



Helping Others Soar

Enhanced Care Management Program (ECM Program)

Presented by:

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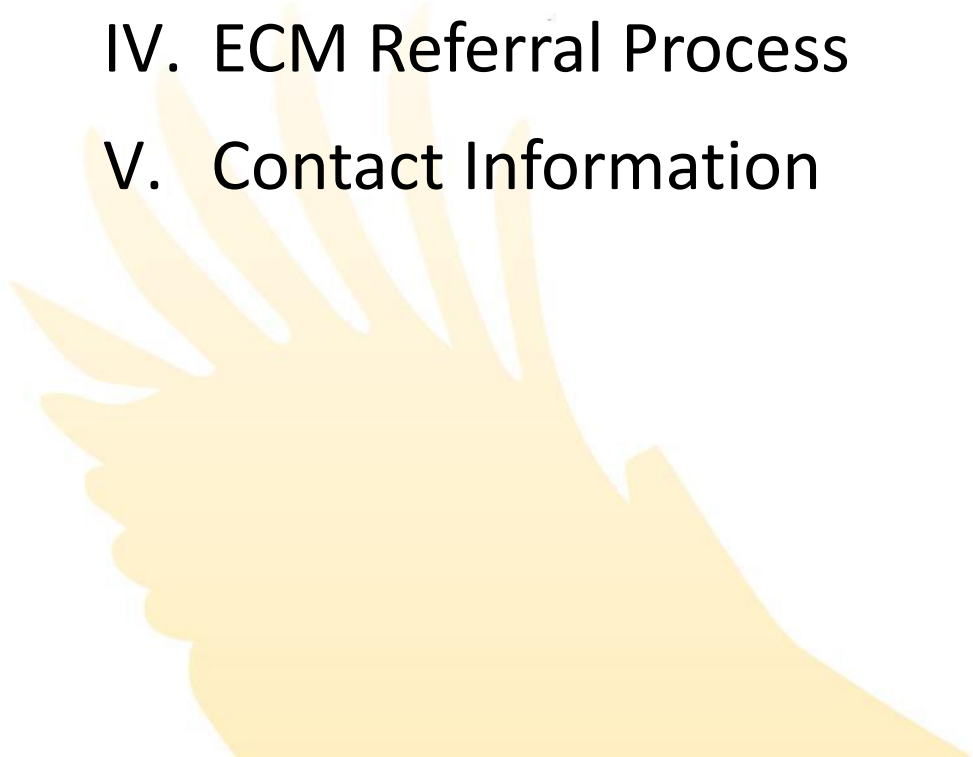
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Agenda

- I. About Victor
- II. CalAIM transformation
- III. ECM Program Information & Updates
- IV. ECM Referral Process
- V. Contact Information





Victor Agencies

Our mission is to be a catalyst for sustained improvement in the lives of those we touch.

- Victor has been mental and behavioral health services since 1968.
- We're a leading provider for children, teens and young adults throughout California.
- Victor is comprised of 2 agencies, Victor Treatment Centers and Victor Community Support Services.
- We started in Northern California with Victor Treatment Centers as a group home and currently have a STRP in Santa Rosa (Sonoma County).
- Victor Community Support Services has been providing outpatient services for over 20 years.
- As of now, Victor are in 19 counties throughout the state of California.





CalAIM transformation = The ECM Program

DHCS is transforming Medi-Cal through the CalAIM initiative to ensure that Californians get the care they need to live healthier lives.

- Medi-Cal members will have access to whole-person care through new and improved services that goes beyond the doctor's office or hospital.
- The changes are part of a broad transformation of the Medi-Cal system to create a more coordinated, person-centered, and equitable health system that works for all Californians.

The ECM Program is one of many new initiatives through the State!

The Enhanced Care Management Program is a statewide Medi-Cal benefit that addresses the needs of Medi-Cal members by coordinating and connecting people to resources in their community that bridge any gaps between their physical, mental, and social needs, including community supports, such as obtaining and/or sustaining safe housing.

ECM Core Service Strategies



Actual ECM services will look different for each child/youth, however, the seven core services are offered to all members.



Examples of the services under the core services

1. **Outreach and Engagement:** Educate the member about the ECM Program and invite to enroll.
2. **Comprehensive Assessment and Care Management Planning:** Complete a comprehensive assessment with the member and work with them to develop a care plan to manage and guide their care and the best ways to reach their goals.
3. **Enhanced Coordination of Care:** Coordinate care, information and resources across all domains of the member's life.
4. **Health Promotion:** Provide tools and support that will help the member better monitor and manage their health.
5. **Comprehensive Transitional Care:** Help the member safely and easily transition in and out of the hospital or other treatment facilities.
6. **Member and Family Supports:** Educate the member and their personal support system about their health issues and options to improve treatment adherence, as well as extend ECM services to family members that qualify.
7. **Coordination of and Referral to Community and Social Support Services:** Connect the member to community and social services and housing opportunities.



ECM Program Target Population

ECM Populations of Focus

ECM POFs are not mutually exclusive; an individual might qualify for ECM via more than one POF

ECM Populations of Focus (POFs)		Adults	Children & Youth
1	Individuals and Their Families Experiencing Homelessness	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (<i>formerly called "High Utilizers"</i>)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
	Adult Nursing Facility Residents Transitioning to the Community	✓	
5	Children and Youth Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Condition		✓
6	Children and Youth Involved in Child Welfare		✓
7	Individuals with Intellectual or Developmental Disabilities	✓	✓
8	Pregnant and Postpartum Individuals At Risk for Adverse Perinatal Outcomes	✓	✓

ECM Program Re-Cap



- The ECM Program practices a whole-person centered approach with a greater emphasis on the coordination of physical health needs.
- We focus on linkages, community referrals, appointment assistance across all life domains, including medical, mental health, substance use, dental, child welfare, public social services, etc. Examples of an ECM services may include:
 - Connecting a member to a PCP to establish care, wellness visits, immunizations.
 - Helping a family find dental care.
 - Assisting with arranging non-emergency medical transportation.
- Anyone connected to the member, as long there's a need, and they have the health insurance plan that we are contracted for, they can receive ECM Services. Examples can include:
 - Other siblings in the home
 - Caregivers
 - Relatives
 - Friends

We are all ONE!



Our ECM Program services are complementary & adjunctive to the wonderful services that you are providing!

Our ECM Program will build upon current competencies to allow families a more robust level of care and service excellence experience.





Victor's ECM Program Updates

We are growing and growing FAST!

- ✓ **Counties:** We entered San Diego County in October!
- ✓ **Health Plans:** Kaiser, Blue Shield and Molina.
- ✓ **Served:** Since starting in February 2024, we've served over 300 members throughout the state and have made over 260 outreach and engagement contacts.
- ✓ **Expanding our reach:** We need YOU!!! Spread the word to your clients. #TeamworkMakesTheDreamWork

REFERRALS



Referring is simple!

Complete a referral form and email it to
VHPSreferrals@victor.org

Complete the Referral Form and email it to VHPSreferrals@victor.org



Victor Community Support Services
Victor Health Plan Services
Enhanced Care Management (ECM) Program
Referral Form

Date: _____

Referral Party Information

Name: _____

Agency: _____

Site/Program (if applicable): _____

Phone number: _____

Email Address: _____

Client Information

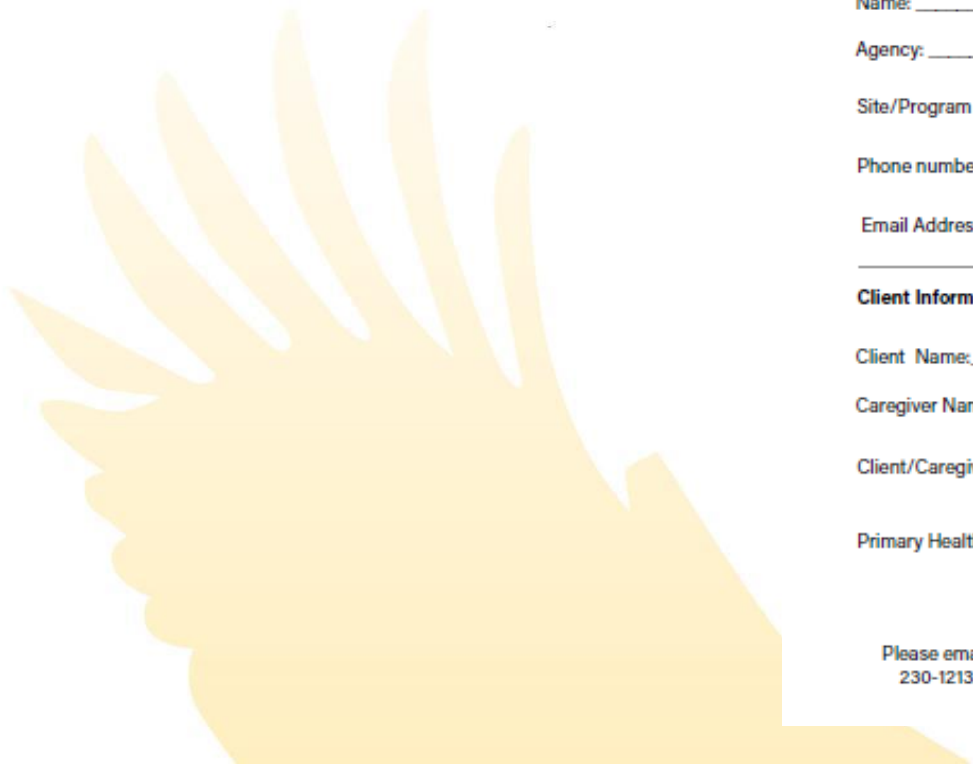
Client Name: _____

Caregiver Name: _____

Client/Caregiver Contact Phone Number: _____

Primary Health Insurance: _____

Please email the completed form to VHPSreferrals@victor.org or fax to (530) 230-1213. If you have any questions, please contact us at (844) 547-1442



Need to Contact Us?



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Questions? – Join our Breakout Room!



