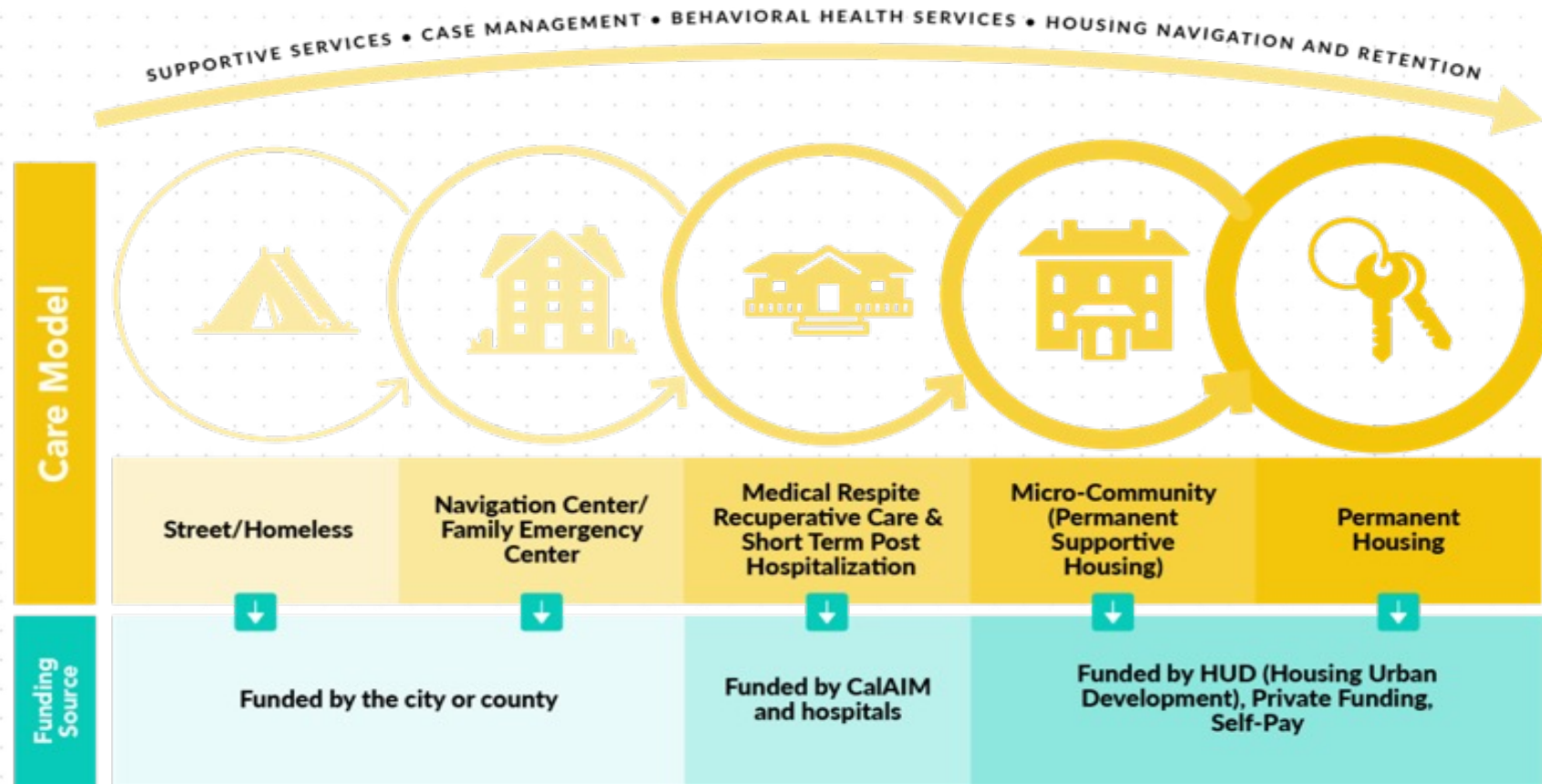


# Our CalAIM Journey: Challenges and Opportunities

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# Street 2 Home System of Care



# Illumination Foundation Sites

7

Medical Respite/  
Recuperative Care

5

Family Shelters

2

Multi-Service  
Centers

2

Navigation  
Centers

1

Modular  
Housing  
(LifeArk)

21

Micro-  
communities

197

Scattered  
Sites



The nation's first state-of-the-art facility of its kind providing end-to-end services for the most vulnerable segments of those experiencing homelessness, including:

- Recuperative Care/Medical Respite
- Short-Term Post-Hospitalization
- Primary Care
- Mental Health
- Substance Use Counseling
- Community Supports Services



# A Win Win Partnership



## Medical Respite/Recuperative Care

- 150-bed facility
- ADA accessible
- Room and board
- Case management
- Substance use counseling
- Connection to social services
- Housing navigation
- Day habilitation
- Dental care

## Primary Care Clinic

- Primary care services
- Staff includes: M.D., psychiatrist, nurse practitioner, and behavioral health counselors
- Preventive care services
- Medical screenings
- Illness and injury management
- Chronic disease management
- Behavioral health counseling
- Medication assisted treatment
- Referral to specialty care

# CalAIM Service Provider in Four Counties

Orange County -  
Community Supports

Los Angeles County - Community  
Supports and ECM

Inland Empire (San  
Bernardino & Riverside) -  
Community Supports



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# Community Supports Capabilities

## Services Offered

Housing Transition Navigation Services

Housing Deposits

Housing Tenancy and Sustaining Services

Recuperative Care (Medical Respite)

Short-Term Post-Hospitalization

Day Habilitation



# Recuperative Care/Medical Respite

- Short-term residential care for individuals who no longer require hospitalization but still need to heal from an injury or illness and whose condition would be exacerbated by an unstable living environment
- Continue recovery and post-discharge treatment with access to primary care, behavioral health services, case management, other supportive services
- 90 day length of stay





## Short-Term Post-Hospitalization (STPH)

- 6-month, once per lifetime interim housing program to transition members into housing and other permanent placement settings
  - 6-month duration can be fulfilled episodically
- Continuity of care for members stepping down or transitioning from other types of treatment environments such as recuperative care, inpatient, and emergent medical settings
- Recuperative Care to STPH better promotes 'stepping-down' into transitional care



## Purpose of STPH



- Provide a service setting where sufficient time, resources, and continuity of care are available to program participants in order to help them realize their goals of transitioning into permanent housing.
- Provide participants with the education and tools needed to help them retain their tenancy in said permanent housing environments.
  - Transitional care
  - Retention / life-skills education
  - Resource utilization / availability

# Partnership for Action: California Health Care & Homelessness Learning Collaborative



## Partnership for Action Goals

- Successfully house 20 people who are high utilizers of emergency medical services each program year and ensure high rates of housing retention after one year in housing
  - High utilizers of emergency medical services are defined as having:
    - 5 or more emergency department visits in the past 6 months
    - 3 or more inpatient stays in the past 6 months

## Partnership for Action Workflow

### CalOptima

- Pull utilization data meeting the CalAIM high utilizer definition
- Provide list of high utilizers on quarterly basis to Health Care Agency
- Assist and drive clients to Illumination Recuperative Care

### Illumination Foundation

- Enroll clients into recuperative care and obtain CalAIM authorization
- Step clients down to STPH and obtain CalAIM authorization
- Complete Coordinated Entry System (CES) Intake in HMIS
- Upload Verification of Homelessness and Verification of Disabling Condition
- Upload High Utilization of Health Care Certification to HMIS

### OC Health Care Agency

- Meet with Orange County Housing Authority regarding available vouchers
- Upload High Utilization of Health Care Certification to CalOptima Connect
- Send High Utilization of Health Care Certification to Public Housing Authority
- Notify Illumination Foundation and CalOptima of match to vouchers

### Partnership for Action Collaborative

- Review client status during Partnership for Action monthly meetings

## Partnership for Action Program Outcomes

- High utilizer households housed from 10/1/22 to date: 53 households
- Households referred to Orange County Housing Authority for Mainstream Vouchers: 52 households

PLEASE UPDATE NOT SURE WHAT THE TO DATE WAS. DO WE HAVE FINAL NUMBERS?

## Key Takeaways from Learning Collaborative

- Housing Partnerships
- Data Sharing
- Prioritization
- Need for Productive Partnerships



## Strategies for Success: Housing Partnerships

- **OCHCA partnership with Orange County Housing Authority** during WPC pilot allowed for access to 10 Mainstream Voucher Program housing choice vouchers each month. OCHA recently expanded the pool of available vouchers.
- **Illumination Foundation partnership with CalOptima** allows for access to designated funding source for housing navigation, deposit assistance, and tenancy sustaining services.
- Looking for opportunities to further **integrate housing and healthcare resources** to effectively prioritize medically vulnerable populations for housing interventions.
- **Illumination Foundation partnership with CalOptima** to offer additional, ancillary community supports such as Day Habilitation and Short-Term Post Hospitalization ensure success of housing interventions.
- **Effective use of CalOptima HHIP funding** for Whatever It Takes program allows Illumination Foundation to access additional resources to remove barriers to housing.
- **CalOptima partnership with Chrysalis and Illumination Foundation** help ensure adequate program staffing.



## Strategies for Success: Data Sharing



- Illumination Foundation and CalOptima Health comparing data allows for targeted provision of services. CalOptima and OCHCA recently renewed BAA allowing for use of additional health information when determining high utilizer status for households.
- Increased sharing of claims data could further benefit targeted service provision by allowing for effective implementation of progressive engagement service models and insights into needed interventions.

## Strategies for Success: Prioritization

- Orange County CES prioritization policies prioritize households for housing subsidies based on length of homelessness.
- PFA has enabled partnerships and data sharing that provide examples for different prioritization schemas.
- Access to claims data can be used to prioritize people based on objective criteria without resorting to vulnerability index assessment tools
- Claims data could be used to help guide matches to housing subsidies with particular disability related requirements such as:
  - MHSA funded projects
  - SNHP funded projects
  - Mainstream or other NED vouchers
- Claims data can help inform targeted outreach of ECM and community supports in conjunctions with existing homeless services infrastructure like HMIS.

## Strategies for Success: Partnerships

- Effective implementation of CalAIM requires greater collaboration between MCP's, community based organizations that provide healthcare services, and existing homeless services infrastructure.
- MCP's and emergency healthcare providers traditionally operated in a silo, only interacting with homeless services as it relates to immediate discharge planning needs and in a limited role as a funder of homeless services strictly related to clinical need as opposed to a funder attempting to address social determinants of health.
- By developing MCP's into more robust funders with resources to address social determinants of health, the state has created opportunities for services targeted not just toward populations with higher morbidities than the general population but individuals in high risk populations that are at even greater risk of disproportionate use of emergency resources and negative health outcomes.
- MCP funding, CBO service provision, and housing provider access to subsidies are all key components to driving down emergency service utilization and mortality rates among households experiencing homelessness

# What's Working



Better Relationships with Plans



Improved Services to Patients



Better-informed Partners



Greater System Integrations

# Challenges



Significant Administrative Burden



Low Reimbursements



High Clinical Needs



Limited Lengths of Stay Amid Scarcity of Housing Opportunities



Story and photo used with Roger's permission.

## PATIENT STORY

Roger is a patient who successfully transitioned from a hospital stay to recuperative care to [short-term post-hospitalization housing](#) (another CalAIM Community Support) and then to permanent housing (with ongoing services).

Upon intake at the recuperative care program, Roger was very concerned about his health, legal problems, housing, and the denial of income from SSDI. During his stay, staff were able to help Roger with medication management, and obtain Medi-Cal coverage, a primary care provider, and vital documents. He was able to clear his warrants with the help of the homeless court and was matched to housing.

Roger was able to work on budgeting, stress management, and tenancy skills while in short-term post-hospital housing, and then successfully moved into an apartment with a housing voucher where he continues receiving tenancy and sustainability services.

# CalAIM Community Supports and ECM Services Provided by Illumination Foundation

Services Provided	Individuals Served
Housing Navigation and Tenancy	5,749
Medical Respite/Recuperative Care	2,284
Short-Term Post-Hospitalization	557
Enhanced Care Management	1,193

CalAIM services provided from January 1, 2022 to August 8, 2024 in four counties

# ECM for Children and Families



**Enroll in  
CalOptima's  
Enhanced Care  
Management  
Program  
Today!**

**Enhanced Care Management (ECM) is available at no cost to support with:**

- Scheduling doctor appointments
  - Coordinating transportation to appointments
  - Coordinating referrals to specialists and healthcare services
  - Accompaniments to appointments for support and advocacy
  - Connecting to resources identified during intake
- Once enrolled, a Lead Care Manager will be assigned to provide core services required of the program.



..... **Core Services Components of ECM** .....

**Health Needs Assessment and Care Management Plan**



The Lead Care Manager will get to know the child, or youth, and their Care Team (family or support network) by conducting a Health Needs Assessment. The Lead Care Manager will then create a Care Management Plan based on the needs identified and set goals the Lead Care Manager can help the child or young person with. Care Plans typically address physical and behavioral health needs; dental care needs; and connections to other services.

**Transitional Care Services**



Hospital visits are not easy, especially if you have to stay overnight or longer than a day. Your Lead Care Manager will support you during that critical time before and after discharge from one setting or level of care to another, until successful connection to all needed services and supports are made.

**Enhanced Coordination of Care**



The Lead Care Manager helps make appointments, find doctors, and keeps all the child or youth's doctors up to date on the health services they receive.



**Member & Family Supports**

The Lead Care Manager will work with the child or youth's care team such as family, caregivers, Behavior Health Specialist, Primary Care Doctor, and others supportive members to best support them to understand their condition and treatment.

**Health Promotion**



The Lead Care Manager will provide health education, coaching, and connect to preventive care resources to develop the child or youth's health literacy. ECM's focus is to find opportunities to improve overall health by informing and encouraging healthy choices. This includes strengthening skills to identify and access resources so they can manage their care after graduating from the program.



**Coordination & Referral to Community & Social Support Services**

The Lead Care Manager can connect the child or youth to community and social service programs such as Cal Fresh, CalWORKS, Child Development services, Housing Navigation, Housing Deposits, Housing Tenancy and Sustaining services, and more.

Illumination Foundation believes that every child, family, and young adult (Youth aged 21 and under) should have access to quality care. Enhanced Care Management (ECM) is the highest form of case management offered by Medi-Cal. That's why we have partnered with CalOptima to offer ECM. Upon approval a Lead Care Manager (LCM) will be assigned to you to help you connect to care, resources, and other members of your care team. With so many appointments, visits, and services out there you can count on your Lead Care Manager to find the resources you need and stay on top of the care you need even after you're no longer at an Illumination Foundation location.

## ECM for Children Story



- Temporarily stabilized by shelter at Theriault House, resources, case management and housing navigation, the family was able to address the needs of their young daughter, Rowena.
- During their stay, parents shared a few concerns about their daughter's development milestones and well-being. In collaboration with their case management team (ECM) as well as participation in a Children's Developmental Screening Fair, her parents were able to gain a better understanding of what resources are available to get their daughter back on track.
- Rowena has been able to receive therapy to work through some of her trauma developed while she and her family were living in their car.
- Through a lot of encouragement and psychoeducation regarding the parents' concerns, the family was able to feel comfortable and empowered to independently enroll their daughter into preschool to continue building upon her learning in preparation for the school year.

## Need for Children's Recuperative Care

- Family emergency homes must expand their capacity to address the needs of children experiencing homelessness who have chronic medical needs or who require post-hospitalization care.
- Medical recuperative care, also known as medical respite, is required for these children.
- Currently there are no recuperative care programs in the country for children experiencing homelessness with chronic medical needs or those requiring post-hospital care.
- The lack of such programs can lead to unnecessary emergency department and in-patient hospital visits, with associated additional financial burden for these families.
- Recuperative care housing programs would provide critically needed care for children who lack a safe environment to recover from their illness or injury while simultaneously addressing their family's other challenges, including housing and employment.

## Children's Recuperative Care



- To serve children with ongoing medical needs who have been discharged from CHOC (Children's Hospital of Orange County) and whose families are identified as homeless.
- Each of these children should qualify for CalOptima's Enhanced Care Management enrollment and Community Supports funds for recuperative care.
- The home will initially house six families, and after completion of an expansion project, will house 10 families. Each family will have a private bedroom and will share the kitchen and living areas.
- A large backyard will provide a restorative and/or play space. It is 4.8 miles from CHOC and has a long driveway that can accommodate CHOC vans.

## Meet Dale

DISRUPTING THE CYCLE OF HOMELESSNESS



”  
If they hadn't stepped  
in and taken me, I  
would have been on  
the streets. I would've  
went right back to  
drinking. I'd be dead.

---

**DALE STOUT**

*Illumination Foundation resident  
Beneficiary of CalAIM*

## Meet Fernando

Fernando came to Illumination Foundation's Whittier Recuperative Care on March 16, 2024, as a CalAIM client after undergoing a leg amputation.

Fernando required a lot of help during his recovery. Due to an insurance conflict, he was unable to get the home healthcare he needed. But he did not lose hope. Fernando, who speaks Spanish, was receptive to our staff at Whittier. Despite a language barrier, our English-speaking staff encouraged him to keep advocating for himself. Our Spanish-speaking staff would frequently serve as translators, write notes, and educate Fernando about his recovery, including the signs and symptoms that might indicate an infection from his amputation. Our medical staff called to confirm Fernando's doctor appointments and educate him about the importance of his medications.

The process of fitting Fernando for a prosthetic device and having it made to specification took a long time, and his CalAIM recuperative care benefits were about to expire. When Fernando's LVN and case manager met as a team to discuss his case, they knew he would be a great candidate for Los Angeles DHS (Department of Health Services) benefits, because after he received his prosthesis he would require physical therapy.

When Fernando wore his prosthesis for the first time, on July 26, 2024, he stood tall. Our entire Whittier recuperative care team, including the site staff, transportation staff, case managers, and medical staff, were thrilled for Fernando, and proud to have played a role in his path to recovery.



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**Thank you!**