POPULATION HEALTH INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE

Quarterly CalAIM Policy and Resource Guide

September 2024

Developed by PHIL for PATH Collaborative Participants

Contents

Each item in the table above *is related to a specific CalAIM topic, click on the topic you are interested in to jump to that topic and read about it.*

We hope you find this resource useful in your CalAIM Implementation journey.

Introduction

Welcome to PHIL's Quarterly Policy and Resource Guide for members of the Northwest and Southwest PATH Collaboratives. As your Collaborative Planning and Implementation (CPI) facilitators, our goal is to provide helpful information tailored to your implementation journey.

Each quarterly policy and resource guide will highlight CalAIM related updates and policy implementations and how these policies relate to the ECM and Community Supports work you are doing, with clear explanations of:

- *What they are*
- *Why they are important to CalAIM, and*
- *How they relate to ECM and Community Supports stakeholders*

In last quarter's Policy and Resource Guide we highlighted the large CalAIM vision including Health Equity and initiatives that make up the Medi-Cal transformation. This quarter focuses on how parts of these initiatives' policy and implementation efforts are starting to weave into the ECM and Community Supports' implementation efforts.

We hope you find this resource useful. Please send any suggestions or ideas for future Policy and Resource Guides to our ongoing feedback form or email us at PATH@pophealthinnovationlab.org for additional questions or feedback.

More information about the Population Health Innovation Lab (PHIL) and our role in CalAIM's PATH CPI Initiative is available at https://pophealthinnovationlab.org/projects/path/

Please watch for timely updates from our PHIL team about stakeholder meetings, learning webinars and announcements, as well as from DHCS, Partnership HealthPlan of California, and Kaiser Permanente.

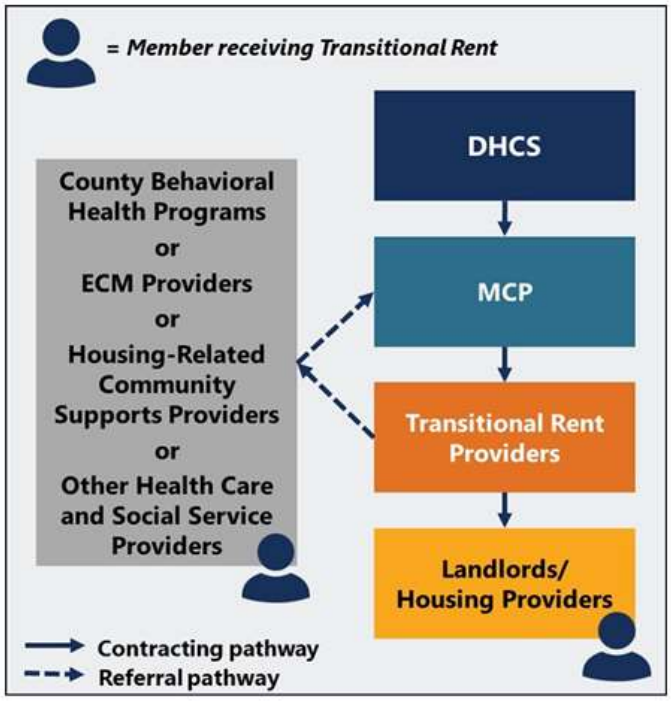
We appreciate the ongoing support of our sponsors who make this work possible to support implementation of ECM and Community Supports for Medi-Cal providers in PATH CPI regions.

Implementation Updates: Community Supports

NEW Community Support: Transitional Rent

On August 30th 2024, DHCS released the Transitional Rent Concept Paper for a three-week public comment period ending September 20th, 2024. Transitional Rent will be a new Community Support to cover rent or temporary housing for Medi-Cal members who are experiencing or at risk of homelessness and meet certain additional eligibility criteria. Transitional Rent will be available to members who:

- meet clinical risk factors,
- are experiencing or at risk of homelessness,
- have either recently undergone a critical life transition (such as exiting an institutional or carceral setting or child welfare),
- or who meet other specified eligibility criteria.



The proposed new service will be available to an eligible individual once per demonstration period. A demonstration period is every 5 years when the Centers for Medicare and Medicaid Services (CMS) renews Section 1115 Waivers for states. In California, the current Waiver is known as CalAIM.

Transitional Rent will not provide permanent housing or long-term housing stability on its own. Rather, Transitional Rent is designed to provide a time-limited opportunity to help a Medi-Cal member exit homelessness and establish a bridge to permanent housing, and thereby realize improvements in physical and behavioral health and functioning that have been shown to result from long-term housing stability.

A New Statewide Approach: The original amendment for the Transitional Rent Community Support proposed optional coverage of this benefit for Medi-Cal Managed Care Plans and county behavioral health systems unless the county opted to use the coverage for short-term psychiatric stays in Institutions for Mental Disease (IMDs). The Transitional Rents Concept Paper describes a new Statewide approach, wherein:

- Transitional Rent will be provided on a statewide basis *only* through Medi-Cal Managed Care Plans (MCPs) and will not include stays in IMDs.
- MCPs and county behavioral health delivery systems will be obligated to work together to ensure eligible individuals with significant behavioral health needs receive the Transitional Rent service through the MCP.
- MCPs will *be required* to cover Transitional Rent beginning on January 1st, 2026, and will have the option to do so as early as January 2025.

What about ECM and the Community Supports "Housing Trio:" ECM enrollment is not a requirement of eligibility for Transitional Rent, consistent with other Community Supports and Housing First best practices. An individual who qualifies for Transitional Rent will automatically qualify for Housing Deposits and the other Housing services (See Community Supports Policy Guide for the eligibility criteria for Housing Trio services, which DHCS plans to update ahead of 2025 to clarify automatic eligibility associated with Transitional Rent).

Payment Model: DHCS is considering different options for the payment model based on Fair Market Rents through HUD data. They are seeking stakeholder feedback in this area. Please see p.36 of the concept paper for more details on payment models.

Updated Community Supports Definitions

The Community Supports listed below are ones that DHCS received the most clarifying questions about over the first two years of the CalAIM initiative. In 2024, DHCS released the Medi-Cal Community Supports Fact Sheet as an accessible tool for understanding and explaining Community Supports in the CalAIM ecosystem. It is anticipated that there will be an official update to the following definitions in the Community Supports Policy Guide this year.

- Housing Deposits: 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 to move in.
- Medically Supportive Food/ Medically Tailored Meals: Deliveries of nutritious, prepared meals and healthy groceries to support health needs. May also include vouchers for healthy food and/or nutrition education.
- Asthma Remediation*: Physical modifications to the home to avoid acute asthma episodes due to environmental triggers like mold. Modifications can include filtered vacuums, dehumidifiers, air filters, and ventilation improvements.
- Nursing Facility Transition / Diversion to Assisted Living*: Members living at home or in a nursing facility are transferred to an assisted living facility to live in their community and avoid institutionalization in a nursing facility, when possible. Assisted living facilities provide services to establish a community facility residence such as support with daily living activities, medication oversight, and 24-hour onsite direct care staff.
- Community Transition Services / Nursing Facility Transition*: Members transitioning from a nursing facility to a private residence where they will be responsible for their own expenses, receive funding for set-up services such as security deposits, set-up fees for utilities, and health-related appliances, such as air conditioners, heaters, or hospital beds.

* Not currently offered by Partnership HealthPlan of California.

Implementation Updates: Enhanced Care Management

Based on stakeholder feedback following the launch of CalAIM, DHCS released an Action Plan on updates and improvements for the implementations of CalAIM Enhanced Care Management (ECM) and Community Supports in the field. After taking feedback on this Action Plan into consideration, DHCS has updated the ECM Policy to include updated requirements for MCPs in three key areas: Statewide ECM Referral Standards, Presumptive Authorization Requirements and Closed Loop Referral Implementation Guidance. This guide gives the preview of these updates and an overview so that providers can start planning. MCPs are required to operationalize this guidance in full by January 1st, 2025.

Statewide ECM Referral Standards

Purpose: The purpose of the newly released guidance and ECM Referral Templates is to standardize and streamline ECM referrals made to MCPs from providers, community-based organizations, and other entities.

The new guidance does not change eligibility criteria for any of the Populations of Focus (POF). Rather, it is an update to the previous ECM Data Sharing Guidance. The policy clarifies that, "DHCS strongly encourages referrals to ECM from the community, especially when they originate from entities that already have a trusted relationship with Members."

Guidance Components:

- Define ECM Referral Standards statewide for information collected by MCPs at the time of referral.
- Create a standard ECM Referral Form Template for use by referring entities when information cannot be transmitted in a machine-readable format.
- MCPs must have at least one pathway by which referrals to ECM are received from ECM providers in a machine-readable format.
- MCPs may NOT impose additional requirement for reviewing a member's eligibility for ECM beyond what is included in the ECM Referral Standards.
- MCPs must process referrals received via an incorrect process (e.g. using the wrong form) working with the referring entity to remedy the process.
- DHCS encourages MCPs and ECM providers to develop batch referral arrangements to reduce burden and increase efficiency of referrals for high-volume providers.

Please review the updated ECM Policy Guide (August 2024) for more information.

Presumptive Authorization Requirements

The August 2024 ECM Policy Guide sets out specific ECM Presumptive Authorization Requirements for certain established and contracted ECM providers to rapidly initiate ECM services.

Definition: Presumptive Authorization is an arrangement between an MCP and an ECM Provider enabling that ECM Provider to directly authorize ECM for a 30-calendar day timeframe and be paid by the MCP for ECM services delivered during the 30 days and apply for formal MCP ECM authorization during the 30-day period.

ECM Provider Types for ECM Presumptive Authorization Requirements: MCPs must implement presumptive authorization for ECM for a subset of ECM Provider types – each paired with a specific ECM Member Population of Focus, as described below:

ECM Population of Focus	ECM Providers Covered by Presumptive Authorization Requirements
Adults & Children Experiencing Homelessness	• Street Medicine Providers • Community Supports Providers of the Housing Trio Services • County-contracted and County-operated Specialty Behavioral Health Providers
Adults & Children at Risk for Avoidable Hospital or ED Utilization	Primary Care Provider practices (including Federally Qualified Health Centers (FQHCs), County-operated primary care, Indian Health Centers, and other primary care providers)
Adults & Children with Serious Mental Health and/or SUD Needs	County-contracted and County-operated Specialty Behavioral Health Providers
Adults & Children Transitioning from Incarceration	• Members receiving pre-release services in the JI POF (per existing DHCS guidance
Adults Living in the Community and at Risk for LTC Institutionalization	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of the Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
Adult SNF Residents Transitioning to the Community	• California Community Transitions (CCT) Lead Organizations • Community Supports Providers of Nursing Facility Transition/Diversion to Assisted Living Facilities and Community Transition Services
Children & Youth Enrolled in CCS/CCS WCM	• CCS Paneled Providers • Local Health Department CCS Programs
Children & Youth Involved in Child Welfare	• County-contracted and County-operated Specialty Behavioral Health Providers

	• High Fidelity Wraparound Providers • Health Care Program for Children in Foster Care Providers • Department of Social Services (DSS) Offices • Foster Family Agencies • Transitional Housing Programs Current and Former Foster Youth • Children's Crisis Residential Programs
Birth Equity Population of Focus	• OB/GYN Practices • Midwifery Practices • Entities that deliver the following services: Black Infant Health (BIH) Program, Perinatal Equity Initiative (PEI), Indian Health Program, American Indian Maternal Support Services (AIMSS)
These are minimum requirements and do not limit MCPs from extending presumptive authorization arrangements to more ECM Providers or Populations of Focus. See Table 5 (Page 110) in the ECM Policy Guide for more details.	

Points of note:

- Start Date: The new ECM Presumptive Authorization Requirements go into effect statewide on January 1st, 2025.
- MCP Payment and Presumptive Authorization: MCPs must allow network ECM Providers under presumptive authorization to start billing for ECM services from the date the Member first receives ECM services. In a case where the MCP subsequently denies the ECM authorization, the MCP must reimburse the ECM Provider throughout the presumptive authorization timeframe.

MCP Requirements for Closed Loop Referral Exchange

DHCS recently released Draft Closed Loop Referral Implementation Guidance for the Medi-Cal Managed Care Plans (MCPs). The comment period for the draft guidance closed on September 4th. Once this guidance is finalized, it will become an update to the Population Health Management Policy Guide for required implementation changes that MCPs must put in place by January 1, 2025, for ECM and Community Supports.

The State's Population Health Management strategy around Closed Loop Referral (CLR) guidance aims to improve access to Medi-Cal services, and reduce barriers to care, through three distinct actions: Tracking, Supporting and Monitoring member referrals.

Definition of Closed Loop Referral (CLR): The draft guidance defines a CLR as a referral initiated on behalf of a Medi-Cal Managed Care Member to a service or support that is supported, tracked, and monitored and results in a known closure. (For more Data Related Terms and Definitions see the PHIL PATH CPI Resources Page)

Goal of CLRs: To increase the share of Medi-Cal members successfully connected to the services they need by identifying and addressing gaps in referral practices and service availability.

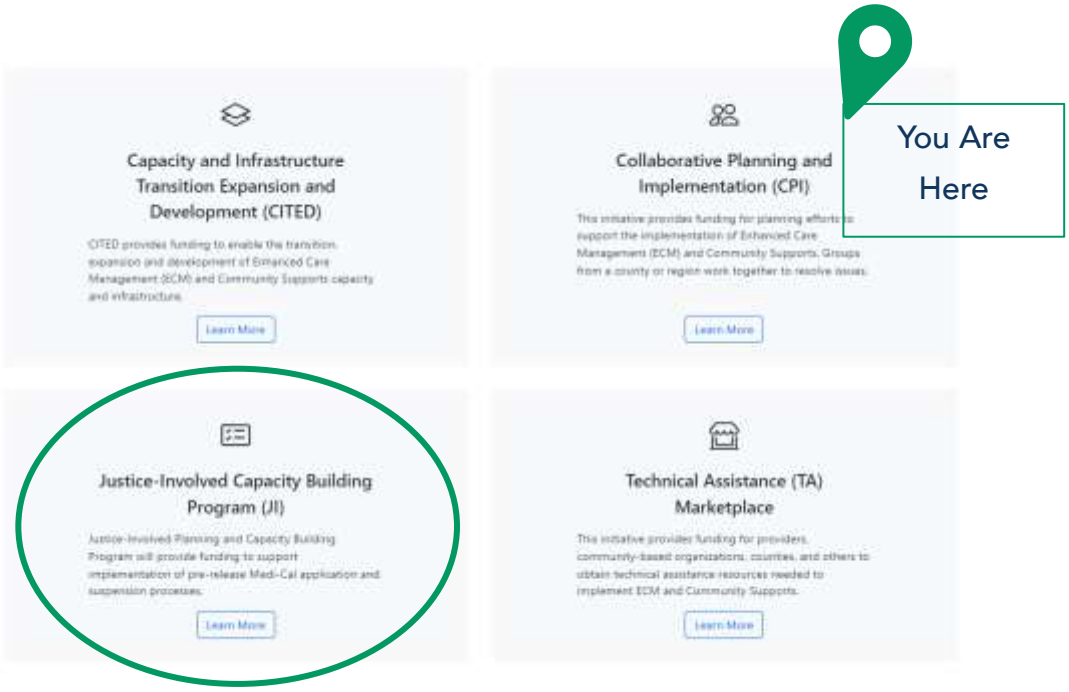
What does this mean: To reduce provider burden, MCPs must collect data elements from existing sources and may not require providers to submit additional data elements for referrals.

A meeting of data-invested stakeholders from around the state was held in August to gather comments for submission on the draft guidance. The comments represent local provider and consumer voices and could lead to a more streamlined referral and communication process among all providers and MCPs in the CalAIM Ecosystem of Care. The CalAIM Population Health Management Initiative page has current information and will post the policy once finalized.

CalAIM Providing Access and Transforming Health (PATH) Initiative

The PATH Collaborative is one important part of the mission of advancing and innovating Medi-Cal to create a more coordinated, person centered, and equitable health system that works for all Californians. There are four key components to the PATH Initiative described in the image below. PATH is the specific CalAIM initiative designed to build up the capacity and infrastructure of on-the-ground partners through collaboration, technical assistance, and capacity building resources. For updates, including recent CITED grant announcements, visit the PATH website and

see Appendix A for grantees in the Northwest and Southwest PATH CPI Collaboratives. This issue of the Policy Guide will zoom in on PATH's Justice Involved Capacity Building Program.



Spotlight on ECM Populations of Focus

Justice Involved Capacity Building

In follow up to PHIL's May Policy and Resource Guide and as the October 1, 2024, Pre-Release Services start date for the Justice-Involved Population nears, we want to zoom out and look at how the PATH Justice-Involved Capacity Building Program (JI) is coming into alignment with other ECM and Community Supports implementation efforts.

The branch of PATH dedicated to JI Capacity Building is intended to support the implementation of statewide Justice-Involved initiatives, including pre-release Medi-Cal enrollment and delivery of services in the 90 days prior to release from correctional institutions. JI Capacity Building provides customized training for County Correctional systems allowing them time to adapt to the culture shift needed to implement this innovation that is the first of its kind in the nation.

As we move into the launch of new services for JI Medi-Cal members, each county is approaching the JI initiative at their own pace and with a unique set of partners. Below are highlights of the structures put in place by DHCS to help facilitate a collaborative approach with a unique set of partners and providers into the PATH supports and delivery system.

There have been three rounds of funding offered so far to support the Justice Involved Capacity Building efforts. Please see Appendix B for a list of Round 2 awardees in your county. Round 1 was available to all counties for early planning, and Round 3 funding is still available. Round 3 provides funding to support planning and implementation for of the provision of targeted pre-release Medi-Cal services to individuals in state prisons, county jails, and youth correctional facilities. This funding is additional available to county behavioral health agencies to provide linkages to systems for support. More information is available on the PATH Justice-Involved Capacity Building website.

Justice-Involved (JI) Initiative Learning Collaborative Series: DHCS started a virtual learning collaborative to help facilitate county readiness and implementation among partners. This virtual series is open to any ECM and other providers who work with the JI population in their county. Contact justice-involved@ca-path.com for more information.

Justice Involved Service Delivery

While there has been funding for Capacity Building since 2022 through the PATH arm of the JI Initiative, and clear guidance and operational expectations set forth, implementation of an innovation can be bumpy at the beginning. PATH Collaborative facilitators are hearing statewide that the integration of the JI ecosystem with the ECM and Community Supports provider ecosystem is leaving room for improvement. A new PATH Funding and Engagement Benefits Guide put out by DHCS in August aims to help integrate understanding and collaboration among all providers and stakeholders in the PATH ecosystem as outlined in the diagram below.

Care Management Bundles under the JI Initiative

As with other CalAIM initiatives, data sharing, payment and operational effectiveness are drivers behind success. DHCS released the "Care Management Bundles" in June, which explains working with Justice Involved Individuals across six stages of pre- and post- release service delivery, along with payment and operations guidance. More information is available in this DHCS Care Bundle Slide Deck and on the Justice Involved Website.

DHCS is interested in feedback from providers on how to improve the Justice Involved implementation process. Please share your thoughts on this topic via PHIL's ongoing feedback form or at PATH@pophealthinnovationlab.org.

For even more information on PATH Justice Involved efforts, visit the PATH Justice Involved page or the Capacity Building Program Guidance.

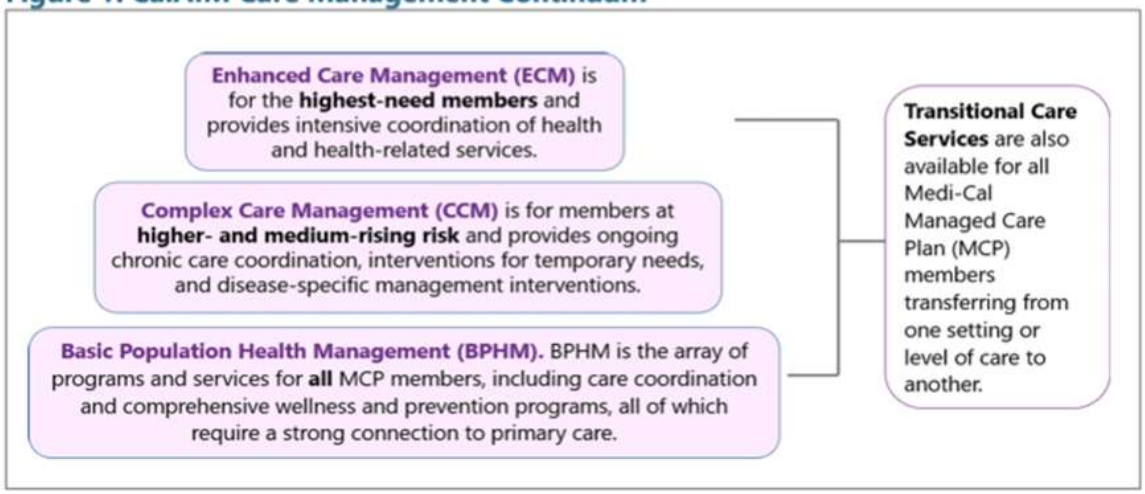
Spotlight on ECM Populations of Focus

Members with Long-Term Services and Supports Needs

The CalAIM Care Management Continuum

As we consider Enhanced Care Management (ECM) and Community Supports in the context of the larger CalAIM Vision, the State's Population Health Management Program is designed to ensure that all Medi-Cal managed care Members have access to a comprehensive set of services based on their needs and preferences across the continuum of care. See Figure 1 below outlining the CalAIM Care Management Continuum and the PHM Policy Guide for more information.

Figure 1: CalAIM Care Management Continuum



ECM Policy Guide, 2024

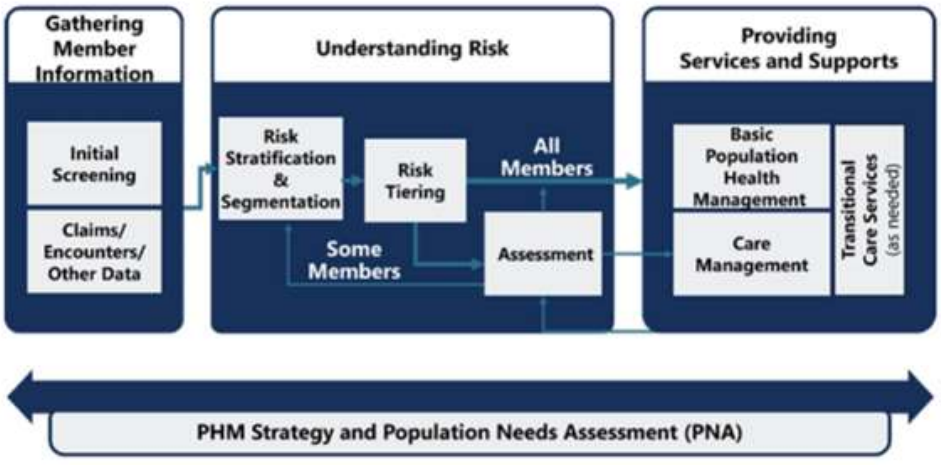
Transitional Care Services Policy Update

Transitional Care Services (TCS) were part of the care offered to Medi-Cal members prior to CalAIM. An important part of the CalAIM transformation through the Population Health Management program, has been to ensure that MCPs provide strengthened TCS. In response to stakeholder feedback, a new Technical Assistance (TA) Resource for MCPs was released in August: Transitional Care Services for Members with Long-Term Services and Supports Needs (LTSS). This TA resource provides excellent clarifying information for any providers who work with LTSS populations and includes visual overviews of requirements, promising practices, decision trees for TCS Support, and more!

Population Health Management

This issue of the Policy Guide zooms in on a few more pieces of the Population Health Management Policy and Framework that are coming on-line and could ease the implementation of Enhanced Care Management and Community Supports currently underway. A particular focus on data exchange and coordination of care is happening now as more providers engage in CalAIM and the increased need for streamlined communication among care teams is apparent.

The Population Health Management Initiative (PHM) is a cornerstone of CalAIM. PHM oversees a statewide strategy that ensures all Medi-Cal members can equitably access the services and resources they need to live healthier, more fulfilled lives leading to better overall outcomes. Through the PHM policies and requirements, MCPs and their networks, now work within a common framework and set of expectations. As visualized in the Population Health Management Framework below, each step of the process is catalyzed through a data informed process, assessed for understanding and needs and ultimately coordinated with human and data care excellence.



Improving Data Exchange

Data sharing is a noticeable theme running through the Population Health Management Policy Guide. With "equitable access to services" being the main goal of Population Health, it makes sense that, "ensuring access through data sharing for all," is woven into the strategy at all levels of implementation (PHM Policy Guide).

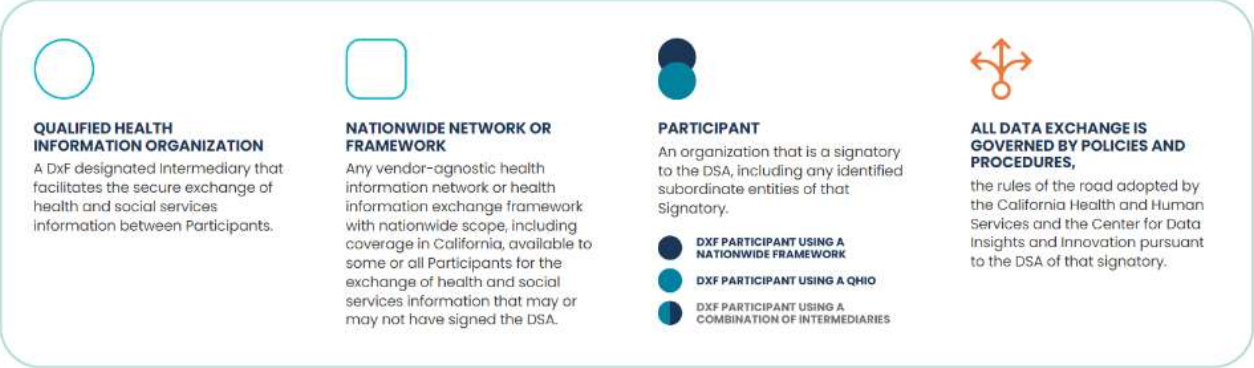
Several state and federal policies have recently been updated that support these goals of the Population Health Strategy in CalAIM. This combination of state and federal policy guidance alignment facilitates safe sharing of client data to enable the best possible coordination of care for health and social service providers. Below are a few key highlights.

1. 42 CFR Part 2 Final Rule – As of April 16th, 2024, certain aspects of Part 2 are now more in alignment with HIPAA and the HITECH act, while maintaining protections against use of SUD (substance use disorder) data against an individual. These new changes to 42CFR Part2 bring the consent provisions in the statute more in line with HIPAA. For example, members can now sign a single consent form for all future uses and disclosures for Treatment, Payment and Operations. Updates will also ease some of the burden on both patients and providers in sharing patient information, while still keeping important privacy safeguards in place. For more information: 42CFR Part 2 Final Rule Fact Sheet

2. DxF (Data Exchange Framework) Toolkit: The CalHHS Center for Data Insights and Innovation (CDII) has released an updated DxF Implementation Toolkit to support California health and social service entities with a step-by-step guide for DxF participation. The toolkit walks through the DxF Data Sharing Agreement (DSA) and considerations for operational and technical changes to securely share appropriate data under the DxF. *(CDII, August 2024)*

3. HIPAA for Cross-Sector Data Sharing: With increased interest in the DxF and Data Sharing Agreement from social service providers, more questions have arisen regarding how HIPAA rules may or may not apply to CBOs and other providers. The HIPAA Privacy Rule establishes a foundation of Federal protection for personal health information, carefully balanced to avoid creating unnecessary barriers to the delivery of quality health care.

   There are often misunderstandings around sharing of information from HIPAA misconceptions. The Privacy Rule of HIPAA permits a covered entity to use and disclose protected health information, with certain limits and protections, for treatment, payment, and health care operations activities in order to avoid interfering with an individual's access to quality health care or the efficient payment for such health care. For a simple fact sheet: *Cross-Sector Data Sharing: HIPAA Considerations for Data Exchange between Health Care Entities and Community-Based Organizations (Connection for Better Health)*



4. Information blocking: CalHHS updated the Data Exchange Policies and Procedures this year to be in line with federal standards and protections for all organizations who collect and exchange health related data. The policy, "prohibits (DxF) Participants from undertaking any practice that is likely to interfere with Access, Exchange, or Use of Health and Social Services Information for the Required Purposes." There is a lot of conversation in the state and nationally around "Information Blocking" both to protect patients and clients and to ensure that care and care coordination is not blocked.

5. Medi-Cal Connect: Population Health Management Service: You may, or may not, have heard of "The PHM Service." It is a future data system that is part of the Population Health Strategy that has been in planning and development since 2023 with the purpose of providing stakeholders with access to Medi-Cal member's health history, needs and risks across several domains from current disparate sources. This service launched on July 25, 2024, under the name Medi-Cal Connect.

   The goal is to provide an innovative statewide data solution to drive population health management, close gaps and improve member lives. The first two phases are for DHCS staff only. Future planned phases will involve MCPs, providers, and finally, Medi-Cal members. See the "Release Roadmap" below.

Release 1 Q3 2024	Release 2 Q4 2024	Release 3 Q2 2025	Release 4 Q3 2025	Release 5 Q1 2026
Users				
• DHCS (limited user group)	• DHCS (full user group)	• Medi-Cal Health Plans • County Behavioral Health • State Partners and Agencies	• Local County Partners • PHM Program Services and Supports • Health Care Delivery Partners • Other Medi-Cal Delivery Partners • Tribal Partners	• MyMedi-Cal Connect Launches for Medi-Cal Members ★

6. PATH EHR for Indian Health Services Nationwide: *Patients At The Heart (PATH) EHR* is part of a federal effort to meet the diverse health and cultural needs of tribes through modernizing health technology. Both the chosen name and the design elements of the PATH HER show the Health IT and HIS' dedication to "assisting individuals on their journey to healing, while promoting empowerment and advancement of health and wellness in line with nature and community values." PATH EHR replaces the 40-year-old Resource and Patient Management System (RPMS) and allows for much greater interoperability among IHS providers and other health and social service delivery providers. For more information on development and the timeline follow progress at IHS.

Behavioral Health Transformation (BHT)

In addition to being an ECM Population of Focus, Behavioral Health is also a CalAIM transformation initiative that is weaving its way into our ECM and Community Supports ecosystem. Supported by the passage of Proposition 1, BHT signifies a critical step forward in addressing the mental health and substance use disorder needs of Californians.

The many parts of the BHT initiative that connect and overlap with the ECM and Community Supports work among organizations working with the most vulnerable Medi-Cal recipients. Keeping an awareness of the continuing policy changes, funding opportunities and BHT implementations that may overlap with PATH work over time are important for continued service delivery innovations in a changing landscape.

BH and Housing Legislative Impacts

- A recent executive order by the Governor directing state agencies to address homeless encampments is creating a greater sense of urgency among all providers and stakeholders in the CalAIM ecosystem of care.
- This order increases needs for shelter and housing among an already taxed system. There are not enough shelter or housing beds for people currently and closing the encampments adds pressure to the housing funnel that includes a large proportion of Medi-Cal eligible folks struggling with Behavioral Health needs. The recent funding for under the DHCS Behavioral Health Continuum Infrastructure Program (BHCIP), now in its sixth funding round, was created to help alleviate the burden to this system. See Appendix C or a list of awardees in your county to connect with.

New BHCIP Funding Available

A new round of funding recently opened to construct, acquire, and rehabilitate real estate assets to expand the continuum of behavioral health treatment and service resources for the highest need Californians. The Request For Application (RFA) has been released and funding availability breaks out as follows:

- $1.47 billion is designated for cities and counties
- $30 million is designated for tribal entities

- $1.8 billion is available to all eligible entities, including cities, counties, and tribal entities.

A Pre-Application Consultation (PAC) registration is necessary before applying. The deadline to schedule a PAC is Oct. 15. The applications are due Dec. 13th.

BH-CONNECT

The Behavioral Health Community-Based Organization Networks of Equitable Care Treatment Demonstration (BH-CONNECT) is an important part of the CalAIM Behavioral Health Transformation that is designed to strengthen the continuum of care for Medi-Cal members through formalizing connections between County Behavioral Health Plans, clinical providers and other key partners serving this population. As noted above in the Statewide ECM Referral Standards section of this guide, special consideration was given to ease the referral and coordination process between county behavioral health plans and MCPs to strengthen the ECM implementation and ease burden on providers and Medi-Cal members.

In July of this year, DHCS submitted an addendum to the BH-CONNECT demonstration which would expand care for members with:

- significant behavioral health needs who are experiencing long stays in an institutional setting, or
- who are at risk of experiencing homelessness, or
- who need recovery-oriented residential care

If approved by the Centers for Medicare and Medicaid Services, this would allow BH-CONNECT providers and their partners to better serve the individuals who have historically faced expansive challenges and are exactly the members who stand most to gain in terms of recovery and community-stabilization by accessing services provided through BH-CONNECT. For more information, visit the BH-CONNECT website.

Please reach out to your PHIL PATH Collaborative team any time with questions, suggestions or requests for support or items you would like to see covered in this or future editions of PHIL's PATH CPI Policy & Resource Guide. We have an ongoing feedback form or can be reached at PATH@pophealthinnovationlab.org.

Appendix A: Round 3 CITED Awardees by County

County	CITED Round 3 Awardees
All	Home Health Care Management, Inc.
All	Independent Living Systems, LLC (ILS)
All	MedZed Physician Services, Inc.,
Del Norte	Kee Cha-E-Nar Nonprofit Corporation,
Del Norte	First5 Del Norte
Del Norte	Habitat for Humanity Yuba/Sutter, Inc.,
Humboldt	Children's Hope Foster Family Agency, Habitat for Humanity Yuba/Sutter, Inc., Home Health Care Management, Inc., Humboldt NeuroHealth Therapeutic Services,
Humboldt	Habitat for Humanity Yuba/Sutter, Inc.,
Humboldt	Humboldt NeuroHealth Therapeutic Services,
Humboldt	Kee Cha-E-Nar Nonprofit Corporation,
Humboldt	Sowing Seeds Health, Inc.
Humboldt	MedZed Physician Services, Inc.,
Lake	Adventist Health Physicians Network,
Lake	Children's Hope Foster Family Agency,
Lake	Habitat for Humanity Yuba/Sutter, Inc.,
Lake	Hospice Service of Lake County,
Lake	MedZed Physician Services, Inc.,
Lake	Solano Women in Medicine
Marin	Buckelew Programs,
Marin	Children's Hope Foster Family Agency,
Marin	Full Circle Health Network LLC,
Marin	Homeward Bound of Marin,
Marin	Institute on Aging,
Marin	Marin Community Clinics,
Marin	MedZed Physician Services, Inc.,
Marin	Mindful Living Center California LLC,
Marin	North Marin Community Services,
Marin	Sowing Seeds Health, Inc.,
Marin	The Uncuffed Project
Mendocino	Adventist Health Physicians Network,
Mendocino	Children's Hope Foster Family Agency,
Mendocino	First 5 Mendocino DBA Raise & Shine,
Mendocino	Habitat for Humanity Yuba/Sutter, Inc.,

Mendocino	Indigenous Wellness Alliance Inc,
Mendocino	Institute on Aging,
Mendocino	Solano Women in Medicine,
Mendocino	Sowing Seeds Health, Inc.,
Mendocino	St Vincent Preventative Family Care
Napa	Adventist Health Physicians Network,
Napa	Full Circle Health Network LLC,
Napa	Independent Living Systems, LLC (ILS),
Napa	Institute on Aging,
Napa	Solano Women in Medicine,
Napa	Sowing Seeds Health, Inc.,
Napa	St Vincent Preventative Family Care,
Napa	Stanford Sierra Youth & Families
Napa	The Uncuffed Project
Sonoma	Buckelew Programs,
Sonoma	Children's Hope Foster Family Agency,
Sonoma	Full Circle Health Network LLC,
Sonoma	Habitat for Humanity Yuba/Sutter, Inc.,
Sonoma	Independent Living Systems, LLC (ILS),
Sonoma	Institute on Aging,
Sonoma	Lighthouse for the Blind and Visually Impaired,
Sonoma	Mindful Living Center California LLC,
Sonoma	Solano Women in Medicine,
Sonoma	Sowing Seeds Health, Inc.,
Sonoma	St Vincent Preventative Family Care

Appendix B: Justice-Involved Capacity Building Recipients by County

Round 1: Counties in the NW and SW Regions who received awards for Collaborative Planning Grants

County	Awardee	Amount	Capacity Building Purpose
Del Norte	County Sheriff's Office	$100,000	Collaborative Planning • Staff Time
Marin	County Jail and Juvenile Hall	$100,000	Collaborative Planning • Vendors/Consultants

Round 2: Counties in the NW and SW Regions who received awards for Capacity Building

County	Awardee	Amount	Capacity Building Purpose
Del Norte	County Probation Department	$200,000.00	Technology & IT systems, Infrastructure, Protocol development
Del Norte	County Social Services Department	$300,000.00	Technology & IT systems, Infrastructure
Del Norte	County Sheriff's Office	$500,000.00	Infrastructure, Technology & IT systems, Staffing, Protocol development
Lake	County Sheriff's Office County Sheriff's Office	$473,062.50	Collaborative planning, Protocol development, Staffing
Marin	County Social Services Department	$294,745.86	Staffing, Collaborative planning, Technology & IT systems
Marin	County Probation Department	$249,473.61	Staffing, Collaborative planning, Protocol development, Technology & IT systems
Marin	County Sheriff's Office	$497,481.49	Technology & IT systems, Infrastructure

Appendix C: BHCIP Awardees by County

County	Recipient	Purpose
Del Norte	Yurok Tribe	Planning
Humbolt	Mad River Community Hospital	Sobering Center, Adult Residential SUD Facility, Crisis Stabilization Unit, MH Rehabilitation Centers (short-term)
	Sorel Leaf Healing Center / Lost Coast Residential Program	Children's Crisis Residential Program
	Yurok Tribe, Yurok HHS	BH Integrated School Health Center
	K'ima:w Medical Center	IOP, MH Outpatient Treatment, Office-Based Outpatient
Lake	Redwood Community Services	Perinatal Residential SUD Facility
	Habematolel Pomo of Upper Lake Tribe	Planning
	Lake County Behavioral Health Services	Planning
	Middletown Rancheria	Planning
Marin	Marin County HHS	Adult Residential SUD Treatment Facility
	Marin County Behavioral Health and Recovery Services	Planning
Mendocino	Mendocino County BH	Psychiatric Health Facility
	Ford Street Project	Adult Residential SUD Facility, Office-Based Outpatient Treatment, Recovery Residence/Sober Living
	Consolidated Tribal Health Project	Planning
	Mendocino County BH and Recovery Services	Planning
	Round Valley Indian Health Center	Planning
Napa	Napa County HHS	Crisis Stabilization Unit
	Mentis	Behavioral Health Integrated Facility
Sonoma	County of Sonoma	IOT, Office-Based Treatment, Children's Crisis Residential Program, Adolescent Residential SUD Facility
	Drug Abuse Alternatives Center	Adult Resident SUD Facility
	Dry Creek Rancheria Band of Pomo Indians	Planning