



PATH Collaborative Planning & Implementation (CPI)

Welcome! The Northwest Collaborative Planning Meeting will
be starting shortly.

May 20, 2024



POPULATION HEALTH
INNOVATION LAB

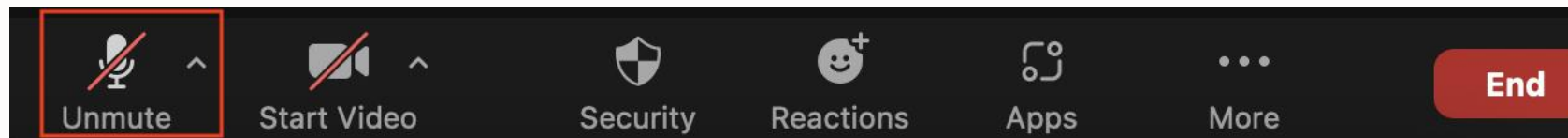
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Please email PATH@pophealthinnovationlab.org

Please mute your microphone during the presentation.





PATH – Collaborative Planning & Implementation (CPI)

Northwest Collaborative Planning Meeting

May 20, 2024



POPULATION HEALTH
INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE



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Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

We acknowledge the land and country we are on today as the traditional and treaty territory of the Native American, Alaska Native, and Tribal nations who have lived here and cared for the Land since time immemorial. We further acknowledge the role Native American, Alaska Native, and Tribal nations have today in taking care of these lands, as well as the sacrifices they have endured to survive to this day.

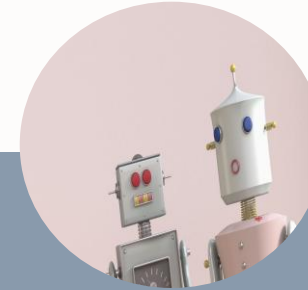


Welcome & Housekeeping



Roll Call

Please share your name,
location, title, and
organization in the chat.

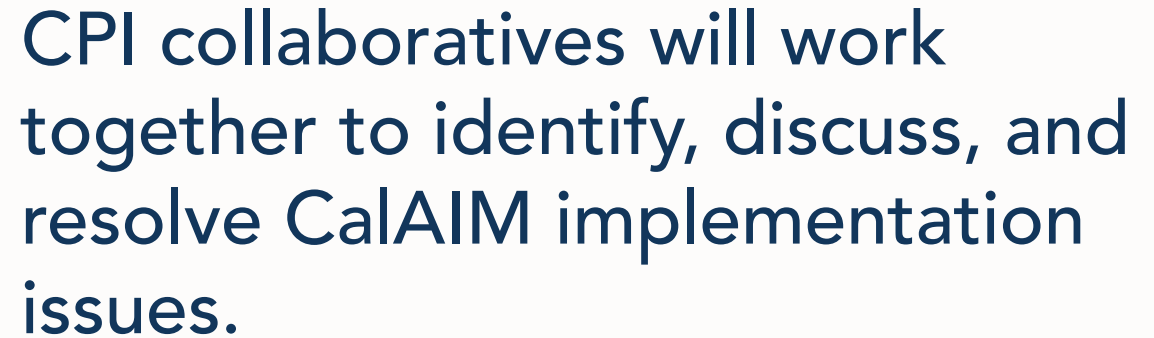


Participation Eligibility

Vendors and salespeople
should recuse themselves
from soliciting during this
collaborative convening.



- Northwest
- Southwest



- Learn more about the PATH CPI initiative [here](#).
- Catch up with us! Find meeting minutes, Readiness Roadmap Resources, and registration links on the [PHIL website](#).

Population Health Innovation Lab (PHIL)

PATH CPI Project Team



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Agenda for Today

- Welcome, Framing, and Flow of the meeting
- CHW/P/R in the CalAIM Ecosystem of Care
- Overview and Discussion about the Community Health Worker Benefit and Contracting Processes
 - Namita Vij, Partnership HealthPlan of California (PHC)
- Other Managed Care Plan Updates from PHC and Kaiser Permanente
- CalAIM Provider Network Tools and Utilization Data Updates
- Policy Updates and other CalAIM Announcements
- Policy and Program Feedback/Questions for the Department of Health Care Services
- Closing and Evaluation



Objectives

- Promote opportunities to integrate CHW/P/R into Medi-Cal funded services and the CalAIM ecosystem of care.
- Increase understanding of Medi-Cal's CHW benefit and how it differs from and can complement Enhanced Care Management (ECM) and Community Supports.
- Review county level provider directories for ECM Populations of Focus and Community Supports.
- Provide feedback for the Department of Health Care Services to inform policy development and improvement.



Commitments to Community Inclusivity

Be Present, Brave, and Curious

- **Encourage different opinions and respectful disagreement**
- Embrace conflict which can deepen our understanding
- Acknowledge the risk speakers take, and value the privilege to learn from one another
- Make use of opportunities to connect person-to-person

Create An Inclusive Space

- Invite the unheard voices
- **Take responsibility for our own voices (make space)**
- Resist the temptation to only witness the dialogue (take space)

Invite Anti-Racist Dialogue

- Be aware we all have a bias that may impact action; biases are learned and can be unlearned
- Address racially biased systems and norms
- Recognize the vast and varied lived experiences participants have with racism
- **Be intentional about power dynamics and how you exercise your privilege**
- Avoid defensive responses when people speak from lived experiences with racism

Be Accountable

- Foster awareness of unrepresented community members not “in the room”
- Respect each other’s time - participate fully and prepare for each activity
- **Commit to actions that move items beyond discussion**
- Practice patience and persistence – we cannot solve everything in a single conversation and will revisit topics that require additional discussion



Community Health Workers/ Promotores/Representatives (CHW/P/R) in the CalAIM Ecosystem of Care



CHW Services and Population Health

Some potential areas for CHW Benefit Implementation in DHCS Population Health Management Priorities

- DHCS Bold Goals
 - Shared MCP-LHJ Goals
 - Primary care engagement
 - Preventative care gaps
 - Chronic disease management
 - Transitional care services
 - Behavioral health linkage
- ([CHW TA Webinar](#), June 2024)

“CHW services are an integral part of Enhanced Care Management and Community Supports offered by MCPs as part of the CalAIM initiative. CHW services are also available to Medi-Cal members with fee-for-service.” ([DHCS](#), 2024)

CHW vs. CHW Services vs. CHW Benefit



Community Health Worker



Trusted Individual

CHWs are **key members** of many teams and provide **services** in many different settings.

CalAIM ECM & Community Supports



Part of Care Team

Payment: Per Member Per Month (PMPM)

CHWs may provide services as part of a CalAIM's **ECM** and **Community Supports** through contracting and billing for services on a per member per month basis.

Medi-Cal CHW Benefit



Funding for Services

Payment: Fee-for-service (FFS)

Medi-Cal CHW Benefit can be used to improve health in priority areas of the DHCS Population Health Management Program through Fee-For-Service contracting and billing.



Medi-Cal Funding: PMPM versus Fee-for-Service

Per Member Per Month (PMPM)

A standard monthly payment that does not vary based on the number of visits with a client. This monthly amount is also known as a capitation-based payment that is developed in accordance with generally accepted actuarial principles and practices.

Fee-For-Service (FFS)

A specific amount paid per visit for a particular amount of time and service. The service may be time bound and there may be a maximum number of services authorized on a fee per service basis.



Elevating the Expertise of Local Partners

**Local approaches to integrating the CHW
benefit as part of the care continuum.**

Welcome:

First 5 Humboldt

Aaron Wythe

Associate Director of Operations



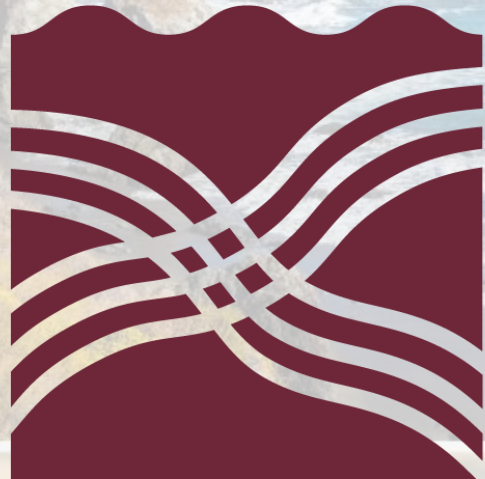


Community Health Worker Benefit

Partnership HealthPlan of California

Namita Vij
Program Manager II

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Community Health Workers –
Supervising Provider

Enhanced Health Services:
Namita Vij, Program Manager

Agenda

- Overview of Supervising CHW/P/R Provider
 - APL 24-006
 - Eligibility
 - Supervision Requirements
- Steps to Providing Services
- Additional Resources

All Plan Letter 24-006

Define CHW/P/Rs as trusted community members who serve as a link between health and social services and the community to increase access to and improve the quality of services

- ✓ Promotores (CHW/P/R)
- ✓ Community Health Representatives (R)
- ✓ Health Coaches
- ✓ Health Navigators
- ✓ Non-licensed public health workers including violence prevention professionals

Current CHW/P/R Minimum Qualifications

- Must have lived experience that aligns with the community or population being served
- May include lived experience related to incarceration, military service, pregnancy and birth, disability, foster system placement, homelessness, mental health conditions or substance use, or being a survivor of domestic or intimate partner violence or abuse and exploitation
- Lived experience may also include shared race, ethnicity, sexual orientation, gender identity, language, or cultural background of one or more linguistic, cultural, or other groups in the community for which the CHW/P/R is providing services
- Supervising providers are encouraged to work with CHW/P/Rs who are familiar with and/or have experience in the geographic communities they are serving

Covered Services

Services provided by CHW/P/Rs:

- ✓ Serve as a cultural liaison or assist a licensed health care provider to create a plan of care
- ✓ Outreach and resource coordination to encourage and facilitate the use of appropriate preventive services
- ✓ Help a beneficiary to enroll or maintain enrollment in government or other assistance programs related to improving their health
- ✓ Individually to groups virtually or in-person with no service location parameters including, but not limited to, outpatient clinics, hospitals, homes, or community settings
- ✓ Connect members to community resources for medical translation/ interpretation or transportation services
- ✓ Assist members in preventing the onset or aggravation of a health condition
- ✓ Provide peer support not duplicative of other covered benefits
- ✓ Support the reentry population
- ✓ Coordinate medication reviews
- ✓ Accompany patients to provider visits

Services Not Covered

What services are *not* provided/covered by a CHW/P/R?

- ✓ Clinical case management/care management requiring a license
- ✓ Childcare
- ✓ Chore services, including shopping and cooking meals
- ✓ Companion and employment services
- ✓ Helping members enroll in government or other assistance programs not related to improving their health
- ✓ Delivery of medication, medical equipment, or medical supply
- ✓ Personal care and homemaker services
- ✓ Respite care
- ✓ Services duplicating another covered Medi-Cal service already being provided like ECM or CS Service
- ✓ Socialization
- ✓ Transporting Members
- ✓ Individuals not enrolled in Medi-Cal

Eligibility

What are the eligibility criteria for Partnership members to receive CHW/P/R services?

Services are considered medically necessary for Partnership members with one or more chronic health conditions (including behavioral health) or exposure to violence and trauma, who are at risk for a chronic health condition or environmental health exposure, who face barriers meeting their health or health-related social needs, and/or who would benefit from preventive services. Members may not receive CHW services while enrolled in Enhanced Care Management (ECM)

Standing Recommendation

- As of April 1, 2025 DHCS has issued a statewide standing recommendation for all Medi-Cal members who meet the defined criteria for receiving CHW services. Those who meet the defined criteria below can receiving up to six hours annually.
- Eligibility Criteria for CHW Services:
 - Presence of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed.
 - Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition).
 - Presence of known risk factors, including domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse. • Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity.
 - One or more visits to a hospital emergency department within the previous six months, including when Medi-Cal members are in the emergency department.
 - One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months, or being at risk of institutionalization.
 - One or more stays at a detox facility within the previous year.
 - Two or more missed medical appointments within the previous six months.
 - Beneficiary expressed need for support in health system navigation or resource coordination services.
 - Need for recommended preventive service.
 - Individuals released from incarceration within the past six months.

Medical Necessity Criteria

Recommending provider shall determine whether a member meets criteria on the presence of one or more of the following:

- ✓ Diagnosis of one or more chronic health conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed
- ✓ Presence of medical indicators of rising risk of chronic disease (for example, elevated BP, elevated blood glucose)
- ✓ Positive Adverse Childhood Events (ACEs) screening
- ✓ Presence of known risk factors, domestic or intimate partner violence, tobacco use, excessive alcohol use, and/or drug misuse
- ✓ Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
- ✓ One or more visits to a hospital emergency department within the previous six months
- ✓ One or more hospital inpatient stays, including stays at a psychiatric facility, within the previous six months
- ✓ At risk of institutionalization
- ✓ One or more stays at a detox facility within the previous year
- ✓ Two or more missed medical appointments within the previous six months
- ✓ Beneficiary expressed need for support in health system navigation or resource coordination services
- ✓ Need for recommended preventive services

Certification and/or Training

Training

- No established single standardized curriculum for training CHW/P/Rs or their employers at this time
- Complete 6 hours (minimum) of additional training annually.

Certificate of Completion

- CHW/P/Rs with no certificate but experience must earn certification within 18 months of their first visit to a Medi-Cal member
- Must have completed a training specific curriculum and able to successfully demonstrate their acquired skills

Certification and/or Training

Work Experience Pathway Program (WEP)

- Demonstrated skills and practical training in core competencies, as determined by a Supervising Provider
- CHW/P/Rs demonstrating qualifications through this program, but have no certificate, must earn within one year of the first visit to a member

Violence Prevention Professional (VPP)

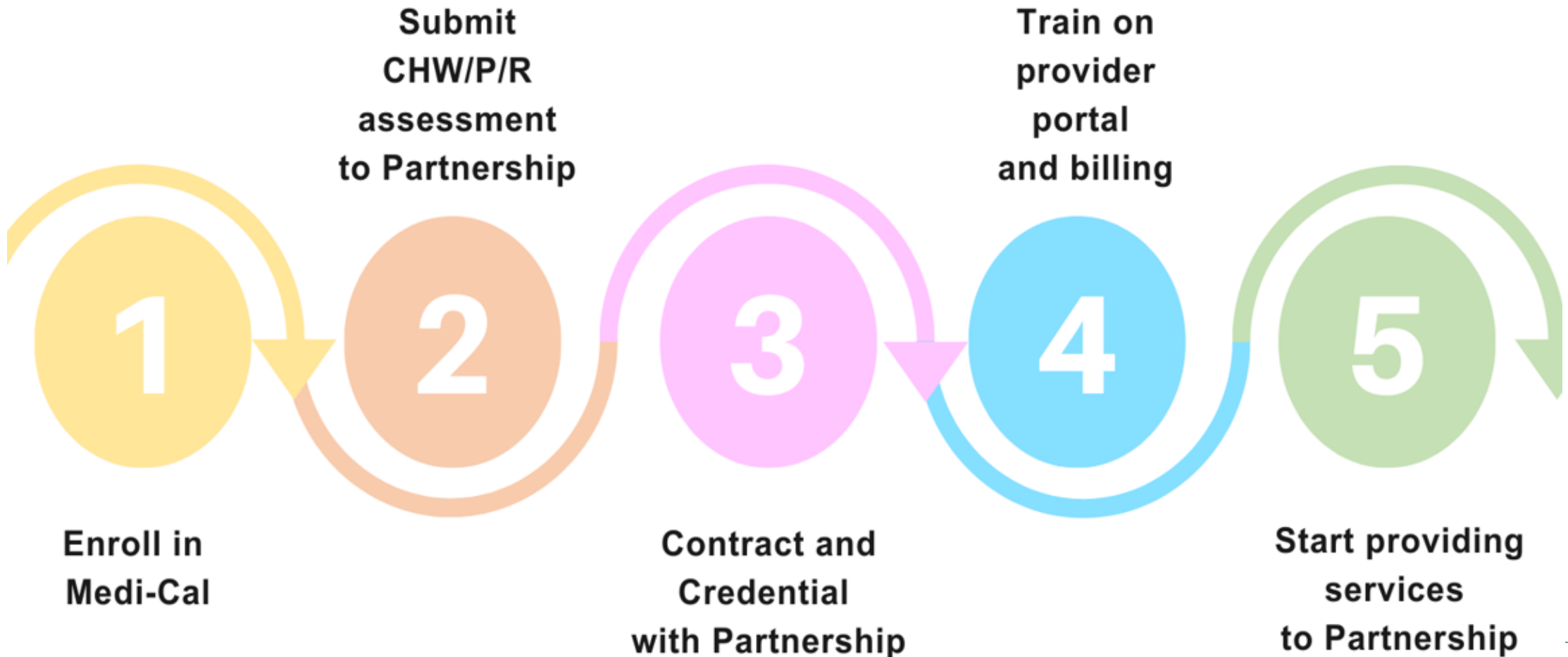
- Individuals only providing violence prevention services can obtain a Violence Prevention Professional (VPP) Certification, issued by Health Alliance for Violence Intervention or a certificate in gang intervention training from the Urban Peace Institute.

Supervision Requirements

- Provider must be enrolled as a Medi-Cal Provider
- Ensure they meet the qualifications listed in APL 24-006
- Be a licensed provider, a hospital, an outpatient clinic, a Local Health Jurisdiction (LHJ), or a Community-Based Organization
- Provide supervision, coaching, direct support, and leadership through training, mentoring, and case conferencing
 - ✓ CHW/P/Rs can be supervised by a CBO or LHJ not having a licensed provider on staff
- Manage day-to-day supervision of CHW/P/Rs
- Maintain evidence of CHW/P/Rs completing CEU requirements in case of audit and may provide and/or require additional training
- Must provide direct or indirect oversight to CHW/P/Rs
 - ✓ Guidance in providing services, participate in development of Plan of Care and follow service progression
 - ✓ Ensure connectivity of CHW/P/Rs with the ordering entity and that appropriate services are provided
- Do not need to be the same entity as the provider who made the written recommendation for services
- Do not need to be physically present at the location when service provided to the Partnership member

Steps to Providing Services

5-Step Process



Step 1: NPI and Enrolling in Medi-Cal

NPI if provider needs one


https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Resources/NPI_Application_Guidance.pdf

After NPI assigned, apply to enroll in Medi-Cal

<https://www.dhcs.ca.gov/provgovpart/Pages/CBO-LHJ-Application-Information.aspx>

Step 2: Submit CHW/P/R assessment to Partnership

Email CHWS@partnershiphp.org
for a readiness assessment.


 **Supervising Provider of Community Health Worker/P/Rs**
Provider Readiness Questionnaire

+ Organization Name: _____

Please respond to all of the questions listed below. Incomplete forms will be returned and cause a delay.

- The executive leadership at my organization has reviewed the DHCS APL 24-008 <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCOAPLsandPolicyLetters/APL%202024/APL24-008.pdf> _____
- My organization has an administrative lead or manager identified to lead the implementation of this benefit. If yes, answer below: _____
 - Name: _____
 - Contact Information: _____
- My organization has staff in place to provide the CHW/P/R services: ☐ Fully staffed ☐ Need to hire
*If your organization is **fully staffed**, please answer the following:*
 - Total number of CHW/P/Rs, including full-time and part-time positions in the organization
Number of full-time staff: _____
Number of part-time staff: _____*If your organization **needs to hire staff**, please answer the following:*
 - Target hire date for new staff: _____
 - Number of hired staff: _____
- My organization has a closed-loop referral system _____
- My organization uses or has the ability to use electronic authorization (requests) processes. _____
- My organization uses or has the ability to use a claims (payment) process, if yes, please mark box below: _____
☐ Paper Claims (CMS-1500 Form) ☐ Paper Claims (UB 04 Form) ☐ Electronic Claims (EDI 837)
- My organization is currently enrolled as a Medi-Cal provider. If no, please visit <https://www.dhcs.ca.gov/provgovpart/Documents/Enrollment-for-CBOs-LHJs-using-PAVE.pdf> _____
- My organization is currently contracted with PHC for services, if yes, list all services below: _____
- My organization is a non-profit entity. _____
- My organization has an NPI number. _____
If yes, list the NPI: _____
- My organization has a federal EIN number. _____
If yes, list the EIN: _____
- My organization is contracted with other commercial payers and/or other Medi-Cal payers _____

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(707) 863-4100 | www.partnershiphp.org





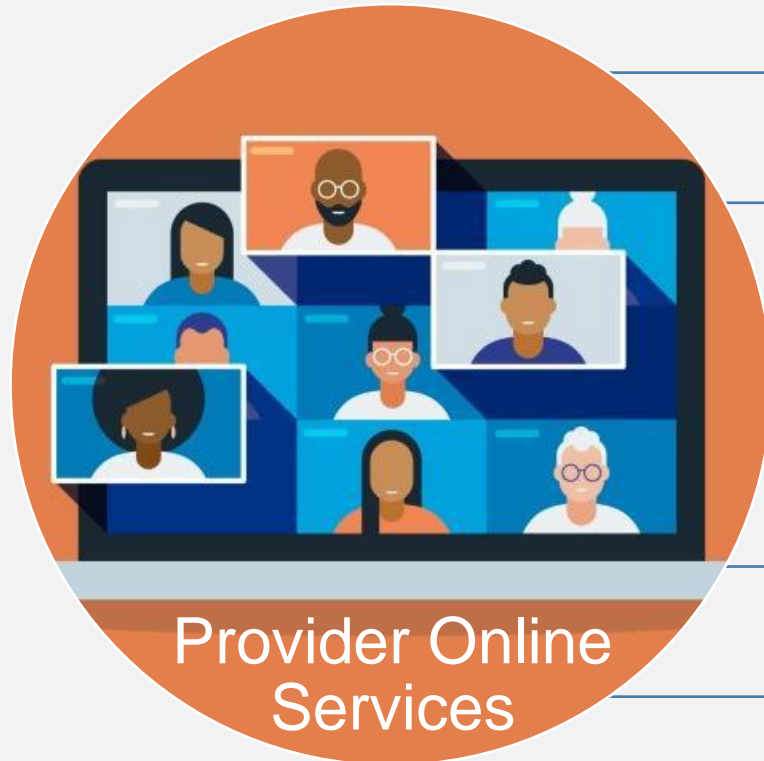
Step 3: Contracting and Credentialing

- With approval letter comes additional documents to complete
- Provider Agreement Request Form (PARF) submitted to the credentialing team
- After contract executed Supervising Provider will be credentialed
- When credentialed, training and access to Provider Portal to begin seeing Partnership members

See Partnership's policy MPCR11/MPCR11A to review contracting and credentialing requirements at <https://public.powerdms.com/PHC/documents/2740977>



Step 4: Training and Provider Portal



Check eligibility



Submit authorizations



View status of authorizations



View status of claims



Submit Provider Dispute Resolution Form (PDR)

- For portal inquiries and trainings, please contact eSystemsSupport@partnershiphp.org.

<https://provider.partnershiphp.org/ui/login.aspx>

Step 4: DHCS Quarterly Reporting and Survey

- ✓ Total number of active, individual CHW/P/Rs contracted with organization?
- ✓ Are the CHW/P/Rs involved in or refer members to Transitional Care Services?
- ✓ Total number of CHW/P/Rs working in an emergency department setting?
- ✓ Do the CHW/P/Rs refer members to ECM services?
- ✓ Do the CHW/P/Rs provide Health Education services?
- ✓ Do the CHW/P/Rs provide Health Navigation services?
- ✓ Do the CHW/P/Rs provide Screening and Assessment services?
- ✓ Do the CHW/P/Rs provide Individual Support or Advocacy services?
- ✓ Do the CHW/P/Rs provide Violence Prevention services?

Step 5: Claims

Providing and billing for services

- CHW/P/R services must be reimbursed through a supervising provider
- Claims for CHW/P/R services must be submitted by the Supervising Provider with allowable current procedural terminology codes as outlined in the Medi-Cal Provider Manual
- Claims must not bill for duplicative CHW/P/R services for the same member, for the same time reimbursed through other benefits such as ECM
- Charges for the services of the member must be billed under the member's Medi-Cal Number/CIN
- Reminder to retain the member referral from the licensed provider for audit purposes

Coding Information		Details	
Code	Session Length	Patient Numbers	Rate
98960	30 Minutes	1	\$26.66
98961	30 Minutes	2-4	\$12.66
98962	30 Minutes	5-8	\$9.46
G0019	60 Minutes	1	\$26.66
G0022	60 Minutes	1	\$26.66
In addition, the following allowable modifiers must be used with these CPT codes:			
Modifiers	Description		
U2	Used to denote services rendered by Community Health Worker		

Step 5: Claims – Treatment Authorizations

- No Treatment Authorization Requirements (TARs) needed for the first 12 Units (6 hours of service)
- Authorizations, Care Plans and Referrals are required for ongoing services after 12 Units (6 hours)
- Supervising Provider will need to submit TAR with a Care Plan and the member Referral
- Maximum frequency: 4 units (2 hours) daily, per beneficiary
 - ✓ Additional units per day may be provided with an approved Treatment Authorization Request (TAR) for medical necessity

Care Plan

- Written document developed by one or more licensed providers including the support and services a CHW/P/R will provide to address ongoing member needs
- CHW/P/Rs may assist in developing a plan of care with the licensed provider

Additional Resources

- DHCS APL 24-006:
<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-006.pdf>
- Medi-Cal Manual: https://mcweb.apps.pr.d.cammis.medi-cal.ca.gov/assets/03BBA223-8762-4A94-A268-209510E15E37/chwprev.pdf?access_token=6UyVkRRfByXTZEWIh8j8QaYyIPyP5ULO
- CHW/P/R DHCS Website: <https://www.dhcs.ca.gov/community-health-workers>
- SDOH codes for look up: <https://www.cms.gov/files/document/cms-2023-omh-z-code-resource.pdf>
- Partnership HealthPlan Website: <https://www.partnershiphp.org/Providers/Medi-Cal/Pages/Community-Health-Workers.aspx>



Contact Us

Claims Resolution Unit
1-855-798-8761

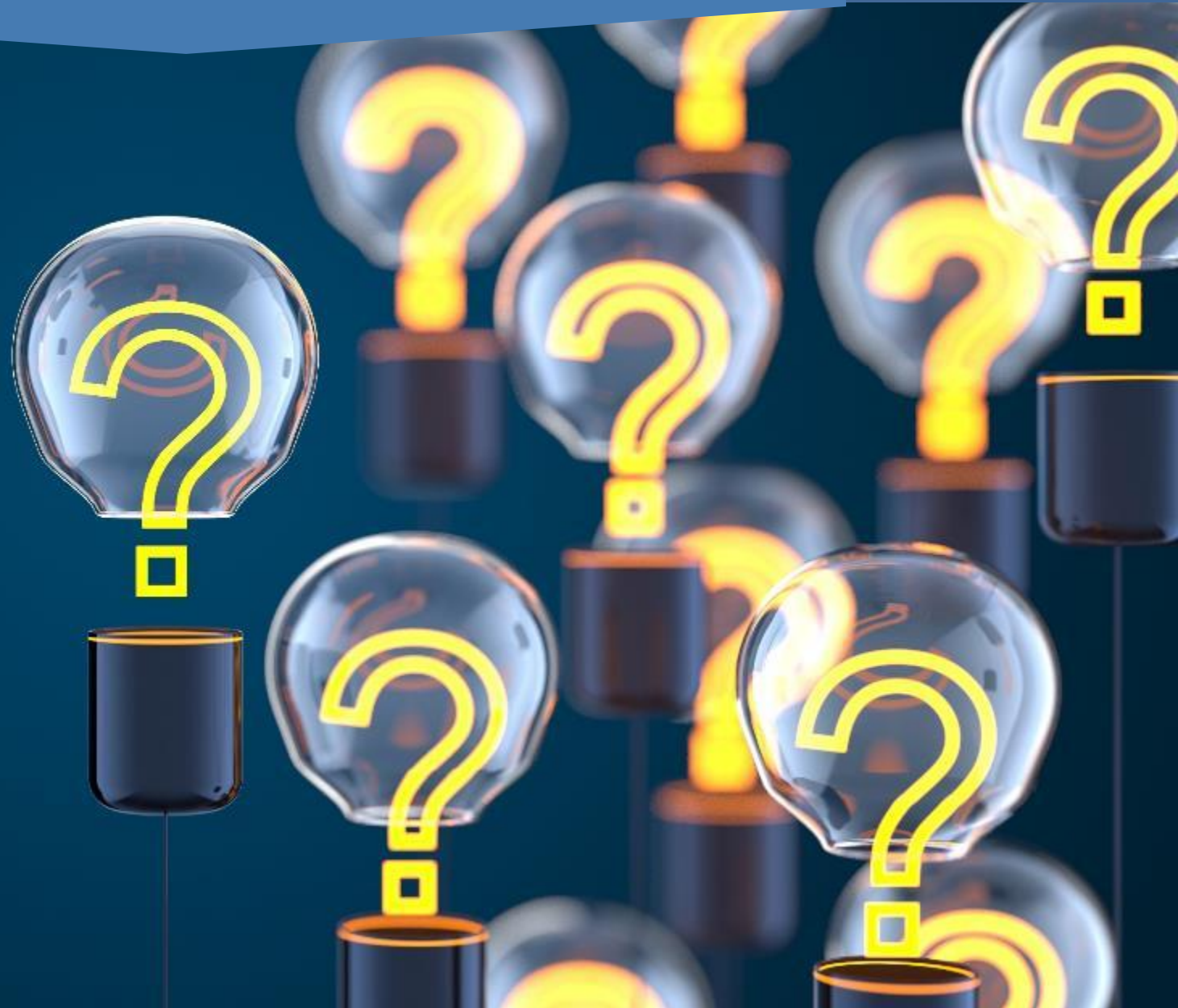
Provider Portal Assistance:
esystemssupport@partnershiphp.org

Partnership HealthPlan of California
Provider Online Services at:
<https://provider.partnershiphp.org>

claimshelpdesksr@partnershiphp.org

CHWS@partnershiphp.org

Questions





Partnership HealthPlan of California (PHC)

Updates on CalAIM

Victoria Sacramento and Paige Morrison

PARTNERSHIP



HEALTHPLAN
of CALIFORNIA
A Public Agency



Managed Care Plan CalAIM Updates

May 2025

Agenda



CS and ECM Updates and Reminders
Recorded Training Updates
Health Rules Payor and Upcoming Webinars
Closed-Loop Referral (CLR) Provider Reporting Changes

CS Updates and Reminder

CS Policy Guide (April 2025)

- ✓ Volume 1: www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide.pdf
- ✓ Volume 2: www.dhcs.ca.gov/Documents/MCQMD/DHCS-Community-Supports-Policy-Guide-Volume-2.pdf

Housing Deposits: As a reminder the housing deposit requirements in California have been updated.

After July 1, 2024, the limit is one month's rent. For landlords who own no more than two residential rental properties that collectively include no more than four total units for rent, the limit is two times the monthly rent, but only if the landlord is a natural person or a limited liability company in which all members are natural persons.

<https://oag.ca.gov/system/files/media/Know-Your-Rights-Security-Deposits-English.pdf>



ECM TAR Reminder

The following is a short Treatment Authorization Request (TAR) reference guide for Enhanced Care Management (ECM) providers.

Online Services Provider Portal Link: <https://provider.partnershiphp.org/UI/Login.aspx>

Initial TAR: 1 year/12 months – End Date should be the last day of the twelfth month.

Submit the following:

TAR Start & End Dates

START DATE: 7/1/2024 END DATE: 6/30/2025

TAR TYPE: *
Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.
ECM

SELECT PROVIDER: *

SERVICE PROVIDER ADDRESS:

PREFERRED RETURN FAX#:

IS URGENT: No

SERVICE PROVIDER DETAILS:
PROVIDER FAX# (ON FILE):
PATIENT CURRENT LOCATION: *
Homeless

Service Details should be entered and look exactly like below:

Diagnosis Details & Medical Justification

PRIMARY DIAGNOSIS: * (No decimal point needed)
Z5900

DIAGNOSIS CODE: Z5900

DIAGNOSIS DESCRIPTION: Homelessness unspecified

SECONDARY DIAGNOSIS: (No decimal point needed)
Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	
09012	OTHER SPECIFIED CASE MGMT				0	1	0	Edit Delete
09012	OTHER SPECIFIED CASE MGMT	U2			0	999	0	Edit Delete
09008	Coordinated care fee, phys coordinate care oversight scvcs	U1			0	999	0	Edit Delete

Add New Service Code

ECM Initial TAR
Duration: 7/1/2025-6/30/2026

ECM Reauthorization TAR
Duration: 7/1/2026-12/31/2026

TAR Reauthorizations: Six months – End Date should be the last day of the sixth month.

Submit the following:

TAR Start & End Dates

START DATE: 7/1/2024 END DATE: 12/31/2024

TAR TYPE: *
Please attach Prescription, MD Order, and Clinical Notes providing medical justification for the requested service.
ECM

SELECT PROVIDER: *

SERVICE PROVIDER ADDRESS:

PREFERRED RETURN FAX#:

IS URGENT: No

SERVICE PROVIDER DETAILS:
PROVIDER FAX# (ON FILE):
PATIENT CURRENT LOCATION: *
Homeless

Service Details should be entered and look exactly like below:

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PRIMARY DIAGNOSIS: * (No decimal point needed)
Z5900

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Search diagnosis based on diagnosis code or its description

SECONDARY CODE:

SECONDARY DESCRIPTION:

Service Details & Additional Notes

Service Code	Service Description	Modifier 1	Modifier 2	Modifier 3	Units	Quantity	Charges	
09012	OTHER SPECIFIED CASE MGMT	U2			0	999	0	Edit Delete
09008	Coordinated care fee, phys coordinate care oversight scvcs	U1			0	999	0	Edit Delete

Add New Service Code

ECM TAR Flyer (Reference Guide):

https://www.partnershiphp.org/Community/Documents/CalAIM%20Webpage/ECM%20Documents/Authorizations/ECM%20TAR%20Flyer_Comms_FINAL.pdf



ECM and CS Indicator

PHCONLINE SERVICES Austin Floresca

Member Demographics - ePrompts

Member Name: _____ Member ID: _____
 Gender: _____ Phone: _____
 Date of Birth: _____ Address: _____

Eligibility Details: _____

Is Eligible: Yes

Reference No: _____
 Program: Medi-Cal
 Date of Service: 10/24/2024
 PCP Messages: None
 Special Messages:
 Substance Use Services administered by PHC. See State System for additional benefit information.

Additional Services

Service Type	Service Provider	Phone #
CS- Housing Transition/ Navigation	NEW LIFE DISCOVERY PROJ	(530) 941-9241
ECM	NEW LIFE DISCOVERY PROJ	(530) 941-9241

PCP Name: **PARTNERSHIP HEALTHPLAN** PCP Phone: (800) 863-4155
 PCP Address: 4665 BUSINESS CENTER DRIVE FAIRFIELD CA 94534 PCP Fax: _____

Additional Services

Service Type	Service Provider	Phone #
CS- Housing Transition/ Navigation	NEW LIFE DISCOVERY PROJ	(530) 941-9241
ECM	NEW LIFE DISCOVERY PROJ	(530) 941-9241
Visit	VISION SERVICE CENTER/medical	(800) 612-1655
Mental Health	Medicare	(800) 633-4227
Substance Use Services	PHC/Carelon	(855) 765-9703

- Please check members eligibility to ensure they are not already connected with a CS or ECM provider.
- If you have an urgent TAR or feel as if your TAR is not within the 5 business day window please email the ECM and/or CS helpdesk.

CalAIM Recorded Trainings

- ECM Quality Incentive Program (QIP) Depression and Blood Pressure Screening Overview: <https://youtu.be/MnptPmBLmmE>
- Revised CS and ECM Billing (Coming Soon)

Health Rules Payor

- **New System Launch:** Partnership is preparing to launch Health Rules Payor (HRP) at the end of June.
 - **Phased-In Crossover:** Systematic phased-in crossover process will begin.
- **Training Sessions:** Multiple sessions scheduled to explain differences between the legacy and new systems.
 - **Formats:** Offered as webinars and in-person sessions.
- **In-Person Opportunity:** Attendees can meet one-on-one with Partnership staff to review test claim results.
 - **Provider Encouragement:** All providers are encouraged to attend a training session.
- **Priority Adjustments:** If contacted regarding test results needing remediation, prioritize adjustments to avoid claim rejection or denial.

View the 11 webinar dates and register using the link or QR code below:

<https://partnershiphp.webex.com/webappng/sites/partnershiphp/webinar/webinarSeries/register/2c4e765f8ac04797b25e7cc357b52f74>

In-Person Training Sessions *(Training times are tentative. These trainings will be hosted in all six Partnership regions; locations are being confirmed.)*

- Wednesday, June 11 – 11 a.m. to 1 p.m.
- Wednesday, July 23 – 11 a.m. to 1 p.m.

If you have any immediate questions or concerns, please reach out to your Provider Relations representative or submit your inquiry to PartnershipProviderEducation@partnershiphp.org.



Closed-Loop Referral (CLR) Provider Reporting Changes

ECM:

File Template: MIF Update

Referral Type (Community vs. Identified by MCP)

File Template: RTF Updates

- Referral status
- Date of referral status
- Reason for CLR closure
- ECM Lead Care Manager's email address

CS:

File Template: ASF Updates (CS)

Referral Type (Community vs. Identified by MCP)

File Template: RTF Updates

- Referral status
- Date of referral status
- Reason for CLR closure



Questions

Contacts:

- **ECM@partnershiphp.org**
- **CommunitySupports@partnershiphp.org**
- **ClaimsECMhelpdesk@partnershiphp.org**

Register for upcoming CalAIM Office Hours [here](#)

A photograph of a classroom scene. In the foreground, several students' hands are raised high in the air, indicating they want to ask a question or answer. The students are seated at wooden desks. In the background, a teacher is visible, and a chalkboard is partially seen. The lighting is warm and focused on the students' hands.

Questions?



Utilization Data Updates and CalAIM Provider Network Tools



Aim Statements

- Our CPI will enhance the quality and equity of Enhanced Care Management (ECM) and Community Supports by facilitating CPI participant advancement along the Readiness Roadmap. This will focus on increasing Medi-Cal member ECM utilization to at least 2% for children and at least 3% for adults by December 31, 2025.
- Additionally, efforts will aim to increase overall Medi-Cal member utilization of Community Supports to at least 1% during the same timeframe. The initiative will prioritize addressing service gaps, improving access, and ensuring quality care.



ECM Aim Statement Progress

County	Population	Current ECM Utilization %	Goal%	Proportion of goal met
Del Norte	Adult	2.62	3	87%
Del Norte	Children	0.76	2	38%
Humboldt	Adult	2.13	3	71%
Humboldt	Children	2	2	100%

Data retrieved from DHCS [ECM and Community Supports Quarterly Implementation Report](#).
Data as of Q3 of 2024



Community Support Aim Statement

Progress

County	Current Community Support Utilization %	Goal%	Proportion of goal met
Del Norte	0.73	1	73%
Humboldt	0.59	1	59%

*Data retrieved from DHCS [ECM and Community Supports Quarterly Implementation Report](#).
Data as of Q3 of 2024*



PATH CPI Enhanced Care Management and Community Supports Contracted Providers List

PATH CPI Enhanced Care Management and Community Supports Contracted Providers List for Del Norte, Humboldt, Lake, Marin, Mendocino, Napa, and Sonoma Counties California

Where is this data coming from?

The data in this provider list is **sourced directly** from Partnership Health Plan's PDF directory and Kaiser Permanente's directory.

Date of last Partnership Health Plan Contracted Providers update: 5/11/25

Data retrieved from: Partnership Health Plan Directory: <https://www.partnershiphp.org/Providers/Medi-Cal/Pages/Provider-Directory.aspx>

Date of last Kaiser Contracted Providers update: March 2025

Data retrieved from: Data shared by Kaiser Permanente ad-hoc

How to View All Sheets in This Workbook

This workbook contains multiple sheets with information on Enhanced Care Management (ECM) and Community Supports programs.

Navigating Between Sheets

To switch between sheets, use the sheet tabs at the bottom. Click the hamburger (≡) at the bottom left corner to see the full list of sheets in the file, or use your trackpad to scroll to the right to see all sheets for all counties.

Sheet Overview

ECM County Dashboard– ECM providers by county and Population of Focus (PoF)

Values represent the number of contracted providers offering ECM for each Population of Focus (PoF)

To filter the data table to display information on specific counties, see instructions and image to the right in column B

Community Supports County Dashboard– Community Supports providers by county and Service area

Values represent the number of contracted providers offering Community Supports for each Service area

To filter the data table to display information on specific counties, see instructions and image to the right in column B

"County" ECM (e.g. Del Norte ECM)– List of contracted providers for ECM.

Values under each Population of Focus (PoF):

- "Yes" – The provider is listed as a contracted provider for this PoF.
- "–" – The provider is contracted for adults and/or children, but the specific PoF was not identified in PHC PDF directory or Kaiser directory.
- " " Empty red cells represents that this organization does not provide services to that columns' PoF.
- "N/A" – PoF not applicable. PoF is only available for Kaiser.

"County" Community Supports (e.g. Del Norte Community Supports) – List of contracted providers for Community Supports.

Values under each Service Area:

- "Yes" – The provider is listed as a contracted provider for this Service Area.
- " " Empty red cells represents that this organization does not provide services to that columns' Service Area

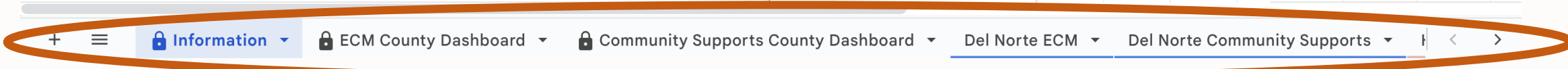
How to filter the data tables on the dashboards and a specific county's ECM or Community Supports Sheet:

1. Click Data in the top Menu of Google Sheets
2. In the drop down list, click "Create Filter View"
3. Once clicked, this will now enable you to filter the columns under each county in the dashboard and PoF/Service Area interest (pictured below)

Provider Name	Address	MCP	Adult – Homelessness	Adult – At Risk for IP and Hospital/ED	Adult – Serious Mental Health (SMH)/SU/D	Adult – Nursing Facility (NF) Transition	Adult – At Risk for LT/Institutionalization
Arcata Community Health Center	Sort A to Z	Sort Z to A		Yes	Yes	No	Yes
	Sort by color						



<https://bit.ly/3GQfFQu>





- How can discrepancies or missing information be reported?

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R
1	Provider Name	Contact Information	MCP	Adult – Homelessness	Adult – At Risk for Hospital/ED	Adult – Serious Mental Health/UD	Adult – Nursing Facility Transition	Adult – At Risk for LTC	Adult – Birth Equity	Adult – Justice-Involved	Children – Homelessness	Children – At Risk for Hospital/ED	Children – Serious Mental Health/UD	Children – CCS with Additional Needs	Children – Child Welfare	Children – Birth Equity	Children – Justice-Involved	Use Notes on Provider Service Contracts
2	Adventist Health Physicians Network	18990 Coyote Valley Rd Ste 5 Hidden Valley Lake, CA 95467	PHC	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	This column is for users to add any relevant notes about the provider's service contracts. You can use this space to: Highlight any special conditions or limitations of the contract. Mention if a contract is pending renewal, recently updated, or expired. Add any clarifications on the services listed for the provider. Note any exceptions, service gaps, or additional context that may not be reflected in the existing columns. Include date (mm/dd/yy) your comment was added
3	Alexander Valley Healthcare	6 Tarman Dr Cloverdale, CA 95425	PHC	---	---	---	---	---	---	---	---	---	---	---	---	---	---	
4	CSN Housing and Wellness Program	Not provided by PHC	PHC	Yes	Yes	Yes												
5	Dora Street Health Center	1165 S Dora St Ste A1 Ukiah, CA 95482	PHC	Yes														
6	Dora Street Health Center	1165 S Dora St Ste B1 Ukiah, CA 95482	PHC	Yes	Yes		Yes	Yes		Yes								
7	EA Family Services	802 Lakeport Blvd Lakeport, CA 95453	PHC	Yes	Yes	Yes		Yes		Yes	Yes	Yes	Yes	Yes	Yes		Yes	
8	Hillside Health Center	333 Laws Ave Ukiah, CA 95482	PHC	Yes	Yes		Yes	Yes	Yes	Yes								
9	Hospice Services of Lake County	1862 Parallel Dr Lakeport, CA 95453	PHC	Yes	Yes				Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	
10	Indigenous Wellness Alliance Inc.	409 Talmage Rd Ukiah, CA 95482	PHC	Yes		Yes				Yes	Yes		Yes				Yes	
		4415 Sonoma																

+

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Humboldt ECM ▾

Humboldt Community Supports ▾

Lake ECM ▾

Lake Community Supports ▾

Mendocino ECM ▾

Mendocino Community Supports ▾

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- How often is this tool updated?
 - Partnership HealthPlan (PHC) Data: Updated biweekly
 - Kaiser Permanente Data: Updated monthly



Discussion

- How has your organization used this tool?
- How might your organization use this tool?
- Are there other ways we can help strengthen awareness about the provider network and increase utilization?





Policy Updates and other CalAIM Announcements



Policy Guide Updates

- The Department of Health Care Services (DHCS) has updated and reorganized the **Community Supports** Policy Guide into two volumes to accommodate new policies:
 - **Volume 1** contains the service definitions for eight of the 15 Community Supports that address Members' health-related social needs.
 - **Volume 2** contains the service definitions for the seven Community Supports that address the needs of Members experiencing or at risk of homelessness, inclusive of Transitional Rent.

Community Supports Policy Guide Updated April 2025

Both volumes contain:

- Introduction to Community Supports
- Community Supports Overview
- Engaging Members in Community Supports
- Provider Contracting, Enrollment, Credentialing, and Vetting Requirements
- Data Systems and Data Sharing
- Coding, Billing, and Provider Payments
- Monitoring, Reporting, and Enforcement
- Community Supports to State Plan Service Crosswalk (relevant to service definitions included in each volume)

Volume 1 has...

- Community Supports – Service Definitions
 - Respite Services
 - Assisted Living Facility (ALF) Transitions
 - Community or Home Transition Services
 - Personal Care and Homemaker Services (PCHS)
 - Environmental Accessibility Adaptations (Home Modifications)
 - Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF)
 - Sobering Centers
 - Asthma Remediation
- Summary of February 2025 Service Definition Refinements (not including housing supports)

Volume 2 also has...

- Coordination between MCPs and County Behavioral Health Agencies on Housing Initiatives
- Global Cap on Coverage of Room and Board Services
- Overview of Community Supports to Support Members Experiencing or At Risk of Homelessness
- Community Supports – Service Definitions
 - Housing Transition Navigation Services (HTNS)
 - Housing Deposits
 - Housing Tenancy and Sustaining Services (HTSS)
 - Day Habilitation Programs
 - Recuperative Care (Medical Respite)
 - Short-Term Post-Hospitalization Housing
- Transitional Rent
- Summary of Interaction Between Community Supports and ECM
- Definition of Experiencing or at Risk of Homelessness
- SMHS, DMC, and DMC-ODS Access Criteria
- Full-Service Partnership Eligibility Criteria

General Updates & Key Highlights April 2025

Policy Guide Section	Changes
Introduction to Community Supports	New section explaining the contents of each volume
Community Supports Overview	Added April 2025: Transitional Rent, revised service names, section describing Federal Authorities for Community Supports
<ul style="list-style-type: none">New in Volume 2 only	<ul style="list-style-type: none">Coordination Between MCPs and County Behavioral Health Agencies on Housing InitiativesGlobal Cap on Coverage of Room and Board ServicesOverview of Community Supports to Support Members Experiencing or at Risk of Homelessness
Community Supports – Service Definitions	<div>Volume 1:<ul style="list-style-type: none">Respite ServicesAssisted Living Facility (ALF) TransitionsCommunity or Home Transition ServicesPersonal Care and Homemaker Services (PCHS)Environmental Accessibility Adaptations (Home Modifications)Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF)Sobering CentersAsthma Remediation</div> <div>Volume 2:<ul style="list-style-type: none">Housing Transition Navigation Services (HTNS)Housing DepositsHousing Tenancy and Sustaining Services (HTSS)Day Habilitation ProgramsRecuperative Care (Medical Respite)Short-Term Post-Hospitalization HousingTransitional Rent</div>
Engaging Members in Community Supports	Added April 2025: <ul style="list-style-type: none">Closed Loop Referral RequirementsGrievances and Appeals (as outlined in APL 21-011)
Provider Contracting, Enrollment, Credentialing, and Vetting Requirements	Updated April 2025: Community Supports Providers as Medi-Cal Enrolled Providers
Data Systems and Data Sharing	No changes indicated since previous release
Coding, Billing, and Provider Payments	Updated April 2025: <ul style="list-style-type: none">Place of Service (POS) CodesCommunity Supports Billing and Invoicing GuidanceMoved to Volume 2 only: Coding Guidance to Capture the Outreach Efforts Involved in Initiating Service Delivery of Select Housing-Related Community Support Services
Monitoring, Reporting, and Enforcement	Updated April 2025
Community Supports to State Plan Service Crosswalk (relevant to service definitions included in each volume)	No changes indicated since previous release



Volume 1 Key Highlights

Policy Guide Section	Changes
<p>Community Supports – Service Definitions</p> <ul style="list-style-type: none"> • Respite Services (no changes) • Assisted Living Facility (ALF) Transitions • Community or Home Transition Services • Personal Care and Homemaker Services (PCHS) • Environmental Accessibility Adaptations (Home Modifications) (no changes) • Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF) • Sobering Centers (no changes) • Asthma Remediation 	<ul style="list-style-type: none"> • Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Day Habilitation Programs, Recuperative Care (Medical Respite), Short-Term Post-Hospitalization Housing, and Transitional Rent service definitions can be found in Volume 2 of the Community Supports Policy Guide. • Assisted Living Facility (ALF) Transitions (formerly known as “Nursing Facility Transition/Diversion to Assisted Living Facilities such as Residential Care Facilities for the Elderly and Adult Residential Facilities”) (Updated February 2025) <ul style="list-style-type: none"> • Effective April 2025, DHCS will make available to MCPs a list of their Members who are also on the ALW waitlist, and the associated Care Coordination Agency, to facilitate delivery of this Community Support service for Members who are likely to benefit from the service • Community or Home Transition Services (formerly known as “Community Transition Services/Nursing Facility Transition to a Home”) (Updated February 2025) • Personal Care and Homemaker Services (PCHS) (Service definition updated April 2025, effective July 1, 2025) • Medically Tailored Meals (MTMs)/Medically Supportive Food (MSF) (Updated February 2025) • Asthma Remediation (Updated February 2025)
<p>Summary of February 2025 Service Definition Refinements (not including housing supports)</p>	<ul style="list-style-type: none"> • Added February 2025: This section is a summary of the service definition revisions (Assisted Living Facility Transition, Community or Home Transition Services, Medically Tailored Meals/Medically Supportive Food, and Asthma Remediation) <ul style="list-style-type: none"> • The summary is provided here for reference for stakeholders, providers and MCPs in need of additional description of the clarifications made in February 2025. • DHCS will continue to solicit stakeholder feedback on further standardization for Community Supports in 2025 and 2026, including Respite Services

Volume 2 Key Highlights 1 of 2

Policy Guide Section	Changes
Coordination between MCPs and County Behavioral Health Agencies on Housing Initiatives	Added April 2025: New section (not included in volume 1) specific to Housing Initiatives and the intersection with Prop 1 and the BHSA
Global Cap on Coverage of Room and Board Services	<p>Added April 2025: New section (not included in volume 1) which describes the “global cap” on coverage of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent, all three of which are referred to in the waivers as “Room and Board” services.</p> <ul style="list-style-type: none">• Under the cap, coverage is limited to six months of Room and Board services per Member within a rolling 12- month period. This means that a Member may not receive more than a combined six months of Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent during any rolling 12-month period.• Transitional Rent—as a Room and Board-only intervention without accompanying clinical services—is subject to an additional cap of six months per household, per demonstration
Overview of Community Supports to Support Members Experiencing or At Risk of Homelessness	<p>Added April 2025: New section (not included in volume 1) which explains that specific services are intended to be offered in combination for members who are eligible to receive them (e.g., Members authorized for Transitional Rent must also be authorized for ECM). The full summary of “Interaction Policies” is included as Appendix B of volume 2 of the guide.</p> <ul style="list-style-type: none">• Detail includes an example of a Member’s journey interacting with these services, in which the Member is at first experiencing homelessness and needs an acute hospitalization.
Community Supports – Service Definitions* <ul style="list-style-type: none">• Housing Transition Navigation Services (HTNS)• Housing Deposits• Housing Tenancy and Sustaining Services (HTSS)• Day Habilitation Programs• Recuperative Care (Medical Respite)• Short-Term Post-Hospitalization Housing	<ul style="list-style-type: none">• Housing Transition Navigation Services (HTNS) (Updated April 2025)• Housing Deposits (Updated April 2025)• Housing Tenancy and Sustaining Services (HTSS) (Updated April 2025)• Day Habilitation Programs (Updated April 2025)• Recuperative Care (Medical Respite) (Updated April 2025)• Short-Term Post-Hospitalization Housing (Updated April 2025)

*Includes revised service definitions, authorized activities, eligibility, provider types, and interactions with other services.

Volume 2 Key Highlights 2 of 2

Policy Guide Section	Changes
Transitional Rent	Added April 2025: Includes eligibility, timeline, populations of focus, service definition and settings, provider types, and interactions with other services and systems including HMIS, Coordinated Entry, Behavioral Health, Payment from DHCS to MCPs, and a short note on Flex Pools.
Summary of Interaction Between Community Supports and ECM	Table summarizes the interaction between the Housing Trio, Transitional Rent, and ECM. Each row indicates the current service a Member is authorized or receiving. Read from left to right the table outlines the combination of services available to a Member experiencing or at risk of homelessness.
Definition of Experiencing or at Risk of Homelessness	Members must meet the U.S. Housing and Urban Development (HUD) definition of homeless or at risk of homelessness as defined in Section 91.5 of Title 24 of the Code of Federal Regulations (CFR) , with the three modifications listed in the guide.
SMHS, DMC, and DMC-ODS Access Criteria	Outlines Access Criteria by program and age group. For more information visit: BH CalAIM Webpage or contact: BHCalAIM@dhcs.ca.gov
Full-Service Partnership Eligibility Criteria	Until July 1, 2026, the eligibility criteria for FSP are set forth in CCR Title 9, section 3620.05 and require a significant mental health condition as described in W&I Code section 5600.3 and the presence of at least one qualifying risk factor (as identified in CCR Title 9, section 3620.05), such as experiencing or a risk of homelessness. For more information visit: BH CalAIM Webpage or contact: BHCalAIM@dhcs.ca.gov

Housing for Health

- Review and share the **new** DHCS [Housing for Health](#) webpage with a collection of strategies to assist members experiencing homelessness: [Housing-for-Health](#)
- Department of Health Care Services (DHCS) initiatives in the managed care and behavioral health delivery systems, many of which have launched and others which will go live in the coming months and years include but are not limited to the initiatives under the [California Advancing and Innovating Medi-Cal \(CalAIM\) Section 1115 and 1915\(b\) waivers](#), the [California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment \(BH-CONNECT\) Section 1115 waiver](#), the [Behavioral Health Transformation](#) DHCS' implementation of Proposition 1 ("Prop 1"), and the Behavioral Health Bridge Housing Program.
- Central to the transformations are a recognition that a member's health and well-being is driven not just by clinical factors, but also by social factors such as access to safe and stable housing.

Medi-Cal Managed Care Program Resources	Specialty Behavioral Health Resources	Flexible Housing Subsidy Pools ("Flex Pools")
Community Supports Policy Guide Volume 1	Behavioral Health Transformation Overview	Flexible Housing Subsidy Pools - Technical Assistance Resource (February 2025)
Community Supports Policy Guide Volume 2	Proposition 1 Fact Sheet	Webinar (2/11/25): Flex Pools Introduction and Technical Assistance
Enhanced Care Management (ECM) Policy Guide	Overview for Housing Providers on the changes to the BHSA under Proposition 1	Presentation Slides
Transitional Rent Concept Paper (Content is subject to change and may not be reflective of current, updated information)	Proposition 1 Housing Supports Primer	Webinar (2/11/25): Flex Pools Introduction and Technical Assistance
ECM & Community Supports Quarterly Implementation Report	Behavioral Health Bridge Housing Program	Webinar Recording (captioned)
Street Medicine All Plan Letter 24-001	Behavioral Health Services Act Policy Manual	Webinar (2/11/25): Flex Pools Introduction and Technical Assistance
Housing and Homelessness Incentive Program		Webinar Transcript
		"Flex Pools" Request for Applications (RFA): (1) TA Academy, (2) Planning Grants
		Register here for the Monday, May 12 Flex Pools RFA Applicant Webinar
		Webinar Registration, May 12, 2025



Community Supports Policy Pop-Up

The Population Health Innovation Lab is hosting a Community Supports Policy Pop-Up on Wednesday, May 21, 2025, from 12:30 – 1:30 PM

Advanced registration required

Participants are encouraged to bring questions!

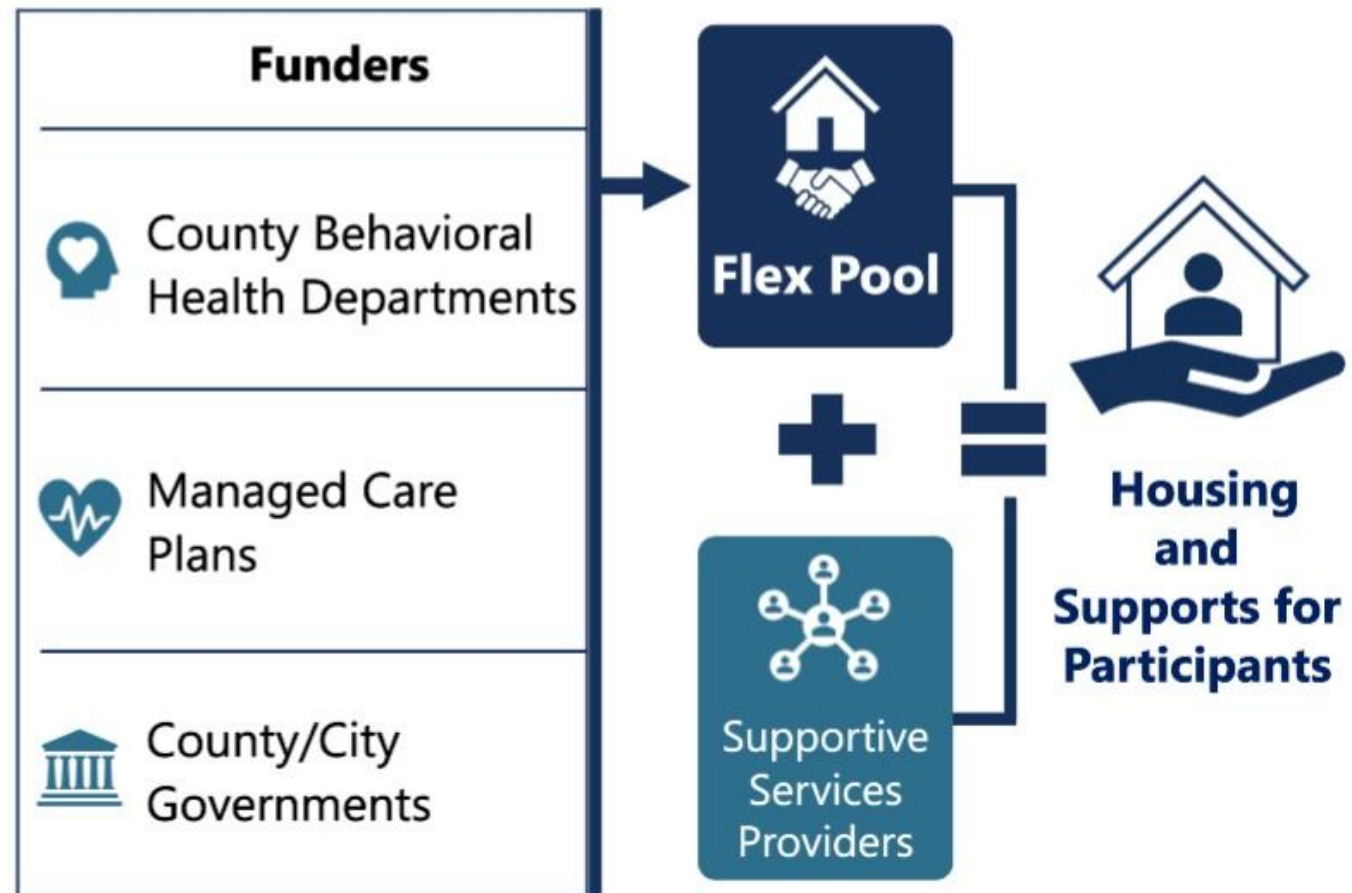
New! Flexible Housing Subsidy Pools Request for Applications

DHCS encourages the development of Flexible Housing Subsidy Pools (“Flex Pools”) as an effective model to streamline and simplify administering Transitional Rent and coordinating related housing supports.

- » Flex Pools are a locally designed model for streamlining provision of housing supports and engaging landlords.
- » **The Flex Pools RFA**, now open for submissions on the [DHCS Housing for Health website](#), invites applicants for two opportunities in support of Flex Pools:

- 1. Participation in the Flex Pools Academy**, which offers individualized technical assistance.
- 2. \$150k Planning Grants** for county behavioral health agencies and/or tribal entities to launch and operationalize a Flex Pool.

» The RFA is due **Friday, June 13, 2025.**





Justice Involved Round 4 Application

- On May 12, 2025, DHCS opened the PATH Justice-Involved Round 4 application window. PATH JI Round 3 awardees are eligible for the Justice-Involved Round 4 funding opportunity.
- The deadline to apply for Round 4 funding is July 11, 2025.
- Round 4 applicants must submit a proposed budget and justification for additional funding requested.





Governor's May Budget Revision 5/14

- Look for two categories in each Department Update:
 1. **Significant Updates:** Addresses needs arising out of potential or current federal policy changes.
 2. **Addressing the Budget Problem:** Just what it sounds like. Adjustments to help keep the CA budget on target.
- Important ***proposed*** Medi-Cal [Health and Human Services](#) related updates and the announcement of the new [California Housing And Homelessness Agency](#).



PHIL is Meeting with DHCS in June!



Agenda highlights:

- Closing the Loop: Preparing CPI Collaboratives for MCP Closed-Loop Referral Requirements
- Sustainability and the Future of CalAIM
- Updated Policy Guides



Share Your Questions with DHCS:

1. What question(s) do you have for DHCS related to **Community Support Policy Guide Updates**?
2. What question(s) do you have for DHCS related to **ECM and Community Supports Monitoring**?
3. What question(s) do you have for DHCS related to **Children and Youth California Children's Services (CCS) Updates**?
4. What questions and feedback do you have for DHCS related to the **Justice-Involved Rollout**?
5. Are there any other questions that you have for DHCS that you would like to raise?

[Submit your written comments here by June 1st!](#)



Announcements & Upcoming Events



California Children & Youth Behavioral Health Virtual Resource Fair

For Anyone Supporting Children & Youth in California

Tuesday, June 3, 2025

9:00am - 11:00am PT

[Register Here](#)

Hosted by PHIL in partnership with the California Children and Youth Behavioral Health Initiative (CYBHI), the event will feature:



Cal-MAP





See You In June

Our next CPI regional meeting is virtual. We hope to see you there!

Tuesday, June 17th at 1:00 PM

[Register here](#)

The background is a light cream color with several large, soft-edged, pale yellow clouds. Three vibrant rainbows are scattered across the scene: one on the left, one at the top right, and one at the bottom left. Each rainbow has a thick pink outer band, followed by blue, yellow, and red inner bands. Small, multi-colored dots are visible along the arcs of the rainbows. Numerous stars are also present: some are large and solid-colored (orange, blue, pink), while others are small and multi-colored. The overall aesthetic is cheerful and whimsical.

THANK YOU!

Please be in touch!

www.linkedin.com/in/jessicachristinesanchez



Post-Event Evaluation

To continue improving our work as your CPI Facilitator, PHIL kindly asks that you complete the brief survey that pops up in a new tab at the close of the meeting. Your feedback ensures quality improvement and will inform planning and activities through the evolution of the collaborative.



<https://bit.ly/3Z90Z5B>



Thank You!

Feel free to contact our PATH CPI team

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Thank you!

