

DeLeon, Jakeline

From: bhabadmin
Sent: Monday, April 24, 2023 9:24 AM
Subject: BHAB Officer Duties
Attachments: BHAB Officer Duties.pdf; SPAN-BHAB Officer Duties.pdf

Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.

Good morning,

I hope all is well.

Please see the attachment above for the Behavioral Health Advisory Board officer duties for your information.

TRANSLATION:

Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.

Buenos días,

Espero que todo este bien.

Consulte el archivo adjunto anterior para conocer las funciones de los funcionarios de la Junta Asesora de Salud del Comportamiento para su información.

Gracias.

Thank you,

Jakeline(Jaky)De Leon

Management Assistant II

Ventura County Behavioral Health

Phone: (805) 981-6832 | (805) 981-1881

Email: jakeline.deleon@ventura.org

1911 Williams Dr., Suite #200

Oxnard, California 93036

Pronouns: She/Her/Ella <https://pronouns.org/>



BHAB Officer Duties per BHAB Bylaws, Article V.D.:

1. Duties of the **Chairperson** shall include:
 - a. Administer operation of the BHAB and preside at all meetings.
 - b. Call special meetings as necessary.
 - c. Appoint committee and workgroup chairs from the ranks of the BHAB membership.
 - d. Establish meeting agendas.
 - e. Maintain consultation with the Director.
 - f. Produce and forward reports, including an annual report, to the County's Board of Supervisors.
 - g. Represent the BHAB and perform other duties ordinarily performed by a Chairperson.

2. Duties of the **1st Vice-Chairperson** shall include:
 - a. Exercise all the responsibilities of the Chairperson in the absence of the Chairperson.
 - b. Meet all responsibilities delegated by the Chairperson and mutually agreed upon.

3. Duties of the **2nd Vice-Chairperson** shall include:
 - a. Fulfill the responsibilities of the Chairperson or 1st Vice-Chairperson due to absence as needed.

4. Duties of the **Secretary** shall include:
 - a. Perform the usual duties pertaining to secretaries.
 - b. Maintain a record of attendance of members, including unexcused absences and BHAB resignations, and promptly report this information to the Executive Committee.
 - c. Monitor and maintain a list of the members' dates of appointment and terms of expiration.
 - d. At the direction of the Executive Committee, draft letters to BHAB members who are in non-compliance of the attendance standard.

DeLeon, Jakeline

From: bhabadmin
Sent: Monday, April 24, 2023 12:47 PM
Subject: VCBH Job Fair - April 29!
Attachments: Job Fair VCBH Flyer.pdf; SPAN-Job Fair VCBH Flyer.pdf

Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.

Good morning,

Please see the attached flyer for the Ventura County Behavioral Health Job Fair coming up this Saturday, April 29th.

TRANSLATION:

Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.

Buenas tardes,

Por favor vea el volante adjunto para la Feria de Trabajo de Salud Conductual del Condado de Ventura que se realizará este sábado 29 de abril.

Gracias.

Thank you,

Jakeline (Jaky) De Leon

Management Assistant II

Ventura County Behavioral Health

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VENTURA COUNTY
BEHAVIORAL HEALTH
A Department of Ventura County Health Care Agency

OPEN HOUSE

Join us to hear about careers in Behavioral Health, meet our executives, learn more about our mission, values and culture and be considered for an on-site interview!



We are hiring:

- Behavioral Health Clinician I-IV
- Behavioral Health Mobile Crisis Clinician (Regular and Senior)
- Mental Health Associate
- and MORE!

TO BE CONSIDERED FOR AN INTERVIEW, SUBMIT YOUR APPLICATION
BY APRIL 19, 2023 AT WWW.VENTURA.ORG/JOBS.

SATURDAY, APRIL 29 FROM 9:00AM - 2:00PM
1911 WILLIAMS DRIVE, OXNARD CA 93036

For more information, email: HCA Cert.Team@ventura.org.



DeLeon, Jakeline

From: bhabadmin
Sent: Monday, May 1, 2023 12:17 PM
Subject: FW: Today at 5 pm: Governor's Proposal to Address Homelessness and Modernize the Behavioral Health System

Approved for distribution to all BHAB Members by Michael Rodriguez, Chair – Behavioral Health Advisory Board.

Good morning,

I hope all is well.

Please see the email below from the California Association of Local Behavioral Health Boards and Commissions.

TRANSLATION:

Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, presidente de la Junta Asesora de Salud del Comportamiento.

Buenos dias,

Espero que todo esté bien.

Consulte el siguiente mensaje de la Asociación de Juntas/Comisiones Locales de Salud Conductual de California.

Gracias.

Thank you,

Jakeline (Jaky) De Leon

Management Assistant II

Ventura County Behavioral Health

Phone: (805) 981-6832 | (805) 981-1881

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Pronouns: She/Her/Ella <https://pronouns.org/>



From: CAL BHBC <cal@calbhbc.com>

Sent: Monday, May 1, 2023 10:12 AM

To: Rodriguez, Michael <Michael.Rodriguez@ventura.org>

Subject: Today at 5 pm: Governor's Proposal to Address Homelessness and Modernize the Behavioral Health System

WARNING: If you believe this message may be malicious use the Phish Alert Button to report it or forward the message to Email.Security@ventura.org.

There will be another opportunity to hear about the Governor's proposals to modernize the behavioral health system, including major changes to the Mental Health Services Act (MHSA):

Today, Monday, May 1st, 2023

Beginning around 5:00 p.m.

Assembly Budget Subcommittee #1 on Health and Human Services, STATE CAPITOL, ROOM 127 OR

Live Streaming: [May 1 Agenda \(cvioral a.gov\)](https://www.cvioral.a.gov)

PUBLIC TESTIMONY will be taken both in person and by telephone but not until the very end of the hearing (which could be very late into the evening.) When it is time for telephone testimony, the operator will ask you to press 10 to be put into the queue (it may take a while before they respond by telling you your number in the queue). When your number is called, your line will be open for you to speak.

The hearing begins at 2:30 p.m. but this is a "special order" that begins approximately at 5:00 p.m. and could go until late that evening. **The [full agenda](#) has a lot more information on this part of the hearing on pages 48 to 65.**

TRANSLATION:

Habr  otra oportunidad de conocer las propuestas del Gobernador para modernizar el sistema de salud del comportamiento, incluidos cambios importantes en la Ley de Servicios de Salud Mental (MHSA):

Hoy, lunes, 1 de mayo de 2023

Comenzando alrededor de las 5:00 p.m.

Subcomit  de Presupuesto de la Asamblea #1 sobre Salud y Servicios Humanos, CAPITOLIO DEL ESTADO, SALA 127 O

Transmisión en vivo: [Agenda del 1 de mayo \(cvioral a.gov\)](https://www.cvioral.a.gov)

El TESTIMONIO P BLICO se tomar  tanto en persona como por tel fono, pero no hasta el final de la audiencia (que podr  ser muy tarde en la noche). Cuando llegue el momento del testimonio telef nico, el operador le pedir  que presione 10 para que lo pongan en la cola (puede tomar un tiempo antes de que

respondan diciéndole su número en la cola). Cuando llamen a su número, su línea estará abierta para que pueda hablar.

La audiencia comienza a las 2:30 p.m. pero este es un “pedido especial” que comienza aproximadamente a las 5:00 p.m. y podría ir hasta tarde esa noche. **La agenda completa tiene mucha más información sobre esta parte de la audiencia en las páginas 48 a 65.**

DeLeon, Jakeline

From: bhabadmin
Sent: Monday, May 1, 2023 12:26 PM
Subject: MHSOAC Information Notice
Attachments: MHSOAC-Information-Notice-23-001-PEI-priorities.pdf; SPANISH-MHSOAC-Information-Notice-23-001-PEI-priorities.pdf

Approved for distribution to all BHAB Members by Michael Rodriguez, Chair at the request of Elizabeth Stone – Behavioral Health Advisory Board.

Good morning,

Please see the attached information notice from the Mental Health Services Oversight & Accountability Commission.

TRANSLATION:

Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, Presidente de la Junta Asesora de Salud del Comportamiento solicitado por Elizabeth Stone.

Buenos días,

Consulte el aviso de información adjunto de la Comisión de Supervisión y Responsabilidad de los Servicios de Salud Mental.

Gracias.

Thank you,

Jakeline (Jaky) De Leon

Management Assistant II

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MHSOAC INFORMATION NOTICE #23-001

DATE: April 26, 2023

TO: County Mental Health Directors
County Behavioral Health Directors
County MHSOAC Coordinators
Interested Parties

SUBJECT: Priorities for the Prevention and Early Intervention Component of the Mental Health Services Act.

PURPOSE: To Provide Guidance to Counties Regarding PEI Priorities and the use of PEI Funds.

REFERENCE: Welfare and Institutions Code Section 5840.7; Welfare and Institutions Code Section 5840.8; MHSOAC January 30, 2020 Guidance on Priorities for Prevention and Early Intervention Component of the Mental Health Services Act.

MARA MADRIGAL-WEISS
Chair

MAYRA E. ALVAREZ
Vice Chair

TOBY EWING
Executive Director

BACKGROUND

This Mental Health Services Oversight & Accountability Commission Information Notice provides guidance to Counties regarding the implementation of Welfare and Institutions Code section 5840.7 enacted by Senate Bill 1004 (Statutes 2018 Chapter 843). The Commission is issuing this Notice pursuant to Welfare and Institutions Code section 5840.8, which authorizes the Commission to implement this law through an information notice or related communication without taking regulatory action.

Section 5840.7 also authorizes the Commission to adopt additional programs that the Commission identifies, with community partner participation, “that are proven effective in achieving, and are reflective of, the goals stated in Section 5840.”

On January 30, 2020, the Commission issued a communication that stated “[t]he Commission has not at this time established priorities additional to those specifically enumerated in WIC Section 5840.7(a).” This Information Notice supersedes the Commission’s January 30, 2020 Guidance on PEI Priorities.

On March 23, 2023, through formal action, the Commission directed Staff to prepare an information notice indicating that the Commission has adopted additional priorities, regarding transition age youth not in college, and community defined evidence practices (CDEPs).

GUIDANCE

Pursuant to Welfare and Institutions Code sections 5840.7 and 5840.8, the Mental Health Oversight & Accountability Commission has adopted the following priorities for the use of prevention and early intervention funds, including two additional priorities that are identified in *italics* below:

- (1) Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
- (2) Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.
- (3) Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs *and transition age youth not in college*.
- (4) Culturally competent and linguistically appropriate prevention and intervention, *including community defined evidence practices (CDEPs)*.
- (5) Strategies targeting the mental health needs of older adults.

Section 5840.7(d)(1) requires that counties shall, through their MHSA Three-Year Program and Expenditure Plans and Annual Updates, focus use of their PEI funds on the Commission-established priorities or other priorities as determined through their respective, local community partner processes. If a County chooses to focus on priorities other than or in addition to those established by the Commission, “the plan shall include a description of why those programs are included and metrics by which the effectiveness of those programs is to be measured.”

In order to meet the requirements of Section 5840.7(d)(1), each County shall show in the PEI Component of its Fiscal Year 2024-2027 Three-Year Program and Expenditure Plan, the following:

1. Which specific PEI priorities the County’s plan addresses, an estimate of the share of PEI funding allocated to each priority, and an explanation of how community partner input contribute to those allocations.

2. If the County has determined to pursue alternative or additional priorities to those listed in Section 5840.7(a), how the County made these determinations through its community partner process.
3. For any alternative or additional priority identified by the County, what metric or metrics relating to assessment of the effectiveness of programs intended to address that priority the County will measure, collect, analyze, and report to the Commission, in order to support statewide learning.

For any alternative or additional priority identified by a County in its plan, the County shall specify at least one metric through which it will assess the effectiveness of the program(s) intended to address that alternative priority. The County shall provide an explanation with supporting evidence as to the validity of the specified metric for its intended purpose.

If you have any questions or concerns regarding this Information Notice, please contact Sharmil Shah, Chief of Program Operations at Sharmil.Shal@mhsoc.ca.gov.

Respectfully,



Toby Ewing
Executive Director

DeLeon, Jakeline

From: bhabadmin
Sent: Thursday, May 4, 2023 2:01 PM
Subject: FW: CalAIM in Focus – May Digest

Approved for distribution to all BHAB Members by Michael Rodriguez, Chair at the request of Janis Gardner – Behavioral Health Advisory Board.

Good afternoon,

Please see the message below for CalAIM in Focus.

TRANSLATION:

Aprobado para su distribución a todos los miembros de BHAB por Michael Rodríguez, Presidente de la Junta Asesora de Salud del Comportamiento solicitado por Janis Gardner.

Buenas tardes,

Consulte el mensaje a continuación para CalAIM Enfocado.

Gracias.

Thank you,

Jakeline (Jaky) De Leon

Management Assistant II

Ventura County Behavioral Health

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A Monthly Digest of Information and Resources on California's Efforts to Transform the Medi-Cal Program

A monthly compendium of information and resources on California's efforts to transform the Medi-Cal program.

No images? [Click here](#)



CalAIM

IN FOCUS

May 4, 2023

A monthly compendium of information and resources on California's efforts to transform the Medi-Cal program

Every day, I am very impressed by the dedication and commitment of everyone who works to implement CalAIM. I want to make sure those of you with a clinical history know about [**CHCF's Healthcare Leadership Program**](#). It is a two-year, part-time fellowship that has been helping clinically trained healthcare professionals develop their leadership skills, adopt design thinking, and deepen their policy knowledge for over 20 years. Applications have just opened for this year, and up to 32 fellows will be selected. In the words of one alumnus, "Leadership is not a sprint, but a marathon. To succeed, you can't run it alone." I hope you consider [**Applying today!**](#)

— [**Melora Simon**](#)

Summaries

Building CalAIM Capacity: How Four Local Health Plans Have Invested Incentive Payment Program Funds

California has set aside \$1.5 billion to help managed care plans invest in the workforce and infrastructure capacity to implement CalAIM (California Advancing and Innovating Medi-Cal). New report explores how four local plans are investing funds from these resources.

Spotlighting Innovators: Community Supports for an Aging Population

Managed care plans are looking for partners to provide community support for CalAIM's newer focus population: older adults who are eligible for nursing home care but prefer to remain in the community. This report highlights the opportunity and identifies several organizations working with managed care plans to offer these services.

Equity at CalAIM: How to Identify the Patients Who Will Benefit the Most

A new report raises questions about some of the most widely used data points to identify people with high needs: existing health care utilization data. That approach can systematically shut out people who use the health care system at much lower rates, despite high needs.

Building CalAIM Capacity: How Four Local Health Plans Have Invested Incentive Payment Program Funds

Managed care plans are critical to CalAIM's success. Recognizing that health plans need help to get CalAIM's range of new services up and running, especially Enhanced Care Management (ECM) and Community Supports services, the state launched the **Incentive Payment Program (IPP)**, [a three-year initiative \(PDF\)](#) to help build the plans' workforce and technical infrastructure. PPI resources complement those of Providing **Access and Transforming Health (PATH)** But unlike PATH, IPP funds flow through managed care plans. California spent \$300 million last year on IPP funding, and plans can earn and then invest up to \$1.2 billion more over the course of the program. Check out this Department of Health Care Services ["cheat sheet" \(PDF\)](#) for funding opportunities for partners on the ground.

[A new report from Local Health Plans of California \(LHPC\)](#) highlights how four local plans, serving three million covered lives, are using their combined \$100 million in IPP awards. The report highlights three main impacts so far of the first round of IPP funding: **Accelerate transitions of precursor programs.** Plans with experience with Whole Person Care and the Health Home Program have been able to use IPP funds to expand existing relationships with providers and community structures, helping service providers expand or provide new services, such as sobriety centers or housing services.

Develop new partnerships with organizations that already serve focus populations. IPP funds are also helping the plans grow their provider networks, allowing them to partner with organizations that already work with key focus populations or provide services in rural or remote areas, where access to care has been a challenge.

Reduce risk for suppliers. Some plans are using IPP funds to provide a "safety net" for providers as they adapt to the administrative requirements and associated risks of working

with Medi-Cal and hiring and training staff to provide Enhanced Care Management and Community Supports staff.

>> Read the full LHPC report [Local Plan Strategies for CalAIM's Incentive Payment Program](#). In addition, the Department of Health Care Services (DHCS) has just released the [names of organizations \(PDF\)](#) that received capacity building awards under Round 1B of its Transition, Expansion, and Capacity and Infrastructure Development (CITED) program. DHCS is accepting applications through May 31 for Round 2. [Apply now](#).

Spotlighting Innovators: Community Supports for an Aging Population

Older adults are one of the fastest growing populations in the state, and older adults who want to live independently in their communities are the newest population of focus for CalAIM. As managed care plans delve into the needs of this population, they will need to develop partnerships with providers who can effectively provide the services older adults need, from home modifications and homemaker services to medically tailored meals. And like many organizations eager to participate in CalAIM, providers need to know what it takes to become an effective partner for managed care plans.

A [new CHCF report](#) offers insights. Describes several organizations that work with managed care plans and provide CalAIM community supports and related services. The organizations include larger nonprofits that offer direct services and companies that provide critical technology infrastructure, such as IT platforms to interact with caregivers and software systems that help assisted living facilities handle the complexities of managed care billing.

The CHCF report also outlines what managed care plans look for in provider partnerships: Plans prefer partners who are comfortable with managed care requirements and who can scale up (and down) nimbly. For plans, the best partners understand the needs of the population and the technical aspects of the managed care environment, from healthcare system terminology to the basics of managed care workflows.

Plans prefer partners with robust information systems. The best partners are also providing information systems that offer "closed-loop referrals" (e.g., technology that allows a primary care provider to see that their diabetic patient is actually receiving medically tailored meals). Strong partners also bring expertise in measuring service utilization, quality, satisfaction, and staff ability to meet clients' linguistic and cultural needs.

>> Read CHCF's full report: [Services to Support Independent Living in the Community](#). Another recent CHCF publication highlights the state's options for switching additional long-

term services and supports to managed plans: **Medi-Cal Managed Care and Long-Term Services and Supports: Opportunities and Considerations under CalAIM**. An article on the CHCF Blog tells the story of a **man who successfully moved out of a nursing home**, and how CalAIM can support people seeking these changes.

Equity at CalAIM: How to Identify the Patients Who Will Benefit the Most

CalAIM's ultimate goal is to improve service delivery and health outcomes for all Medi-Cal enrollees, but to get there, the state needs to ensure that the managed care plans responsible for much of this initiative's success provide appropriate care to the people who need these services most.

A key first step is to identify who these people are and what types of services they need.

A new summary and **upcoming webinar** from the Center for Healthcare Strategies (CHCS) draws on the expertise of experts who have analyzed this issue and raises questions about a widely used approach to identifying people with high needs: relying on utilization and cost data from inpatient and emergency department visits. While DHCS has only included utilization data in the eligibility criteria for Enhanced Care Management services a few times, and plans may go beyond the criteria set by DHCS, CHCS highlights the risks of relying too heavily on this approach. Perhaps the greatest risk is the widespread underutilization of health care services by many underserved groups, including Black, Latino, American Indian, and Alaska Native populations, due to lack of services in their communities, distrust of care providers, or other factors.

"We've learned over the years that utilization is one small data point among many to help you reach the right population that will benefit from a program like ECM," says Jonathan Weedman, vice president of population health at CareOregon, an expert interviewed for the report. "But [if you just rely on utilization], you'll miss people who are really complex and need a lot of attention but aren't using the services for all sorts of reasons."

To address this, some organizations have expanded the types of data they use to now include sources such as primary care visits, medication adherence patterns, and diagnoses of multiple chronic conditions. "As part of our practice, we are now working to make sure that the extracted data includes information on race, ethnicity, and language," Weedman says. "Before, we weren't tracking the unintended consequences of disparities, and our data didn't provide the full picture."

In other words, to achieve equity, plans must focus on equity. "It's really about identifying the population you want to impact, and then assigning them to a set of interventions that's really well-equipped to offer," says Clemens Hong, director of community programs for the Los Angeles County Department of Health Services, who has helped [launch many of the successful local programs that inspired CalAIM](#). . "If you structure a program with a very narrow organization in all those dimensions, then you have a high probability of success."

>> To learn more, join this webinar with the authors of the report, **Equitable Identification of Individuals for Care Management: Strategies for CalAIM and Beyond** on Monday, May 15 from 11 AM (PT) at noon. [Register now!](#)

>> The full CHCS report reviewing new approaches to identifying high-need patients will be available soon.

Other CalAIM articles and resources we recommend

- In response to provider feedback, DHCS recently published [April 2023 Updates for ECM and Community Supports Data Guidance Documents \(PDF\)](#) (DHCS), which require standardization by managed care plans.
- ["California's Medicaid Experiment Spends Money to Save Money and Help the Homeless"](#) (California Healthline)
- ["New Treatment Options Could Help Curb Oakland's Methamphetamine Addiction Crisis"](#) (Oaklandside)
- [HHIP \[Housing and Homeless Incentive Program\] Implementation Toolkit for CoCs \[Continuums of Care\]](#) (Homebase)
- ["Will the state's big Medi-Cal plan really fix mental health care for low-income Californians?"](#) (CalMatters)
- [CalAIM and Behavioral Health Specialty Care: Lessons from Other States on Value-Based Pay](#) (CHCF)

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4 de mayo de 2023

Un compendio mensual de información y recursos sobre los esfuerzos de California para transformar el programa Medi-Cal

Cada día, estoy muy impresionado por la dedicación y el compromiso de todos los que trabajan para implementar CalAIM. Quiero asegurarme de que aquellos de ustedes con antecedentes clínicos sepan acerca de [Programa de Liderazgo en Atención Médica de CHCF](#). Es una beca de dos años a tiempo parcial que ha estado ayudando a profesionales de la salud clínicamente capacitados a desarrollar sus habilidades de liderazgo, adoptar el pensamiento de diseño y profundizar sus conocimientos sobre políticas durante más de 20 años. Las solicitudes se acaban de abrir para este año, y se seleccionarán hasta 32 becarios. En palabras de un exalumno, "El liderazgo no es un sprint, sino un maratón. Para tener éxito, no puedes ejecutarlo solo". Espero que consideres [¡Aplicando hoy!](#)

— [Melora Simón](#)

Resúmenes

Construyendo la capacidad de CalAIM: Cómo cuatro planes de salud locales han invertido fondos del programa de pago de incentivos

California ha reservado \$1.5 mil millones para ayudar a los planes de atención administrada a invertir en la fuerza laboral y la capacidad de infraestructura para implementar CalAIM (California Advancing and Innovating Medi-Cal). Un nuevo informe explora cómo cuatro planes locales están invirtiendo fondos de estos recursos

Destacando a los innovadores: apoyos comunitarios para una población que envejece

Los planes de atención administrada están buscando socios para brindar apoyos comunitarios para la población de enfoque más reciente de CalAIM: adultos mayores que son elegibles para la atención en hogares de ancianos, pero prefieren permanecer en la comunidad. Este informe destaca la oportunidad e identifica varias organizaciones que trabajan con planes de atención administrada para ofrecer estos servicios.

Equidad en CalAIM: Cómo identificar a los pacientes que más se beneficiarán

Un nuevo informe plantea preguntas sobre algunos de los puntos de datos más utilizados para identificar a las personas con altas necesidades: los datos existentes de utilización de la atención médica. Ese

enfoque puede dejar sistemáticamente fuera a las personas que usan el sistema de atención médica a tasas mucho más bajas, a pesar de las altas necesidades.

Construyendo la capacidad de CalAIM: Cómo cuatro planes de salud locales han invertido fondos del programa de pago de incentivos

Los planes de atención administrada son fundamentales para el éxito de CalAIM. Reconociendo que los planes de salud necesitan ayuda para poner en pie la gama de nuevos servicios de CalAIM, especialmente los servicios de Administración de Atención Mejorada (ECM) y Apoyos Comunitarios, el estado lanzó el **Programa de Pago de Incentivos (IPP)**, [una iniciativa de tres años \(PDF\)](#) para ayudar a construir la fuerza laboral y la infraestructura técnica de los planes. Los recursos de la PPI complementan los de la **Proporcionar acceso y transformar la salud (PATH)** Pero a diferencia de PATH, los fondos de IPP fluyen a través de planes de atención administrada. California gastó \$ 300 millones el año pasado en fondos de IPP, y los planes pueden ganar y luego invertir hasta \$ 1.2 mil millones más en el transcurso del programa. Consulte este Departamento de Servicios de Atención Médica ["hoja de trucos" \(PDF\)](#) para oportunidades de financiación para socios sobre el terreno.

Un [nuevo informe de Local Health Plans of California \(LHPC\)](#) destaca cómo cuatro planes locales, que atienden a tres millones de vidas cubiertas, están utilizando sus \$ 100 millones combinados en premios IPP. El informe destaca tres impactos principales hasta ahora de la primera ronda de financiación de la PPI:

Acelerar las transiciones de los programas precursores. Los planes con experiencia con Whole Person Care y el Programa de Hogares de Salud han podido usar los fondos de IPP para ampliar las relaciones existentes con proveedores y estructuras comunitarias, ayudando a los proveedores de servicios a expandir o proporcionar nuevos servicios, como centros de sobriedad o servicios de vivienda.

Desarrollar nuevas asociaciones con organizaciones que ya sirven a poblaciones de enfoque. Los fondos de IPP también están ayudando a los planes a hacer crecer sus redes de proveedores, permitiéndoles asociarse con organizaciones que ya trabajan con poblaciones clave de enfoque o que brindan servicios en áreas rurales o remotas, donde el acceso a la atención ha sido un desafío.

Reducir el riesgo para los proveedores. Algunos planes están utilizando los fondos de IPP para proporcionar una "red de seguridad" para los proveedores a medida que se adaptan a los requisitos administrativos y los riesgos asociados de trabajar con Medi-Cal y contratar y capacitar al personal para brindar personal de Administración de Atención Mejorada y Apoyos Comunitarios.

>> *Lea el informe completo de LHPC [Estrategias del plan local para el programa de pago de incentivos de CalAIM](#). Además, el Departamento de Servicios de Atención Médica (DHCS) acaba de publicar el [nombres de las organizaciones \(PDF\)](#) ese recibió premios de creación de capacidad bajo la Ronda 1B de su programa de Transición, Expansión y Desarrollo de Capacidad e Infraestructura (CITED). DHCS está aceptando solicitudes hasta el 31 de mayo para la Ronda 2. [Aplica ahora](#).*

Destacando a los innovadores: apoyos comunitarios para una población que envejece

Los adultos mayores son una de las poblaciones de más rápido crecimiento en el estado, y los adultos mayores que desean vivir de forma independiente en sus comunidades son la población más nueva de enfoque para CalAIM. A medida que los planes de atención administrada profundicen en las necesidades de esta población, deberán desarrollar asociaciones con proveedores que puedan brindar de manera efectiva los servicios que necesitan los adultos mayores, desde modificaciones en el hogar y servicios de ama de casa hasta comidas médicamente adaptadas. Y al igual que muchas organizaciones ansiosas por participar en CalAIM, los proveedores necesitan saber lo que se necesita para convertirse en un socio eficaz para los planes de atención administrada.

Un [nuevo informe de CHCF](#) ofrece ideas. Describe varias organizaciones que trabajan con planes de atención administrada y brindan apoyos comunitarios de CalAIM y servicios relacionados. Las organizaciones incluyen organizaciones sin fines de lucro más grandes que ofrecen servicios directos y compañías que brindan infraestructura tecnológica crítica, como plataformas de TI para interactuar con cuidadores y sistemas de software que ayudan a las instalaciones de vida asistida a manejar las complejidades de la facturación de la atención administrada.

El informe de CHCF también describe lo que los planes de atención administrada buscan en las asociaciones de proveedores:

Los planes prefieren socios cómodos con los requisitos de atención administrada y que pueden aumentar (y reducir) ágilmente. Para los planes, los mejores socios entienden las necesidades de la población y los aspectos técnicos del entorno de atención administrada, desde la terminología del sistema de atención médica hasta los conceptos básicos de los flujos de trabajo de atención administrada.

Los planes prefieren socios con sistemas de información robustos. Los mejores socios también están proporcionando sistemas de información que ofrecen "referencias de circuito cerrado" (por ejemplo, tecnología que permite a un proveedor de atención primaria ver que su paciente diabético en realidad está recibiendo comidas médicamente adaptadas). Los socios fuertes también aportan experiencia en la medición de la utilización del servicio, la calidad, la satisfacción y la capacidad del personal para satisfacer las necesidades lingüísticas y culturales de los clientes.

>> *Lea el informe completo de CHCF: [Servicios para apoyar la vida independiente en la comunidad](#). Otra publicación reciente de CHCF destaca las opciones del estado para cambiar servicios y apoyos adicionales a largo plazo a planes administrados: [Atención administrada de Medi-Cal y servicios y apoyos a largo plazo: Oportunidades y consideraciones bajo CalAIM](#). Un artículo en el CHCF Blog cuenta la historia de [un hombre que se mudó con éxito de un hogar de ancianos](#), y cómo CalAIM puede apoyar a las personas que buscan estos cambios.*

Equidad en CalAIM: Cómo identificar a los pacientes que más se beneficiarán

El objetivo final de CalAIM es mejorar la prestación de servicios y los resultados de salud para todos los afiliados a Medi-Cal, pero para llegar allí, el estado necesita asegurarse de que los planes de atención administrada responsables de gran parte del éxito de esta iniciativa brinden atención adecuada a las personas que más necesitan estos servicios.

Un primer paso clave es identificar quiénes son estas personas y qué tipos de servicios necesitan.

Un nuevo resumen y **Próximo seminario web** del Centro de Estrategias de Atención Médica (CHCS) se basa en la experiencia de expertos que han analizado este problema y plantea preguntas sobre un enfoque ampliamente utilizado para identificar a las personas con altas necesidades: confiar en los datos de utilización y costo de las visitas a pacientes hospitalizados y al departamento de emergencias. Si bien DHCS solo ha incluido datos de utilización en los criterios de elegibilidad para los servicios de Enhanced Care Management unas pocas veces, y los planes pueden ir más allá de los criterios establecidos por DHCS, CHCS destaca los riesgos de confiar demasiado en este enfoque. Quizás el mayor riesgo es la subutilización generalizada de los servicios de atención médica por parte de muchos grupos desatendidos, incluidas las poblaciones negras, latinas, indias americanas y nativas de Alaska, debido a la falta de servicios en sus comunidades, la desconfianza en los proveedores de atención u otros factores.

"Hemos aprendido a lo largo de los años que la utilización es un pequeño punto de datos entre muchos para ayudarlo a llegar a la población correcta que se beneficiará de un programa como ECM", dice Jonathan Weedman, vicepresidente de salud de la población en CareOregon, un experto entrevistado para el informe. "Pero [si solo confía en la utilización], extrañará a las personas que son realmente complejas y necesitan mucha atención, pero no están utilizando los servicios por todo tipo de razones".

Para abordar esto, algunas organizaciones han ampliado los tipos de datos que utilizan y ahora incluyen fuentes como visitas de atención primaria, patrones de adherencia a la medicación y diagnósticos de múltiples afecciones crónicas. "Como parte de nuestra práctica, ahora estamos trabajando para asegurarnos de que los datos extraídos incluyan información sobre raza, etnia e idioma", dice Weedman. "Antes, no estábamos rastreando las consecuencias no deseadas de las disparidades, y nuestros datos no proporcionaban la imagen completa".

En otras palabras, para lograr la equidad, los planes deben centrarse en la equidad. "Realmente se trata de identificar la población a la que desea impactar, y luego asignarla a un conjunto de intervenciones que está realmente bien equipado para ofrecer", dice Clemens Hong, director de programas comunitarios del Departamento de Servicios de Salud del Condado de Los Ángeles, que ha ayudado **lanzar muchos de los exitosos programas locales que inspiraron a CalAIM**. "Si se estructura un programa con una organización muy estrecha en todas esas dimensiones, entonces se tiene una alta probabilidad de éxito".

>> Para obtener más información, únase a este seminario web con los autores del informe, **Identificación equitativa de individuos para la gestión de la atención: estrategias para CalAIM y más allá el lunes 15 de mayo de 11 AM (PT) al mediodía. ¡Regístrese ahora!**

>> El informe completo del CHCS que revisa los nuevos enfoques para identificar a los pacientes de alta necesidad estará disponible pronto.

Otros artículos y recursos de CalAIM que recomendamos

- En respuesta a los comentarios de los proveedores, DHCS publicó recientemente **Actualizaciones de abril de 2023 para ECM y documentos de orientación de datos de apoyos comunitarios (PDF)** (DHCS), que requieren estandarización por parte de los planes de atención administrada.
- **"El experimento de Medicaid de California gasta dinero para ahorrar dinero y ayudar a las personas sin hogar"** (California Healthline)
- **"Nuevas opciones de tratamiento podrían ayudar a frenar la crisis de adicción a la metanfetamina de Oakland"** (Oaklandside)
- **HHIP [Programa de incentivos de vivienda y personas sin hogar] Kit de herramientas de implementación para CoCs [Continuums of Care]** (Homebase)
- **"¿El gran plan estatal de Medi-Cal realmente arreglará la atención de salud mental para los californianos de bajos ingresos?"** (CalMatters)
- **CalAIM y la atención especializada de salud conductual: lecciones de otros estados sobre el pago basado en el valor** (CHCF)

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