



County of Santa Cruz

IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY

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IHSS Advisory Commission

Meeting Minutes

Date: Friday, August 23, 2024
Time: 1:00PM to 3:00PM
Location: 1400 Emeline AVE, Building K, Room 206. Santa Cruz, CA
Present: Christine Kiebert-Boss (Consumer, Chair), Becky Taylor (Commission on Disabilities, Vice-Chair), Linda Campbell (Consumer), Jozette Irgang (Consumer), Maria Arreola (Provider), Lois Sones (Seniors Commission), Stephanie Auld (Rep of Family Member)
Excused: Michael Molesky (Consumer), Foster Andersen (Consumer)
Absent: None
Guests: Tammy Hoeffel (presenter, CCAH), Adriana Vega (Guest, Sr. Analyst Housing for Health), Vanessa Jones-Valenzuela (Admin Aid, Housing for Health)
Staff: Juan Magaña (Staff), Julie Gabriel (Division Secretary, ALTC)

Agenda

1. Call to Order
 - a. The meeting was called to order at 1:02pm; a quorum was present.
2. Roll Call
3. Agenda Review
 - a. Agenda reviewed; no changes were made.
4. Consent Agenda
 - a. Approval of Meeting Minutes
 - i. June 28, 2024, Meeting
 - b. Commission Vacancies
 - i. One (1) – Consumer Representative
 - ii. One (1) – Provider Representative
 1. Patricia Fohrman resigned from the commission in July.
 - c. Motion to approve consent agenda called by:
 - i. First/Second: Taylor/Sones
 - ii. Ayes: Kiebert-Boss, Taylor, Campbell, Irgang, Arreola, Sones, Auld
 - iii. Nays: None
 - iv. Abstain: None

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- v. Absent: Molesky, Anderson
- vi. Motion carried unanimously.

5. Public Comment:

- a. No public comments were made.

6. Guest Speaker: Enhanced Care Management – Tammy Hoeffel, Central California Alliance for Health

- i. Please see attached presentation.
- ii. *Comment from Commissioner Auld: it is critical that ECMs be in communication with specialists and primary care physicians. Chronic disease patients, who make up 40% of our constituents, often use specialists instead of their primary care physicians.*

7. Regular Agenda – Action Items

a. Meeting Location - IHSS Advisory Commission

- i. Taylor reported that she checked with Paracruz and they charge \$6.00 for transportation that requires 2 bus rides; \$4.00 if it requires a single bus ride.
- ii. Kiebert-Boss stated that two of the commissioners are not present so she feels this item should be moved to a future meeting when all commissioners are present.
- iii. The commission agreed to move this item to the September meeting.
- iv. Motion to move to the September meeting called by:
 - 1. First/Second: Sones/Taylor
 - 2. Ayes: Kiebert-Boss, Taylor, Campbell, Irgang, Arreola, Sones, Auld
 - 3. Nays: None
 - 4. Absent: Molesky, Anderson
 - 5. Motion passed unanimously.

b. Discussion: Why are you on the commission?

- i. The chair asked the commission to share why they are on the commission. The following responses were provided:
 - 1. To help with wage increase and training and career path.
 - 2. Referred by friend and having difficulties finding a care provider.
 - 3. To find out about available services and inform the Spanish speaking community about available services.
 - 4. Because IHSS is one of the best ways to keep folks in their own homes. Want to help IHSS be a better program.
 - 5. To be able to spread the word in community about possibilities.
 - 6. IHSS has kept her in her home, would be in a care facility if not for this program. Social Worker suggested it.
 - 7. To network with various community reps.

8. Regular Agenda – Information Items

a. Information Sharing

i. Announcements

1. Kiebert-Boss will host a benefit for the Monterey Bay Horsemanship & Therapeutic Center in her home.
2. Kiebert-Boss attended BOS meeting last week.
3. Staff informed commission that the correction to the appointment for commissioners Kiebert-Boss and Auld are on the 8/27/2024 Board of Supervisor consent agenda. Once the Board approves them, the commission appointments will be correct.

ii. Topics & Speakers

1. Tentative Schedule

- a. October 25 – Meggie Pina, Diversity Center
- b. Date pending - Janie Whiteford, CICA

b. Advisory Commission Budget

i. Staff presented information on the commission's budget, including funding sources (state and federal) and allowable expenses.

1. Current budget is \$5955.93. Current expenditures: \$0.00 (will change once first quarter stipends are paid in October).
2. Information was included in the meeting packet.

c. IHSS Consumers

- i. Auld suggested goal setting and stat review on next month's agenda.
- ii. Taylor reported that she has a good provider.

d. IHSS Providers

- i. Fohrman resigned leaving Provider vacancy on advisory commission.

e. IHSS Program and Public Authority Updates

i. Staff provided the following Updates:

1. Age Well Santa Cruz County Survey is closed – received more than 3200 surveys and more than 600 of those are paper surveys.
2. Event of 8/22 to thank the steering committee and partners for all their work and to discuss data findings.
3. Senior's Council is hosting a Solutions Summit 10/16 at Mt Hermon Center to generate ideas around the 5 Bold Goals under MPA.
4. Within the next couple of months, all survey results will be posted on <http://www.agewellsantacruzcounty.org> or at <http://www.buenavejezcondadodesantacruz.org>
5. Priorities will be developed from the feedback on the surveys, the two events mentioned above and ongoing from community feedback.

- 6. All vacant positions have been filled.
- ii. Staff also reported that he will be remaining onboard as staff to this commission until further notice.

9. Report Outs

- a. Legislative
 - i. Staff reported, opinion on remote participation for advisory bodies based on reasonable accommodation request under the American Disability Act. No local decision yet, staff will provide update when it becomes available.
- b. CICA Conference Calls
 - i. No report out.
- c. Commission on Disabilities
 - i. Taylor informed that the Commission on Disabilities went over Santa Cruz Diversity Plan for 2025-27.
 - 1. Staff reported that the minutes for that meeting were included in the meeting packet.
- d. Seniors Commission
 - i. Met this week. Sones reported that there are three surveys for seniors. Reminder of upcoming Solutions Summit.

10. Adjournment

- a. Meeting adjourned at 2:38pm.

Next Regular Meeting: September 27, 2024, 1:00PM – 3:00PM @ 1400 Emeline AVE, Room 206, Santa Cruz.

Amended minutes approved by commission on September 27, 2024; submitted to Board of Supervisors on October 1, 2024.



Enhanced Care Management and Community Support Benefit Overview

Summer 2024
Tammy Hoeffel



ECM/CS Benefits 2024

AGENDA:

1. ECM Overview
2. Community Supports Overview
3. Questions

Enhanced Care Management Overview



What is Enhanced Care Management - ECM

- It is a program that is whole person focused that can address both medical and social needs of CCAH members.
- It is a program that looks to coordinate those needs for our members through comprehensive Case Management.
- Our ECM providers are community based and work with the Community Supports providers in those communities to make sure our members get access to the help they need.
- This includes:
 - Physical
 - Mental Health
 - Social Needs
 - Substance Use
 - Addressing Social Determinants of Health



Populations of Focus for ECM

ECM Populations of Focus		Adults	Children & Youth
1a	Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness	✓	
1b	Individuals Experiencing Homelessness: Homeless Families or Unaccompanied children/Youth Experiencing Homelessness	✓	
2	Individuals At Risk for Avoidable Hospital or ED Utilization (Formerly “High Utilizers”)	✓	✓
3	Individuals with Serious Mental Health and/or Substance Use Disorder Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for Long-term Care Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in California Children Services -CCS or CCS WCM		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓



Individuals Experiencing Homelessness

Eligibility Criteria for Individuals Experiencing Homelessness:

- Adults (whether or not they have dependent children/youth living with them who:
 - Are experiencing homelessness, defined as meeting one or more of the following conditions:
 - Lacking a fixed, regular, and adequate nighttime residence
 - Having a primary residence that is public or private place not designated for or ordinarily used as a regular sleeping accommodation for human beings, including care, park, abandoned building, bus or train station, airport, or camping ground
 - Living in a supervised publicly or privately operate shelter
 - Exiting an institution into homelessness
 - Will lose housing in the next 30 days
 - Fleeing domestic violence, dating violence, sexual assault, stalking, and other dangerous, traumatic, or life threatening conditions.

AND

Have at least one complex physical, behavioral, or developmental need, with inability to successfully self-manage, for whom coordination of services would likely result in improved health outcomes and/or decreased utilization of high-cost services.



Homeless Families or Unaccompanied children/Youth Experiencing Homelessness

Children, Youth and Families with members under 21 years of age who:

- Are Experiencing homelessness as defined in previous slide.

OR

Sharing the housing of other persons (i.e. couch surfing) due to loss of housing, economic hardship, or similar reason; living in motels, hotels, trailer parks, or camping grounds due to lack of alternative adequate accommodations, are living in emergency or transitional shelters; abandoned in hospitals (in hospital without a safe place to be discharged to),

Notes on the Definition:

- Children, youth and families do not need to meeting the additional “complex physical, behavioral, or developmental need” criteria.
- ECM for this Population of focus is meant to capture the breadth of unsafe, substandard, and insecure living conditions that Members, particularly children and youth, may experience.



Individuals at Risk for Avoidable Hospital or ED Utilization

Adults, Children/Youth at Risk for Avoidable Hospital or ED Utilization:

Adults who meet one or more of the following conditions:

- **Five or more** emergency room visits in six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;
- **Three or more** unplanned hospital and/or short-term skilled nursing facility (SNF) stays in six-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.

Children and Youth who meet one or more of the following conditions:

- **Three or more** emergency room visits in 12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence;
- **Two or more** unplanned hospital and/or short-term skilled nursing facility (SNF) stays in s12-month period that could have been avoided with appropriate outpatient care or improved treatment adherence.



Individuals with Serious Mental Health and/or Substance Use Disorder. Adult and Children/Youth Criteria

Adults with Serious Mental Health and/or Substance Use Disorder Needs:

- Meet the eligibility criteria or participation in, or obtaining services through:
 - Specialty Mental Health Services (SMHS) delivered by the county's Mental Health Plan
 - The Drug Medi-Cal Organization Delivery System (DMC-ODS) or the Drug Medi-Cal program (DMC).

And

- Are experiencing at least one or more of the following criteria:
 - Are at high risk for institutionalization, overdoses, and/or suicide
 - Use crisis services, Eds, urgent care, or inpatient stays as the primary source of care;
 - Experienced two or more ED visits or two or more hospitalizations due to serious mental health or substance use disorder in the past 12 months.

Children and Youth with Serious Mental Health and/or Substance use Disorder

- Meet the eligibility criteria for participate in, or obtaining services through one or more of:
 - SMHS delivered by Mental Health Plan
 - The DMC-ODS or DMC program



Individuals Transitioning from Incarceration

Adults:

- Adults who are transitioning from a correctional facility (prison, jail, or youth correctional facility) or transitioned from correctional facility within the past 12 months;

And

- Have at least one of the following conditions:
 - Mental Illness
 - Substance Use Disorder
 - Chronic Condition/Significant Non-Chronic Clinical Condition
 - Intellectual or Developmental Disability
 - Traumatic Brain Injury
 - HIV/AIDS
 - Pregnant or Postpartum

Children and Youth Transitioning from Youth Correctional Facility:

- Children and youth who are transitioning from a youth correctional facility or transitioned from being in a youth correctional facility in the past 12 months. No further criteria are required to be met for Children and Youth to qualify.



Adults Living in the Community and At Risk for Long-term Institutionalization

Adults who are living in the community who meet the SNF level of care criteria **OR** who require lower-acuity skilled nursing, such as time-limited and/or intermittent medical and nursing services, support and/or equipment for prevention, diagnosis, or treatment for acute illness.

AND

Are actively experiencing at least one complex social or environmental factor influencing their health such as need help with daily activities, communication difficulties, access to food, access to stable housing, living alone, the need for conservatorship or guided decision-making, poor or inadequate caregiving which may appear as a lack of safety monitoring.

AND

Are able to reside continuously in the community with wraparound supports.



Adult Nursing Facility Residents Transitioning to the Community

Adults nursing facility residents who are interested in moving out of the institution

AND

Are likely candidates to do so successfully

AND

Are able to reside continuously in the community.



Children and Youth Enrolled in CCS or CCS WCM

Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition.

- Children and Youth who are enrolled in CCS or CCS WCM

AND

- Are experiencing at least one complex social factor influencing their health. Examples include, but not limited to:
 - Lack of access to food
 - Lack of access to stable housing
 - Difficulty accessing transportation
 - High measure of ACEs screening
 - History of recent contacts with law enforcement or
 - Crisis intervention services related to mental health and/or substance use symptoms



Children and Youth Involved in Child Welfare

Children or Youth who meet one or more of the following conditions:

- Are under age 21 and are currently receiving foster care in California
- Are under age 21 and previously received foster care in California or another state within the last 12 months
- Have aged out of foster care up the age 26 (having been in foster care on their 18th birthday or later) in California or another state
- Are under age 18 and are eligible for and/or in California Adoption Assistance Program
- Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months



Birth Equity

Adults and youth who are pregnant or are postpartum – through 12 months
AND

Are subject to racial and ethnic disparities as defined by California Public Health data on maternal morbidity and mortality:

- Health disparities are patterns of inequity that shows people of color face barriers in accessing health care, often receive suboptimal treatment, and are most likely to experience poor outcomes in the health care system.



Community Supports Overview



Community Supports

There are 14 pre-approved Community Supports that were developed to help CCAH Members to obtain care in the least restrictive setting possible.

- Members do not need to be enrolled in ECM to receive community Supports
- Members can access Community Supports through provider referrals or through self-referral
- There are guidelines for each of these services for qualifying and what is provided

Community Supports were developed and/or enhanced through the CalAIM initiatives to provide services that are cost effective alternatives to help members remain in their communities.



Community Supports – Types of Services

- Housing Transition Navigation Services -
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Short-Term Post Hospitalization Housing
- Recuperative Care (Medical Respite)
- Respite Services
- Day Habilitation Programs
- Nursing Facility Transition/Diversion to assisted Living Facilities
- Community Transition Services/Nursing Facility Transition to a Home
- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically-Supported Food/Meals/Medically Tailored Meals
- Sobering Centers
- Asthma Remediation



Questions

Questions for the Group:

- If you are working with one of our members who you think would benefit from Community Supports or ECM Services, please reach out to the following:
 - ListECMTeAM@ccah-alliance.org or get in touch with Member Services for CCAH at 1-800-700-3874.
 - Additional Resources are on our webpage at www.thealliance.health
- Are there workforce issues to meet the needs of the community?

Questions from the Group? Or Discussion?



RESOURCES

- Send e-mails to listecmteam@ccah-alliance.org
- Tammy Hoeffel Enhanced Care Services Director

