

Whole Child Model Family Advisory Committee

Meeting Agenda

Monday, July 15, 2024

1:30 p.m. – 3:00 p.m.



Teleconference Meeting

This meeting will be conducted via teleconference.

The following methods are available to members of the public to view this meeting and to provide comment to the committee.

1. Members of the public wishing to join the meeting may do so as follows:
Join on your computer, mobile app or room device: [Click here to join the meeting](#)

Meeting ID: 217 818 381 14

Passcode: VJfTrX

[Download Teams](#) | [Join on the web](#)

Or call in (audio only): [+1 323-705-3950](#)

Phone Conference ID: 181 374 355#

En español:

número de teléfono: [+1 323-705-3950](#)

código de acceso: 603 808 352#

2. Members of the public wishing to provide public comment on items not listed on the agenda may do so in one of the following ways.
 - a) Email comments by 11:00am on Wednesday, July 10, 2024, to WCMFAC@ccah-alliance.org
 1. Indicate in the subject line "Public Comment." Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 2. Comments will be read during the meeting and are limited to five minutes.
 - b) Public comment during the meeting when that item is announced.
 1. State your name and organization prior to providing comment.
 2. Comments are limited to five minutes.
3. Mute your phone during presentations to eliminate background noise.
 - a) State your name prior to speaking during comment periods.
 - b) Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.).

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Meeting Agenda

MEETING ADMINISTRATION			
I.	Call to Order	Janna Espinoza	2 mins
II.	Roll Call	Maura Middleton	2 mins
III.	Oral Communications	Janna Espinoza	3 mins
CONSENT AGENDA			
IV.	Approve WCMFAC Meeting Minutes from previous meeting	Janna Espinoza	3 mins
REGULAR AGENDA			
V.	CCS Advisory Group Representative Report	Susan Skotzke	10 mins
VI.	Recent Issues Impact on Members	Members	20 mins
	1. Committee Member/Community Voice	CBOs	
	2. Community Based Organizations (CBOs) Updates	Alliance Staff	
	3. Alliance Updates		
VII.	ECM/CS Overview	Tammy Hoeffel	30 mins
REVIEW FUTURE AGENDA AND ACTION ITEMS			
VIII.	Future Agenda Items	Ronita Margain	5 mins
IX.	Review Action Items	Maura Middleton	3 mins
X.	Adjourn (end) Meeting	Janna Espinoza	2 mins

Next Meeting; Monday, September 9, 2024, at 1:30-3:00p.m.

Members of the public interested in attending should call the Alliance at 800-700-3874 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at [Public Meetings - Central California Alliance for Health \(thealliance.health\)](https://thealliance.health). The Committee complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Alliance at least 72 hours prior to the meeting at WCMFAC@ccah-alliance.org or 800-700-3874. Committee meeting locations in Salinas and Merced are directly accessible by bus, however, until further notice all meetings are being online.



Central California Alliance for Health Whole Child Model Family Advisory Committee (WCMFAC)

Mission Statement

- To serve as an advocate for other families
- Commit to improving care and services
- Collaborate in problem-solving
- Contribute to the success of the program

El Comité Consultivo de Familias del Modelo del Niño en su Totalidad

Declaración de la Misión

- Servir como Defensor de otras familias
- Comprometerse para mejorar la atención y los servicios
- Colaborar para resolver problemas
- Contribuir a los buenos resultados del programa



Meeting Minutes

Monday, May 13, 2024

Teleconference Meeting

Members Present:

Janna Espinoza Chair	Monterey County – CCS WCM Family Member, WCMFAC
Frances Wong	Monterey County – CCS WCM Family Member
Susan Skotzke	Santa Cruz County – CCS WCM Family Member
Heloisa Junqueira, MD	Monterey County – Provider
Manuel López Mejia	Monterey County – CCS WCM Family Member
Paloma Barraza	Monterey County – CCS WCM Family Member
Kevin Smith	Merced County – Local Consumer Advocate
Kim Pierce	Monterey County – Local Consumer Advocate

Members Absent:

Michael Molesky	Santa Cruz County – Alliance Commissioner
Heidi Boynton	Santa Cruz County – Local Consumer Advocate
Irma Espinoza	Merced County – CCS WCM Family Member

Staff Present:

Ashley McEowen, RN	Complex Case Management Supervisor - Pediatric
Jessie Dybdahl	Provider Services Director
Kelsey Riggs, RN	Complex Case Management Manager - Pediatric
Lilia Chagolla	Member Services Director
Linda Gorma	Marketing and Communications Director
Maura Middleton	Member Services Administrative Assistant
Ronita Margain	Community Engagement Director
Rebecca McMullen	Behavioral Health Program Manager

Guest:

Anna Rubalcava	Merced County
Denise Sanford	Santa Cruz County
Christine Betts	Monterey County

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Esperanza Compean	Central Valley Resource Center
Kevin Low	County of Monterey
Tracy McKnight	Central Valley Resource Center
Maria Santillan	Kinship Center for Children

1. Call to Order by Chairperson Espinoza.

Chairperson Espinoza called the meeting to order.

Committee introductions and roll call was taken.

2. Oral Communications.

Chairperson Espinoza opened the floor for any members of the public to address the Committee on items not listed on the agenda. No oral communications from the public.

Consent Agenda Items:

3. Accept WCMFAC Meeting Minutes from Previous Meeting

J. Espinoza opened the floor for approval of the meeting minutes of the previous meeting on March 11, 2023. Minutes were approved with no further edits.

Regular Agenda Items:

4. CCS Advisory Group Representative Report

S. Skotzke provided updates on topics of concern for the CCS population. CCS is preparing for the Kaiser implementation which is causing some concerns that it may push out other providers. State budgetary issues will soon start trickling down and can affect the CCS consumer.

There is concern that the CCS population is decreasing and that there is room for more family voices to get the message out. T. McKnight noted that some children in the foster care system are not enrolled in a Manage Care health plan and therefore may be getting access to many of the services the children are receiving in a Managed Care health plan. Thus, raising concerns that children could be falling through the cracks.

5. Alliance Provider Directory

J. Dybdahl provided a demo of the Provider Directory, located on the Alliance website. The goal was to gain feedback on understandability and usefulness to members. She moved through the online Provider Directory highlighting areas that would be helpful, such as how to sort, find a CCS provider, change the language etc. As well as how to find information for our providers such as Carelon for Mental Health, VSP for eye care and Pharmacy.

In reviewing the site some committee members noted :

- They had not used this function but would do so now that they have been informed.

J. Dybdahl then solicited feedback on the Provider Network. She asked for feedback on the following topics:

- ***What should providers know about the Alliance members; how can we help educate providers?***
 - MTU's and schools could help enforce the handicap parking spots. Members often face challenges accessing parking close to the building, as often, the handicap spots are not free.
 - They also noted the MTU's be located in schools becomes cumbersome for members to access care during school drop offs and pick up.
 - It was suggested that it would be helpful to produce a video to be shown to parents, the challenges that CCS families encounter, especially in terms of mobility in parking lots.
- ***What other providers would you like to see in the Alliance network?***
 - Alternative medicine such as Chinese medicine, herbal medicine
 - Naturopath medicine
 - Acupuncture

6. Review Action Items

R. Margain reviewed the actions items.

7. Future Agenda Items

Committee member requested more discussion around non ADA challenges that they face.

Committee member requested an overview of ECM/CS program.

Adjourn:

The meeting adjourned at 2:58 p.m.

The meeting minutes are respectfully submitted by Maura Middleton, Administrative Assistant. Member Services

Next Meeting: Monday, July 15, 2024, at 1:30 p.m.

Enhanced Care Management and Community Support Benefit Overview

Summer 2024
Tammy Hoeffel

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AGENDA:

- 1. ECM Overview
- 2. Community Supports
Overview
- 3. EAA
- 4. Medically Tailored Meals

ECM/CS Benefits 2024

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Enhanced Care Management Overview

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What is Enhanced Care Management - ECM

- It is a program that is whole person focused that can address both medical and social needs of CCAH members.
- It is a program that looks to coordinate those needs for our members through comprehensive Case Management.
- Our ECM providers are community based and work with the Community Supports providers in those communities to make sure our members get access to the help they need.
- This includes:
 - Physical
 - Mental Health
 - Social Needs
 - Substance Use
 - Addressing Social Determinants of Health



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Populations of Focus for ECM

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness	✓	
1b	Individuals Experiencing Homelessness: Homeless Families or Unaccompanied children/Youth Experiencing Homelessness	✓	
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly "High Utilizers")	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for Long-term Care Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children Services -CCS or CCS WCM		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓



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Individuals Experiencing Homelessness

Eligibility Criteria for Individuals Experiencing Homelessness:

- Adults (whether or not they have dependent children/youth living with them who:
 - Are experiencing homelessness, defined as meeting one or more of the following conditions:
 - Lacking a fixed, regular, and adequate nighttime residence
 - Having a primary residence that is public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including care, park, abandoned building, bus or train station, airport, or camping ground
 - Living in a supervised publicly or privately operate shelter
 - Exiting an institution into homelessness
 - Will lose housing in the next 30 days
 - Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life threatening conditions.

AND

Have at least one complex physical, behavioral, or developmental need, with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.



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Homeless Families or Unaccompanied children/Youth Experiencing Homelessness

Children, Youth and Families with members under 21 years of age who:

- Are Experiencing homelessness as defined in previous slide.

OR

Sharing the housing of other persons (i.e. couch surfing) due to loss of housing, economic hardship, or similar reason; living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations, are living in emergency or transitional shelters; abandoned in hospitals (in hospital without a safe place to be discharged to),

Notes on the Definition:

- Children, youth and families do not need to meeting the additional “complex physical, behavioral, or developmental need” criteria.
- ECM for this Population of focus is meant to capture the breadth of unsafe, substandard, and insecure living conditions that Members, particularly children and youth, may experience.



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Individuals at Risk for Avoidable Hospital or ED Utilization

Adults, Children/Youth at Risk for Avoidable Hospital or ED Utilization:

Adults who meet one or more of the following conditions:

- **Five or more** emergency room visits in six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;
- **Three or more** unplanned hospital and/or short-term skilled nursing facility (SNF) stays in six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

Children and Youth who meet one or more of the following conditions:

- **Three or more** emergency room visits in 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;
- **Two or more** unplanned hospital and/or short-term skilled nursing facility (SNF) stays in s12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.



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Individuals with Serious Mental Health and/or Substance Use Disorder. Adult and Children/Youth Criteria

Adults with Serious Mental Health and/or Substance Use Disorder Needs:

- Meet the eligibility criteria or participation in, or obtaining services through:
 - Specialty Mental Health Services (SMHS) delivered by the county's Mental Health Plan
 - The Drug Medi-Cal Organization Delivery System (DMC-ODS) or the Drug Medi-Cal program (DMC).

And

- Are experiencing at least one or more of the following criteria:
 - Are at high risk for institutionalization, overdoses, and/or suicide
 - Use crisis services, Eds, urgent care, or inpatient stays as the primary source of care;
 - Experienced two or more ED visits or two or more hospitalizations due to serious mental health or substance use disorder in the past 12 months.

Children and Youth with Serious Mental Health and/or Substance use Disorder

- Meet the eligibility criteria for participate in, or obtaining services through one or more of:
 - SMHS delivered by Mental Health Plan
 - The DMC-ODS or DMC program

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Individuals Transitioning from Incarceration

Adults:

- Adults who are transitioning from a correctional facility (prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months;

And

- Have at least one of the following conditions:
 - Mental Illness
 - Substance Use Disorder
 - Chronic Condition/Significant Non-Chronic Clinical Condition
 - Intellectual or Developmental Disability
 - Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant or Postpartum

Children and Youth Transitioning from Youth Correctional Facility:

- Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility in the past 12 months. No further criteria are required to be met for Children and Youth to qualify.

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Adults Living in the Community and At Risk for Long-term Institutionalization

Adults who are living in the community who meet the SNF level of care criteria **OR** who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support and/or equipment for prevention, diagnosis, or treatment for acute illness.

AND

Are actively experiencing at least one complex social or environmental factor influencing their health such as need help with daily activities, communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring.

AND

Are able to reside continuously in the community with wraparound supports.

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Adult Nursing Facility Residents Transitioning to the Community

Adults nursing facility residents who are interested in moving out of the institution

AND

Are likely candidates to do so successfully

AND

Are able to reside continuously in the community.

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Children and Youth Enrolled in CCS or CCS WCM

Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition.

- Children and Youth who are enrolled in CCS or CCS WCM
- AND
- Are experiencing at least one complex social factor influencing their health. Examples include, but not limited to:
 - Lack of access to food
 - Lack of access to stable housing
 - Difficulty accessing transportation
 - High measure of ACEs screening
 - History of recent contacts with law enforcement or
 - Crisis intervention services related to mental health and/or substance use symptoms

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Children and Youth Involved in Child Welfare

Children or Youth who meet one or more of the following conditions:

- Are under age 21 and are currently receiving foster care in California
- Are under age 21 and previously received foster care in California or another state within the last 12 months
- Have aged out of foster care up the age 26 (having been in foster care on their 18th birthday or later) in California or another state
- Are under age 18 and are eligible for and/or in California Adoption Assistance Program
- Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months

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Birth Equity

Adults and youth who are pregnant or are postpartum – through 12 months
AND

Are subject to racial and ethnic disparities as defined by California Public Health data on maternal morbidity and mortality:

- Health disparities are patterns of inequity that shows people of color face barriers in accessing health care, often receive suboptimal treatment, and are most likely to experience poor outcomes in the health care system.

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Community Supports Overview

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Community Supports

There are 14 pre-approved Community Supports that were developed to help CCAH Members to obtain care in the least restrictive setting possible.

- Members do not need to be enrolled in ECM to receive community Supports
- Members can access Community Supports through provider referrals or through self-referral
- There are guidelines for each of these services for qualifying and what is provided

Community Supports were developed and/or enhanced through the CalAIM initiatives to provide services that are cost effective alternatives to help members remain in their communities.

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Community Supports – Types of Services

- 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 (Home Modifications)
- Medically-Supported Food/Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation

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RESOURCES

- Send e-mails to listeamtteam@ccah-alliance.org
- Tammy H. Enhanced Care Services Director

