

ATTACHMENT A:
CENCAL HEALTH INCENTIVE
PAYMENT FUNDING AGREEMENT
FY23-27



Incentive Payment Program Funding Agreement

The Santa Barbara San Luis Obispo Regional Health Authority, dba, CenCal Health (“CenCal Health”) and **County of Santa Barbara Behavioral Wellness Department** (“Participant”), enter into this Incentive Payment Program Funding Agreement (the “Agreement”) to be effective on the date both parties have executed this Agreement (the “Effective Date”) with reference to the following facts:

WHEREAS, CenCal Health, a local public entity, is contracted with the State of California, Department of Health Care Services (“DHCS”) to manage the healthcare needs of Medi-Cal members who reside in Santa Barbara and San Luis Obispo Counties;

WHEREAS, DHCS has implemented the CalAIM Incentive Payment Program (“IPP”) to support the implementation and expansion of Enhanced Care Management (“ECM”) and Community Supports (“CS”);

WHEREAS, the IPP payments are intended to compliment and expand ECM and CS in the following ways:

- Drive Medi-Cal managed care plan investment in necessary delivery system infrastructure;
- Bridge current silos across physical and behavioral health care service delivery;
- Reduce health disparities and promote health equity;
- Achieve improvements in quality performance; and
- Encourage take-up of Community Supports (collectively, the “Objectives”).

WHEREAS, Participant has applied for IPP payments from CenCal Health for purposes of furthering the Objectives (the “IPP Funds”), and will be receiving IPP Funds, subject to the terms and conditions as described herein.

NOW THEREFORE, in consideration of the mutual promises, covenants, and conditions hereinafter contained, the parties hereby agree as follows:

1. Rights and Obligations of Participant

a. Use of IPP Funds.

- i. Participant’s use of IPP Funds shall comply and be consistent with the activities and purpose(s) stated in Attachment A (Incentive Payment Program Funding Application), attached hereto and incorporated herein by this reference.
- ii. Use of IPP Funds must commence within six (6) months of receipt from CenCal Health, and all IPP Funds shall be expended within twenty-four (24) months of receipt. In the event all the IPP Funds are not utilized within this time frame, Participant shall return the remaining IPP Funds to CenCal Health or submit a written request for extension.

- iii. In the event Participant desires to use IPP Funds in an alternative manner than the purposes described in Attachment A, Participant shall submit a written request for preapproval of such changed use. Participant understands that any changed use must support ECM and CS and further the Objectives, in order to be eligible for approval.
 - iv. Any review, action, approval, denial, or request for additional information by CenCal Health pursuant to Subsection (ii) or (iii) above, may be granted, withheld, or made at CenCal Health's sole discretion.
- b. Reporting Requirements. Participant shall submit interim progress reports approximately every six (6) months, or as otherwise requested by CenCal Health, detailing the use of IPP Funds and evaluating the outcomes. The reporting format shall follow CenCal Health's reporting template or reporting instructions, which shall be made available prior to the due date of Participant's first progress report. Upon use of all funds, Participant shall submit a final report to CenCal Health within three (3) months.
- c. Representation and Warranties.
- i. Participant represents and warrants the following:
 - 1. That Participant shall utilize the IPP Funds to further the Objectives and consistent with the uses and purposes stated in Attachment A.
 - 2. That Participant is not listed on the Office of Inspector General for the Department of Health and Human Services' Cumulative Sanctions list (List of Excluded Individuals and Entities), Medi-Cal Suspended and Ineligible Provider List, or such other debarment list relating to state or federal health care programs. Participant understands that should Participant be listed on any such debarment or exclusion list, CenCal Health is prohibited from paying Participant and any payments made shall be recouped in accordance with applicable law and regulation.
 - 3. That Participant is in good standing and has no history of, nor is being investigated for, fraud, embezzlement, misuse or misappropriation of grant funds or property.
 - ii. In the event CenCal Health discovers the above representations were falsely made, or discovers any breach of the above warranties, this Agreement is considered void and CenCal Health shall be authorized to recoup IPP Funds from Participant.
- d. Record Retention. Participant shall maintain all records, files, and documentation that document the use of IPP Funds for a period of not less than ten (10) years from the close of the calendar year in which this Agreement was in effect. Participant shall cooperate and

provide access to any and all such records, files and documentation upon demand of CenCal Health or DHCS.

- e. Non-Duplication of Funds. Participant shall ensure that IPP Funds received by CenCal Health are not duplicate funds received from DHCS or other such grant, where DHCS and/or grant requirements prohibit obtaining multiple sources of funding to be used towards the same service(s).
- f. DHCS Requirements. Participant understands that the IPP is a state program under DHCS. Any change in requirement, discontinuation, or demand for repayment by DHCS shall be the responsibility of Participant.
- g. Network Provider. To further the Objectives of ECM and CM, Participant agrees to be contracted with CenCal Health as an ECM and/or CS provider within twelve (12) months of Participant's receipt of IPP Funds.
- h. Data Sharing. Participant understands that data will be essential to understand the extent of how Objectives have been supported, advanced, expanded, or attained. Participant agrees to execute a data sharing agreement with CenCal Health to allow the sharing of such information relevant to ECM, CS, and/or other such additional programs, if and as required by DHCS.

2. Rights and Obligations of CenCal Health

- a. Distribution of Funds. Subject to receipt of funds from DHCS for the CalAIM Incentive Payment Program, CenCal Health shall provide funds to Participant within thirty (30) days of full execution of this Agreement. CenCal Health shall send IPP Funds to:

County of Santa Barbara Behavioral Wellness Department
Antonette Navarro, Director
315 Camino del Remedio, Bldg 3
Santa Barbara, CA 93110

Participant understands that there may be multiple distributions of the awarded amount. In the event the initial distributed amount is a partial disbursement, the next disbursement or the remaining amount, as applicable, will be awarded to Participant if/when DHCS releases additional IPP payment(s) to CenCal Health. Notwithstanding the foregoing, Participant shall be eligible for the remaining funds only to the extent that the activities and purposes set forth in Attachment A remain accurate and applicable. Participant has been notified of the award amount via CenCal Health's notification to Participant of the funding award (the

“IPP Funding Award Letter”), which relays whether DHCS funds are sufficient to cover the entire award, or whether partial distributions are required. In the latter event, the IPP Funding Award Letter will also indicate the amount of the first payment. Thereafter, subsequent partial disbursement(s) shall be dependent upon receipt of DHCS payment(s) as reconciled against amounts already paid.

Participant acknowledges and agrees that payments under this Agreement are subject to reduction or termination without penalty to CenCal Health, in whole or in part, subject to the availability of funding by DHCS, as further described in Subsection (c) below.

- b. Audit Rights. CenCal Health, DHCS, or designees of either party, shall have the right to audit Participant’s use of IPP Funds awarded under this Agreement. Audit results showing that funds were not used for the purposes described in Attachment A (or subsequent written approved uses), are unverifiable, or otherwise show evidence of misuse, shall be subject to recoupment by CenCal Health or DHCS. Upon written notice to Participant, Participant agrees to refund such monies to CenCal Health within thirty (30) days of written request.
- c. Non-Appropriation of Funds. It is mutually agreed and understood that the obligation of CenCal Health is limited by and contingent upon the availability of funds from DHCS. In the event such funds are not forthcoming for any reason, this Agreement shall be rendered null and void and CenCal Health shall immediately notify Participant in writing. This Agreement shall be deemed terminated and of no further force and effect immediately upon CenCal Health’s notification to Participant or such timeframe as otherwise stated in the notification.

3. **Rights and Obligations of Both Parties**

- a. Insurance Requirements. Each party agrees to continuously maintain insurance coverages, at its sole cost and expense, as required for their normal course of business, including general liability and professional liability coverages, and any other coverage that each party deems prudent and customary in the exercise of business operations. Such insurance policies shall be in amounts as may be necessary to provide adequate coverage in the discharge of its responsibilities and obligations under this Agreement. Upon request, Participant shall furnish CenCal Health with evidence of such insurance coverage.
- b. Party Representatives. Each party shall designate a primary liaison between Participant and CenCal Health (the “Representative”) to serve as the lead contact for each party.
 - i. CenCal Health’s Representative shall be:

CenCal Health
c/o Jordan Turetsky, MPH
Chief Operating Officer



4050 Calle Real
Santa Barbara, California 93110
(805) 685-9525 x1903
Jturetsky@CenCalHealth.org
www.CenCalHealth.org

ii. Participant's Representative shall be:

Antonette Navarro, Director
County of Santa Barbara Behavioral Wellness Department
315 Camino del Remedio, Bldg 3
Santa Barbara, CA 93110
(805) 681-5220
anavarro@sbcbswell.org
www.countyofsb.org/274/Behavioral-Wellness

- c. Compliance with Law. The parties shall comply with all applicable local, state, and federal laws, regulations and guidelines, which pertain to their respective rights, responsibilities, and actions under this Agreement, now in effect or hereafter enacted.
- d. Indemnification. Participant shall indemnify, defend, and hold harmless CenCal Health from any and all liability, loss, settlement, claim, demand, and expense, arising from third party claims relating to Participant's performance or omission of any act under this Agreement.

4. General Provisions

- a. The term of this Agreement shall commence on the Effective Date and continue in effect until all funds have been utilized and all reporting requirements fulfilled by Participant, or such other termination date as mutually agreed to by both parties. Either party may terminate this Agreement, for no cause or for convenience, upon sixty (60) days prior written notice to the other party in accordance with Section 4.d. In such event, the parties shall reconcile the funding due or owed to either party through verifying actions completed by Participant, consistent with Attachment A, and review of Participant's documentary evidence.
- b. The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this Agreement.
- c. Participant and CenCal Health shall not discriminate in performance of this Agreement, or related services thereunder, on the basis of age, race, ethnic group identification, ancestry, color, creed, religion, gender, sex, sexual orientation, marital status, national origin, health

- status, genetic information or characteristics, physical and/or mental disability, medical condition, income level, source of payment, or identification with any other persons or groups defined in Penal Code Section 422.56 in the performance of this Agreement, and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the Fair Employment and Housing Act (commencing with Section 12900 *et seq.* of the Government Code), and Federal Civil Rights Act of 1964 (P.L. 88-352).
- d. Unless expressly provided otherwise, all notices will be deemed to have been fully given when written and personally delivered or deposited in the United States mail, certified and postage prepaid and addressed to the other party's Representative as identified in Section 3.b. Any legal notices to CenCal Health shall require a copy to General Counsel.
 - e. The parties are independent contractors. Neither party has the power or authority to act on behalf of the other party as its agent. Nothing in this Agreement shall be construed to make the parties hereto partners, joint venturers, or agents of or with each other, nor shall either party so represent itself.
 - f. This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof, and supersedes any and all other agreements, promises, negotiations or representations, either oral or written, between the parties with respect to the subject matter and period governed by this Agreement.
 - g. Any modifications to the terms of this Agreement must be in writing and signed by the parties herein. The unenforceability or invalidity of any Section or provision of this Agreement shall not affect the enforceability and validity of the balance of this Agreement.
 - h. This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by Participant or CenCal Health, and shall not be subject to execution, attachment or similar process, without the written consent of the other party.
 - i. Any and all disputes arising in relation to this Agreement shall be governed by the laws of the State of California, without regard to its conflicts of law provisions. The provisions of the Government Claims Act (California Government Code Section 900, *et seq.*) must be followed first for any disputes under this Agreement. All actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the applicable courts located in the counties of San Luis Obispo or Santa Barbara, State of California.
 - j. Unless otherwise provided herein, the rights and obligations of any party which by their nature extend beyond the expiration or termination of this Agreement, shall continue in full force and effect, notwithstanding the expiration or termination of this Agreement.
 - k. It is understood and acknowledged by Participant that CenCal Health is a public entity and subject to all applicable open meeting and record laws, including but not limited to the California Public Records Act and the Ralph M. Brown Act.
 - l. The failure of either party, at any time, to enforce any right or remedy available to it under this Agreement or otherwise with respect to any breach or failure by the other party does not



constitute a waiver of such right or remedy with respect to any other breach or failure by the other party.

- m. This Agreement may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties' faxed signatures, and/or signatures scanned into PDF format, shall be effective to bind the parties to this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the Effective Date:

**COUNTY OF SANTA BARBARA BEHAVIORAL
WELLNESS DEPARTMENT**
Antonette Navarro

CENCAL HEALTH
Marina G. Owen

By:
Title: Director

By:
Chief Executive Officer

Date

Date



EXHIBIT A:

Incentive Payment Program Funding Application

Background

The Incentive Payment Program (IPP) made available by the Department of Health Care Services is intended to support the development and expansion of Enhanced Care Management (ECM) and Community Supports (CS) capacity. ECM is a Medi-Cal benefit made available to eligible CenCal Health members with the intent of addressing clinical and non-clinical needs through intensive coordination of health and health-related services. CS services are optional and complementary to ECM.

CenCal Health currently offers Medically Tailored Meals and Recuperative Care CS services. Beginning in January 2023, CenCal Health will expand available CS services to include housing transition navigation services, housing deposits, housing tenancy and sustaining services, and sobering centers.

For more information on both ECM and CS services, please visit www.cencalhealth.org/providers/calaim/.

CenCal Health is pleased to make IPP funding available to current and interested ECM and CS providers through this application process. Funds will be awarded by CenCal Health based on a consistent and equitable review process and until such time as available IPP funds are exhausted.

Applications will be accepted on a rolling basis. Applications received before the 15th of each month will be reviewed at the following month's IPP Review Committee meeting.

Funding Opportunities

CenCal Health is accepting applications from current and anticipated ECM and CS providers to support the following activities:

1. Staffing Costs, Including Recruitment and Retention
2. Capital Investments
3. System and Infrastructure Development
4. Ongoing Operations to Support Start-Up and Sustainability
5. Staff Training and Development

All funding should support the development and expansion of sustainable ECM and CS services for CenCal Health members.

About CenCal Health

Founded as the Santa Barbara Regional Health Authority, CenCal Health is the oldest managed care Medicaid health plan of its kind, having launched in 1983. CenCal Health utilizes the County Organized Health System (COHS) model and is the exclusive Medi-Cal health plan in the two county service area, and serves one in four residents in Santa Barbara County and one in five in San Luis Obispo County.

We work in partnership with our contracted providers, including with local primary and specialty providers, all hospitals in both counties, county health departments, health systems, Federally-Qualified Health Centers, Indian Health Centers, private medical groups and individual physicians.

CenCal Health has been recognized by the National Committee for Quality Assurance (NCQA) for our innovation and consistently ranks among the top health plans serving Medi-Cal members in California. Our work results in the delivery of innovative community-based health care services, better medical outcomes, and cost savings.

Funding Application

Section One: Overview

20 points possible

1. Please provide an overview of your proposal, including:

- Purpose of funding and key anticipated outcomes
- Individuals or communities served
- Overview of how funds will be spent
- Timeline against which funds will be utilized

500 words max

As part of the CalAIM Justice Package, the County of Santa Barbara Department of Behavioral Wellness (hereafter "BWell") proposes to establish a care coordinating team to provide in-reach services for CenCal recipients in the South and North County Jails, and the Juvenile Justice Center. BWell Case Workers and Alcohol and Drug Service Specialists (ADSS), will provide Enhanced Care Management (ECM) to clients with complex needs who have and would otherwise be bereft of the care they need to succeed in recovery.

The purpose of the funding would be to recruit and hire five (5) FTE staff to provide the services narrated below to CenCal clients with complex conditions. The targeted population would be individuals who are currently clinically marginalized and underserved in our current systems of care. We anticipate that a portion of the clients will be "familiar faces", formerly known as "high utilizers", who unnecessarily access intensive medical and legal services because they do not have ECM. Anticipated outcomes for all clients will be:

- * Active engagement in recovery;
- * Increase access and compliance with primary care, appointments and treatment plans;
- * Increased access and compliance with behavioral health appointments and treatment plans;
- * Reduce amount of arrests and detentions;
- * Reduce crisis service calls and involvement;
- * Reduce emergency department visits;
- * Reduce inpatient admissions

Staff will be stationed in the custody settings and/or at BWell offices close to those locations, with a majority of the services being delivered in the field with the flexibility of being mobile. Staff will be expected to advocate for and physically be with clients as they transition from custody settings into community-based services. Following a whole person care and "whatever it takes" model, services will include but are not limited to the following:

- * Meeting with clients in custody and collaborating with custodial medical, mental and behavioral staff to meet client needs and treatment/care and discharge plan development;
- * Transporting clients to indicated services;
- * Providing enhanced care management to every client, including care coordination, case management and where indicated, clinical and administrative interventions to ensure client engagement and motivation;
- * Having caseloads of twenty (20) to thirty-five (35) clients each per case manager;
- * Information exchange with custodial and community-based organizations per client consent and per privacy and confidentiality guidelines;
- * Data collection analysis and reporting.

Every effort will be made to hire bilingual, bicultural staff for each position to ensure health equity. It is anticipated that the recruitment and hiring of staff will be accomplished by the end of the 2023 calendar year and the program will be in place by March 2024. Existing BWell staff will provide program development, including policies and procedures, orientation, training and supervision to ensure success.

Section One: Overview (cont.)

2. Which of the following activities will IPP funding support? (select all that apply)

- Staffing Costs, Including Recruitment and Retention
- Capital Investments
- System and Infrastructure Development
- Ongoing Operations to Support Start-Up and Sustainability
- Staff Training and Development

3. Does your organization currently hold a provider agreement with CenCal Health?

- Yes
- No

4. What services will your organization provide? (select all that apply)

- Enhanced Care Management
- Community Supports

Please list the Community Supports which will be provided: (select all that apply)

- Medically Tailored Meals
- Housing Transition Services
- Recuperative Care
- Housing Deposits
- Sobering Centers
- Housing Tenancy & Sustaining Services

5. How much IPP funding are you requesting?

Will this program be supported through any additional grant funding, including PATH funding? If so, please describe.

We propose funding for staffing costs, including recruitment and retention. We propose a total of five (5) staff comprised of two (2) teams with one (1) Case Worker and one (1) Alcohol and Drug Service Specialist for south and north County, with one (1) Case Worker and/or ADSS (1) to serve to serve clients in the Juvenile Justice Center. The staffing costs are as follows:

Case Worker 1.0 FTE Salary \$80,467 Benefits \$51,595 Total per Staff \$132,062

ADSS 1.0 FTE Salary \$86,446 Benefits \$50,493 Total \$136,939

ECM Program Staffing Costs – FY 2023/24 Estimate

Case Worker

Total FTE 3.0

Staffing Cost \$396,187

ADSS

Total FTE 2.0

Staffing Cost \$273,878

Program

Total FTE 5.0

Total Staffing Costs \$670,065

Total Direct Operating Costs \$33,503

15% Indirect/Admin Fees \$100,510

Total Program Costs \$804,078

Section Two: Organization Information

10 points possible

1. Legal name of your organization.

County of Santa Barbara Behavioral Wellness Department

2. Address and phone number for your organization.

315 Camino del Remedio, Bldg 3, Santa Barbara, CA 93110

(805) 681-5220

3. Name and position of staff person submitting this application.

John Doyel

Assistant Director

4. Please provide your organization's mission statement.

The mission of the Department of Behavioral Wellness is to promote the prevention of and recovery from mental illness and addiction among individuals, families and communities, by providing effective leadership and delivering state-of-the-art, culturally competent services.

5. Which counties does your organization serve? (Santa Barbara, San Luis Obispo, or both)

Santa Barbara

6. What cities does your organization serve within each county?

Santa Barbara, Lompoc and Santa Maria regions, including rural areas.

7. Tell us about your current programs and activities.

The County of Santa Barbara Department of Behavioral Wellness (BWell) offers a full range of behavioral treatments for Medi-Cal / Drug Medi-Cal beneficiaries with Severe Mental Illness (SMI), Severe Emotional Disturbance (SED), Substance Use Disorders (SUD), and Co-Occurring Mental Health and SUD (COD). BWell provides Specialty Mental Health services for children, adolescents, transitional age youth (TAY), and adults, with SUD services for adolescents and adults. Mandated services include but are not limited to: Intensive residential services, including LPS services; inpatient and outpatient treatment services; psychiatric services; Full Service Partnerships (FSP); homelessness; and justice-involved programming.

7. Please upload/attach the following financial documents:

- Cash flow statement
- Audited financial statements
- Current operating budget

Section Three: Proposal Details

40 points possible

1. Please describe the need which you seek to meet through IPP funding.

There is a large service gap in care management and care coordination between systems of care. Nowhere is this more true than the disconnect between Santa Barbara's custodial institutions and community health care systems. Clients continually leave custody, fail to access primary and behavioral healthcare, and, as a result, are rearrested, detained, and/or admitted into intensive primary or behavioral health services that could have been avoided had they had access to ECM services. This syndrome greatly compromises client care and is costly for all agencies involved.

2. Please provide an overview of your proposed timeline for utilizing IPP funds.

By January 1, 2024: Recutiment and hiring of staff;
By March 1, 2024: Establish program parameters, including policy and procedure development and information exchange protocols;
By March 1, 2024: Orient, train and integrate program staff into custodial services
By June 1, 2024: Initial data elements will be captured, analyzed, and reported to CenCal and other partner agencies

3. Please describe how many members you anticipate serving through ECM and CS, including the populations of focus whom you intend to serve.

Each staff member will have individual caseloads of twenty (20) to thirty five (35) clients with an estimate of 100 to 165 clients at any given time. The focus will be underserved clients with complex needs, many of whom will be "familiar faces", formerly known as "high utilizers" of intensive public and privates services including but not limited to the jails, hospital emergency departments, and the Psychiatric Health Facility (PHF). Staff will be responsible for not only receiving referrals but outreaching to eligible clients to prevent them from entering higher levels services. Specific areas of focus will be on underserved minorities including Latinx and indigenous individuals in need of access to mental health and substance use services.

4. Please describe your organization's plan for sustainability of ECM and/or CS services after IPP funds have been exhausted.

Staff will be integrated into the BWell system of care and will be sustained through various means and funding streams, including reimbursement through Medi-Cal / Medi-Care and Drug Medi-Cal covered benefits and services; thereby, defraying salary costs. Future MHSA funding can be used to supplement public funding streams. Additional resource possibilities include braided funding from other County agencies. Understanding the positive impact that the program would have and being dedicated to deliver vital services to the underserved population, BWell will utilize a variety of methods to fully sustain IPP funding.

¹ As of July 2022, eligible populations of focus include CenCal Health members who are: Individuals and Families Experiencing Homelessness; Adults At Risk for Avoidable Hospital and Emergency Department (ED) Utilization; and Adults with SMI/SUD needs. As of January 2023, eligibility expands to include CenCal Health members who are: Adults Living in the Community At Risk for Institutionalization and Adults who are Nursing Facility Residents Transitioning to the Community.

Section Four: Evaluation Information

20 points possible

Please describe the desired outcomes which will be achieved through use of IPP funds, including their anticipated timeline. Include specific measures of performance, including a description of the measure numerator, denominator, and the estimated rate of performance that will be achieved at the conclusion of use of IPP funds.

Include applicant's current baseline rate of performance for each measure.

How will success be measured?

Success will be measured by looking at the change in rates of ED visits, primary care visits, behavioral health services, crisis services, inpatient admissions, and jail bookings (see attached appendix).

Desired Outcomes: Please see attached appendix for a list of outputs, outcomes (numerators and denominators included), goals, measurement frequency, and long-term objectives.

Baseline Rates of Performance: BWell is not able to calculate baseline rates for this group because this program targets those individuals who fall through the cracks (i.e. those who are not all, or not consistently, served). However, once individuals are opened to services, we will calculate retrospective baseline rates and compare them to services during and post-intervention.

Up to 10 additional points will be awarded for the overall quality of the proposal and the indicated impact and sustainability of services. Applications will be reviewed and scored against a potential of 100 points.

This application for IPP funding is submitted by the below party, who has the authority to submit such application on behalf of the applicant organization.

Name: Antonette Navarro, LMFT

Title: Director, Behavioral Wellness

Signature:  Antonette Navarro
2095C5A16FE1474...

Date: 6/26/2023

Please submit this application and all supporting documents to IPP@cencalhealth.org

Thank you for your application.

CenCal Health will review the information provided and will follow up with any additional questions.

Santa Barbara County IPP Evaluation Appendix

	Outputs	Outcomes (Numerator & Denominator)	Goal	Measurement Frequency	Long-term Objectives
Primary Care	# referrals/linkages from the ECM program to primary care # transports to/from primary care appts # collateral services with primary care	% clients with an ED visit* Numerator: # unique clients with an ED visit Denominator: # unique clients served % clients with a primary care visit* Numerator: # unique clients with a primary care appt Denominator: # unique clients served	5% decrease 5% increase	Quarterly, starting in FY 23/24 Q4 (first reporting will be in the beginning of FY 24/25)	Reduction in emergency department visits Increased access and compliance with primary care appointments
Behavioral Health	# services, time, and service type with the ECM program staff/program # referrals/linkages from the ECM program to behavioral health care # transports to/from behavioral health care appts # collateral services with behavioral health care	Average # behavioral health appts attended Numerator: total # MH and SUD appts attended Denominator: # unique clients served % clients with a behavioral health service Numerator: # unique clients who attended a behavioral health appt Denominator: # unique clients served Average # crisis services Numerator: total # crisis services Denominator: # unique clients served % clients with a crisis service Numerator: # unique clients with crisis appts Denominator: # unique clients served	5% increase 5% increase 5% decrease 5% decrease	Quarterly, starting in FY 23/24 Q4 (first reporting will be in the beginning of FY 24/25)	Active Engagement in recovery Increased access and compliance with behavioral health appointments Reduction in crisis service calls and involvement Reduction in inpatient admissions
Justice Involvement	# referrals from justice system that were opened to the ECM program # meetings with discharge planning staff	Average # inpatient admissions Numerator: total # PHF admissions Denominator: # unique clients served % clients with an inpatient admission Numerator: # unique clients with PHF admission Denominator: # unique clients served Average # jail bookings Numerator: total # jail booking Denominator: # unique clients served % clients with a jail booking Numerator: # unique clients with a jail booking Denominator: # unique clients served	5% decrease 5% decrease 5% decrease 5% decrease	Quarterly, starting in FY 23/24 Q4 (first reporting will be in the beginning of FY 24/25)	Reduction in amount of arrests and detainments

*Calculation of these metrics is dependent on data sharing with CenCal; anticipated to occur in FY 23/24.