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**Ventura County Medi-Cal Managed Care Commission (VCMMCC)**
**dba Gold Coast Health Plan (GCHP)**

**CalAIM Advisory Committee Meeting**

**Regular Meeting**
**February 21, 2024, 7:30AM – 9:00AM**
**Community Room at Gold Coast Health Plan**
**711 E. Daily Drive, Suite 106, Camarillo, CA 93010**
**Conference Call Number:1-805-324-7279**
**Conference ID Number: 392 439 700 #**
**Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234**

143 Figueroa Street
Ventura, CA 93001

113 N. Mill St
Santa Paula, CA 93060

# AGENDA

## CALL TO ORDER

## INTERPRETER ANNOUNCEMENT

## ROLL CALL

## PUBLIC COMMENT

The public has the opportunity to address the CalAIM Advisory Committee. Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CalAIM Committee are limited to three (3) minutes. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

**OPENING REMARKS – Marlen Torres, Executive Director of Strategy & External Affairs**
**Erik Cho, Chief Program & Policy Officer**

## CONSENT

**1. Approval of CalAIM Advisory Committee regular meeting minutes of November 15, 2023.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

## PRESENTATIONS:

**2. National Committee for Quality Assurance (NCQA) Accreditation**

Staff: Kim Timmerman, Sr. Director of Quality Improvement

RECOMMENDATION: Receive and file the presentation.

## UPDATES

**3. Community Supports (CS) Update**

Staff: Pauline Preciado, Executive Director of Population Health
Nicole Bennett, Community Supports Manager

RECOMMENDATION: Receive and file the update.

**4. Population Health Management Update**

Staff: Pauline Preciado, Executive Director of Population Health
Erin Slack, Sr. Manager, Population Health

RECOMMENDATION: Receive and file the update.

**5. Enhanced Care Management (ECM) for Justice Involved Members**

Staff: Pauline Preciado, Executive Director of Population Health
David Tovar, Incentive Strategy Manager

RECOMMENDATION: Receive and file the update.

## COMMITTEE ROUNDTABLE

## ADJOURNMENT

Date of the next meeting will be May 15, 2024, regular CalAIM Advisory Committee meeting. the location will be at the GCHP 711 E. Daily Drive building in the Community Room.

**Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on http://goldcoasthealthplan.org. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.**

**In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.**

# AGENDA ITEM NO. 1

TO: CalAIM Advisory Committee

FROM: Maddie Gutierrez, MMC - Clerk to the Commission

DATE: February 21, 2024

SUBJECT: Approval of the Community Advisory Committee Regular Meeting Minutes of November 15, 2023.

## RECOMMENDATION:

Approve the minutes as presented.

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)**
**dba Gold Coast Health Plan**
**CalAIM Advisory Committee Meeting**
**Regular Meeting**

**November 15, 2023**

**INTERPRETER ANNOUNCEMENT** The interpreter, made her announcement.

## CALL TO ORDER

The clerk called the meeting to order at 7:40 a.m.

## ROLL CALL

Present: Committee members: Vanessa Frank, Carolina Gallardo, Dr. Linda McKenzie, and Emilio Ramirez

Absent: Committee member Maria Jimenez.

GCHP Staff in attendance: CEO Nick Liguori, CIO Alan Torres, M.D., CPPO Erik Cho, Executive Director of Strategy & External Affairs, Marlen Torres, CIO Eve Gelb, HR Chief Paul Aguilar, Rachel Lambert, Adriana Sandoval, Susana Enriquez-Euyoque, Margaret Leroy, Lucy Marrero, and Scott Campbell, General Counsel.

## PUBLIC COMMENT

None.

## WELCOME & OPENING REMARKS

CPPO Erik Cho thanked all who present. He noted that there were three (3) members attending in person. He reminded that committee members that staff wants to hear their input and get their perspective on the topics being presented.

CPPO Cho stated that the goal is to connect people with the care they need. We want to make sure that services are available for our members.

## CONSENT

**1. Approval of CalAIM Advisory Committee regular meeting minutes of September 20, 2023, special meeting minutes of October 18, 2023**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

Committee member Vanessa Frank motioned to approve Consent item 1. Committee member Emilio Ramirez seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, dr. Linda McKenzie, and Emilio Ramirez

NOES: None.

ABSENT: Committee member Maria Jimenez.

The Clerk declared the motion carried.

**2. Approval of the 2024 CalAIM Committee Meeting Calendar**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the 2024 CalAIM meeting calendar as presented.

Committee member Carolina Gallardo motioned to approve Consent item 2. Committee member Vanessa Frank seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, dr. Linda McKenzie, and Emilio Ramirez

NOES: None.

ABSENT: Committee member Maria Jimenez.

The Clerk declared the motion carried.

### 3. AB361 Information

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and file the AB361 information as presented.

General Counsel, Scott Campbell stated that the statute, AB361 will be expiring in December. This means that all meetings in 2024 will go back to in-person attendance. If you cannot attend in person, you must notify the clerk and give the address from where you will be calling in. The address must be posted on the agenda, and if there are members of the public that want to attend, they can attend from the address listed on the agenda. The agenda must also be posted at the location – 72 hours prior to a regular meeting and 24 hours prior to a special meeting.

There is no vote for Agenda item 3 – it was informational only.

## UPDATES

### 4. Student Behavioral Health Incentive Program (SBHIP) Update

Staff: Lucy Marrero, Director of Behavioral Health & Social Programs

RECOMMENDATION: Receive and file the presentation

Ms. Marrero stated the SBHIP update will show where we are today, what has been accomplished, and next steps, as well as to seek feedback from the Committee.

Ms. Marrero stated that there are four (4) targeted interventions that we committed to the State. She noted that this is a two-year program. The interventions are:

1) Behavioral Health Wellness programs – includes the expansion of existing wellness centers and opening new ones, as well as integrated cultural responsiveness.
2) Building stronger partnerships to increase access to Medi-Cal services.
3) Culturally appropriate and targeted populations – includes outreach to families, provide referrals and provide education.
4) Expand behavioral Health Workforce – mentor, train, and recruit peers for participation in Mental Health Career pathways, and partner with agencies for internships.

Ms. Marrero stated that we want to ensure that students are served. The partnership with schools has been positive. Children are in school more than in medical offices and the children can get the help they need.

Ms. Marrero shared a video with the committee. The video showed a panel of Wellness peers who talked with the group, sharing situations, discussing meeting with other students, and becoming involved.

Ms. Marrero then shared information on the Community Information Exchange (CIE). The CIE is an ecosystem comprised of multidisciplinary network partners that use a shared language, a resource database, and an integrated technology platform to deliver enhanced community care planning. By focusing on core components, CIE enables communities to shift away from a reactive approach to providing care toward initiative-taking, holistic, person-centered care.

Ms. Marrero noted that the CIE is the first in the state to include minors and school districts. She also noted that Hueneme Elementary School Cistrict is constructing two new wellness centers at two of their junior high schools. Both locations have private spaces for counseling and therapy. Rio School district is also constructing a new Wellness center and Santa Paula Unified School District had a grand opening at one of their elementary school sites for a Wellness center.

Ms. Marrero reviewed the progress for the first reporting period. She then reviewed next steps.

Committee member, Dr. Linda McKenzie stated she would like to meet with Ms. Marrero to discuss a variety of ideas. She stated there is a new department “MHSOAC” which has put a lot of money into behavioral health programs. She asked if GCHP had applied for funds. She noted there is a great need for these services. She will connect with Lucy to discuss her ideas. Dr. McKenzie also asked if there was a survey of students to hear their voice on how to get the Wellness programs to support them. Ms. Marrero stated she give credit to the school districts and the Ventura County Office of Education for their creativeness in creating the centers. She noted that good work is being done, and the students do have a voice. Students are leading the efforts for the Wellness programming.

CPPO Cho stated that Covid had an impact on students. It is important to provide mental health services. He noted this two-year program for GCHP does not go away after the two years; we want to make a lasting impact. Ms. Marrero stated we want to expand to include school counselors and we are exploring how to extend the program for other health service items. CPPO Cho stated we want to provide as many services as possible.

## 5. Birth Equity Population of Focus Update

Staff: Rachel Lambert, Sr. Director of Care Management

RECOMMENDATION: Receive and file the presentation

Rachel Lambert, Sr. Director of Care Management, reviewed the current DHCS definition for Birth Equity. The launch for birth equity population of focus will begin in January 2024. She noted that there will be additional populations added – such as Indigenous pregnant or postpartum women that speak Mixteco. In our community it is an area of need.

Ms. Lambert reviewed current engagement data for Ventura County. She stated there are approximately 3,400 Medi-Cal births, only 2,200 births were paid for by GCHP. We want to ensure that there is pre-natal care available for our members.

Ms. Lambert also reviewed GCHP Quality Measures. She reviewed the eighteen measures which are held to DHCS minimum performance level. There are five domains: Children's Health has eight measures under its domain, Cancer Prevention has two measures, Behavioral Health has two measures, Chronic Disease Management has three measures, and Reproductive Health also has three measures. We are setting ambitious goals for ourselves. We have identified five measures which we want to achieve the 90$^{th}$ percentile national benchmark: Breast Cancer Screening, Hemoglobin A1c, Cervical Cancer Screening, Timeliness of Prenatal Care, and Postpartum Care.

The outreach strategies include different point of care incentives, and mailings. We also have an active campaign through live phone outreach, texting, and in-person outreach to engage our members. Ms. Lambert also reviewed the Enhanced Care Management person centered approach. It is an intensive program. For women who are pregnant or post-partum, we are looking at community supports that are available. There are many different programs that are funded by the State and are available within our community.

Ms. Lambert reviewed Enhanced Care Management for the birthing population. We want to make sure these programs will be used as an ECM provider. In addition to ECM, our members also have a comprehensive care management program.

Care Management is a collaborative process with the member to address the member's needs and there is support provided. Ms. Lambert also reviewed the referral process, as well as the care management specialties to ensure there is member support available.

Committee member, Dr. Lind McKenzie noted that staff also needs to be available for self-care while working on various projects. She noted that work can weigh on staff. CPPO Cho stated staff is trying to do a lot for many members.

Committee member, Vanessa Frank asked if family planning is part of this program. Ms. Lambert stated that it depended on the member's need. Ms. Frank stated there are families that have slipped through the cracks, she asked what could have been done differently. Chief Innovation Officer, Eve Gelb stated we look at accountability for members served. We need to ensure members are connected with care. We are trying to build a system with more data, build a community partnership, and try to find people in need/at risk sooner. Ms. Gelb noted that GCHP is motivated and has passion. We are working to build a model to prevent /avoid falling through the cracks. We need to engage with our members.

Committee member Emilio Ramirez motioned to approve agenda items 4 and 5. Committee member Carolina Gallardo seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, dr. Linda McKenzie, and Emilio Ramirez

NOES: None.

ABSENT: Committee member Maria Jimenez.

The Clerk declared the motion carried.

## COMMITTEE ROUNDTABLE

None.

## ADJOURNMENT

With no further business to discuss, the Clerk adjourned the meeting at 9:07 a.m.

Approved:

_____

Maddie Gutierrez, MMC
Clerk to the Commission

**AGENDA ITEM NO. 2**

TO: CalAIM Advisory Committee

FROM: Kim Timmerman - Senior Director, Quality Improvement

DATE: February 21, 2024

SUBJECT: National Committee for Quality Assurance (NCQA) Accreditation

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*NCQA Accreditation PowerPoint*

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# NCQA Accreditation

February 21, 2024

Kim Timmerman - Sr. Director, Quality Improvement

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Return to Agenda

# Agenda

1. **Background & Objectives**
2. **NCQA Alignment with CalAIM**
   - How does NCQA fall under CalAIM?
3. **NCQA Accreditation Overview – the Power of Two**
   - What's Health Plan Accreditation?
   - What's Health Equity Accreditation?
4. **NCQA Accreditation Purpose**
   - Why are both required by the State?
   - What does accreditation achieve?
5. **Timeline Overview**
   - Where are we in the process?
6. **Key Next Steps**



Return to Agenda

# Background & Objectives

CalAIM Objectives:

- Reduce variation and complexity across delivery systems
- Identify and manage member risks and needs
- Improve quality outcomes and drive transformation

Bottom line: CalAIM is **transforming** Medi-Cal to ensure that Californians get the care they need to live healthier lives!



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# CalAIM and NCQA Accreditation

- One of the many initiatives to meet the CalAIM objectives includes NCQA accreditation
- All managed care plans (MCPs) are mandated to obtain **Health Plan Accreditation** (HPA) and **Health Equity Accreditation** (HEA) by **1/1/26**.
- HPA and HEA aligns with CalAIM objectives by:
  - Streamlining and increasing standardization across the state
  - Improving quality through robust framework for implementing best practices to key operational areas (e.g. QI, UM, PHM)
  - Advancing health equity by identifying and closing disparities



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# HPA and HEA – The Power of Two

**Health Plan Accreditation (HPA)** is a roadmap used by Health Plans to align improvement activities in:

- Credentialing and Recredentialing (CR)
- Member Experience (ME)
- Network Management (NET)
- Population Health Management (PHM)
- Quality Improvement (QI)
- Utilization Management (UM)

**Health Equity Accreditation (HEA)** focuses on the foundation of health equity work by:

- Building an internal culture that supports health equity work
- Collecting data to create and offer language services and provider networks that are mindful of individuals' cultural and linguistic needs
- Identifying opportunities to reduce health inequities and improve care





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# HPA and HEA – The Power of Two

Why are Health Plans required to achieve both forms of accreditation?

HEA ensures everyone receives equitable access and care

- Example on the left: everyone can pick from the apple tree

HPA ensures everyone receives high quality care

- Example on the right: everyone picks high quality apples



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# Happy & Healthy Members

What does NCQA accreditation achieve?

**Keep patients happy and healthy** – framework for improving key impact areas:

- Care coordination
- Access and member connections – availability of health resources, such as wellness services and self-management tools, for chronic disease management
- Provide guidelines to ensure consumer rights are protected and voices are heard



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# Quality and Equitable Care

**Improvement model** – model to ensure members receive quality and equitable care by:

- Applying a QI process to improve key operational areas
- Structuring cohesive population health management functions
- Maintaining an adequate practitioner network and access to care
- Organizing efficient utilization management processes
- Establishing timely and accurate credentialing and recredentialing processes



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# Timeline Overview

| Aug – Dec 2022 | Jan – Jun 2023 | Jul – Dec 2023 | Jan – Jun 2024 | Jul – Dec 2024 | Jan – Jun 2025 | June 2025 | Jan 2026 |
|---|---|---|---|---|---|---|---|
| ☑ Aug – Engaged TMG & kicked off NCQA Accreditation project<br><br>☑ Nov – Completed 1st HPA readiness assessment | ☑ Jan – Received HPA Readiness Report & began gap remediation<br><br>☑ Jan – Completed 1st HEA readiness assessment | ☑ July – Dec Continued HPA and HEA gap remediation with bi-weekly workgroup sessions | ❑ Continue HPA and HEA gap remediation with bi-weekly workgroup sessions<br><br>  | ❑ July – Oct Conduct 2nd HPA and HEA readiness assessment<br><br>❑ Remediate gaps identified in assessment | ❑ All systems & assessment data in production by Jan 1st, 2025 | ❑ Submit HPA and HEA Survey Tools in June 2025<br><br>❑ NCQA to review GCHP submission | ❑ Achieve NCQA HPA & HEA, as required under CalAIM |

TMG: The Mihalik Group, GCHP's consulting group



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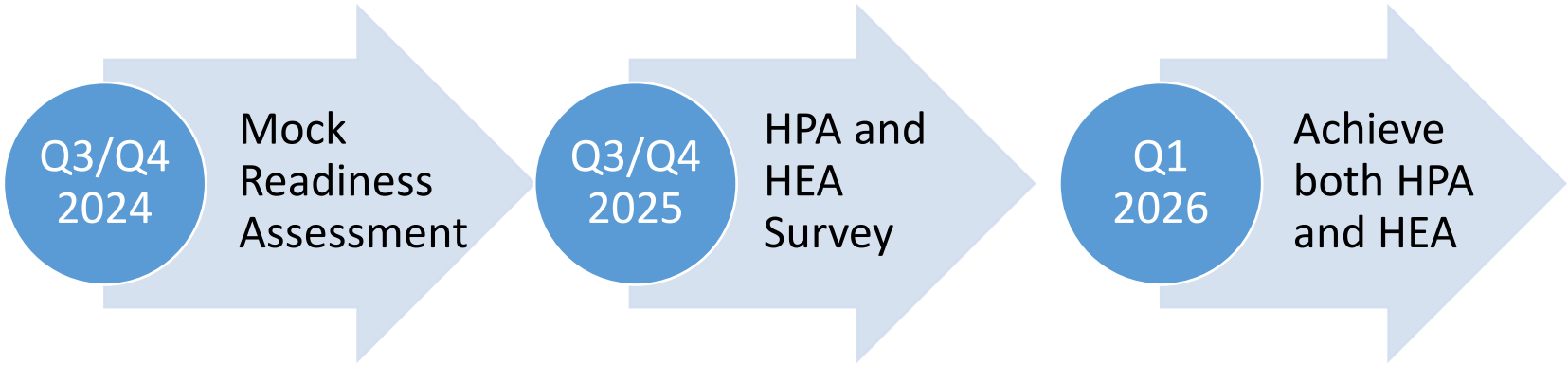
# Key Next Steps



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# Questions?



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**AGENDA ITEM NO. 3**

TO: CalAIM Advisory Committee

FROM: Pauline Preciado, Exec. Director of Population Health
Nicole Bennett, Community Supports Manager

DATE: February 21, 2024

SUBJECT: Community Supports Update

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*Community Supports*

Gold Coast Health Plan℠
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# Gold Coast Health Plan Community Supports

February 21, 2024

Nicole Bennett, MPH
Community Supports Manager

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# Community Supports

| Housing Support & Services to Address Homelessness | Post-Acute Care Placement | Home-Based Services |
|---|---|---|
| Housing Transition Navigation Services | Recuperative Care (Medical Respite) | Medically Supportive Foods |
| Housing Deposits | Short-term Post Hospitalization Housing | Respite Services |
| Housing Tenancy and Sustaining Services | Nursing Facility Transition/Diversion to Assisted Living Facilities | Asthma Remediation |
| **Day Habilitation** | | Community Transition Services/Nursing Facility Transition to a Home |
| **Sobering Centers** | | Environmental Accessibility Adaptations (EAA) |
| | | Personal Care and Homemaker Services |



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# Services to Address Homelessness

## Day Habilitation

The programs are designed to assist the Member in acquiring, retaining, and improving self-help, socialization, and adaptive skills necessary to reside successfully in the person's natural environment.

For Members experiencing homelessness who are receiving enhanced care management or other Community Supports, day habilitation programs can provide a physical location for Members to meet with and engage with these providers.

## Sobering Centers

Sobering centers are alternative destinations for Members who are found to be publicly intoxicated (due to alcohol and/or other drugs) and would otherwise be transported to the emergency department or jail. Sobering centers provide these individuals, primarily those who are homeless or those with unstable living situations, with a safe, supportive environment to become sober.

**Some services include:**

Medical triage

Temporary bed

Rehydration and food services

Treatment for nausea

Wound and dressing changes



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# Q&A

**Sobering Centers:**

- What geographical areas would benefit the most from a Sobering Center?
- Are there specific partners that are already providing these services, or similar services within the County? If so, who?

**Day Habilitation:**

- What geographical areas would benefit from Day Habilitation Programs?
- Are there specific partners that are already providing these services, or similar services within the County? If so, who?
- Which service is a priority, (if applicable)?



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# Thank you!

Nicole Bennett, MPH

nbennett@goldchp.org

(805)437-5942

CalAIM Hotline (805) 437-5911

www.goldcoasthealthplan.org

**AGENDA ITEM NO. 4**

TO: CalAIM Advisory Committee

FROM: Erin Slack, Sr. Manager of Population Health

DATE: February 21, 2024

SUBJECT: Population Health Management Update

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*Population Health Management Update*

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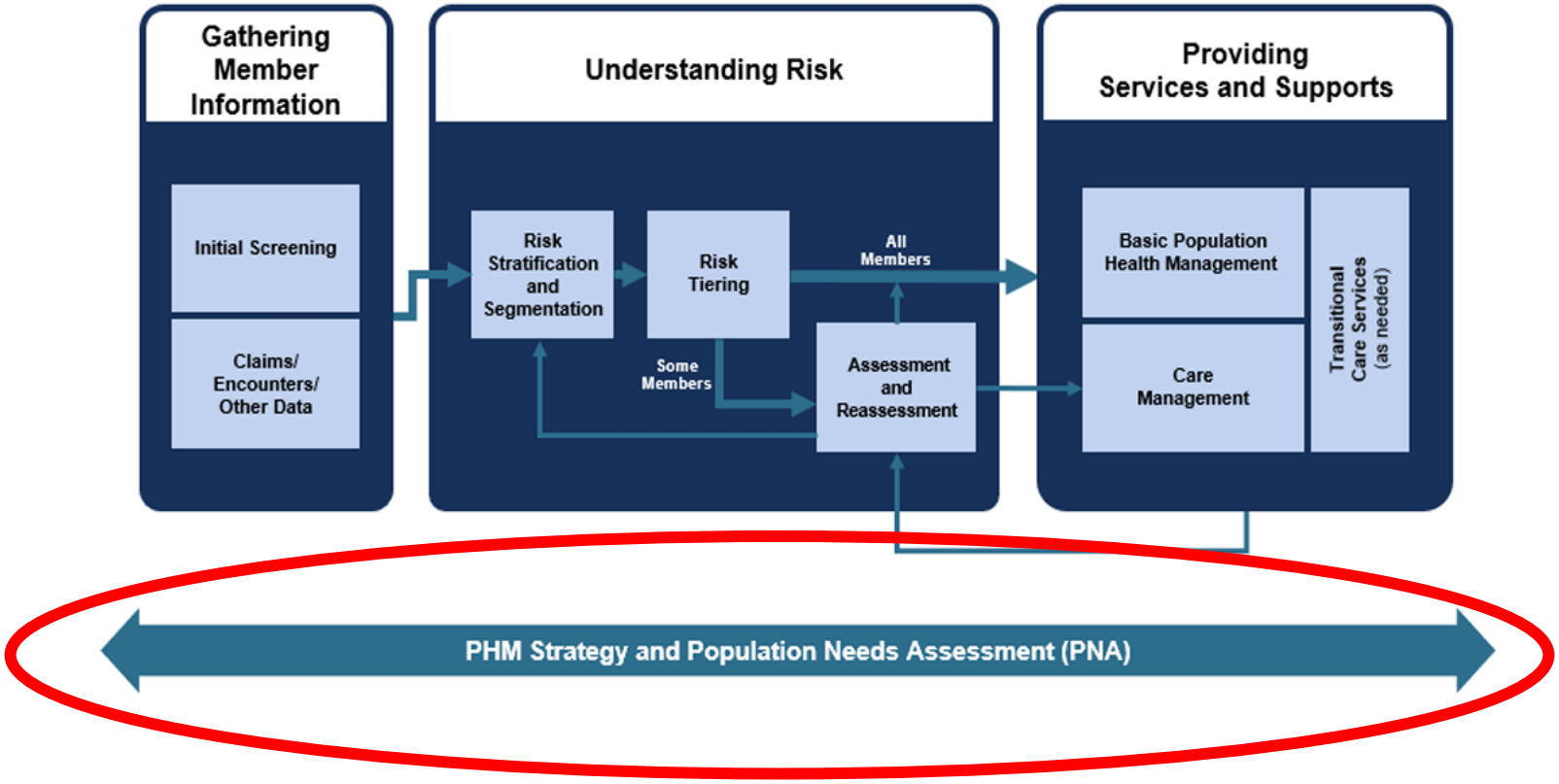
# Population Health Management Update

Erin Slack, MPH
Senior Manager of Population Health
February 21, 2024



711 East Daily Drive, Suite 106, Camarillo, CA 93010 www.goldcoasthealthplan.org

# Population Health Management Framework



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# New Process for the Population Needs Assessment (PNA)

## DHCS' Vision

**DHCS is reimagining a PNA that will:**

- Promote deeper understanding of member needs, particularly social drivers of health (SDOH)
- Advance upstream interventions that look beyond the four walls of health care
- Deepen relationships between MCPs, public health and other local stakeholders
- Reduce community fatigue
- Strengthen a focus on equity by integrating more diverse sources of data
- Support public health's response to emerging trends, especially in areas where MCPs can intervene by providing coverage, education, and outreach

***To achieve this vision, DHCS proposes a central requirement for MCPs to collaborate with Local Health Departments (LHDs).***



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# Existing Public Health and Hospital Requirements

**Because of their similar requirements and overlapping populations of focus, some LHDs and nonprofit hospitals collaborate on their assessments.**

## Public Health Requirements:

- Part of voluntary accreditation by Public Health Accreditation Board **(at least every 5 years)**; some LHDs conduct ***every 3 years***)
- The 2022 Budget Act **requires LHJs to submit a "public health plan"** informed by a CHA/CHIP to California Department of Public Health (CDPH), by December 30, 2023, and by July 1 ***every 3 years*** thereafter.

## Nonprofit Hospital Requirements:

- State and federal requirements to complete a CHNA and accompanying implementation plan/community benefits plan ***every 3 years***

### Although CHA/CHNAs vary, they often:

- Have **robust governance structures** that include CBOs, academic institutions, and other community leaders and stakeholders.
- Implement documented best practices to gather **wide community input**.
- Collect **diverse data sources**—including quantitative and qualitative data on various indicators (e.g., public health and prevention metrics, SDOH data, health disparity/equity measures)



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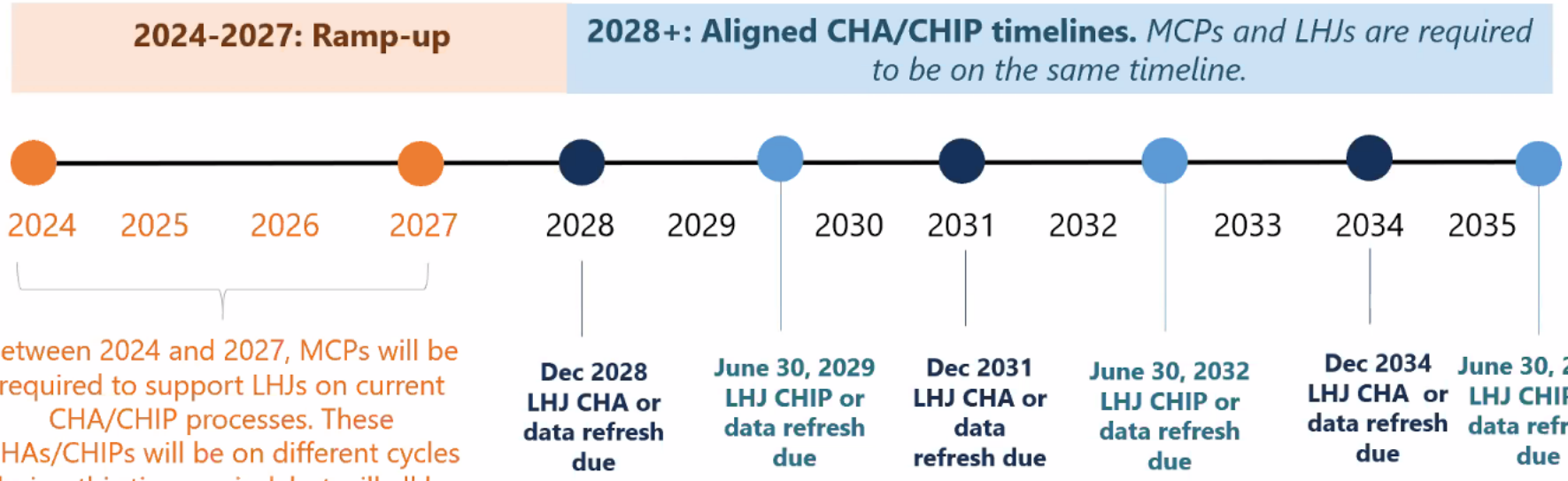
# New MCP Requirements

## Timeline Outlining LHJ CHA/CHIP Cycles

**2024-2027 will serve as a glidepath for 2028, when all LHJs and MCPs will be expected to be on the same three-year cycles with the first LHJ CHA due in December 2028 and the first CHIP due June 30, 2029.**




***Notes:***

- *Dates above are calendar year, not fiscal year*
- *The June 30, 2029 CHIP due date aligns with public health plan due dates*
- *Sequencing of CHA/CHIP based on SME advice that a CHA requires a minimum of 12 months, and a CHIP requires 6 months.*



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# New MCP Requirements

## In-Kind Staffing & Funding

**MCPs are required to contribute funding and/or in-kind staffing to support LHJs' CHAs/CHIPs in the service areas where they operate, starting on January 1, 2025. MCPs are strongly encouraged to allocate these resources in a manner that is at least commensurate with the number of Medi-Cal Members served by the MCP within a given LHJ jurisdiction.**

- Starting on January 1, 2024, MCPs are required to work with LHJs to determine what combination of funding and/or in-kind staffing the MCP may contribute to the LHJ CHA/CHIP process.
- Starting in 2024, MCPs are required to:
  - Describe their resource contribution decisions in their MCP-LHJ Collaboration Worksheet; and
  - Report to DHCS on their contribution decisions via their annual PHM Strategy Deliverable submission

***Funding:*** MCP funding to LHJs for CHA/CHIP-related activities may be for purposes including but not limited to: administrative support; project management; consultants, governance; data infrastructure; community engagement; communications; contracts with CBOs; implementation strategies (specific to CHIP); and technical assistance.

***In-Kind Staffing:*** MCPs may contribute staffing or support for project management, data analysis, stakeholder engagement activities, or other administrative items.

Guidance is in accordance with 42 CFR sections 438.206(c)(2), 438.330(b)(4), and 438.242(b)(2), 22 CCR sections 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), and applicable DHCS guidance.

# New MCP Requirements

## Data Sharing

**MCPs and LHJs both have data from which the other can benefit to improve population health, creating a more holistic picture of the multiple factors contributing to a community's health than either can accomplish alone.**

- In 2024, MCP(s) and each LHJ in their service area must begin to identify priority areas in which the MCP will share data with the LHJ.
  - Each MCP and LHJ should select priority areas (e.g., maternal health, child health, chronic disease, other as agreed upon by the LHJ and MCP) that cut across LHJ priorities and CalAIM priorities for MCPs.
- Starting in Q2 of 2025 at the latest, MCPs must begin to share the data agreed upon in 2024 in accordance with all applicable laws and facilitated through data sharing agreements and a range of mechanisms and formats based on the level determined to be the best fit for LHJ capacity and priorities. Data must be shared in a timely manner when requested by the LHJ.
- MCPs will be required to follow provisions of the Data Exchange Framework (DxF) when sharing data with LHJs that are signatories and are encouraged to follow the DxF when sharing data with those LHJs that are not signatories.



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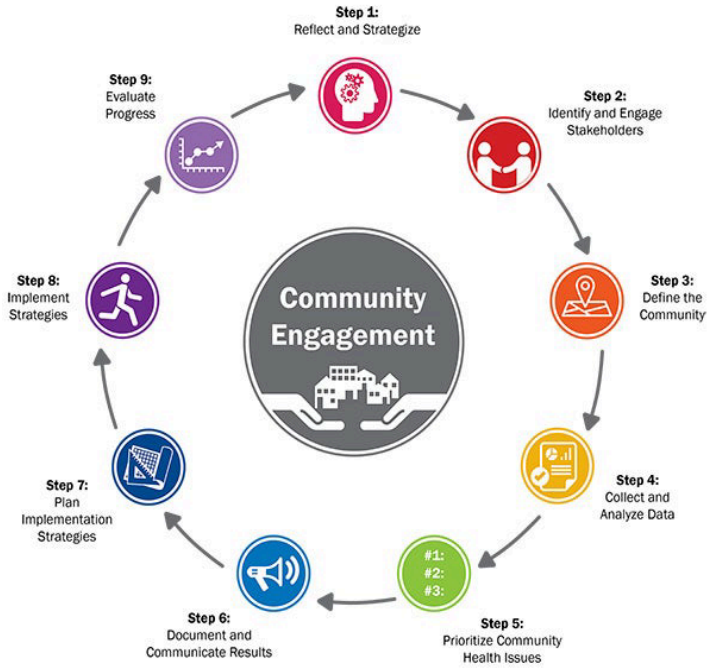
# Ventura County Community Health Improvement Collaborative





= **PNA**


= **PHM Strategy**

VENTURA COUNTY
COMMUNITY HEALTH
IMPROVEMENT COLLABORATIVE



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# Feedback from Group

- **Does your organization participate in the Ventura County Community Health Improvement Collaborative?**

- **Would your organization be interested in participating in the collaborative assessment process?**



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**AGENDA ITEM NO. 5**

TO: CalAIM Advisory Committee

FROM: Pauline Preciado, Exec. Director of Population Health
David Tovar, Incentive Strategy Manager

DATE: February 21, 2024

SUBJECT: Implementation Update: Justice Services

# PowerPoint with Verbal Presentation

**ATTACHMENTS:**

*Implementation Update: Justice Services*

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# Implementation Update: Justice Services

February 21, 2024

David Tovar
Incentive Strategy Manager

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# Eligibility for Justice Involved Individuals

**Medi-Cal Eligible:**

- Adults
- Parents
- Youth under 19 Justice Services Update
- Pregnant or postpartum
- Aged
- Blind
- Disabled
- Current children and youth in foster care
- Former foster care youth up to age 26

**CHIP Eligible:**

- Youth under 19
- Pregnant or postpartum

**Criteria for Pre-Release Medi-Cal Services**

*Incarcerated individuals must meet the following criteria to receive in-reach services:*

- ✓ Be part of a **Medicaid or CHIP Eligibility Group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Mental Illness
  - Substance Use Disorder (SUD)
  - Chronic Condition/Significant Clinical Condition
  - Intellectual or Developmental Disability (I/DD)
  - Traumatic Brain Injury
  - HIV/AIDS
  - Pregnant or Postpartum

***Note:*** *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need.*



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**Outreach and Engagement**

**Member and Family Supports**

**Comprehensive Assessment and Care Management Plan**

**Health Promotion**

**Enhanced Coordination of Care**

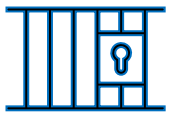
**Comprehensive Transitional Care**

**Coordination of and Referral to Community and Social Support Services**

Develop and facilitate a care plan to help stabilize conditions prior to release

Maximize continuity of care management and access to services, as individuals transition between incarceration and reenter the community

Build trusted relationships between the individual who is incarcerated and the care manager, who will support the individual's transition back to the community



Create and implement a reentry care plan in consultation and collaboration with the individual and other providers



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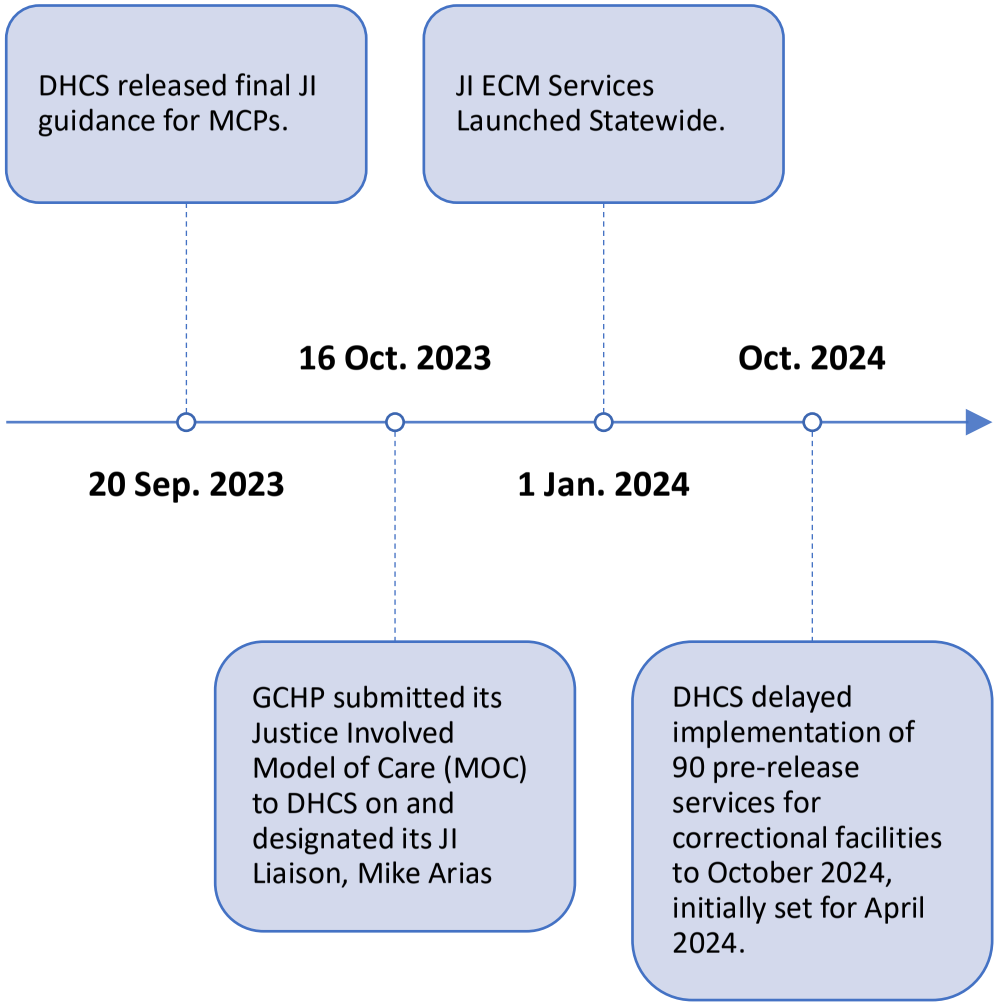
# Justice Services Update



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# Engaging Justice Involved Individuals

What do you believe is the best approach for engaging Justice Involved Individuals?

Are there local organizations that serve population that we should partner with on this project?

Are there any local, state, or national organizations we should engage for training to further understand this population?



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# Justice Services Next Steps

Data sharing with Correctional Facilities

Onboarding new JI ECM providers

Coordination with Correctional Facilities on pre-release services



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