposals that are being phased-in over a five-year period (began January, 2022).
- Link to CalAIM Behavioral Health resources at DHCS: BH CalAIM Webpage

What is CalAIM?

Big Goals of the Initiative:

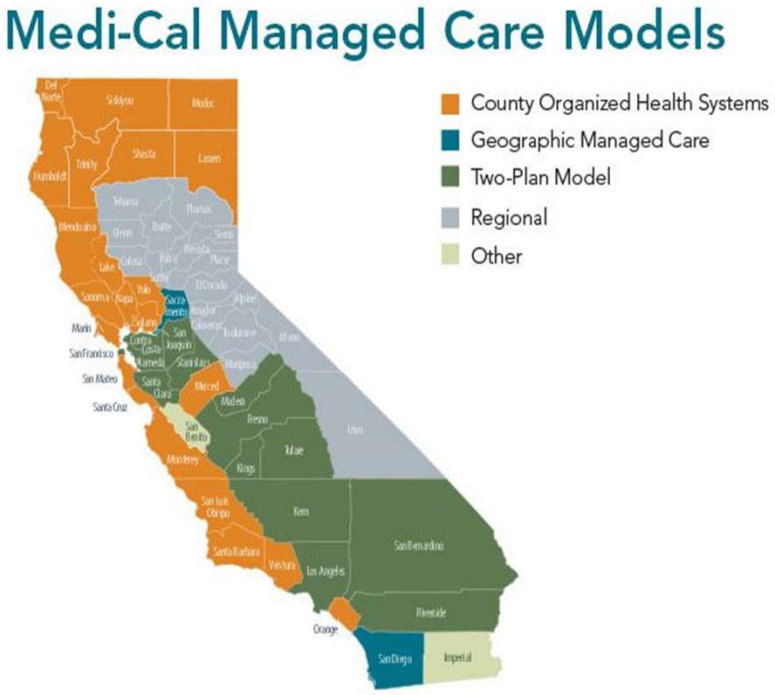
- ✓ Improve and Integrate Care (Health, Mental Health, Substance Use, Specialty Behavioral Health Care)
- ✓ Be a catalyst for equity and justice
- ✓ Build a healthier state

Changing Landscape

Three types of entities administer behavioral health services for children and youth eligible for MediCal

- **County Mental Health Plans (MHPs)** – provide Specialty Mental Health Services (SMHS) (e.g., Intensive Home Based Services, Therapeutic Behavioral Services, Therapy, Rehabilitation)
- **Managed Care Plans (MCPs)** – Kaiser, Molina, HealthNet, Partnership Health, Blue Shield, CHG (link to changes in MCPs)
- **Local Health Plans (LHPs)** – LA Care, Alameda Alliance, Inland Empire Health Plan (link to Local Health Plans of California)

MEDI-CAL MANAGED CARE MODELS BY COUNTY



Source: California Department of Health Care Services.

County Organized Health Systems (Single Payor): 6 plans, 22 counties

Two-Plan: 9 Local Initiatives and 3 commercial plans, 14 counties

Geographic Managed Care: 8 commercial plans, 2 counties

Regional: 2 commercial plans, 18 counties

Imperial: 2 commercial plans, 1 county

San Benito: 1 commercial plan, 1 county

Know the Managed Care Plans (MCPs) in your County:
https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx

This slide courtesy of California Children's Trust

California's MediCal Managed Care Plans

- As of January 2024, there are **22 MediCal Managed Care Plans** that are serving Californians
- **Kaiser in 32 counties**
- Both private companies (e.g., Molina) and local health plans (Alameda Alliance)
- All required to provide **Enhanced Care Management** and **Community Health Workers**, some **Community Supports**

Kaiser Health News CalAIM Explainer
Link to DHCS Website with MediCal Managed Care plans by county

Other Children/Youth Initiatives that Interact with CalAIM

- Children and Youth Behavioral Health Initiative (CYBHI)=($4.8B)
- Family First Prevention Services (FFPS)
- Community Schools ($4.4B)
- BH-CONNECT (Medicaid 1115 Demonstration Waiver)
- Proposition 1 (MHSA Reform + Housing Bond)
- AB 2083 (System of Care Integration)
- Extended Learning (One time in-flux of $4.4B)

What Parts of CalAIM Impact Children and Youth Services?

- **Enhanced Care Management (ECM)**
- **Community Supports (CS)**
- **Community Health Workers (CHW)**
- **Simplifying access to Specialty Mental Health**
- **Streamlining documentation requirements**
- **Payment structure changes**
- **Justice involved initiatives**
- **Foster Youth**

Children and Youth Populations of Focus

- Children (up to Age 21) Experiencing **Homelessness**
- **High Utilizers**
- Experiencing **Serious Emotional Disturbance** or identified to be at Clinical High Risk for Psychosis or Experiencing a **First Episode of Psychosis**
- Enrolled in **California Children's Services** (CCS)/CCS Whole Child Model with additional needs beyond the CCS eligible condition
- Involved in, or with a history of involvement in, **Child Welfare Services/Programs** (Including Foster Care up to Age 26)
- Transitioning from **incarceration**
- **Pregnant and Postpartum individuals**; birth equity focus

Enhanced Care Management

- Comprehensive care management from a single lead care manager who coordinates all their health and health-related care:
  - Physical health
  - Behavioral health
  - Dental care
  - Social services
  - Clinical and non-clinical needs
  - Meet beneficiaries where they are – at home, in school, on the street

- LINK to ECM Fact Sheet

Community Supports

- Housing transition navigation services
- Housing deposits
- Housing tenancy and sustaining services
- Short-term post-hospitalization housing
- Recuperative care (medical respite)
- Respite services
- Day habilitation programs
- Nursing facility transition/diversion to assisted living facilities
- Community transition services/nursing facility transition to a home
- Personal care and homemaker services
- Environmental accessibility adaptations
- Medically tailored meals/medically supportive food
- Sobering centers
- Asthma remediation

Community Health Workers

- CHWs should provide services to include but are not limited to:
  - assisting Members with health care system navigation
  - communicating cultural and language preferences to providers
  - accessing health care services, educating health needs
  - connecting individuals and families with community-based resources

- CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals

- CHW services are Medically Necessary for Members with **one or more chronic health conditions** (including **Behavioral Health**) or **exposure to violence and trauma**, who are at risk for a chronic health condition or environmental health exposure, who **face barriers in meeting their health or health-related social needs**, and/or who would **benefit from preventive services.**

Community Health Workers

- CHW Providers **must** have **lived experience** that **aligns** with and provides a connection between CHW and the Member population being served in
- This may include, but is not limited to, experience related to **incarceration**, **military service**, **pregnancy and birth**, **disability**, **foster system placement**, **homelessness**, **mental health conditions or substance use**, or being a **survivor of domestic or intimate partner violence** or abuse and **exploitation**. Lived experience may also include **shared race**, **ethnicity, sexual orientation, gender identity, language, or cultural background** with one or more **linguistic, cultural, or other groups** in the community for which the CHW is providing services.
- Currently no standardized trainings for CHWs

Link to DHCS website on CHWs

Justice Focused Initiative

The Justice-Involved Initiative allows eligible Californians who are incarcerated to enroll in Medi-Cal and receive a targeted set of services in the 90 days before their release

- Opportunity for organizations already working with justice-involved youth
- Ability to provide services prior to release and ECM and other service post-release

- LINK to Fact Sheet

Foster Care Population of Focus (POF)

- Foster youth are a **specific POF**
- Organizations that have been working with this population are well suited to provide ECM, CS and CHWs
- Managed Care plans have not provided these types of services and need your help identifying families that are eligible
- These services can **supplement** (not supplant) **other services** that foster youth are already eligible to receive
  - Specialty mental health services (Intensive Care Coordination, Intensive Home-Based Services, etc.)
  - Prevention Services under Family First Prevention Services (FFPS)

Community Health Workers are a new provider type that can add support to children and families

Enhanced Care Management (ECM)

Community Supports

Community Health Workers (CHW) Services

Fee for service

Managed Care

IMPORTANT: Half of foster care children are not enrolled in managed care and not eligible for ECM. Also, CHW services can help the parent of a Medi-Cal child/youth even if the parent is not on Medi-Cal.

Community-based organizations are critical to CalAIM's success

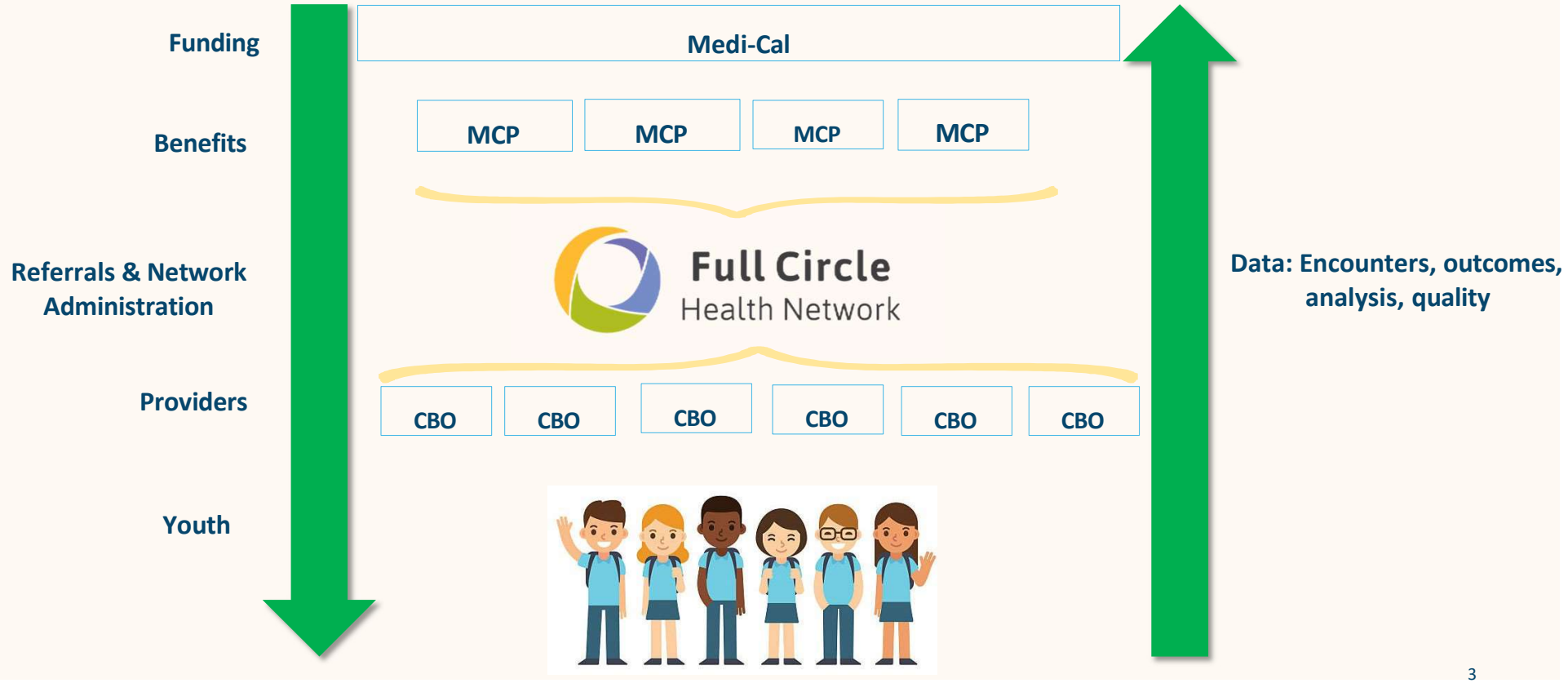
"As trusted community providers, **CBOs are critical partners in achieving health equity** by **elevating the voices of marginalized communities** and vulnerable community members, and **providing culturally relevant**, equitable, and strategic solutions to community challenges."

Sources: Center for Health Care Strategies. "The Role of Community-based Organization Networks in CalAIM: Seven Key Considerations." August 2022. California HealthCare Foundation. Issue Brief. Emily Santich, "Strengthening Relationships Between Health and Community Organizations to Support Health Equity," Colorado Health Institute, August 12, 2021.

Engaging with Managed Care Plans

- Know what plans are in your county
- Identify the person at the plan who works with providers interested in providing ECM, CS, CHW services
- Understand how rates are structured
- Engage with a “hub” like Full Circle Health Network

Full Circle connects a high performing network of CBOs to Managed Care Plans



Family First Prevention Services (Act)

- Focus on keeping families together and youth out of group care
- CA Prevention Plan includes options for counties to use the following 10 evidence-based practices (EBPs)for prevention services (for reimbursement):

○ Motivational Interviewing (MI)	○ Multisystemic Therapy (MST)
○ Nurse Family Partnership (NFP)	○ Brief Strategic Family Therapy (BSFT)
○ Health Families America (HFA)	○ Family Check Up
○ Parents as Teachers (PAT)	○ Functional Family Therapy (FFT)
○ Parent Child Interactive Therapy (PCIT)	○ Homebuilders

CalAIM & the Prevention Continuum

	Primary Prevention	Secondary Prevention	Tertiary Prevention
Definition	Focus on strengthening communities and improving child wellbeing for entire population; address social determinants of health.	Target at families with risk factors, such as poverty, SUD, MH issues, you parents, violence exposures. Goal is to strengthen protective factors.	For families where child maltreatment has occurred; aim is to mitigate trauma caused by maltreatment and reduce negative consequences
Examples	**Universal screening** and integrated services through **Healthy Steps/Dyadic Benefits** within primary care. Public health **home visiting programs** for early identification and referral. F**amily Resource Centers** co-located at **Community Schools** with **onsite supports and services via CHWs and Wellness Coaches.**	**Enhanced Care Management** (a form of home visiting) to connect a family to **Community Supports**, such as transitional housing, security deposits, asthma remediation, for food supports. **Community Health Worker (CHW)** services to support individuals with navigating health and social issues, and mitigating impacts of interpersonal or community violence.	**Combine ECM or CHW services with intensive care coordination** (ICC) or **Wraparound** to implement aspects of the case plan. ECM or CHW services should support strengths and needs in deference to Child and Family Team to support family preservation, maintenance and/or reunification.

The “invisibility” of small CBOs in MCP CalAIM networks so far

- People prefer care providers who are similar to them and culturally sensitive interventions work
- Network inclusivity is important along with network adequacy
- Yet, research shows most CalAIM-contracted providers today are large organizations (>$11M revenue).
- Community Hubs or Network Lead Entities create efficiency for CBOs & MCPs and streamline contracting.
- Hubs distribute the start-up costs, support understanding of local, community needs and shoulder admin burden for CBOs so they can focus on serving people.

"CBO-Health Plan Contracting Under CalAIM And The Competitive Social Care Market", Health Affairs Forefront, August 18, 2023. "Improving Health And Well-Being Through Community Care Hubs", Health Affairs Forefront, November 29, 2022.

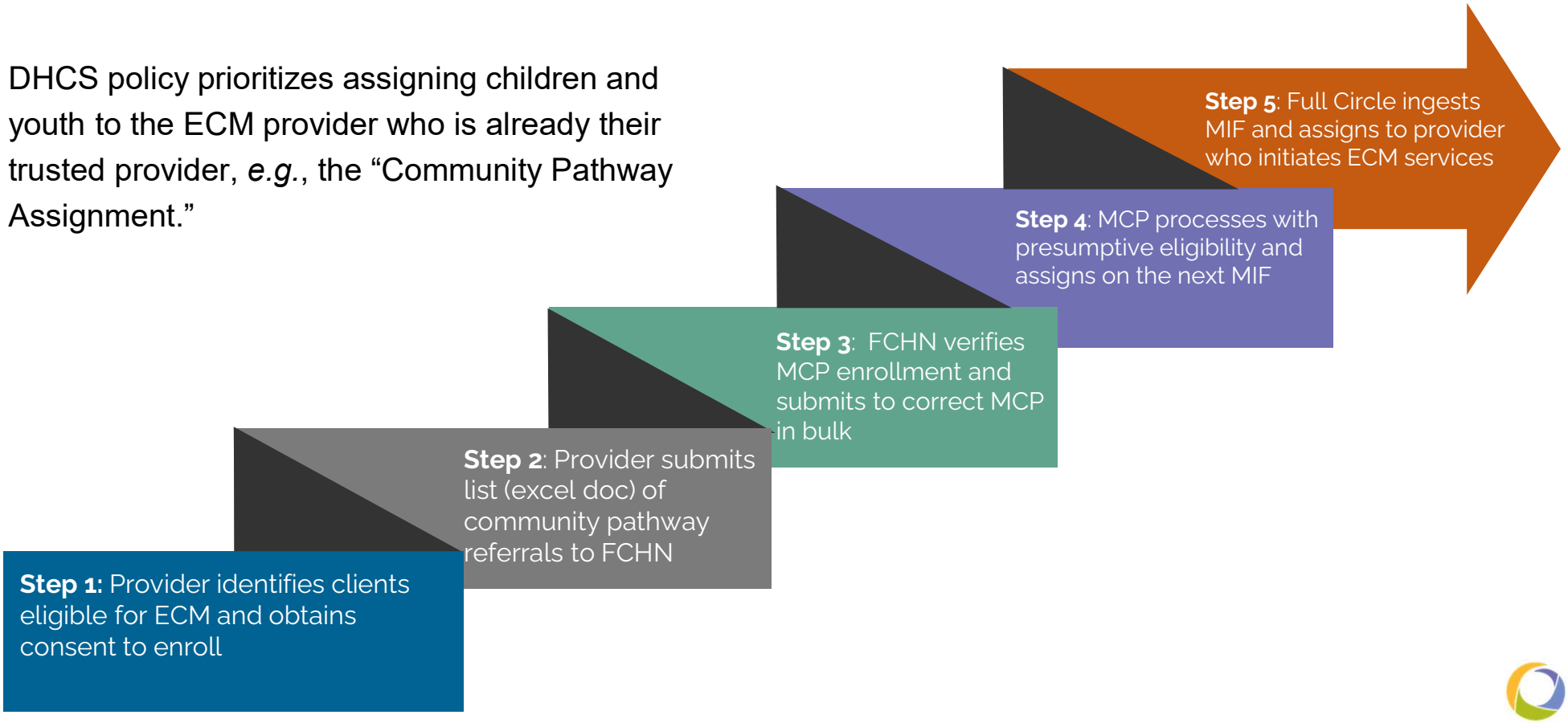
County child welfare agencies are building Community Pathways for prevention services

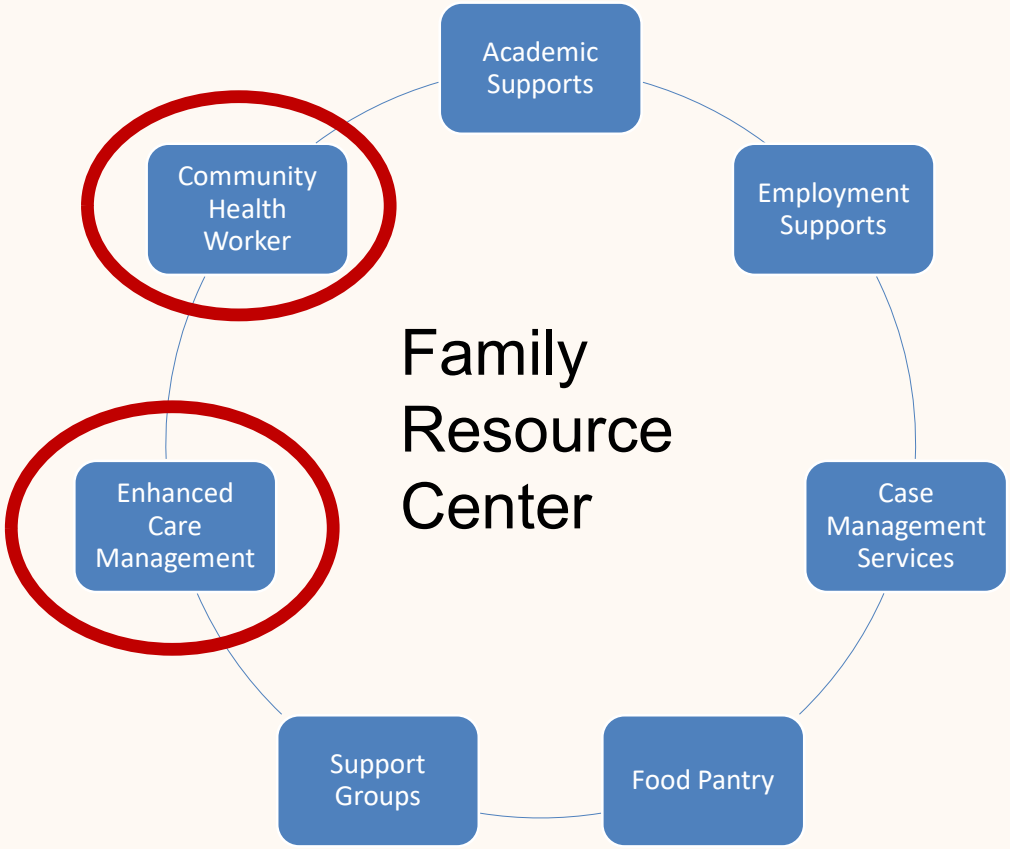
Community Pathway: An avenue that families can *voluntarily* use to ace ss prevention services without stigma outside the traditional child welfare service system

DHCS & CDSS. 2018. The California Integrated Core Practice Model for Children, Youth, And Families.

How Full Circle helps community agencies be the ECM provider for their clients

DHCS policy prioritizes assigning children and youth to the ECM provider who is already their trusted provider, *e.g.*, the "Community Pathway Assignment."




Academic Supports
Employment Supports
Case Management Services
Food Pantry
Support Groups
Enhanced Care Management
Community Health Worker
Family Resource Center

Early Childhood Programs

- Develop relationship with Managed Care Plan or a network hub of providers
- Provide ECM, CS and/or CHW services to families you serve, either on your own or in partnership
- Partner with a CBO providing behavioral health services to provide dyadic behavioral health services under MediCal (or hire staff directly)
- Ensure that families are aware of the services that are available to them

Integrating Funding

Transition Aged Youth moving out of foster care into supportive housing

- Eligible for ECM and Community Supports (if in managed care)
- Eligible for Transitional Housing Program (THP)
- Eligible for Specialty Mental Health Services
- Access to School-Based Behavioral Health through new Fee Schedule partnerships

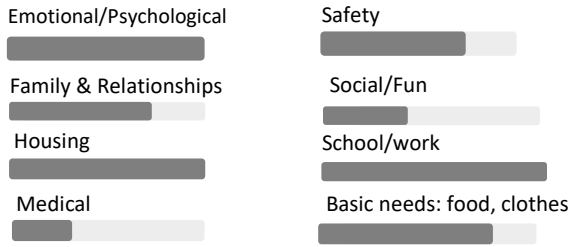
Maintaining the family

Case Study on CalAIM & Prevention

Sonja, age 6

SCENARIO: Sonja recently was placed by social workers with her father, Carlos, age 32, after being removed from her mother's care. Carlos had not seen her in several years. He was living in his mother's subsidized apartment against rules. He and Sonja could not stay there long-term. Sonja goes to half-day school due to emotional dysregulation and stays with grandma for other part of day; grandma has unmanaged diabetes. Dad and grandma are both enrolled in Medi-Cal managed care plans and need support to keep Sonja and help her thrive.

Core Needs

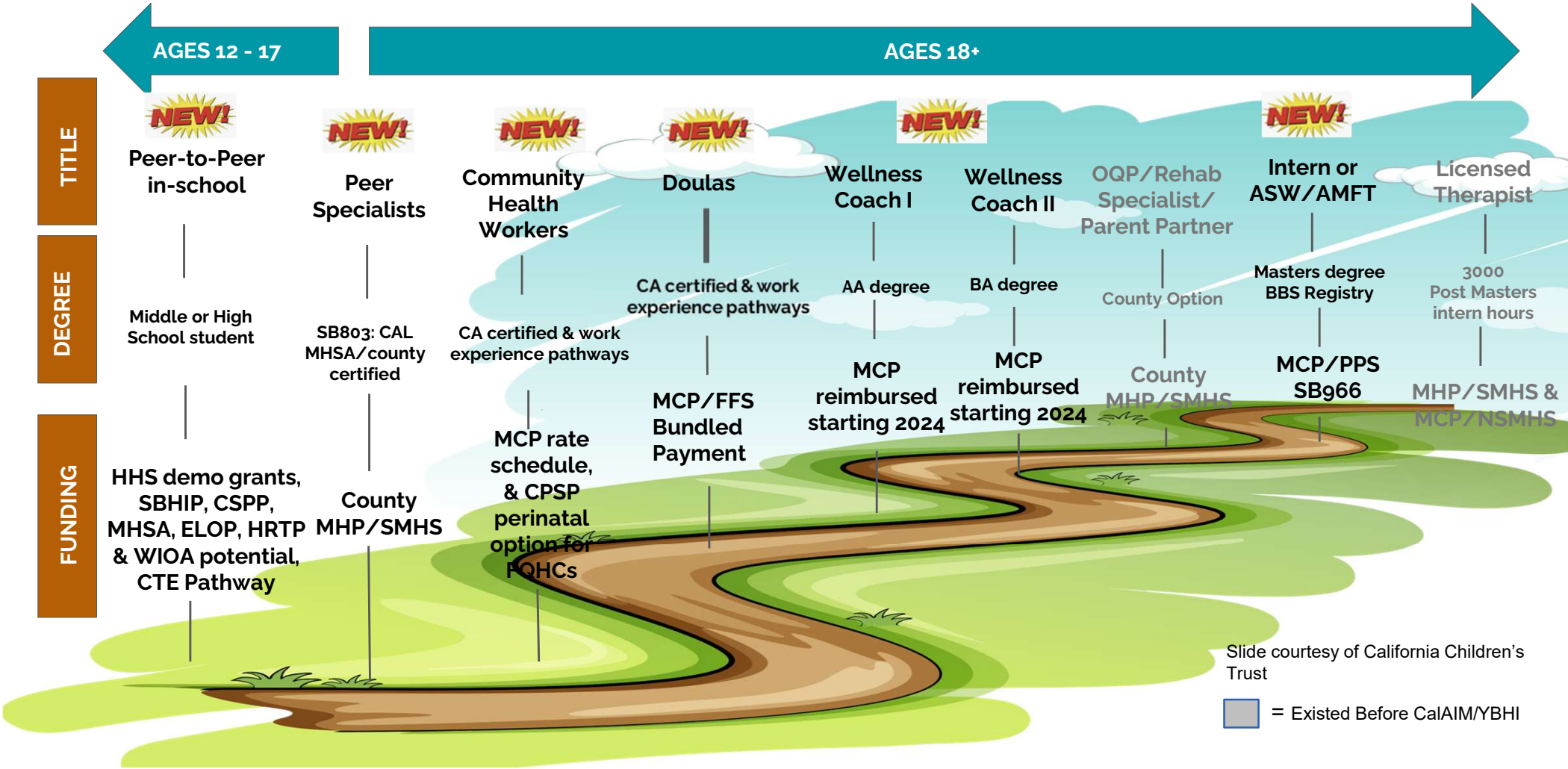


CalAIM Services

- ECM For Sonja and Dad
- CHW for Grandma
- Community Supports for the family: Housing Transition Navigation Services, Housing Deposits, Short-Term Post-Hospitalization Housing

NEW Medi-Cal Reimbursable Career Pathways to Support ACEs Networks of Care

Leveraging and Integrating The Wisdom and Experience of Culturally Concordant Providers



Slide courtesy of California Children's Trust

= Existed Before CalAIM/YBHI

Q and A

THANKS!

FOR WATCHING THIS PRESENTATION

Do you have any questions?

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Thanks for joining us!

WHAT'S NEXT?

- Survey and certificate in the chat now
- Follow-up email with resources within two days
- Watch your inbox for the next issue of *CalTrin Connect*

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