SACRAMENTO COUNTY HEALTH AUTHORITY COMMISSION

General Meeting

August 3, 2026, 3:00 PM

Agenda Item 1: Welcome, Agenda Review & Updates

Agenda Review

1. Welcome and Updates
2. Action: Approval of the June 1, 2026, SCHA Meeting Minutes
3. Presentation and Discussion: MCP CalAIM Report Back
4. Action: Appointment of Specialty Care Ad Hoc Committee
5. Presentation and Discussion: San Diego Presentation
6. Public Comment
7. Next Steps & Adjournment

Agenda Item 2: Approval of the June 1, 2026 SCHA Meeting Minutes

Agenda Item 3: Presentation and Discussion: MCP CalAIM Report Back

CalAIM County Updates

Sacramento County Health Authority General Commission
Consumer Protection Committee – Managed Care Plan Report Out

July 3, 2026

Presenters:

- Anthem – Alana Pleffinger
- Health Net – Tianna Arbulu
- Kaiser Permanente – Cristina Peña
- Molina – Asya Anderson and Debbie Bowyer

Agenda

CalAIM County Updates

I. Overview

II. Enhanced Care Management (ECM) and Community Supports (CS) Utilization

III. Areas for Continued Improvements

IV. Successes and Partnership Highlights

CalAIM: Overview

DHCS Vision of CalAIM

The bold transformation of Medi-Cal requires the commitment of a broad network of partners, including health plans, clinical and nonclinical providers, and community-based organizations.

CalAIM Goals

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

Enhanced Care Management (ECM)

Provides a whole-person approach to care coordination that addresses clinical and non-clinical circumstances of high-need Medi-Cal members and achieve better health outcomes.

Community Supports (CS)

Provide health-related services as an alternative to covered Medi-Cal benefits. CS will be integrated into a member's care management and are intended to address social drivers of health in a way that is cost-effective.

Anthem

health net

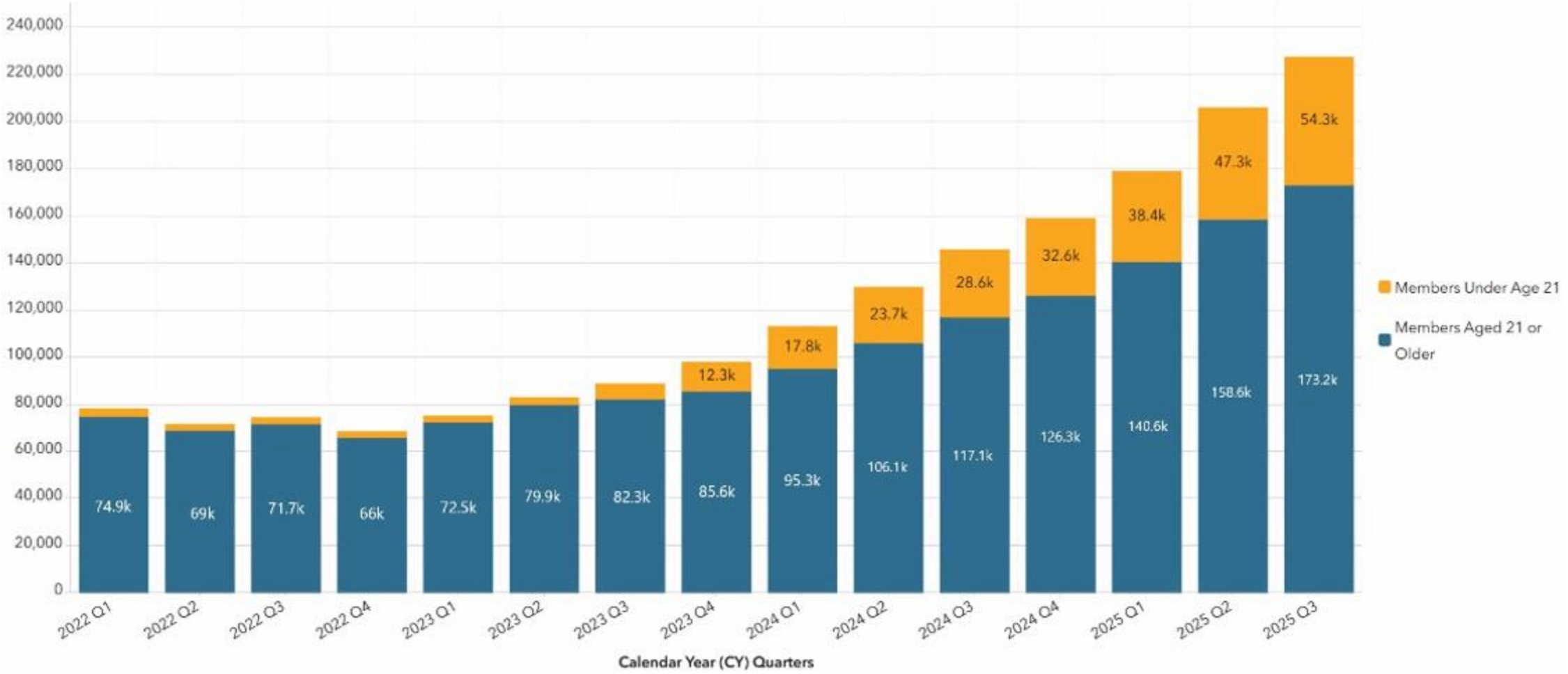
KAISER PERMANENTE

MOLINA HEALTHCARE

CalAIM: ECM & CS Utilization Rates

Data Snapshot – Enhanced Care Management

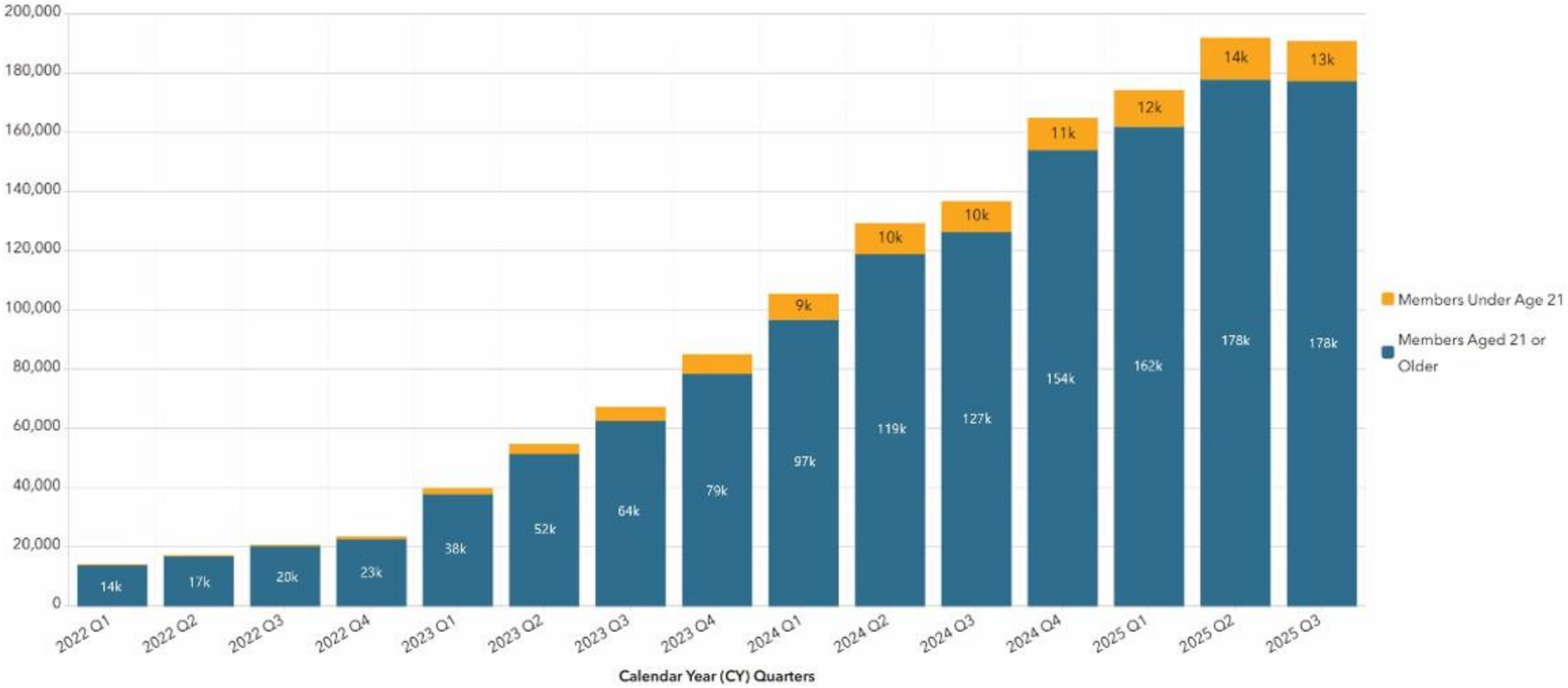
Statewide



Source: DHCS ECM and Community Supports Quarterly Implementation Report – ECM

Data Snapshot – Community Supports

Statewide



Source: DHCS ECM and Community Supports Quarterly Implementation Report – Community Supports

CalAIM: Areas for Continued Improvement

CalAIM: Areas for Continued Improvement

The Consumer Protection Committee is comprised of Medi-Cal beneficiaries and individuals who advocate on behalf or represent the interests of Medi-Cal beneficiaries in the county.

Emerging Themes: Areas for Continued Improvement	MCP Efforts Underway
1. Administrative Burden	• Review of requirements against current DHCS guidance and existing operational procedures • Dedicated feedback channels • Platform and workflow improvements
2. System and Data Reliability	• Data accuracy and portal remediation initiatives • System enhancement projects
3. Authorization & Referral Delays	• Referral Process Monitoring • Escalation and follow-up mechanisms
4. Inconsistent MCP Standardization	• Internal policy reviews • Recognition of alignment concerns and ongoing MCP coordination to explore alignment opportunities

CalAIM: Successes and Partnerships

Successes and Partnerships

Anthem, Health Net, Kaiser Permanente, and Molina collaborate closely to support Sacramento County's Medi-Cal population, fostering greater alignment across health plans, shared investments to advance community infrastructure and cross-system coordination, and stronger partnerships with community-based organizations to expand access to services and supports.

Highlights:

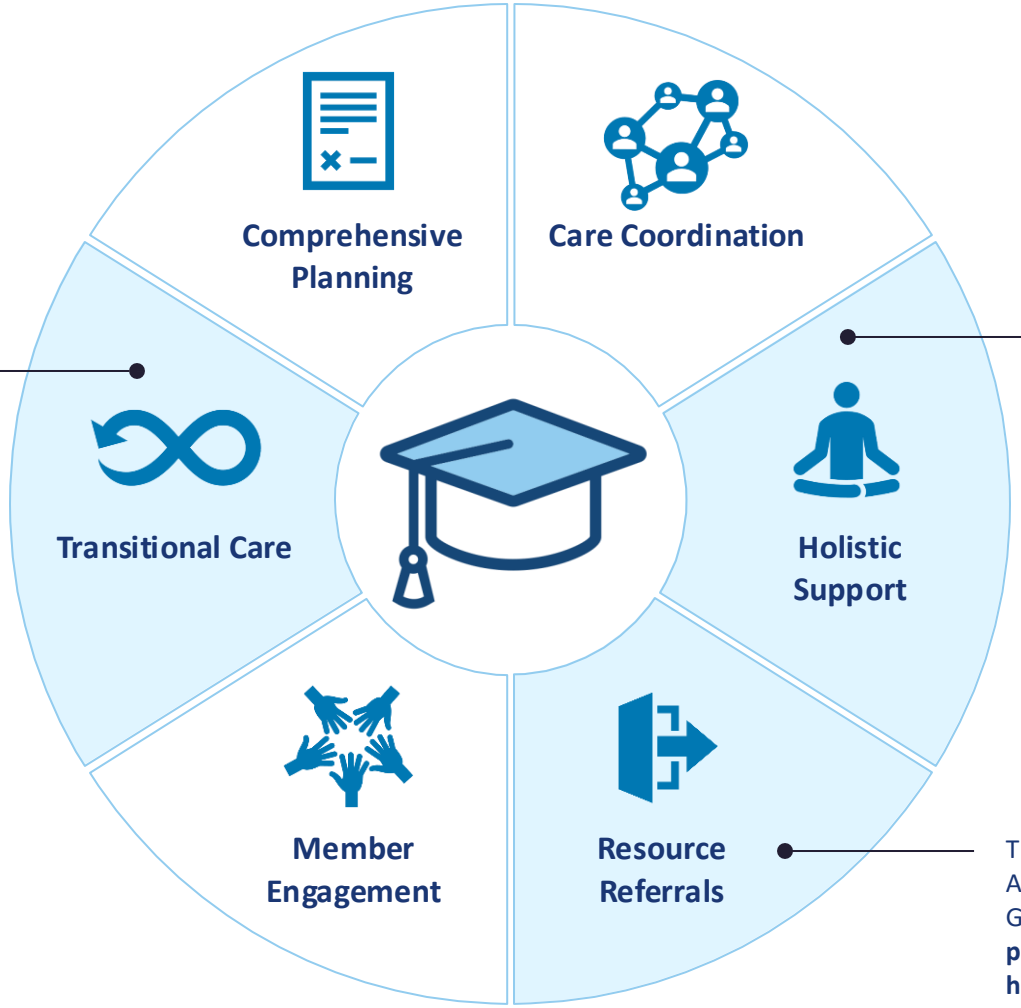
- Onboarding and advancing a local CalAIM Provider Network
- Joint CalAIM Trainings & Engagement Events
- Jointly-funded Community Investments and Jointly-Sponsored Events
- Alignment and Process Enhancement
  - Joint Universal ECM Adult and Children/Youth Referral Form via Transform Health
  - Implementation Alignment (e.g.: Justice-Involved Initiative)
- Participation in Multiple County Workgroups (e.g.: Ambulance Patient Offload Times (APOT), Children & Youth System of Care (CYSCOC), Healthy Beginnings Perinatal Program (HBPP), etc.)

Securing Stability with ECM: Marcee & Grandma's story

*Names and photos have been changed to maintain patient privacy

Marcee's grandmother adopted her from her foster care when she was 2 years old. Now, with Marcee about to turn 18, Grandma was about to lose the Adoption Assistance Funds she received from the state each month.

Marcee had a history of severe mental health challenges. Through consistent medication and engaging in the Medi-Cal Transitional Age Youth Program, she had reached a good level of emotional and mental stability.



Marcee's **tooth pain subsided** after receiving dental care. She **continued receiving supports for mental health challenges**

Marcee's grandmother attended trainings on how to **better support Marcee's trauma responses**

The ongoing Adoption Assistance funds meant Grandma could **continue paying the mortgage, helping achieve housing stability**

A New Beginning: Robert's Journey to Stability and Hope

Robert was 70 when he suffered a stroke. Unable to work, he was forced to leave his home and found himself with unstable housing or the resources needed to start over.

Through the UC Davis Medical Center he was connected to MISI Community Solutions. The MISI team helped him secure safe housing and ensured he had the essential furniture and household items to make his new apartment feel like home.

Even after securing housing MISI continued to provide ongoing support including transportation to medical appointments and assistance with services that allowed him to focus on his recovery.

"It's the real deal. If you really need help, they're there to help you" – Robert

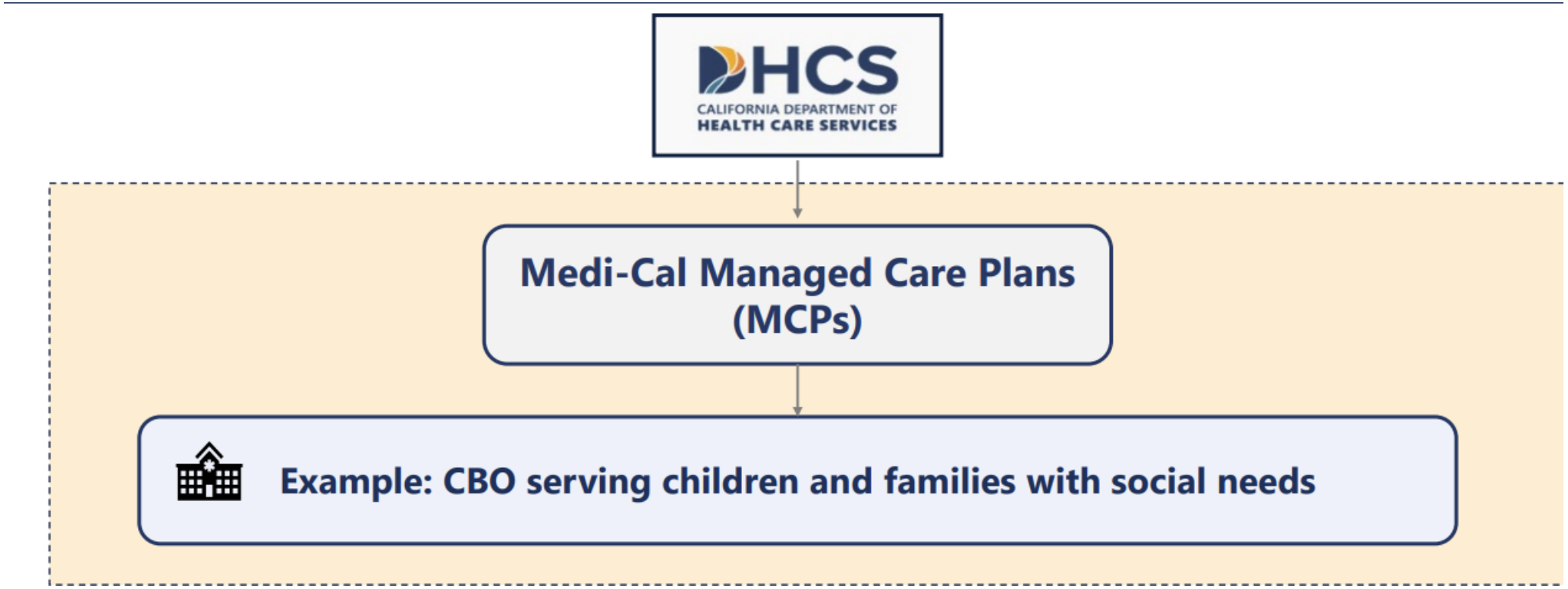
Post Stroke Success Story - YouTube

Q & A
Open Discussion

Appendix

How are ECM and CS Delivered?

Managed Care Plans (MCPs) contract with community-based providers who are experienced and skilled in serving ECM Populations of Focus and/or delivering Community Support services.



Source: Launching Enhanced Care Management (ECM) for Children and Youth

ECM Populations of Focus

ECM Populations of Focus (PoFs)	Adults	Children & Youth
Individuals Experiencing Homelessness	X	X
Individuals At Risk for Avoidable Hospital or ED Utilization (formerly High Utilizers)	X	X
Individuals with Serious Mental Health and/or Substance Disorder Needs	X	X
Individuals Transitioning from Incarceration	X	X
Adults Living in the Community and At Risk for Long-Term Care Institutionalization	X	
Adult Nursing Facility Residents Transitioning to the Community	X	
Children & Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond CCS Condition		X
Children & Youth Involved in Child Welfare		X
Individuals with Intellectual or Developmental Disabilities (I/DD)	X	X
Pregnant & Postpartum People At Risk for Adverse Perinatal Outcomes (Birth Equity)	X	X

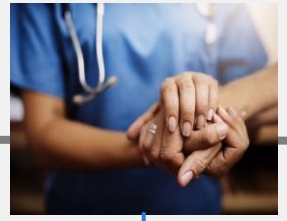
Community Support Services (CS)

Sacramento County MCPs have implemented CalAIM's 15 Community Supports

- Community Supports are **designed to complement ECM**; however, the eligibility criteria is not as strict.
- **Optional** non-clinical services provided by Medi-Cal Managed Care Plans to help avoid utilization of other services or settings such as hospital or skilled nursing facility admissions, discharge delays, or ED use.
- Community Supports are **medically appropriate** and **cost-effective alternatives** to services that can be covered under the State Plan.

Housing Support

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Transitional Rent



Post-Acute Care Placement

- Short-term Post-Hospitalization Housing
- Recuperative Care (medical respite)
- Nursing Facility Transition (Diversion to Assisted Living Facility)

Home-Based Services

- Personal Care and Homemaker Services
- Environmental Accessibility Adaptations (Home Modifications)
- Medically Tailored Meals/Medically Supportive Foods
- Community Transition Services (Nursing Facility Transition to Home)

Additional Services

- Day Habilitation Programs
- Respite Services
- Sobering Centers
- Asthma Remediation

health net

Community Health Worker | What services do CHWs provide?

CHWs work directly with members in the community to help them reach a specific health-related goal

Community- based peer support to members

Their work aims to improve the member's physical, behavioral, or social health outcomes by increasing their health knowledge and self-sufficiency.

Services primarily in-person

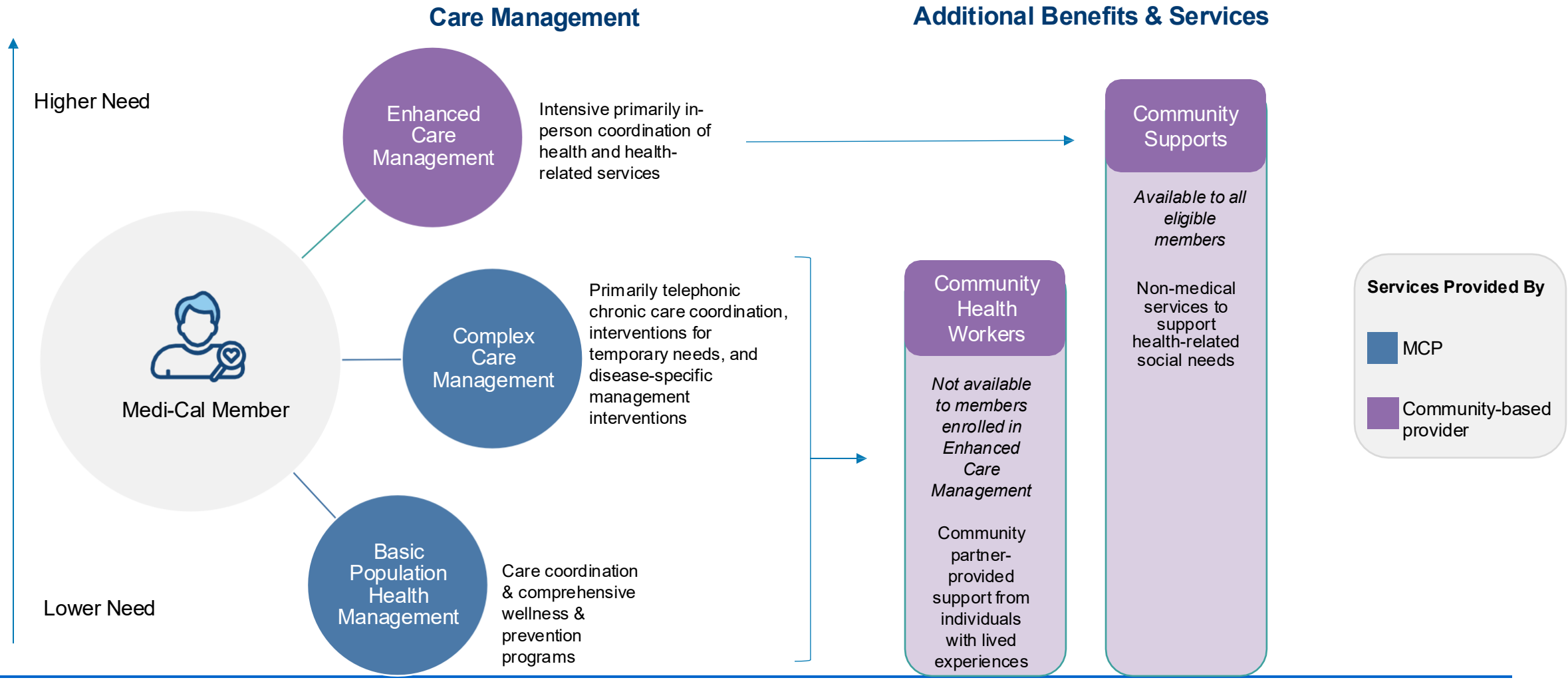
Services may also be offered through other means (e.g., by telephone) according to member preference.

Dedicated Time

Members can receive up to 6 hours of services (12 units) to start. Additional hours may be approved, if necessary.

What Can Members Receive?

Based on needs and eligibility, Medi-Cal members receive a variety of services and support including care management and additional services.



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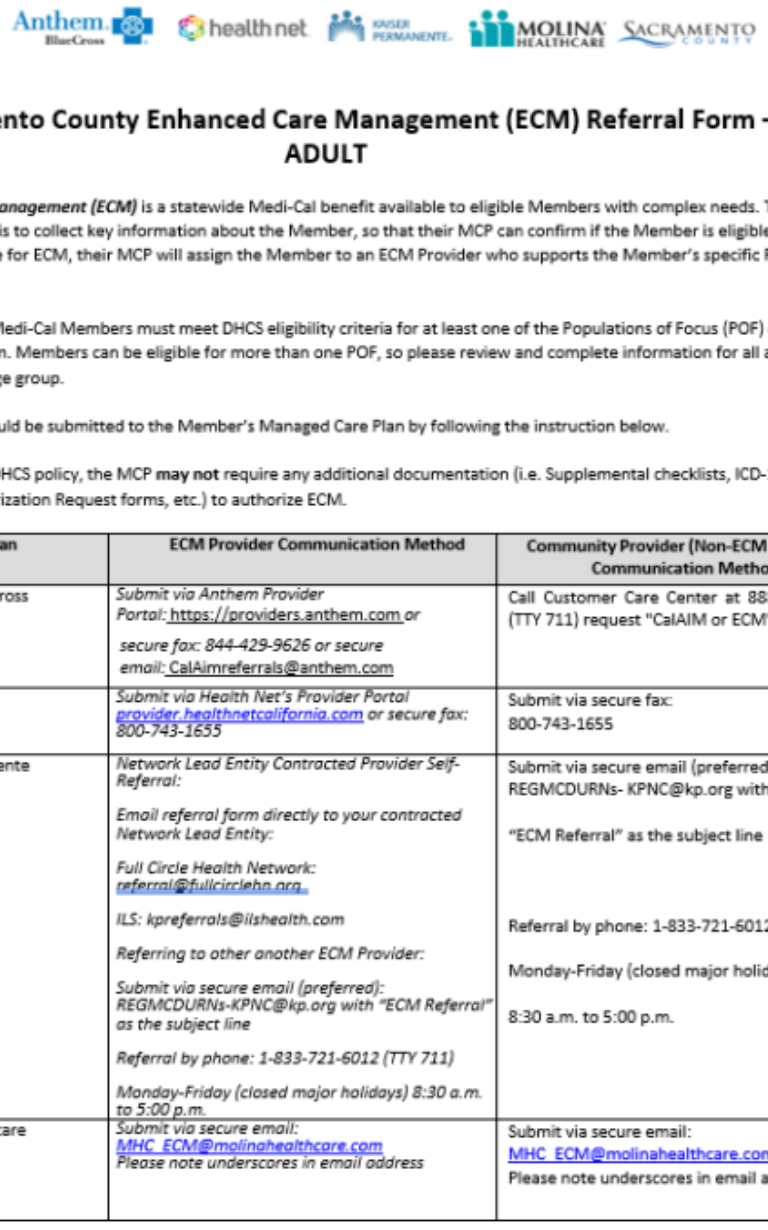
Sacramento County Universal ECM Referral Form



Sacramento County Enhanced Care Management (ECM) Referral Form – ADULT

Enhanced Care Management (ECM) is a statewide Medi-Cal benefit available to eligible Members with complex needs. The purpose of this ECM Referral is to collect key information about the Member, so that their MCP can confirm if the Member is eligible for ECM. If the Member is eligible for ECM, their MCP will assign the Member to an ECM Provider who supports the Member's specific Population(s) of Focus.

To receive ECM, Medi-Cal Members must meet DHCS eligibility criteria for at least one of the Populations of Focus (POF) described in the ECM Referral Form. Members can be eligible for more than one POF, so please review and complete information for all applicable POFs for a Member's age group.

ECM referrals should be submitted to the Member's Managed Care Plan by following the instruction below.

Please note, per DHCS policy, the MCP **may not** require any additional documentation (i.e. Supplemental checklists, ICD-10 codes, Treatment Authorization Request forms, etc.) to authorize ECM.

Health Plan	ECM Provider Communication Method	Community Provider (Non-ECM Provider) Communication Method
☐ Anthem Blue Cross	*Submit via Anthem Provider Portal:* https://providers.anthem.com *or secure fax: 844-429-9626 or secure email:* CalAimreferrals@anthem.com	Call Customer Care Center at 888-285-7801 (TTY 711) request "CalAIM or ECM"
☐ Health Net	*Submit via Health Net's Provider Portal provider.healthnetcalifornia.com or secure fax: 800-743-1655*	Submit via secure fax: 800-743-1655
☐ Kaiser Permanente	*Network Lead Entity Contracted Provider Self-Referral:* *Email referral form directly to your contracted Network Lead Entity:* *Full Circle Health Network: referral@fullcirclehn.org* *ILS: kpreferrals@ilshealth.com* *Referring to other another ECM Provider:* *Submit via secure email (preferred): REGMCDURNs-KPNC@kp.org with "ECM Referral" as the subject line* *Referral by phone: 1-833-721-6012 (TTY 711)* *Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.*	Submit via secure email (preferred): REGMCDURNs- KPNC@kp.org with "ECM Referral" as the subject line Referral by phone: 1-833-721-6012 (TTY 711) Monday-Friday (closed major holidays) 8:30 a.m. to 5:00 p.m.
☐ Molina Healthcare of California	*Submit via secure email: MHC_ECM@molinahealthcare.com Please note underscores in email address*	Submit via secure email: MHC_ECM@molinahealthcare.com Please note underscores in email address

- Sacramento County MCPs have aligned on a Universal ECM Referral Form for Adults and Children/Youth Populations of Focus
- MCPs (Anthem, Health Net, Kaiser Permanente, Molina) will accept both the universal referral form as well as plan-specific branded forms.
- Sacramento County Only – Universal ECM Referral Forms:
  - (ADULT)
  - (Child/Youth)

MCP Community Investments

Jointly-funded community investments advance community infrastructure, cross-system coordination, capacity building to expand access to services and supports (non-exhaustive list).

- **Sacramento Steps Forward:** Support the integration of the CalAIM within an improved homeless response system, specifically within the CoC Coordinated Access System (CAS); data sharing between HMIS and MCPs; and CoC staffing to build partnerships
- **Community Health Works:** Staffing and EHR Support for Justice Involved members.
- **Hope Cooperative:** Supported the purchase and modification of a 59-bed facility to serve as transitional housing for individuals released from incarceration facing housing insecurity.
- **National Health and Housing Advisors**: Supports capital development for expansion of recuperative care beds at a new facility (Sacramento Community Care Campus).
- **Consumnes Issue Brief (Fire Department)** - As part of the Sacramento County Ambulance Patient Offload Times workgroup, exploration effort to identify opportunities for improved coordination between first responders (EMS and Fire Departments) and the broader health system transformation efforts, including CalAIM, to reduce ambulance calls for non-emergency related services.

MCP Community Investments (*continued*)

Jointly-funded community investments advance community infrastructure, cross-system coordination, capacity building to expand access to services and supports (non-exhaustive list).

- **County of Sacramento, Dept. of Homeless Services and Housing (DHSH):** Established the Flexible Housing Pool to engage community-based landlords, make financial rental payments, and provide wraparound supportive services. County has contracted with Brilliant Corners to operate model, and County is contracting for the delivery of Transitional Rent benefit as part of the model.

- **County of Sacramento, Dept. Health Services (DHS):** Support coordination role for the County to oversee Street Medicine efforts, providers, best practices.

- **Street Medicine Services:** Support enhancement and capacity of Street Medicine providers to service individuals experiencing homelessness; street medicine supplies and costs; and enhance data reporting infrastructure across implementing partners (Elica Health Center, Wellspace, Sacramento Street Medicine, UC Davis Health, and One Community)

- **County Probation of California (Jointly Funded)** – Education and training to Probation workers to support Justice Involved PoF.

- **Influencer Campaign**: Targeted strategy to increase awareness and close HEDIS gaps for ECM members among Birth Equity and Foster Youth Populations and drive enrollment

Sacramento County – MCP Leads

Contacts			
Anthem	**Health Net**	**Kaiser Permanente**	**Molina Healthcare**
Alana Pfeffinger, MPH, CHES Alana.Pfeffinger@elevancehealth.com	**Tianna Arbulú, MPH** Tianna.Arbulu@centene.com	**Cristina J Peña, MPP** Cristina.X.Pena@kp.com	**Debbie Bowyer** Molina Healthcare Deborah.Bowyer@molinahealthcare.com

Agenda Item 4: Action: Appointment of the Specialty Care Ad Hoc Committee

Specialty Care Ad Hoc Committee (new)

Purpose: Identify and implement coordinated solutions that improve access to specialty care.

Duration: 1 year

- **Voting Members**
  - Britta Guerrero
  - Cortney Maslyn
  - Ellen Brown
  - Michelle Monroe
  - Phyllis Baltz
- **Non-Voting Members**
  - Abbie Totten
  - Amber Kemp
  - Banafsheh Siadat
  - Sean Atha
- **Other Participants**
  (to be confirmed)
  - Keri Thomas (Sutter Health)
  - Janet Paine (Anthem)
  - Dr. Phuong Luu (County)
  - Noel Vargas (County)
  - Jonathan Porteus (Wellspace)
  - Imperial, Nivano, and/or Hill Physician leadership

Agenda Item 5: Presentation and Discussion: Integrated Health Partners (IHP), San Diego

Integrated Health Partners (IHP)

A GMC Health Center Network with Proven Innovation & Value

Sacramento County Health Authority

August 3, 2026

HEALTH CENTER PARTNERS
Family of Companies

Your Presenters

Sparkle Barnes

CEO & President

HCP Family of Companies

Amanda Simmons, MSHCT

Chief Development Officer, HCP

Executive Vice President, IHP/MCQCN

Agenda

- Welcome & Introductions
- Family of Companies (Health Center Partners – HCP) Overview – A Focus to Value
- Geographic Managed Care (GMC) Medi-Cal Comparison
- Integrated Health Partners (IHP) – A Clinically Integrated Network Proven Concept
- Key Strategy: Partnerships
- Key Success Tactics
- Strategic Horizons
- Questions & Closing

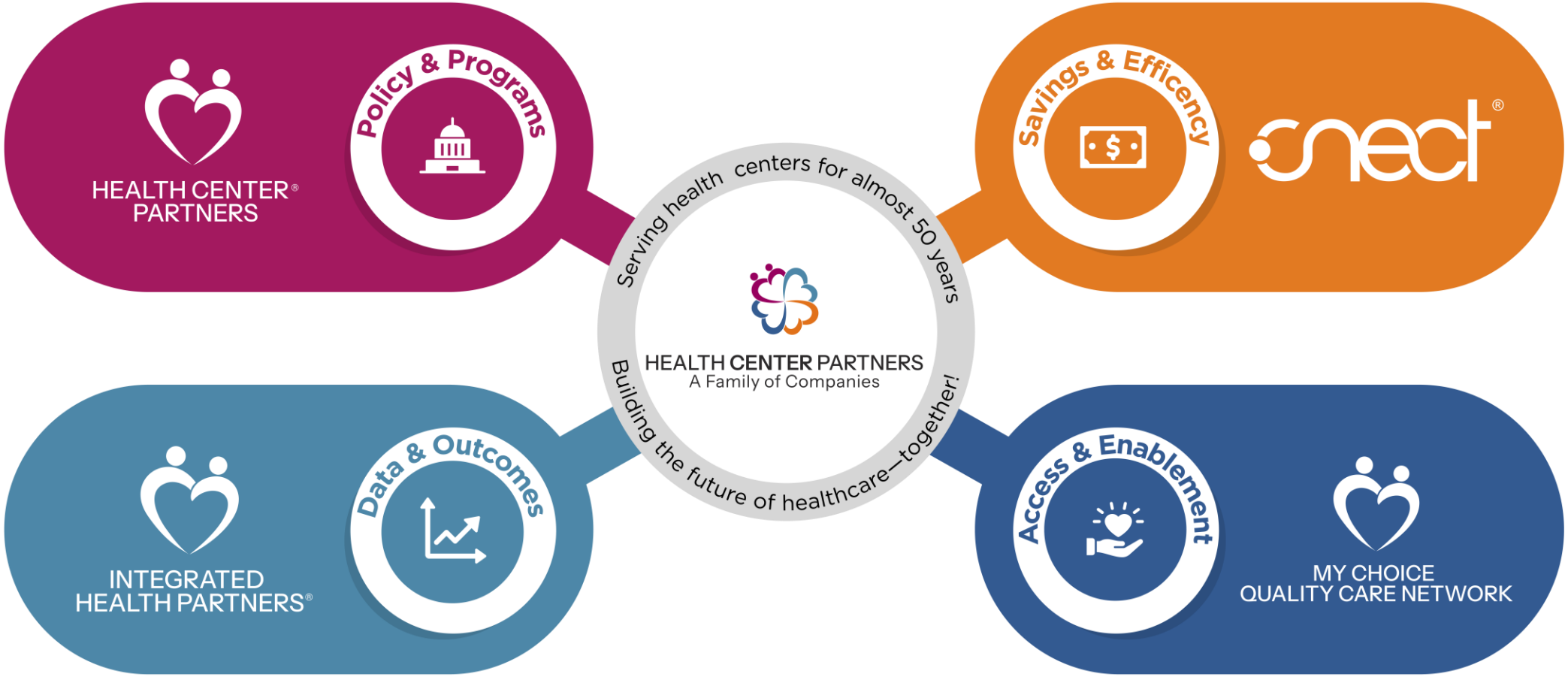
A Family of Companies Dedicated to Value

United by Purpose

We are four companies with one shared purpose:

To accelerate the progress of effective and efficient primary care for everyone, everywhere by empowering community health centers to thrive.

HEALTH CENTER PARTNERS
Family of Companies



HCP
Association advancing advocacy and innovation to strengthen health centers.

CNECT
Group purchasing organization reducing health care costs and delivering business solutions nationwide.

IHP
Clinically integrated network advancing value-based care and population health.

MCQCN
Accountable care organization (ACO) supporting high-quality primary care for people with Medicare.

HCP Family of Companies Value Highlights

Immediate focus to help health centers protect coverage, revenue, and access.

- Protect and retain Medi-Cal enrollment:
  - Building a regional enrollment readiness and surge response
  - Partner with SD County Self Sufficiency Services Department
  - Exploring technology
- Data informs policy. We're tracking health center utilization in real time through our ATLAS project and leveraging this data to support members via ongoing policy efforts.
- Advocating for County indigent care funding and securing local resources to preserve access for uninsured patients
- Financial modeling, scenario planning, and technical assistance to help assess risk make informed decisions and implement operational responses.

Long-term transformation:

- Sustainable, diversified, value-driven organizations that can thrive regardless of policy changes.

Geographic Managed Care (GMC) County Comparison

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GMC Similarities

Sacramento County

Medical plan materials

We want you to choose the best health plan for you and your family. This page lets you view health plan materials for each plan, including the plan's member handbook, provider directory, and formulary (list of covered drugs). The member handbook gives you more details about your health plan benefits and services. The provider directory tells you which providers work with your health plan. The formulary lists the drugs your health plan covers. **To print a consumer guide, click the print icon. To have a consumer guide mailed to you, contact Health Care Options.**

Anthem Blue Cross	Health Net Comm Solutions	Kaiser Permanente	Molina Healthcare of California
Phone: **1-800-407-4627** (TTY 1-800-735-2922 or 711)	Phone: **1-800-675-6110** (TTY 711)	Phone: **1-855-839-7613** (TTY 711)	Phone: **1-888-665-4621** (TTY 711)
Website: www.anthem.com/ca/medi-cal	Website: www.healthnet.com/	Website: www.kp.org/	Website: www.molinahealthcare.com/
Member handbook Provider directory Formulary	Member handbook Provider directory Formulary	Member handbook Provider directory Formulary	Member handbook Provider directory Formulary

San Diego County

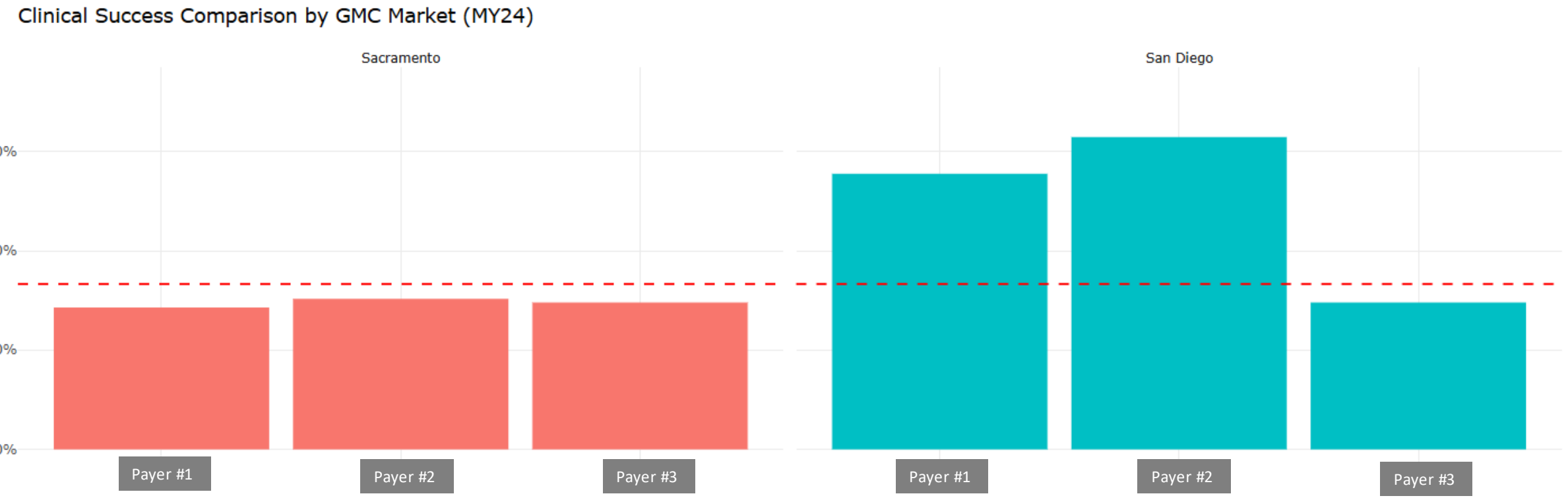
Medical plan materials

We want you to choose the best health plan for you and your family. This page lets you view health plan materials for each plan, including the plan's member handbook, provider directory, and formulary (list of covered drugs). The member handbook gives you more details about your health plan benefits and services. The provider directory tells you which providers work with your health plan. The formulary lists the drugs your health plan covers. **To print a consumer guide, click the print icon. To have a consumer guide mailed to you, contact Health Care Options.**

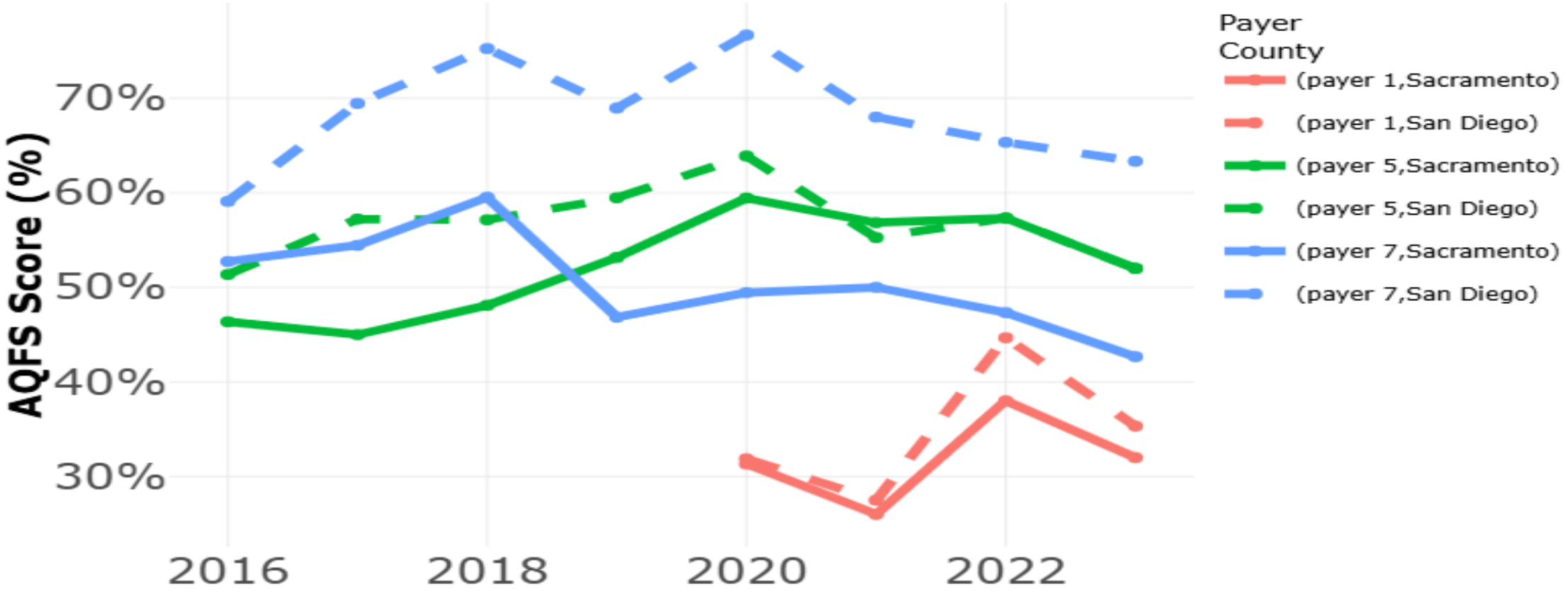
Blue Shield Promise Health Plan	Community Health Group	Kaiser Permanente	Molina Healthcare of California
Phone: **1-855-699-5557** (TTY 1-855-699-5557 or 711)	Phone: **1-800-224-7766** (TTY 1-855-266-4584)	Phone: **1-855-839-7613** (TTY 711)	Phone: **1-888-665-4621** (TTY 711)
Website: www.blueshieldca.com	Website: www.chgsd.com/	Website: www.kp.org/	Website: www.molinahealthcare.com/
Member handbook Provider directory Formulary	Member handbook Provider directory Formulary	Member handbook Provider directory Formulary	Member handbook Provider directory Formulary

- Payer partners
- Lack of Community Hospital
- Challenges with Specialty Provider Access
- High Density of Primary Care Anchoring in Health Centers
- Health Center Payer Mix of Medi-Cal averaging over 67% (with up to 75%)

GMC Quality Comparison



Aggregated Quality Factor Score (AQFS) Trends



A Proven Concept:
Integrated Health Partners
Clinically Integrated Network (CIN)

Integrated Health Partners Overview

Top-tier **clinically integrated network** with 9 health center members and over 330K lives under management.

IHP has been providing high-quality, evidence-based, and data-proven population health management solutions since 2015.

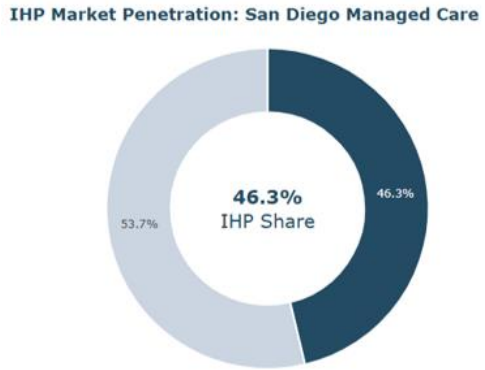
INTEGRATED HEALTH PARTNERS®
of Southern California

Value-Based Care: Leaders in VBC and the top performing clinically integrated network in the state of California for multiple Medi-Cal payers.

Advancing Population Health: Arcadia platform brings claims and clinical data together, delivering actionable insights that drive care management and improve health outcomes.

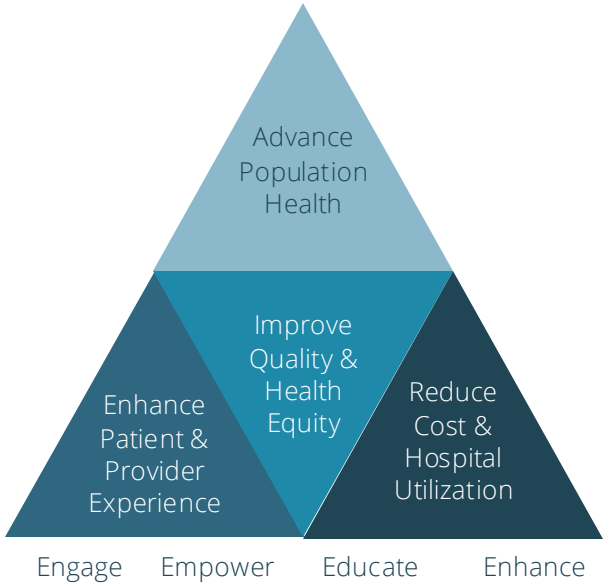
Improving Quality and Health Equity: Supporting clinicians in delivering high-quality, equitable care by identifying care gaps, addressing social and clinical risk factors, and improving outcomes for vulnerable populations.

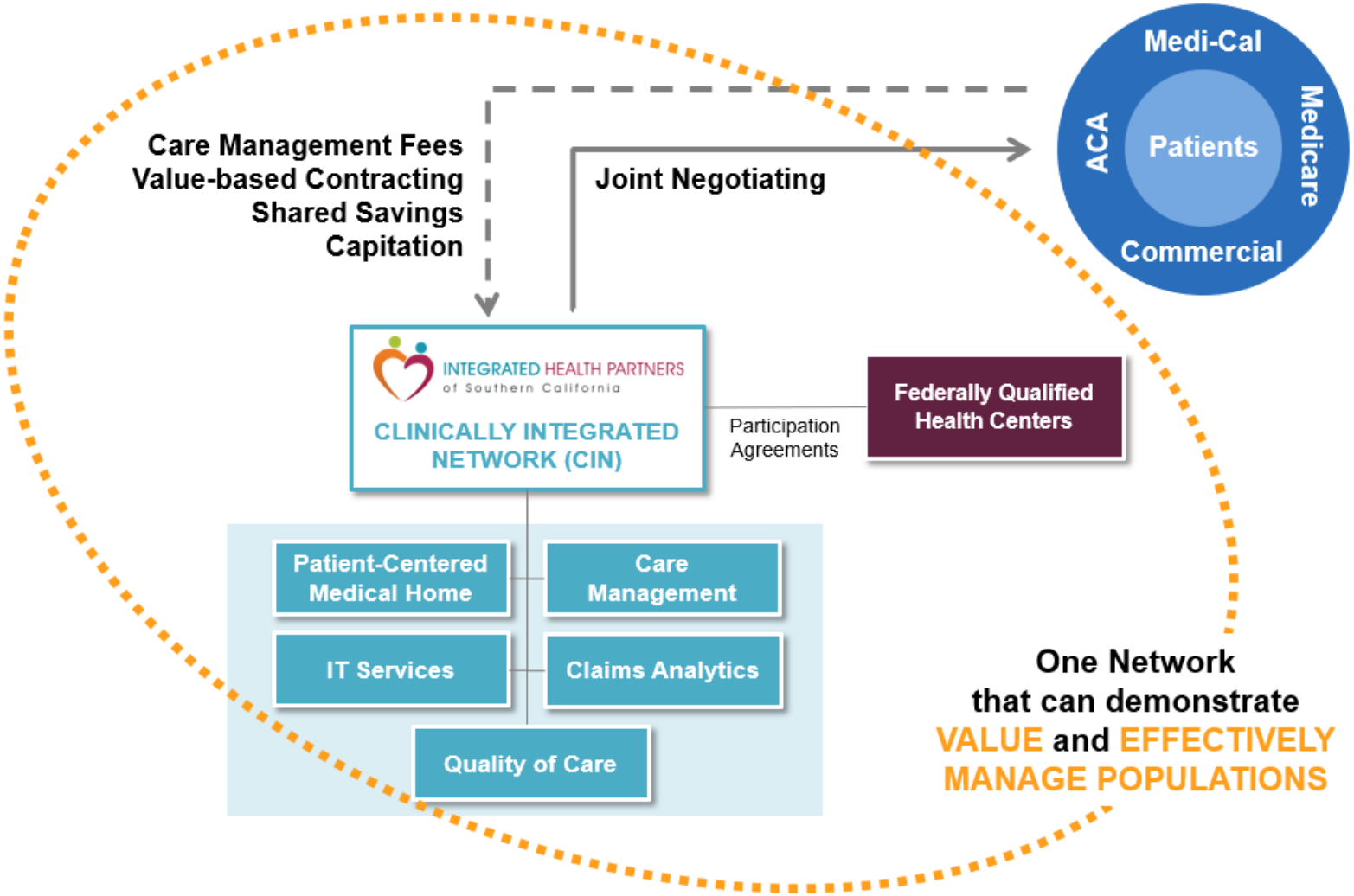
Reducing Cost and Hospital Utilization: IHP's social care management team partners with health centers to support high utilizing patients and drive appropriate clinical care to community providers to reduce unnecessary utilization and cost in the healthcare system.



Clinically Integrated Network (CIN) Overview

*A full-service CIN **with full integration** of financial, clinical, data, technology, and managed care contracting.*





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Congratulations!

Strong partnership and focused quality work across IHP and our health centers

18/18
MCAS MPL measures met

100%
of MPL measures in MY2025

1st
Medi-Cal group to achieve it

What drove this success

Strong partnership
Consistent engagement and collaboration at every level

Health navigators
6 navigators across IHP and CHCs driving strong outreach, EMR research, tracking member incentives

Focused quality strategy
Data-driven priorities and targeted interventions

Data teams
Continuous effort capturing supplemental data

Continuous improvement
Ongoing monitoring, feedback, and adaptation

Biggest gains, MY2024 → MY2025

Follow-up After ED Visit, Substance Use (FUA)	▲ +20.07%
Follow-up After ED Visit, Mental Illness (FUM)	▲ +16.51%
Controlling High Blood Pressure (CBP) Above 50th percentile	▲ +7.51%
Cervical Cancer Screening (CCS) Above 50th percentile	▲ +6.74%
Topical Fluoride (TFL)	▲ +6.56%

Thank you for your partnership and commitment to excellence!

BLUE SHIELD PROMISE

Questions & Discussion

Agenda Item 6: Public Comment

Agenda Item 7: Next Steps & Adjournment