SANTA BARBARA COUNTY
ADULT & AGING NETWORK

January 25, 2023
3:00 – 4:30 p.m.
Via Zoom

MINUTES

Attendance: Maria Arteaga, Van Do-Reynoso, Chris Donati, Alejandra Enciso, Lauren Ferguson, Jennifer Garcia, Alma Hernandez, Dr. Thea Hurst, Cheri Jasinski, Vicki Johnson, Pat Keelean, Shannon Kenny, Maribel Landeros, Vickie Ponce, Marco Quintanar, Sanford Riggs, De Rosenberry, Erin Saberi, Gary Suter, Joan Vignocchi, Jeanne West, Das Williams

Staff: Barbara Finch and Jessica Martinez

1. **Welcome & Introductions**
   Barbara Finch opened the meeting and introductions were made.

2. **Adult & Aging Network Reconsideration of the COVID-19 State of Emergency**
   a. *The Adult & Aging Network reconsidered the circumstances of the COVID-19 state of emergency and found that State or local officials continue to recommend measures to promote social distancing.*
   b. *A motion was made by De Rosenberry, seconded by Gary Suter to direct staff to continue to notice and hold hearings as remote hearings consistent with Government Code § 54953(e)(3). The motion passed unanimously.*

3. **AAN Business Approve Minutes, November 16, 2022**
   Chris Donati motioned to approve the November 16, 2022 minutes and Cheri Jasinski seconded the motion. The motion passed unanimously and the minutes were approved.

4. **Public Comment**
   - None

5. **CenCal Health: Update on Cal AIM in Santa Barbara County**
   Van Do-Reynoso, MPH, PhD, Chief Customer Experience and Chief Health Equity Officer at CenCal Health, returned to answer questions that arose from her previous presentation on Cal AIM.

   Information on these 6 topics was requested as follow up:

1. Progress on engaging non-profits, CBO's, consumers as partners on external steering committee
2. Update on Enhanced Care Management (ECM) providers
3. Update on Community Supports (CS) that CenCal is considering
4. Expansion efforts for skilled nursing and long-term care
5. Data regarding ECM for people over age 60
6. How CenCal is addressing risks for older adults

    a. State convened a Tri-County Collaborative to allow providers to give input on implementation struggles, challenges, and best practices. Monthly convenings to build ECM & CS Capacity: https://www.ca-path.com/collaborative
    b. Locally, they are working with colleagues to create a steering/advisory committee that is representative of the community. Launching in spring, will have work groups for specific issues. Also working on a community information exchange.
    c. ECM referrals happen through designated provider network (see slides for current list), and those referred must be in the population of focus (see slides for current POF and phased expansion)
    d. Enrollees with complex needs have their care coordinated by a Lead Care Manager who is knowledgeable about community resources and services available to address both medical and social drivers of health.
    e. State approved 14 categories of Community Supports (CS), counties decide which to include. Six have been approved (see slides), other 8 will be prioritized according to input from a community survey.
    f. CenCal already provides a skilled nursing/long-term care benefit. They will be refining placement policies and expanding the network of Skilled Nursing Facilities.
    g. Data on who is being served through ECM shows that adults 65 and older make up 19% of the total (841 individuals).
    h. Members are enrolled in ECM because of risk factors
    i. A Lead Care Manager is assigned to coordinate all aspects of care.
    j. Options include services rendered in home or higher level of care if necessary.

CenCal is very hopeful that along with various health and human services organizations they will make the vision of CalAIM which is to transform and strengthen care to members, equitably coordinated to improve health.

Answers to Questions:

- Effectiveness of housing assistance – these are new programs, need more data from providers to determine how well it's working
- Referral process - CenCal does a monthly risk assessment to determine if someone is within the population of focus; referred to providers for follow up. Community partners may also provide referrals to CenCal.
- Eligibility determination is made through algorithms that screen members for POF criteria

- Those who have run out of long-term care insurance may enroll in Medi-Cal, once they are enrolled they will be assigned an ECM coordinator
- Provider Services Unit can answer questions on reimbursement rates.
- Every provider undergoes an intensive training/orientation/onboarding process to learn how to use the provider portal, submit invoices etc. Regular meetings are held to support new providers.
- MediCal eligibility is determined through social services but if they are already a member of MediCal in another county, we can extend services.
- Current case managers have the capacity to handle all eligible members, though not all eligible members choose to engage in services
- Transportation is an included service - need to make an appointment. If a member has a vehicle but does not have the means to put gas in the tank – not sure if they could access transportation benefit - will get back to us.
- Previously, there existed a process of placing a medical patient in another county if beds were unavailable in this county. They are working to expand access.
- Data about the success rate and demographics of referrals is not yet available. They have the denominator and are watching the providers, looking for successful engagement.
- Forming an external data exchange similar to a Health Information Exchange – We call it a Community Information Exchange as it is an opportunity to build a platform that schools, social services, behavioral health, CBOs, libraries, and our healthcare providers can use to exchange information in a secure and meaningful way to better serve the community.
- Have not yet selected a platform for data sharing and referrals – watching other counties for successes. Need to engage with the community because we need practitioners to weigh in. Will be a very transparent process on anything we select. Find Help is being implemented through Cottage Health and Sansum.

Comments:

- The level of care before SNF, also need to look at RCFE level placement through the Assisted Living Waiver plan. Try to bring beds to SB County.
- Counties who have Assisted Living Waivers can't keep up with their own requests let alone requests from other counties.
- Lack of sustainable wages effects availability.
- There is much discussion we've had about unmet complex needs, cases and care. Need data to make the case about the extent of need.
- It is possible that some of those who are losing their long-term insurance still have a home and other assets so they may not qualify for MediCal and thus may not be able to access some of these services.
- CDSS reports that for Fiscal Year 24-25 are looking at expanding the Assisted Living Waiver program to all counties rather than just the 19 counties that it's currently in.

- The challenge in Santa Barbara County will be whether current assisted living providers be willing to accept the CenCal rate of reimbursement.
- The operational margins, even at the high rates make it difficult to staff long-term care facilities even in the local private pay home care agencies in Santa Barbara County
- The State reimbursement thresholds are too low for this business to operate, and something is going to have to give for the supply question for cap capacity in our community.

6. Sharing Stories from the Field

For the foundational report on aging in Santa Barbara County being put together for Supervisor Hartmann, we are looking for stories that show how it looks to age in Santa Barbara County. We need data. We need to lift up the experiences in our County. Can be from the perspective of the recipient, the caregiver, etc. We want to paint a picture of the reality of aging in Santa Barbara County today. If you have stories specific to the care of our Latino elders, we want to make sure those stories are included as well. Please send stories by February 3rd. Stories can be in Spanish.

7. Announcements

Jeanne West announced an event on Living Well with Parkinson's disease. Event date: April 1st, 2023 – 9am-2:30pm

8. Adjourn – Next meeting March 22, 2023

The meeting adjourned at 4:31 p.m.

Respectfully submitted by Jessica Martinez

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Updates on CalAIM

Adult & Aging Network
Jan 25, 2023

Van Do-Reynoso, MPH, PhD
Chief Customer Experience & Health Equity Officer

Follow-up questions

1. Progress on engaging non-profits,CBO's, consumers engaged as partners on external steering committee
2. Update on ECM providers
3. Update on CS that we are considering, ie respite care for caregivers
4. LTC/SNF expansion efforts
5. ECM data – how are we serving 60+
6. What data do we have on this age group? and what are we doing to address the risks?

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1. Community Engagement Opportunities

- Tri-County PATH Collaborative to build ECM & CS Capacity: https://www.ca-path.com/collaborative

- CalAIM External Convenings: TBD late spring.
  - Community interviews
  - Gathering best practices
  - Formation of steering committee

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2. Enhanced Care Management (ECM)

ECM is **person-centered, community-based care management provided to the highest-need Medi-Cal enrollees,** primarily through in-person engagement where enrollees live, seek care, and choose to access services

Enrollees with complex needs have their care coordinated by a Lead Care Manager knowledgeable of community resources and services available to **coordinate care addressing both medical and social drivers of health.**

ECM is California's first statewide effort to address complex care management, leveraging the promising results from California counties' **Health Homes Program and Whole Person Care Pilots.**

Medi-Cal Managed Care Population Health Management Program

ECM

ECM for high-risk, high-need and/or high-cost Medi-Cal enrollees

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ECM Population of Focus Timeline

	Populations of Focus (POFs)	Effective Dates
PHASE ONE	1. Individuals & Families Experiencing Homelessness 2. High Utilizer Adults 3. Adults with Severe Mental Illness (SMI) / Substance Use Disorder (SUD)	7/1/2022
PHASE TWO	5. Adults Living in the Community who Are at Risk for LTC Institutionalization 6. Nursing Home Residents Transitioning to the Community	1/1/2023
PHASE THREE	7. Children and Youth 4. individuals Transitioning from Incarceration (adults/youth)	7/1/2023

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ECM Provider Network

County	ECM Organization
Santa Barbara	Doctor's Without Walls
Santa Barbara	Partners in Care Foundation
Santa Barbara	Sanctuary Center
Santa Barbara & San Luis Obispo	Titanium Healthcare
Santa Barbara & San Luis Obispo	Independent Living Systems
Santa Barbara & San Luis Obispo	Wisdom Center
Santa Barbara & San Luis Obispo	Good Samaritan Shelter
Santa Barbara & San Luis Obispo	Access TLC
San Luis Obispo	Libertana

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3. Pre-Approved DHCS Community Supports

1. **Housing Transition Navigation Services**
2. **Housing Deposits**
3. **Housing Tenancy and Sustaining Services**
4. Short-Term Post-Hospitalization Housing
5. **Recuperative Care (Medical Respite)**
6. Respite Services
7. Day Habilitation Programs
8. Nursing Facility Transition/Diversion to Assisted Living Facilities
9. Community Transition Services/Nursing Facility Transition to a Home
10. Personal Care and Homemaker Services
11. Environmental Accessibility Adaptations (Home Modifications)
12. **Meals/Medically-Tailored Meals or Medically-Supportive Foods**
13. **Sobering Centers**
14. Asthma Remediation

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CCH Community Supports

Effective January 1, 2023

- **Housing Transition Services**
- **Housing Deposits**
- **Housing Tenancy & Sustaining Services**
- **Sobering Centers**
- **Recuperative Care**
- **Medically Tailored Meals**

- 14 optional services which health plans may elect to provide.
- Cost-effective alternatives to traditional medical services.
- Those which CenCal Health selected were a reflection of community input and need.

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Community Supports Provider Network

County	CS Organization	CS Service(s) Provided
Santa Barbara & San Luis Obispo	Titanium Healthcare	• Housing Navigation • Housing Transition • Housing Deposits
Santa Barbara & San Luis Obispo	Good Samaritan Shelter	• Recuperative Care • Sobering Center Services • Housing Navigation • Housing Transition • Housing Deposits
Santa Barbara & San Luis Obispo	People's Self-Help Housing	• Housing Tenancy and Sustaining Services
Santa Barbara & San Luis Obispo	Tangelo	• Medically Tailored Meals
San Luis Obispo	CAPSLO	• Recuperative Care
San Luis Obispo	5 Cities Homeless Coalition	• Housing Navigation • Housing Transition • Housing Deposits

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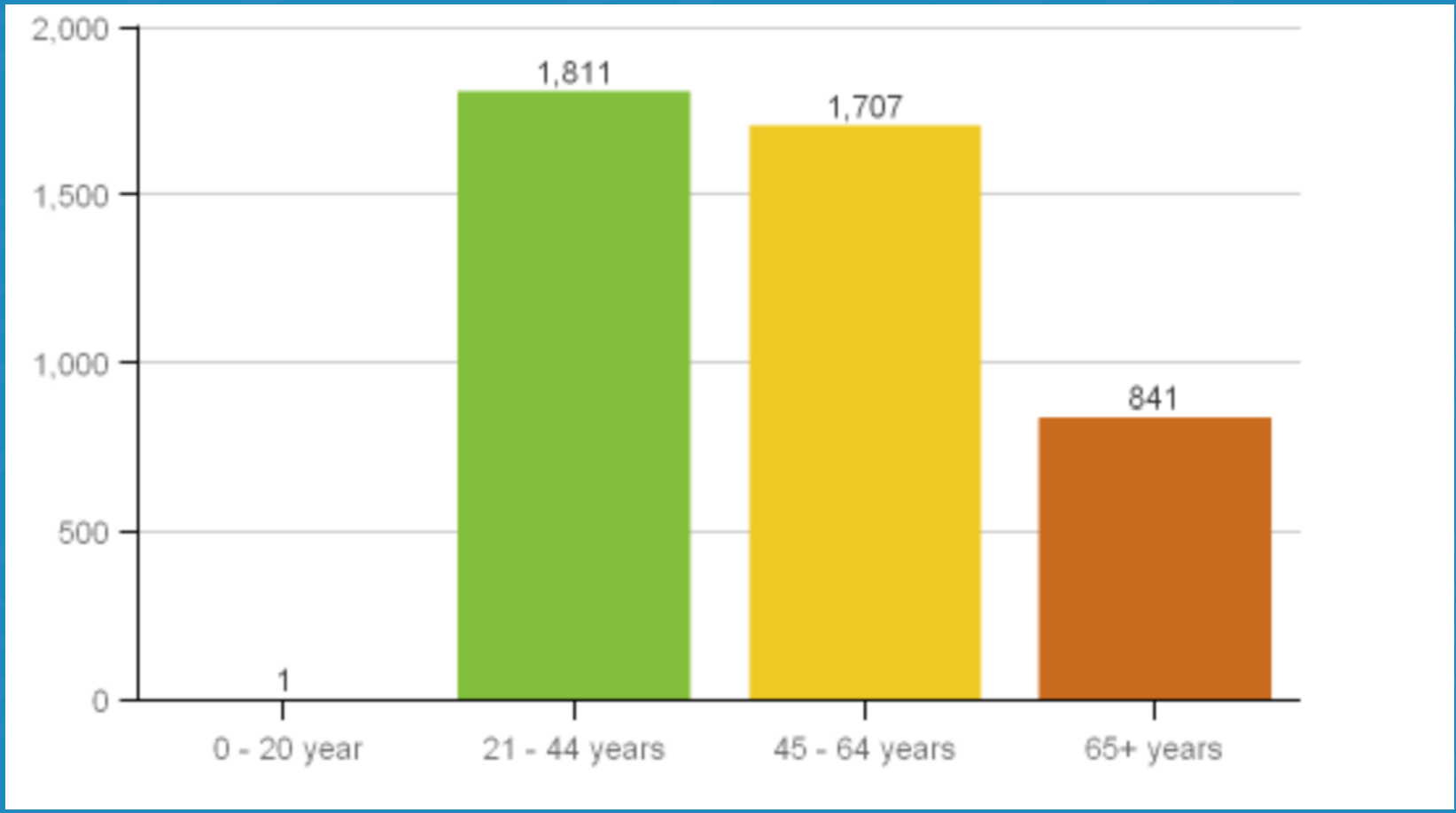
4. LTC/SNF expansion efforts

- The LTC carve in is specific to non-COHS counties, so the changes under CalAIM don't apply to CCH, as we were already responsible for the SNF/LTC benefit.

- Efforts underway:
  - to refine our SNF placement policies
  - expand our local SNF network

5. ECM members by Age Groups



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6. Addressing risks of aging members

- Members enrolled in ECM are assigned a Lead Care Manager who is responsible for coordinating all aspects of the Member's needs.
- Long term services and supports are services normally render in the Member's home to address the individual needs.
- Exploration of higher level of care such as SNF if medically necessary.

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