File #: 22-1991, **Version:** 1

TO: Board of Supervisors

FROM: Jennifer Yasumoto, Director Health and Human Services Agency

REPORT BY: Gaby Angeles, Staff Services Analyst II

SUBJECT: Revenue Agreements with Partnership Health Plan of California and Collective Medical Technologies, Inc. (Enhanced Care Management)

RECOMMENDATION

Director of Health and Human Services Agency (HHSA) requests approval of and authorization for the Chair to sign Revenue Agreement No. 230172B with Partnership Health Plan of California (PHC), for a maximum of $174,000 as well as a no cost Agreement No. 230173B with Collective Medical Technologies, Inc. for the Fiscal Year 2022-2023, and each subsequent renewal, for the provision of Enhanced Care Management (ECM) services.

EXECUTIVE SUMMARY

Approval of today's action will allow HHSA-Mental Health Division to deliver ECM Services to an identified subset of Medi-Cal clients. Collective Medical Technologies, Inc. is a data collection subscriber service that providers must use to implement ECM through PHC.

FISCAL & STRATEGIC PLAN IMPACT

Is there a Fiscal Impact?	Yes
Is it currently budgeted?	Yes
Where is it budgeted?	Health & Human Services Agency, Mental Health Division
Is it Mandatory or Discretionary?	Discretionary
Is the general fund affected?	No
Future fiscal impact:	Appropriations are included in the requested FY 2022/2023 budget and future fiscal years will be budgeted accordingly.
Consequences if not approved:	If this agreement is not approved, Napa County will not be able to provide ECM services under a PHC agreement.
County Strategic Plan pillar addressed:	Healthy, Safe, and Welcoming Place to Live, Work, and Visit

ENVIRONMENTAL IMPACT

ENVIRONMENTAL DETERMINATION: The proposed action is not a project as defined by 14 California Code of Regulations 15378 (State CEQA Guidelines) and therefore CEQA is not applicable.

BACKGROUND AND DISCUSSION

CalAIM is a new initiative by the Department of Health Care Services (DHCS) to improve the quality of life and health outcomes of Medi-Cal beneficiaries by implementing broad delivery system, program and payment reform across the Medi-Cal program. A key feature of CalAIM is the introduction of Enhanced Care Management (ECM) statewide. Medi-Cal Managed Care Plans (MCPs) are responsible for administering ECM services. ECM will support a combined and seamless offering of various services for many high-need MCP clients and will offer comprehensive, "whole person" care management to high-need, high-cost Medi-Cal managed care clients, with the overarching goals of:

• Improving care coordination;

• Integrating services;

• Facilitating community resources;

• Improving health outcomes; and

• Decreasing inappropriate utilization and duplication of services.

To accomplish these goals, ECM will be an interdisciplinary, high-touch, person-centered service provided to a vulnerable and hard to engage population of individuals who struggle with severe mental illness and/or substance use disorders primarily through in-person interactions with clients where they live, seek care or prefer to access services. It should be noted that many of the activities are supportive engagement activities for individual care that had not been a fiscally billable item previously which presented as a barrier in treating the individual in a whole person manner for programs.

To ensure that ECM is offered primarily through in-person interaction where clients and their families and support networks live, seek care, and prefer to access services, PHC is required to contract with providers. PHC is required to develop an ECM Provider capacity that is sufficient to provide ECM to its Napa County clients. Partnership Health Plan has chosen to enter into agreement with HHSA to become its ECM Provider specifically to provide services to individuals who have a severe mental illness, and/or a substance use disorder.

ECM services provided by HHSA would include but are not limited to attempting to locate, contact and engage hard to reach or difficult to engage individuals. Usage of multiple strategies for engagement i.e., in person, where the person seeks care, or is accessible by mail, telephone as well as in the community utilizing a progressive approach until outreach and engagement is achieved. Assessing and developing a care plan that is comprehensive, individualized and person centered as well as culturally and linguistically appropriate in communication and information for the individual. Providing enhanced coordination of care to include services that are necessary to implement the care plan such as sharing information as part of a multi-disciplinary team in order to promote consistent and integrated care to primary care, physical and developmental health, mental health, substance use treatment, long term social supports, oral health, palliative care, and necessary community

based and social services including housing as needed. Providing support to engage the individual in their treatment, including medication review, scheduling appointments, providing appointment reminders, coordinating transportation accompaniment to critical appointments, and identifying barriers and helping the individual to address barriers to treatment. Services such as coaching to encourage and support individuals to build on successes increasing support networks including potential family or other natural supports, as well as coaching to make lifestyle choices based on healthy behavior in order to learn and to participate in managing their own self-care are also provided. Beginning no sooner than April 2024, these services will expand to be offered to individuals who are about to be released from incarceration in order to support increased stability and general functioning as individuals resume community engagement.

No more than 40 individuals will be served under this agreement. PHC will pay HHSA $350 per month per client served, with a one-time enrollment fee of $150. Revenue expected from this agreement will not exceed $174,000 annually.

HHSA will carry out ECM by embedding staff within the Adult Services programming. A Supervising Mental Health Counselor - Licensed will manage and supervise the program which will have two Mental Health Aides who will provide individual services to program participants. A Staff Analyst will also be hired to address the multiple areas of data collection and submission to PHP and DHCS. Anticipated project onboarding date would be January 2023. Staff are being hired currently and will begin training immediately in learning skill sets on how to outreach, engage, learn resource opportunities and create linkage for the specified population of individuals who struggle with a severe mental illness and/or substance use. Linkage and access to stabilizing resources, include but are not limited to, primary care, HHSA-Self Sufficiency Services Division, Abode, Department of Rehabilitation and other community based organizations that would assist in increasing functionality and community stabilization for individuals. Developing and utilizing strategies for this vulnerable and hard to reach population would continue with the intention to establish and maintain services fostering supportive connection to ongoing treatment from Alcohol and Drug Services and/or Mental Health including psychiatry.

Collective Medical Technologies is the provider PHC has chosen to run its data platform for service data coordination. Napa County has been sponsored by PHC to set up a portal and consume data on the Collective Medical platform. Other than requirements of use by PHC, Napa County will not have to contribute data to the portal. PHC will enter ECM client information. There is no cost to Napa County for these services. PHC will cover all membership and set up fees. The platform has been vetted and the agreement specification has been reviewed by HHSA-Operations Division and the County Privacy and Security Officers.

These agreements will auto-renew each year until either or both parties agree to terminate.