San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

CalAIM

California Advancing and Innovating Medi-Cal

Health Commission

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Objectives

- Develop a high-level understanding of CalAIM goals, initiatives, and populations of focus
- Learn the benefits of DPH leading CCSF CalAIM implementation
- Realize the positive impacts CalAIM has on care coordination for our most socially, medically, and behaviorally complex clients

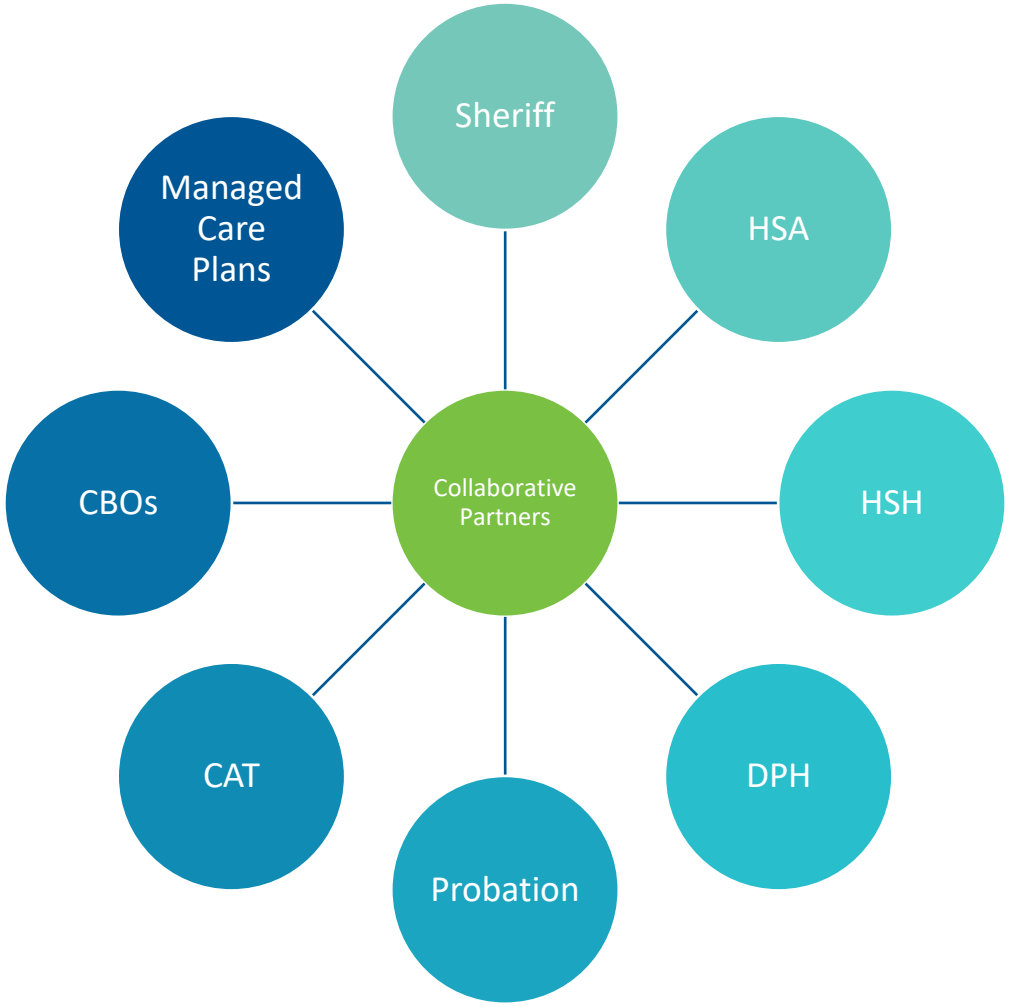
CalAIM California Advancing and Innovating Medi-Cal

Long-term commitment to transform and strengthen Medi-Cal

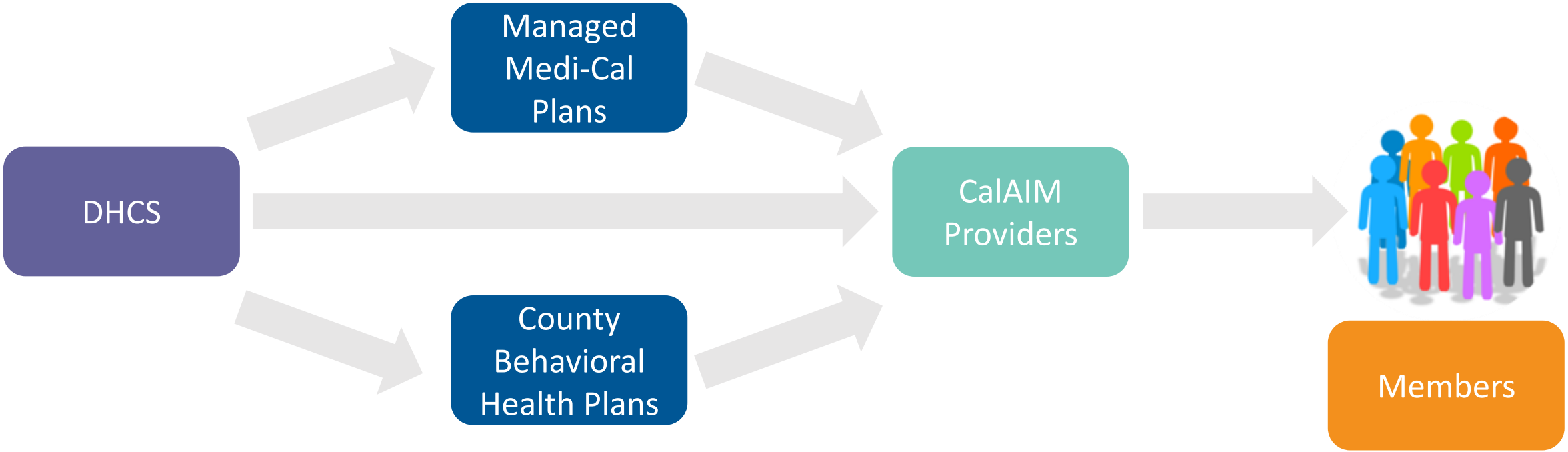
Goals

CalAIM Initiatives

- Behavioral Health Delivery System Transformation
- California Children's Services and Foster Care
- Community Supports
- Enhanced Care Management (ECM)
- Justice-Involved
- Long Term Care Carve-In
- Population Health Management
- Providing Access and Transforming Health



CalAIM Resources and Funding Flow



Who CalAIM serves

CalAIM Focus Populations include:

- Individuals experiencing homelessness
- Individuals with Serious Mental Illness (SMI) or Substance Use Disorder (SUD)
- Individuals with high utilization of care
- Individuals transitioning to the community from incarceration
- Foster youth
- Individuals at risk of institutionalization
- Black, American Indian or Alaska Native, or Pacific Islander individuals who are pregnant or postpartum

A Patient Story

- Carmela, a 32-year-old woman living with bipolar disorder, had frequently used emergency services for mental health crises. On one such occasion, she was placed under a 5150 mental health hold. Following this, Carmela was introduced to the BHS Bridge Engagement Services Team (BEST) Care Management ECM Team.

- A care manager met with Carmela at psychiatric emergency services soon after her referral. By reviewing her health history, the care manager understood Carmela's reluctance to engage in treatment. However, the BEST Care Management Lead Case Manager, through persistent efforts, gradually built a trusting relationship with Carmela by offering to meet with her twice a week.

- Despite initially declining mental health care, the supportive and consistent meetings led Carmela to eventually accept help. She agreed to engage in mental health care and was connected to a behavioral health clinic that provided her with intensive outpatient services.

- As a result, Carmela's reliance on emergency services for psychiatric issues significantly decreased. She began using these services only for medical concerns. Moreover, when experiencing a psychiatric crisis, she now had the support of her case manager to access appropriate care promptly. This intervention not only stabilized her condition but also improved her overall quality of life.

CalAIM Impact

DPH Leads the Way for CCSF Agencies to Provide CalAIM Services

DPH has provided infrastructure and contracting mechanisms to HSA DAS and HSH to provide Enhanced Care Management and Community Supports through their CBO networks.

These efforts have provided **care coordination for clients discharging from Laguna Honda** and provide foundation for **HSH to scale housing supports**.

DPH Jail Health Services leads the Justice-Involved Initiative with collaboration from SFSO, HSA, many other city agencies, community-based organizations, and SF managed care plans.

Special Programs for Youth (SPY) is leading Pre-Release and Reentry services within the CalAIM Justice-Involved Initiative for youth. JPD and HSA are close partners for Medi-Cal application assistance under this initiative.

These partnerships have led to **cross-agency data sharing** and workflow design and implementation to **scale Medi-Cal enrollment and coordinate pre-release and reentry services**.

Cross Agency Collaboration Streamlines Workflows

- **Home Modifications** are provided by DAS, PHD, and SFHN
- Planning for Home Modifications Community Support revealed **duplication in efforts**
- Processes were streamlined, increasing **team member efficiency** and **patient experiences**

BHS CalAIM Implementation Progress

BHS Documentation Redesign for MH and SUD

July 2022 - LIVE!

- Changes how we document
- Designed to reduce documentation burden

BHS Payment Reform

July 2023 - LIVE!

- Changed how we get paid and how we pay our providers

Standardized Screening and Transition Tools **January 2023 - LIVE!**

- Strengthened Collaboration with Managed Care Plans (>70% of BHS clients are enrolled in SFHP and ABC)

Enhanced Care Management & Community Supports **January 2023 – Live!**

- Expanded care coordination and increased MediCal revenue

Contingency Management **July 2023 – Live!**

- Expanded capacity (3 programs live, another launching soon)

Behavioral Health Administrative Integration **January 2027**

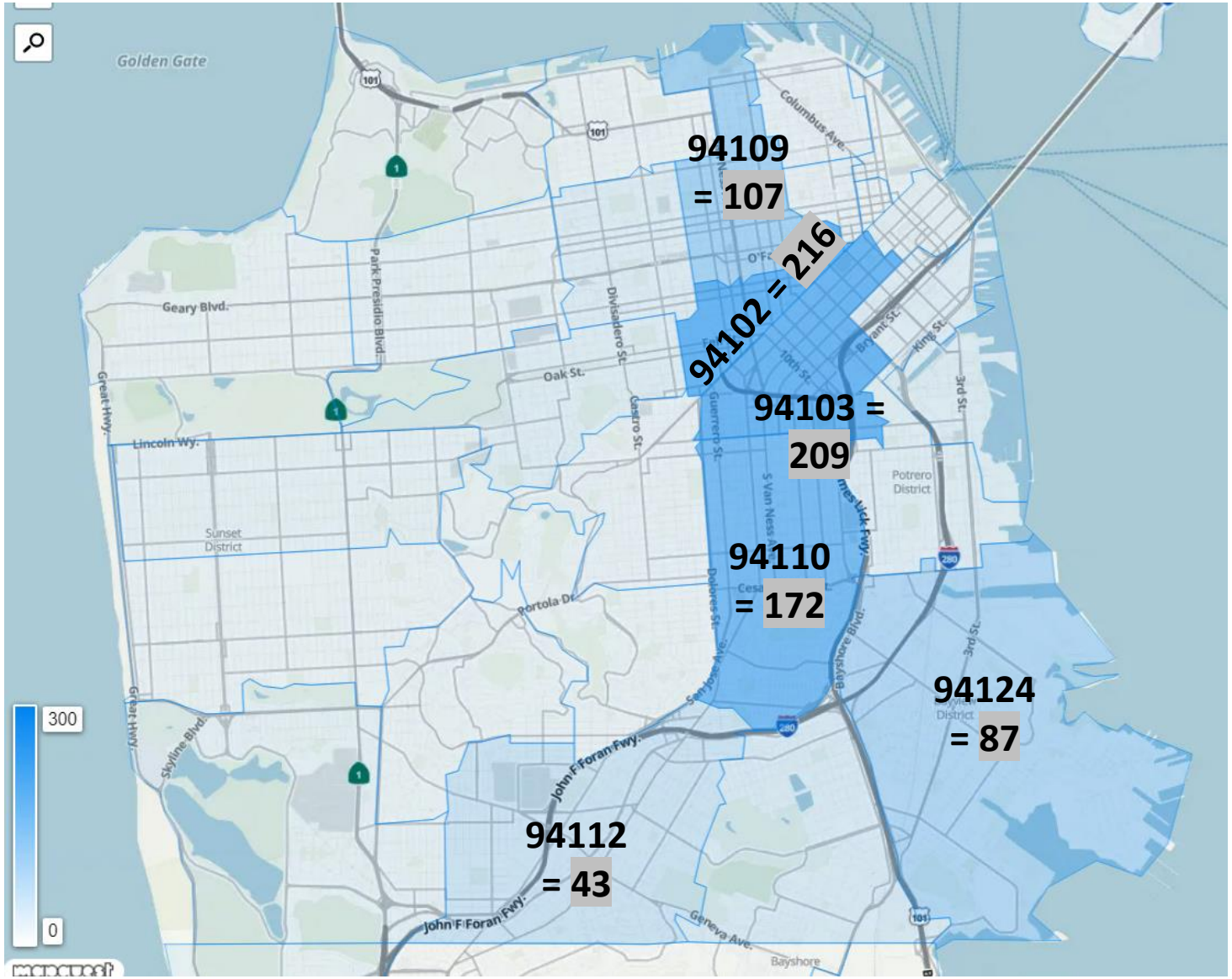
- Streamlined administrative and regulatory activities

Care Coordination Addresses Complex Needs

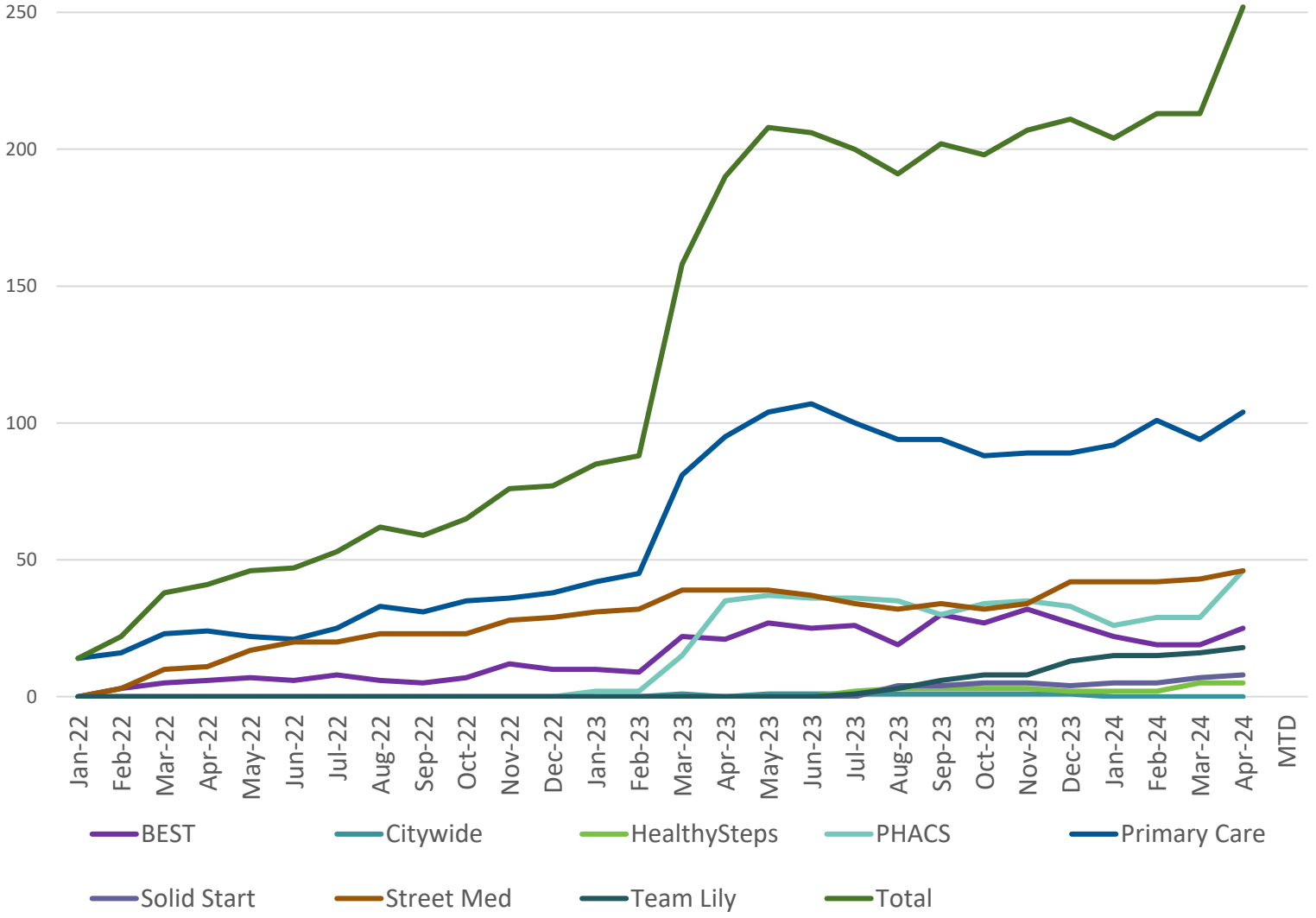
- ECM was added as both a **new function for existing staff** and by **adding to our organization** (example: Street Medicine and ZSFG Discharge Linkage Teams are new)
- ECM teams are **embedded in SFHN health systems of care and the community**
  - Hospitals, psychiatry emergency, primary care, supportive housing, shelter, street and neighborhoods.
- Our aim is to serve urgently those individuals with the **highest clinical and social needs**

SFHN ECM Penetration

- ECM Teams **respond to referrals from the community**
- ECM Lead Case Managers are embedded in the community to **meet clients where they are**



SFHN ECM Enrollment



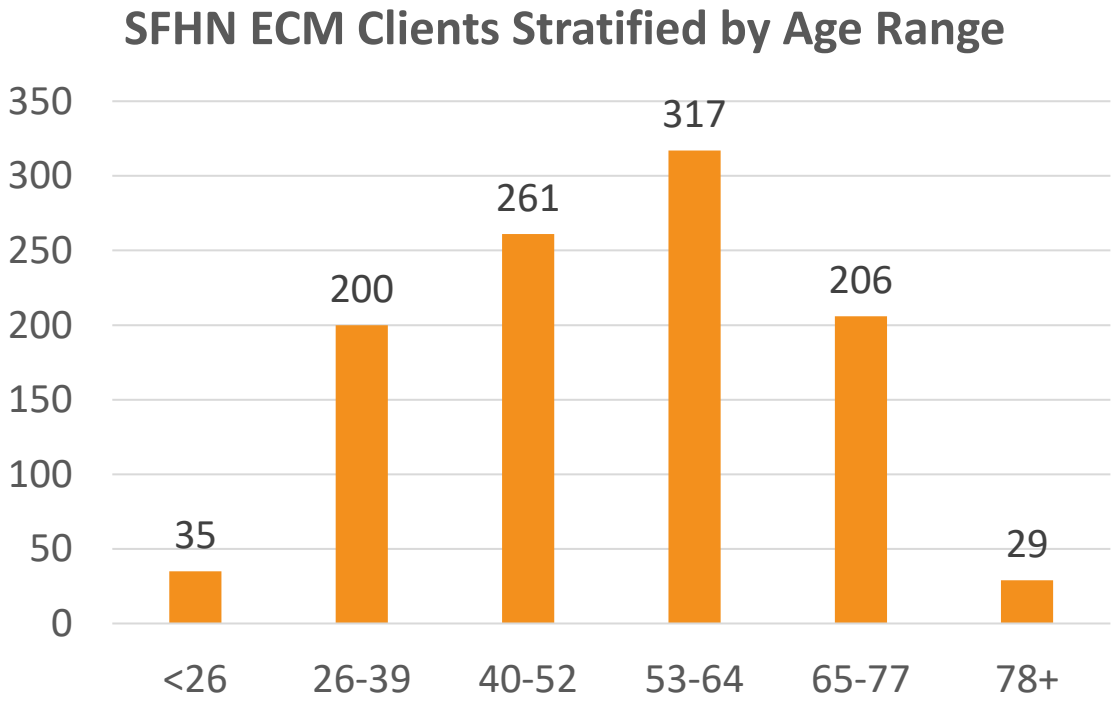
SFHN ECM Enrollment Rate = 60%

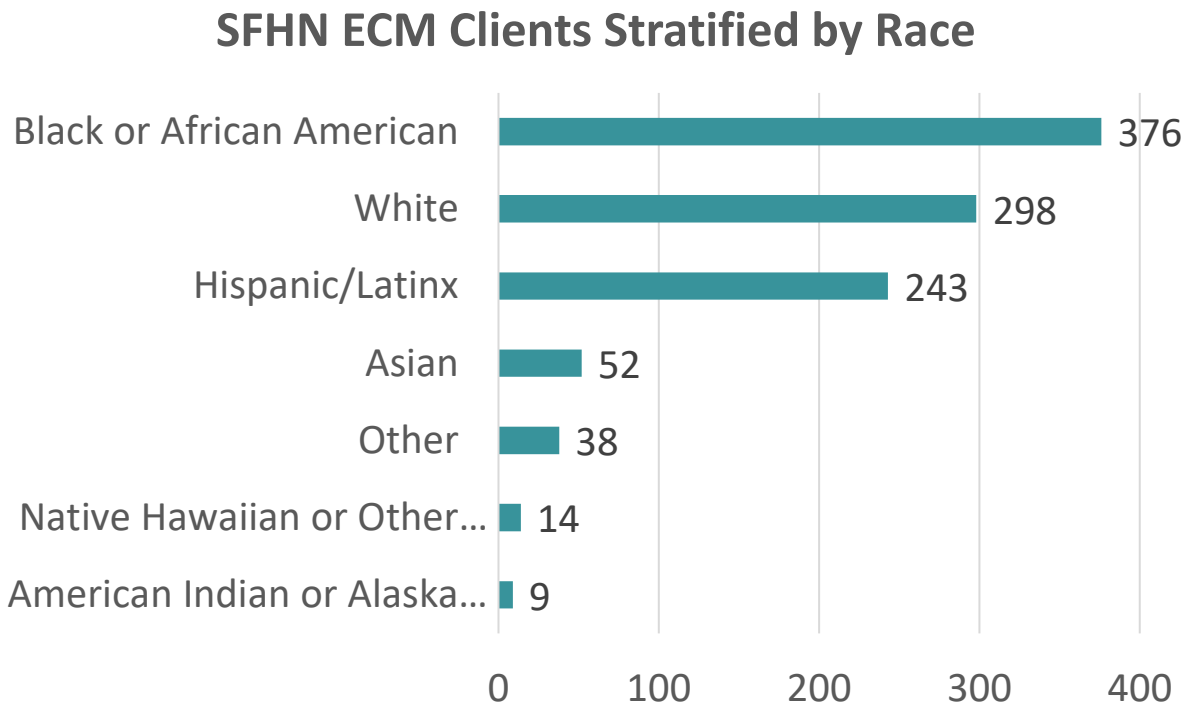
State Average = 25%

- Peers with **lived experience** support successful engagement and enrollment

SFHN ECM Penetration

- Clients outreached and enrolled from 1/1/22 – 4/30/24 (28 months)
- N = 1048

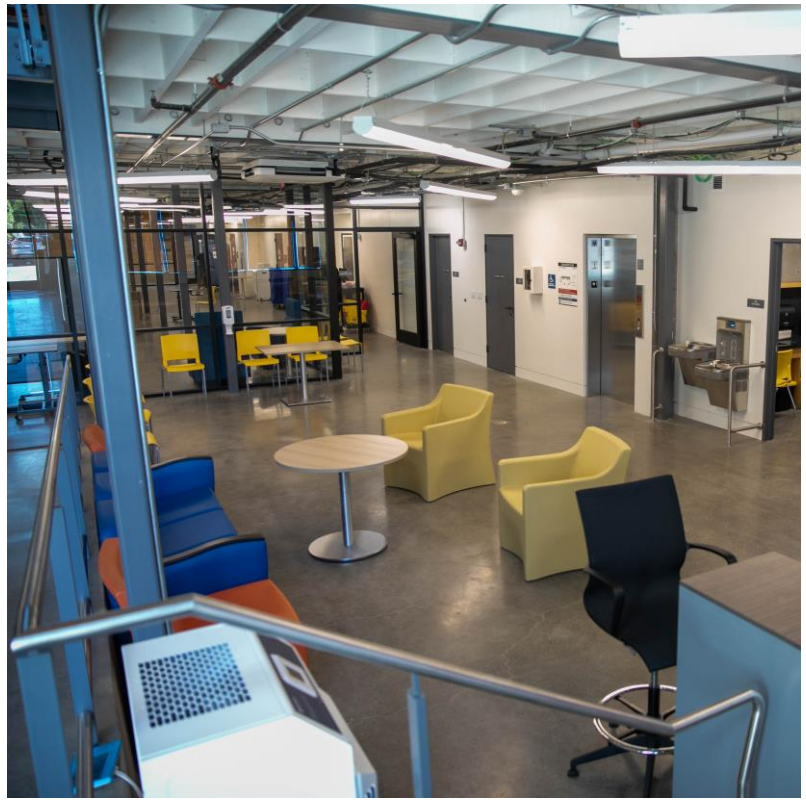




CalAIM Requirements Elevate Program Performance

Community Supports hard wire Medi-Cal billing, documentation and reporting requirements into existing CCSF programs, such as sobering centers, medical respite, and housing services, to:

- Improve data-driven decision making
- Increase linkages to care
- Provide an ongoing revenue source



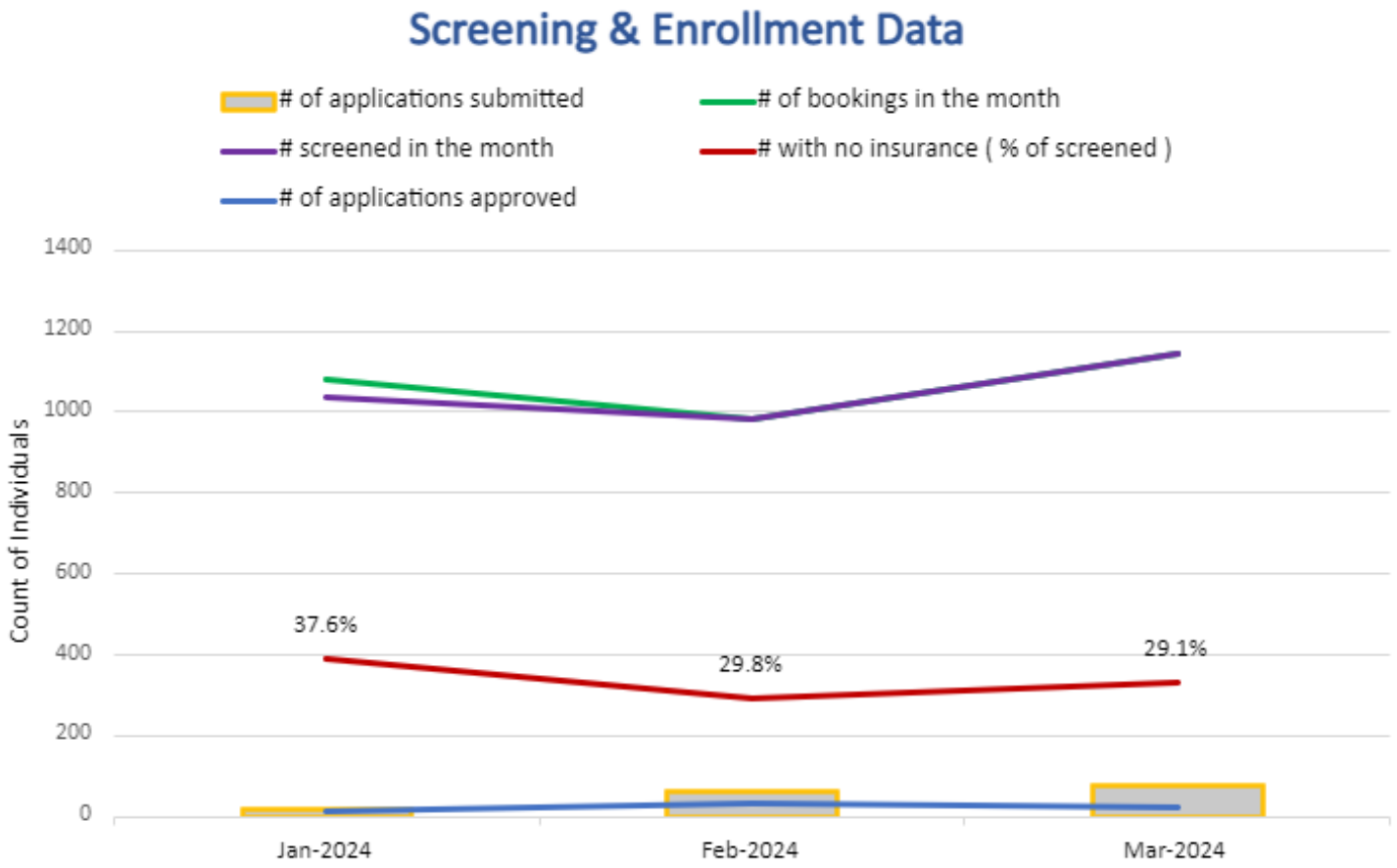
SoMa Rise Community Support Site

MCP Partnerships Strengthen Population Health

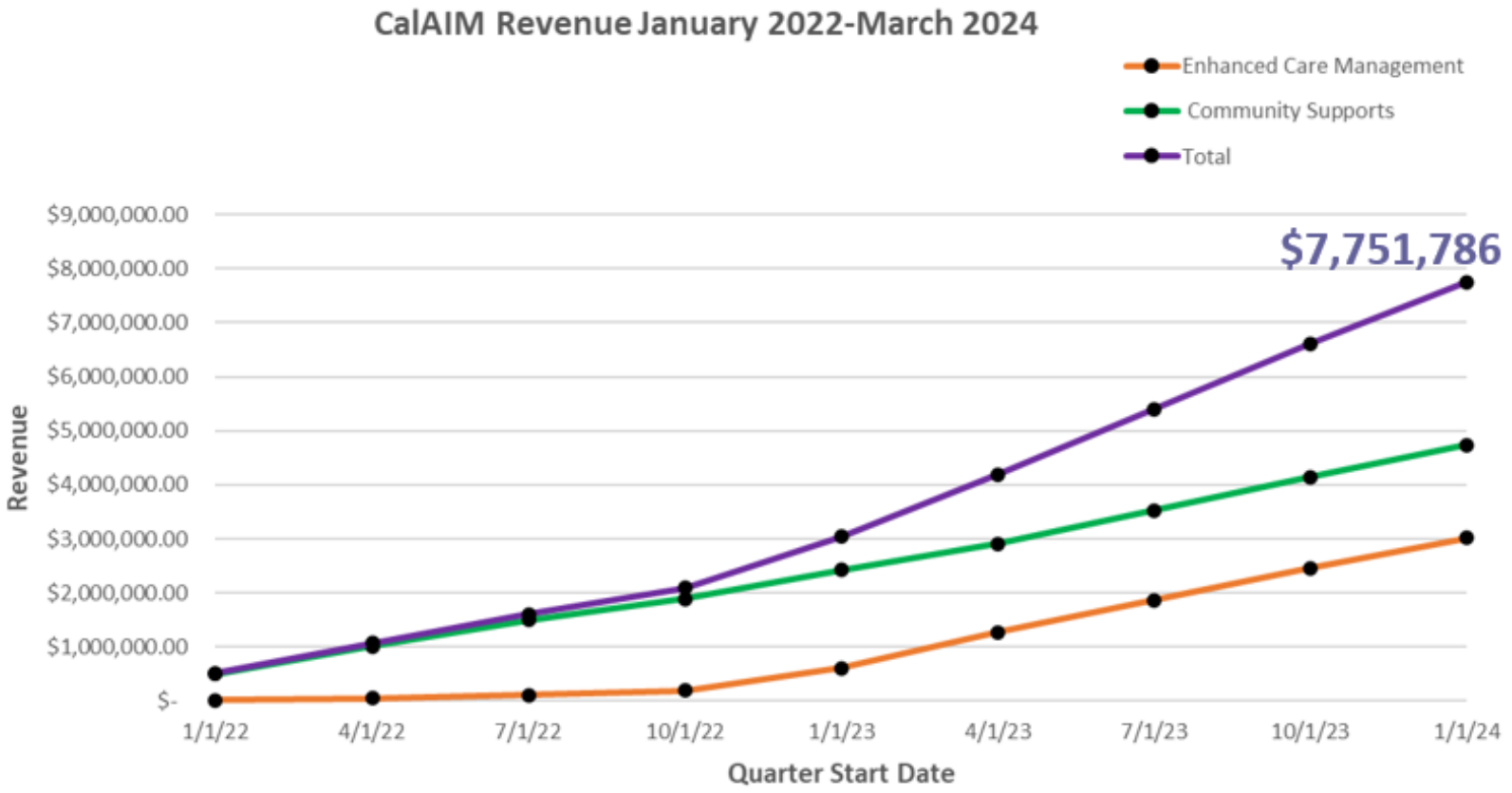
- Managed Care Plans are now involved in the **Community Health and MCAH Needs Assessments**
- We have a shared bold goal supported by data sharing to improve % of children who receive well-child visits and **decrease disparities by 20% in rates for Black/African American and Latinx children**

Greater Medi-Cal Coverage is Provided to Clients

- All clients booked into County Jail are now **screened for insurance through Epic**
- Processes to support clients who are uninsured **applying for Medi-Cal** are scaling up
- Clients with Medi-Cal have their status suspended during incarceration, and unsuspended upon release, allowing them **greater healthcare access upon community reentry**



Medi-Cal Revenue Generation Offsets General Fund



CalAIM hardwires Medi-Cal billing into existing CCSF programs, providing an **ongoing, sustainable source of revenue**.

DPH has been awarded **$7.3M** from DHCS and Managed Care Plans to support CalAIM implementation and expansion.

Focus Areas Moving Forward

Implementation of CCSF CalAIM strategic vision, goals, and strategies

Outcomes study: hospitalization and emergency department utilization stratified by race, ethnicity, language, age, sexual orientation and gender identify

Program improvement to address disparities uncovered and improve whole person health in an equitable manner

Thank You!