



Connecting the Dots: New Services to Support Families and Youth Experiencing Homelessness

May 14th, 2024





Health Plans We Support



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Agenda

- Welcome and Introductions
- Learning Objectives
- Family and Youth Housing Needs
- New Services in Focus: Navigation, Deposits, and Tenancy Sustaining Services
- Guest Speaker
- Wrap Up

Welcome and Housekeeping



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Participants are automatically MUTED. Please communicate via the chat



If we are unable to address your questions in today's webinar, we will address your questions in an upcoming forum

Welcome and Introductions

Introductions



**Dr. Positron Kebebew, MD, MPH, Health Net
Regional Medical Director**

Today's Presenters



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Health Management Associates



Anthony Federico, MA, MPA
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Our Provider Speakers

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Please say hello in the chat with
your role and organization!

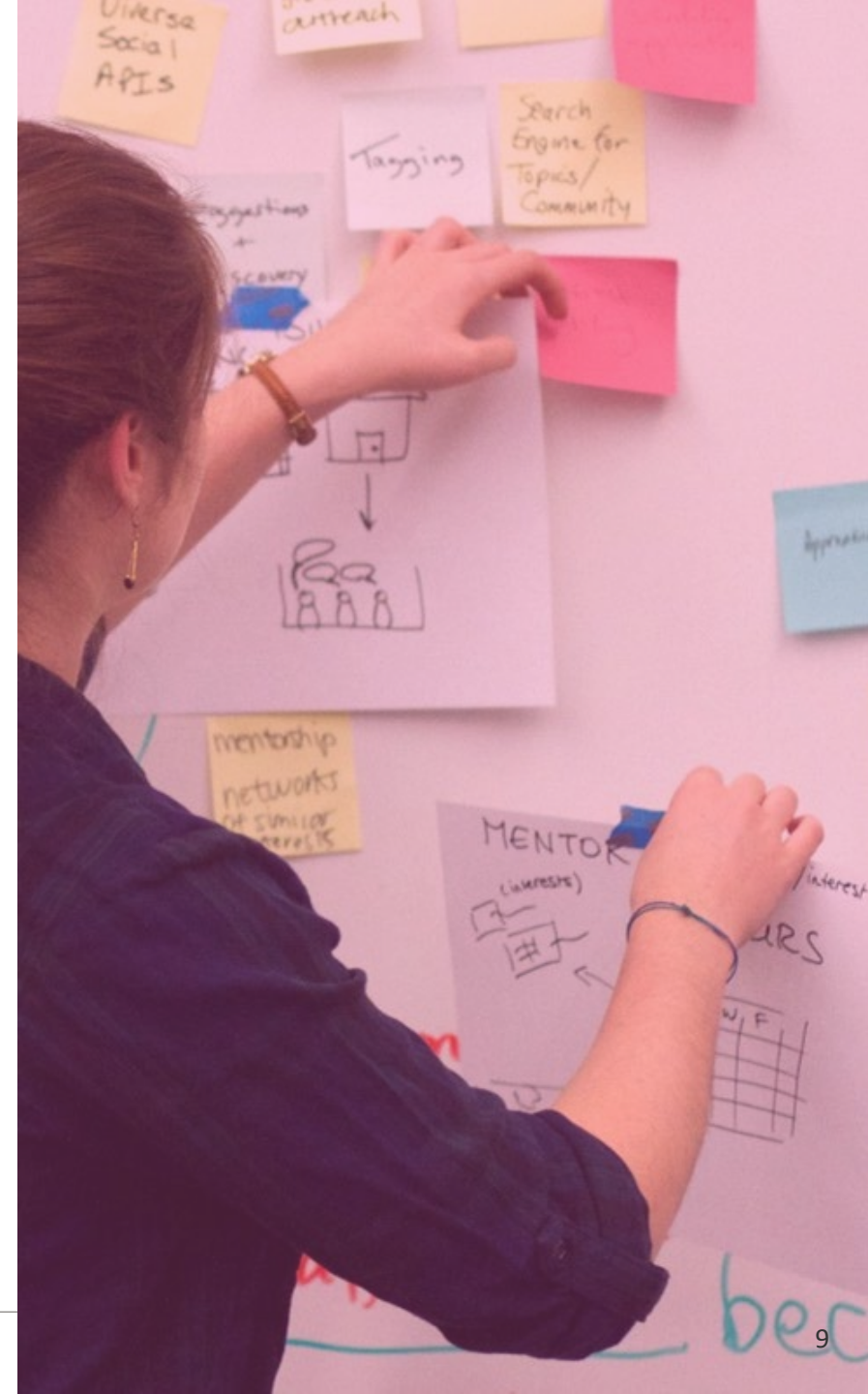


Learning Objectives

- Articulate how the complex needs of youth are supported by social service agencies as well as Community Supports and ECM providers.
- Verbalize the inherent challenges with coordination of support for youth and families.
- Explain best practices in working across agencies to support youth and families.



Please answer the poll questions so we can get to know you!



Children and Youth with Complex needs

- Historically served by at least one health care or social service system
- Has established relationships with care/case managers (CMs)
- May have complex needs already being coordinated by these CMs

DHCS:

- Expects almost all children/youth to access ECM through these historical providers in the first few years of the program
- Encourages all providers to refer eligible children/youth for ECM and CS supports



Enhanced Care Management

- Enhanced Care Management (ECM) is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP Members with complex needs.
- From July 1, 2023, forward, ECM is available to children and youth with the **highest social and clinical risk** enrolled in Medi-Cal managed care plans.
- Children and youth with complex needs are often already served by one or more case managers or other service providers. **ECM does not duplicate work already being done;** it creates coordination between systems.

Which Children and Youth are ECM Eligible?

ECM Is Available for Children and Youth in the Following Populations of Focus (POFs):	
	Children and Youth Experiencing Homelessness
	Children and Youth at Risk for Avoidable Hospital or Emergency Department (ED) Utilization
	Children and Youth With Serious Mental Health and/or Substance Use Disorder (SUD) Needs
	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) With Additional Needs Beyond the CCS Condition
	Children and Youth Involved in Child Welfare
<i>Note: In January 2024, ECM will also launch for Individuals Transitioning from Incarceration and Birth Equity POFs, which are inclusive of children and youth.</i>	

HOW DO CHILDREN AND YOUTH ACCESS ECM?

- Eligible Members **should be referred** to the Medi-Cal MCP by a provider, case manager, or other professional already serving the child or youth.
- ECM and CS is intended to leverage existing connections to care, and children and youth with complex needs often have many.
- **Presumptive authorization** is available with trusted providers and certain sub-populations automatically eligible (foster care or SMHS)

Who are ECM Providers for Children and Youth?

Children and Youth POFs	Well-Positioned ECM Providers (Non-Exhaustive List)
Children and Youth Experiencing Homelessness	Street medicine providers, school-based clinics, transitional housing programs, homeless shelters and navigation centers that serve children and youth, early education programs (Head Start, First5, community-based organizations (CBOs)), public health and social service programs (HealthySteps, Help Me Grow, WIC, Black Infant Health Program, etc.)
At Risk for Avoidable Hospital or ED Utilization	School-based clinics, FQHCs, medical providers
With Serious Mental Health and/or SUD Needs	School-based clinics, behavioral health providers, county behavioral health services, public health and social service programs, CBOs serving children and families with social needs
Enrolled in CCS or CCS WCM With Additional Needs Beyond the CCS Condition	California Children's Services (CCS) paneled providers, including specialty care centers, and pediatric acute care hospitals
Involved in Child Welfare	CBOs, public health and social service programs (First5, Help Me Grow, WIC, Black Infant Health Program, etc.)

“Outreach and engagement is most successful when it is based on a preexisting trusted relationship, DHCS’ preferred model—wherever possible—is for the trusted provider already serving the child or youth to become an ECM Provider in addition to continuing its preexisting role.”

Collaborative Model – ECM and Social Service Organizations

- **ECM staff conduct comprehensive assessments** of children/youth needs, that are more comprehensive than historical social service organizations.
- **ECM staff may identify key needs and gaps** in care that can be well coordinated by the ECM provider.
- However, given the historical relationship of the Social Service Organizations with the children/youth, the **ECM staff should coordinate support** for youth/children with these organizations.

Ex: Asthma and Asthma Remediation

ECM in the context of Existing Child and Youth Services and Providers

- **Intensive Care Coordination SMHS** case management program focused on assessment and care planning for at-risk children
- **Dyadic Services** – family and caregiver program intended to identify and support child developmental and behavioral health needs in a clinic setting
- **California Children’s Services** – diagnosis and treatment for <21 with qualifying conditions
- **Health Care Program for Children in Foster Care** – case management and care coordination for foster children, probation youth, and non-minor dependents.

“ECM provides whole-child care management above and beyond the scope many preexisting programs. Working closely with other programs, the ECM Provider serves as the single point of accountability to ensure care management across multiple systems and programs—this is sometimes called the “air traffic control” or “quarterback” role.”



Source: “Enhanced Care Management for Children and Youth: A Populations of Focus Spotlight,” California Department of Health Care Services, 2023.



Coordination with Other Programs – Tips and Best Practices from ECM Providers

1. Generate a list of all potential programs serving similar clients
2. Get to know those programs
3. Scope out roles and responsibilities
4. Revisit regularly
5. Collaborate with each organization to define communication pathways, service coordination, and direct liaison model with children/youth and families

Coordination and Delivery of Community Supports for Children and Youth

CalAIM Community Supports are optional services that health plans can opt to provide in lieu of higher-cost services covered by Medicaid.

Each Community Support has its own eligibility criteria detailed in the DHCS Community Supports Policy Guidance. Some children/youth will be eligible for either or both ECM and a given Community Support depending on multiple factors.

Community Support Service
Housing Transition/Navigation
Housing Deposits
Housing Tenancy & Sustaining Services
Short-Term Post-Hospitalization Housing
Recuperative Care (Medical Respite)
Day Habilitation Programs
Nursing Facility Transition/ Diversion
Community Transition Services/Nursing Facility Transition to a Home
Personal Care and Homemaker Services
Respite Services for Caregivers
Environmental Accessibility Adaptations
Medically Supportive Food/ Meals/ Medically Tailored Meals
Sobering Centers
Asthma Remediation



Source: “CalAIM Community Supports Spotlight: Children, Youth, and Community Supports,” California Department of Health Care Services, 2022.



Key Issues for Children and Youth that ECM and Community Supports Can Help Address

- Asthma affects about **7% of all children** in California
- **8,030 family households and 12,172 unaccompanied young adults** experiencing homelessness in California
- In California, **nearly 1 in 7 children** are estimated to have special health care needs and require special health and support services

Which Community Supports are Children and Youth Most Likely to Benefit From?

- **Asthma Remediation:** Members receive physical modifications to their home to avoid acute asthma episodes due to environmental triggers like mold. Modifications can include filtered vacuums, dehumidifiers, air filters, and ventilation improvements
- **Housing Navigation:** Members experiencing homelessness or at risk of experiencing homelessness receive help to find, apply for, and secure housing.
- **Housing Tenancy Sustaining Services:** Members receive support to maintain safe and stable tenancy once housing is secured, such as coordination with landlords to address issues, assistance with the annual housing recertification process, and linkage to community resources to prevent eviction.
- **Housing Deposits:** Members receive assistance with housing security deposits, utilities set-up fees, first and last month's rent, and first month of utilities. Members can also receive funding for medically-necessary items like air conditioners, heaters, and hospital beds to ensure their new home is safe for move-in.
- **Caregiver Respite:** Short-term relief for caregivers of members. Members may receive caregiver services in their home or in an approved facility on an hourly, daily, or nightly basis as needed.



ECM Assessment – Indicators for Coordination/Collaboration

When completing the C/Y ECM Assessment:

- Note if the Member is involved in other programs.
- If so, care team members (case manager, care coordinators, case workers, etc) should be noted in the Care Plan.
- Proactive and frequent communication should occur with these programs/members of the C/Y's care team.
- Also note if anyone else in the family is receiving ECM services, as collaboration may be indicated.

Section 1. Indicate the C/Y member's Population of Focus and other Los Angeles County Programs the C/Y member is involved in.

The purpose of this section is to identify other programs the C/Y member is involved in; and support you to coordinate the C/Y member's care and health-related social needs.

Population of Focus for C/Y Member: ☐ Experiencing Homelessness ☐ At-Risk for Avoidable Hospital/ED Utilization ☐ SMI/SUD ☐ Transitioning from Youth Correctional Facility ☐ CCS/CCS WCM ☐ Child Welfare ☐ I/DD ☐ Pregnant/Postpartum (As identified on the referral/authorization form)	
Programs the C/Y Member is Involved in: ☐ SMHS ☐ DMC ☐ DMC-ODS ☐ Juvenile Justice ☐ CCS ☐ CCS WCM ☐ Child Welfare ☐ Regional Center Services ☐ Local program serving pregnant/postpartum individuals (e.g., Comprehensive Perinatal Services Program [CPSP], California Home Visiting Program [HVP], etc.) (List): ☐ Other(s), List: ☐ N/A	
Date of Consent for Opt-in to ECM services: _____ ☐ Verbal ☐ Written ☐ C/Y Member ☐ Parent/Guardian/Caregiver ☐ DCFS ☐ Court ☐ Foster parent(s)	
Is anyone else in the family enrolled in ECM? ☐ Yes ☐ No If yes, list family member name(s), relationship(s) to C/Y member, and ECM Provider(s):	

ECM Assessment –Indicators for CS Referrals/Coordination

When completing the C/Y ECM Assessment:

- Example: Asthma remediation perhaps?

Section 4. Physical Health

Has the C/Y member (or their parent/guardian/caregiver, if applicable) been told by a doctor or medical provider that they have any medical conditions? ☐ Yes ☐ No

If yes, please check all that apply:

☐ Asthma/Chronic Lung Disease ☐ Cancer ☐ Cerebral Palsy ☐ Cleft Lip/Palate ☐ Congenital heart defect

☐ Cystic Fibrosis ☐ Pre-Diabetes ☐ Diabetes Type 1 ☐ Diabetes Type 2

☐ HIV/AIDS ☐ Hypertension (high blood pressure) ☐ Kidney disease ☐ Muscular Dystrophy

☐ Physical disability/para/quadruplegic/amputation ☐ Seizures/Epilepsy ☐ Sickle Cell Disease

☐ Spina Bifida ☐ Organ Transplant (list): _____ ☐ Genetic condition(s) (list): _____

☐ Other conditions not listed above (list): _____

1 Member has asthma

2 You discover they have been to the emergency room twice this month.

Has the C/Y member been to the hospital, emergency room, or a skilled nursing facility in the past 12 months?

☐ Yes ☐ No ☐ N/A ☐ Declined to Answer

If yes, how many times and what for? (list all): _____

Section 10. Social Determinants of Health (SDoH)

3 You find that they have some potential environmental triggers.

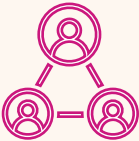
Does the place where the C/Y member live have:		
Good lighting: ☐ Yes ☐ No	Good heating: ☐ Yes ☐ No	Good cooling: ☐ Yes ☐ No
Rails for any stairs/ramps: ☐ Yes ☐ No	Hot water: ☐ Yes ☐ No	Indoor toilet: ☐ Yes ☐ No
A door to the outside that locks: ☐ Yes ☐ No	Stairs to get into their home or stairs inside their home: ☐ Yes ☐ No	Elevator: ☐ Yes ☐ No
Space to use a wheelchair: ☐ Yes ☐ No	Clear ways to exit their home: ☐ Yes ☐ No	Lead paint: ☐ Yes ☐ No
Mold/mildew/dampness: ☐ Yes ☐ No	Overcrowding: ☐ Yes ☐ No	Unreliable utilities: ☐ Yes ☐ No
Mice, cockroaches, or other pests: ☐ Yes ☐ No	Additional housing and/or home environment safety concerns? ☐ Yes ☐ No ☐ Decline to Answer If yes, please explain: _____	

Referral Pathway – example

Member

Informs member of POTENTIAL
CS support eligibility

Member consent



CS Provider



Referral



CS provider reconfirms
eligibility via health
plans provider portal
(HN or CVH)

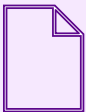
Provider
Order, if
needed

ECM
Provider

ECM Assessment or
during course of
ECM services, CS
Service connection
indicated



Reviews auth
guide to
determine
possible
eligibility



ECM provider
supports
member to
acquire provider
order



ECM provider submits
provider order and
referral via find help to
CS Provider



•findhelp – Health Net
•findhelp – CalViva Health

Provider Directories

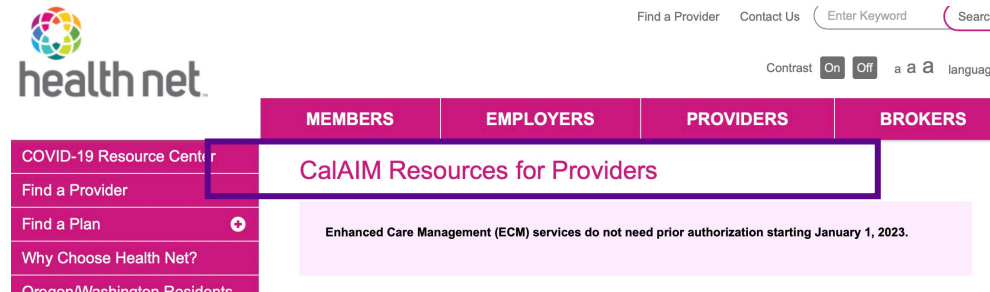
Provider directories can be found at these links:

1. Health Net: [Provider Directories for Medi-Cal Members | Health Net](#)
2. CalViva Health: [Provider Directory \(calvivahealth.org\)](#)
3. Community Health Plan of Imperial Valley: [Find a Provider - Community Health Plan of Imperial County \(chpiv.org\)](#)



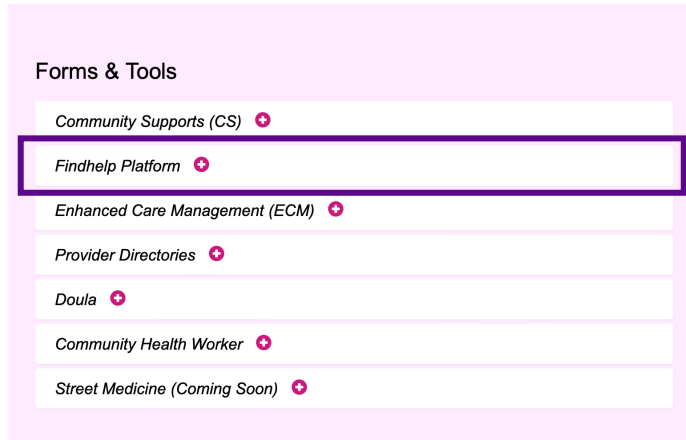
Using Findhelp

1.



Start from the [CalAIM Resources for Providers landing page](#).

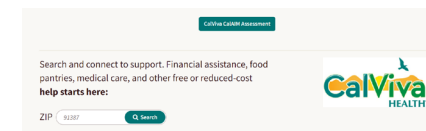
2.



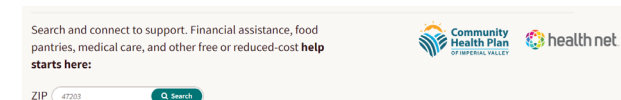
Then, scroll down to the Forms & Tools box and click on **“Findhelp Platform”**

3.

You should now be at the [Findhelp landing page](#)



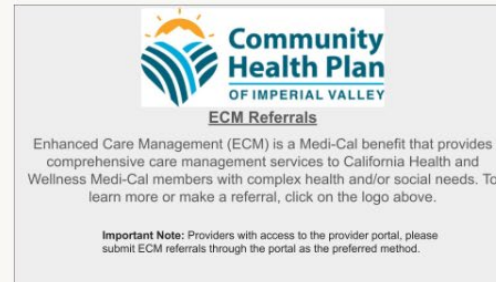
[CalViva Community Supports by findhelp - Search and Connect to Social Care](#)



[Community Supports by findhelp - Search and Connect to Social Care](#)

Using Findhelp (cont.)

4. Then, scroll down to these boxes and click on either, **based on who you are contracted with.**



[CalViva Community Supports by findhelp - Search and Connect to Social Care](#)

[Community Supports by findhelp - Search and Connect to Social Care](#)

5.

Here is a list of a few helpful services to get you started! ?

▼ Show only programs serving my ZIP code:

FILTER THIS LIST

↻ or search all programs in my ZIP



You should now be at this page, where you can **enter your zip code to look for services near you.**





Call to Action!!!



ECM/CS Providers: Connect with and meet with local historical social services Organizations

Social Service Organizations: Connect with and meet with local ECM and CS providers

Discuss collaborative opportunities. Identify potential referral pathways and coordination support.

Provider Spotlight and Dialogue

Emily Webster

Youth Navigation Center Director
Center for Human Services

Frederick Berry

Student Support Specialist,
Homeless Liaison Coordinator;
PREVENTION Programs

Discussion Questions

- If you are serving a youth that is in ECM, how do you (or envision you would) collaborate/coordinate with the ECM lead?
- How do you or would you work with the ECM to link a child to a CS providers to support their needs related to housing or asthma, for example?
- How should an ECM or CS provider work with a Social Services Organization like yours?
- What collaboration model would work best to serve the needs of homeless youth? (Calls, meetings, Video meetings)
- How do you envision using the new CS's to meet the holistic needs of the youth you are serving?

2024 Webinars to Date and Where to Find Them

- Connecting the Dots: **Children and Youth Involved in Child Welfare** (February 13, 2024)
- Connecting the Dots: **How to Refer your Client to Enhanced Care Management (ECM) and Community Supports (CS)** (March 12, 2024)
- Connecting the Dots: **New Services to Support Children and Youth with Complex Behavioral Health Needs** (April 9, 2024)

Recorded trainings can be accessed on the CalAIM Provider Training & Webinars website.

[View recordings here](#)

Scroll down the page to locate “Connecting the Dots – CalAIM Provider Learning Series”.

In addition, key resources can be accessed on the [CalAIM Resources for Provider](#) website.

Questions?

if time allows

THANK YOU!!!! Before You Go...

Please Complete the Evaluation of Today's Session

**Once the webinar has concluded,
the survey will pop-up in a
separate browser.**

Glossary of Terms

- CS – Community Supports
- DC - Discharge
- EAA – Environmental Accessibility Adoptions
- ECM – Enhanced Care Management
- HHSS – Housing Support Services
- MCP – Managed Care Plan (Health Plan)
- PCP – Primary Care Provider
- STPHH – Short Term Post-Hospitalization Housing

