



CALIFORNIA HEALTH  
COLLABORATIVE



# CALIFORNIA HEALTH COLLABORATIVE

## Care Management Services

**Alexandra Addo-Boateng, Ed.D Psy.**

Perinatal Mental Health Services Director

**Lupe Manzano, MPH**

Supervising Care Manager

# Programmatic Objectives

Program(s)	Objective	Tools	Incentives
Fresno County (HV)	<ul style="list-style-type: none"> <li>Identify &amp; address SDoH drivers through case management, a closed loop system</li> <li>Increase access to mental health services</li> </ul>	<ul style="list-style-type: none"> <li>Case Managers</li> <li>Mental Health Interns</li> </ul>	<ul style="list-style-type: none"> <li>Diapers</li> <li>Quick access to trained mental health providers</li> </ul>
Fresno PSUD	<ul style="list-style-type: none"> <li>Identify &amp; address SDoH drivers through case management</li> <li>Increase access to mental health services, plus SUD tx</li> <li>Educated medical providers ready to treat co-occurring presenting problem (OB care + Hx of SUD)</li> <li>Health Equity – access to SUD tx services during the perinatal period.</li> </ul>	<ul style="list-style-type: none"> <li>Case Managers</li> <li>Mental Health Services</li> <li>OB Care</li> </ul>	<ul style="list-style-type: none"> <li>Diapers</li> <li>Quick access to trained mental health providers</li> <li>Quick access to trained “judgement free” medical OB/Ped providers</li> </ul>
Alliance for Innovation on Maternal Health—Community Care Initiative (AIM CCI)	Partnering with community organizations in areas with high maternal mortality and morbidity. By leveraging the knowledge and reach of community organizations, together we seek to uncover, address, and overcome systemic inequities that lead to poor maternal health outcomes.	<ul style="list-style-type: none"> <li>Coalition</li> <li>Local Partnerships</li> </ul>	<ul style="list-style-type: none"> <li>N/A</li> </ul>



# Current Screening Tools

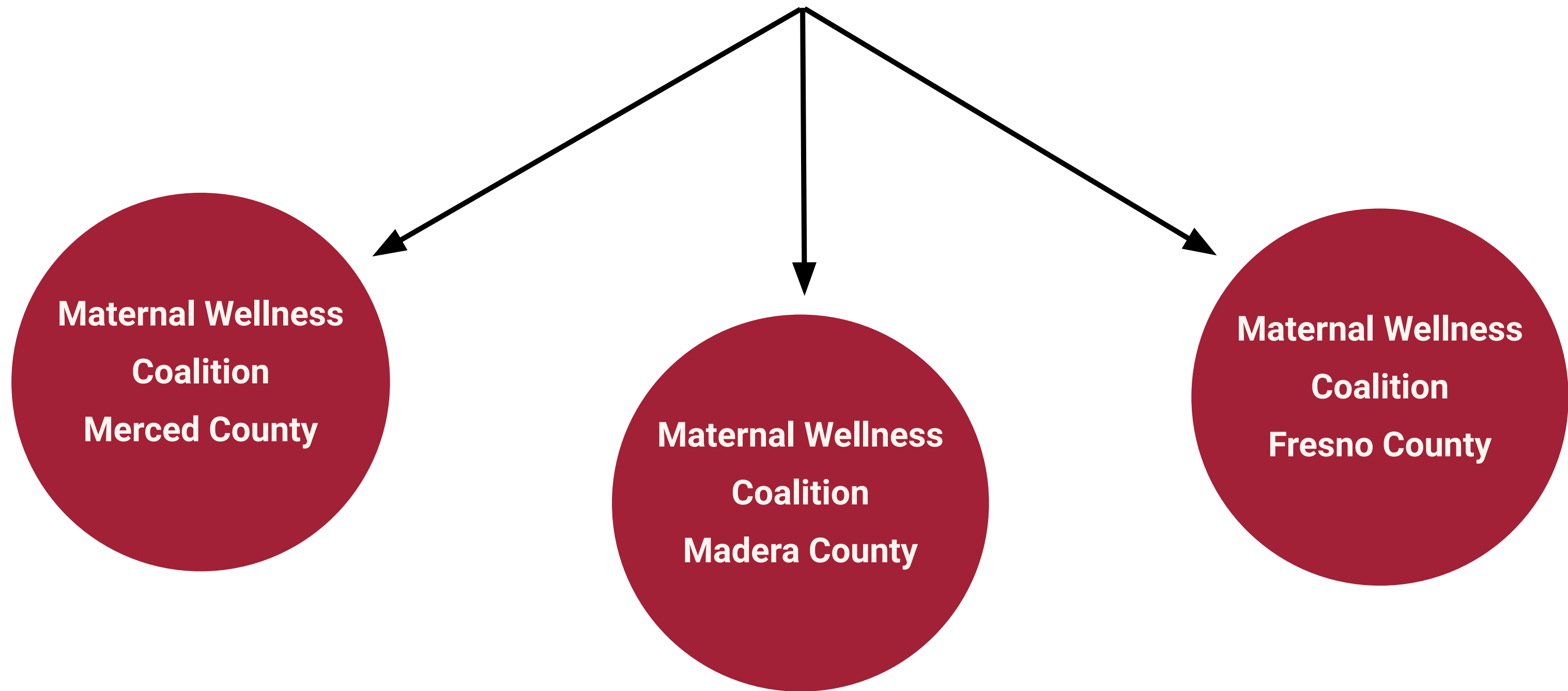
- Social Determinants of Health
- PHQ-9/EPDS
- ACE
- ASQ
- CAGE
- 4 Ps
- GAD

## Common Datapoints Collected by Staff:

- Pregnancy history – Preterm birth, infant loss, etc.
- OB and Ped follow up appt.
- Immunizations
- Birthing Plan
- Medical Insurance coverage
- Employment Status, plus military hx



# Maternal Wellness Collaborative of California



Each county has a unique focus; therefore, meeting the needs of the families within the county.



# Fresno Maternal Wellness Coalition



## Key Partnerships:

- Anthem
- Cal-Viva
- Doulas
- Dept BH & Dept PH
- WIC
- First 5 Fresno County
- Mental Health Providers
- Fresno Unified / Office of Ed
- Hope Hub
- Food Bank
- 211

## Accomplishment:

### Why is the Fresno CHC the Perinatal Hub?

- Referral site for families
- Provider facing materials
- Educational resources for local front-line staff
- Lactation resources
- Perinatal / maternal health conferences
- Up-to-date legislation changes
- Questions about insurance coverage for perinatal families
- Oral health during the perinatal period, with access to culturally component providers



# Maternal Wellness Coalition of Fresno

## Local Maternal Safety Work-Group

multi-pronged approach to maternal wellness

### Stakeholder Collaboration, Inception, 2012

**LMSW**:CHC is uniquely positioned to facilitate and support innovative health solutions. The goal of the LMSW is to reduce maternal mortality and morbidity as well as infant loss, through building and sustaining equitable whole person care for both mom and baby.

**Access:** The goal is to increase access to physical and mental health care, while identifying and removing barriers associated with social determinants of health (SDOH).

### Stakeholder Education

**Training & Education:** Hospitals, Medical and Behavioral Health providers, receive ongoing training, education, and support, while treating perinatal women and her baby.

### Care Coordination

**Care Coordination:** Provide closed loop referrals for mom and baby to equitable services i.e. WIC, preschool programs, telehealth, online support groups and services need to address SDOH Drivers.



### Awareness

**Proclamation:** In May, the LMSW requested to submit a proclamation to the Board of Supervisors acknowledging the disparities while committing to help support the efforts of the LMSW

**Ongoing Process:** In honor of maternal mental health month, the LMSW distributed Blue dot magnets and buttons to stakeholders, providers and families

### Chronic Conditions During Pregnancy Bundle, 2023

**In Progress:** Partnering with WIC to implement blood pressure monitoring. Mom will self-check her blood pressure during the WIC appointment.

**In Progress:** Employing CHW and Douals who will empower and educate more about potential health risks

**Ongoing Process** ensuring all LMSW stakeholders discuss establishing a primary care provider and pediatrician prior to the birth of baby.

**Ongoing Process:** ensuring all LMSW stakeholders screen for food insecurity.

### Perinatal Preeclampsia

**Awareness:** LMSW hosted a virtual panel discussion on Preeclampsia/Postpartum Preeclampsia

**Education:** Distributed educational toolkit for physical and mental health providers outlining warning signs . Hung posters in CBOs outlining warning signs.

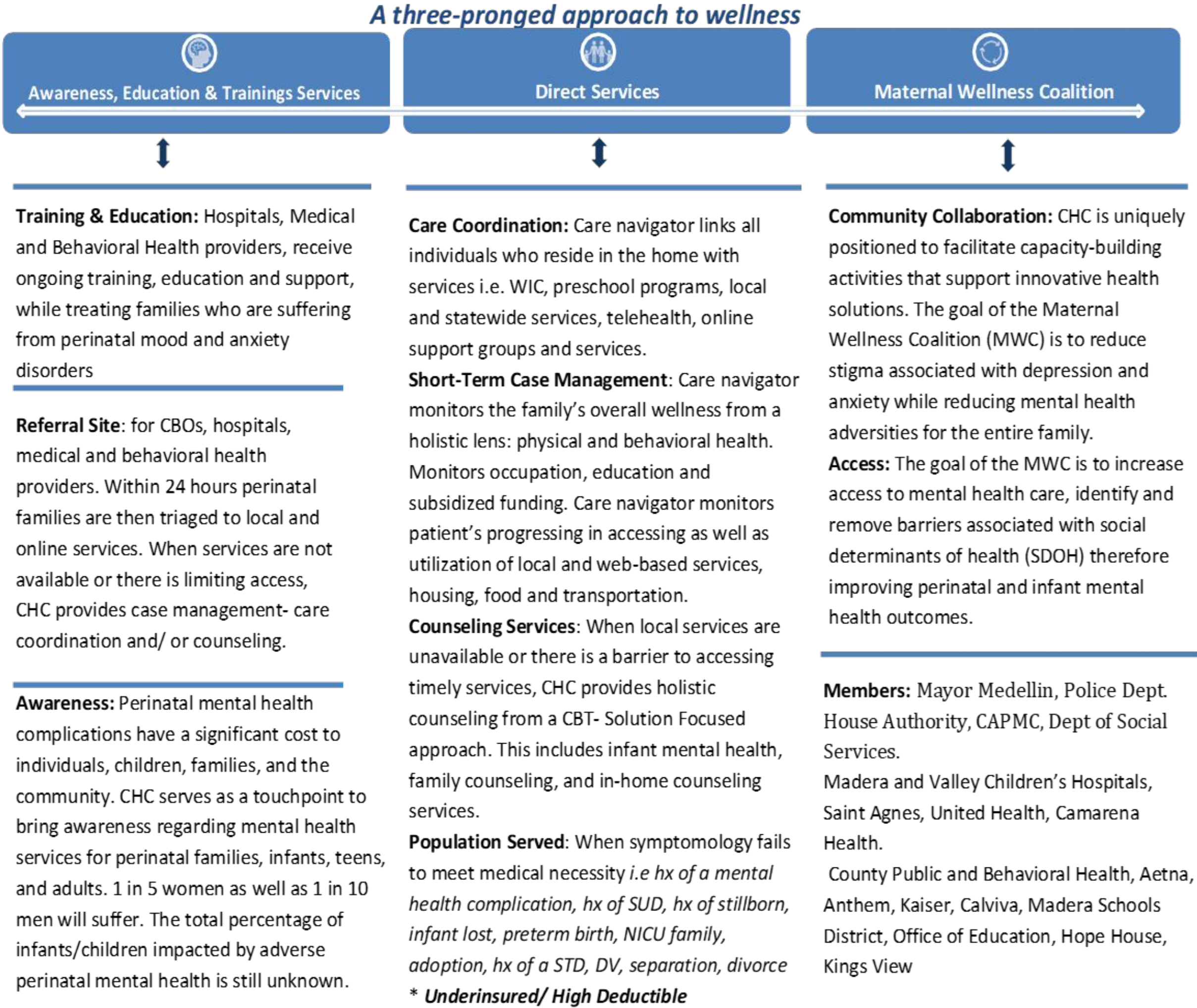
**Implementation:** Distributed red bracelets to providers for their high-risk patients to wear during and after delivery

The Fresno Maternal  
Wellness Coalition  
is also known nationally  
as the  
Local Maternal Safety  
Work-Group of  
Frsno County



# Model Overview

## California Health Collaborative, Perinatal Services



# Year to Date

2011-2023	Projects	CHC Maternal Wellness Coalitions and Taskforce
Madera County	Dad's Project	Maternal Wellness Coalition
Merced County	Perinatal HV Glow Project (Perinatal Care Groups)	Maternal Wellness Coalition
San Joaquin County	Perinatal HV	N/A
Riverside County	Mama's y Bebe's	CHC, Co-Chairs Established Taskforce
San Bernardino County	Black Infant Health (BIH)	CHC, Co-Chairs Established Taskforce
Riverside & San Bernardino	CHC Staff	CHC established a capacity building workgroups identifying & educating African American mental health providers as a means of building health equity.
Statewide Taskforce	CHC Perinatal Programs	CHC established a statewide taskforce. *A taskforce designed to highlight county level projects. Ex: CalAIM & Perinatal Services



# CalAIM Integration with Maternal Wellness (MW)



## Why integrate care management services with MW programs?

- Have been established since 2011
- No approval process needed
- All pregnant & postpartum birthing people can receive services
- No insurance restrictions
- Already have referral systems in place
- Cross-training across programs
- Cross refer when appropriate

Integration is cost-effective, streamlined, and growth-driven approach to broadening services.



# Patient-Centered Focus

**50% Maternal Wellness**

**50% CalAIM**

**Care Navigator**

**Seamless System for  
Birthing People**

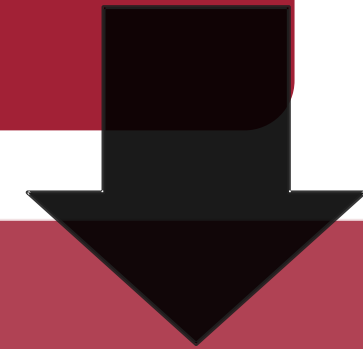
**Grant & CalAIM  
services provided**



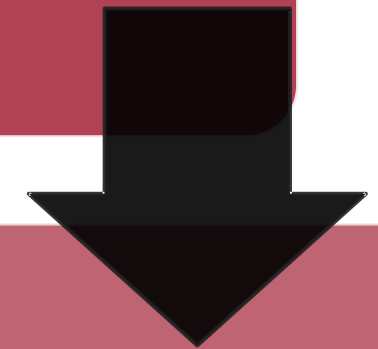
# Referral Process

MW to CalAIM

MW staff receive referrals



MW staff provide services  
(SDoH, Counseling, etc.)



MW staff refer to CalAIM,  
if deemed eligible



## **Referral Process**

CalAIM to MW

All pregnant and postpartum birthing  
people enrolled in CalAIM can be  
referred to any  
Maternal Wellness program!



# CalAIM Comprehensive Health Assessment & Planning

## Program Management Dashboard

- Outreach & Member Enrollment & Engagement Tools
- Integrated Referral & Task Management
- Provider Coordination & Engagement
- Interoperability with Health Plans & Providers

## Health Risk Assessments (HRAs) & Care Plans

- Social Determinants of Health Reporting
- Progress Notes & Tracking
- Personalized Member Education
- Remote Patient Monitoring

## Member Billing Solutions

- Seamless member billing services to enhance financial efficiency

aztute.

**Care Plan**

Goal Name: Get a house within 6-12 months Due Date: 09/22/2023

Priority: High

Strengths: Member is willing to cooperate

Date Initiated: 07/01/2023

Goal Status: ☐ Not Started ☐ On Hold ☒ In Progress ☐ Completed

Date Completed: mm/dd/yyyy

**Health Risk Assessment**

Housing Type: Choose...

Do you feel physically and emotionally safe where you currently live?  
☐ Yes ☐ No ☐ Other (describe)

Is anyone staying in your home without your permission?  
☐ Yes ☐ No ☐ Other (describe)

Are you worried about losing your housing?  
☐ Yes ☐ No ☐ Other (describe)

Are you receiving help with housing from a housing navigation, advocacy, care management, or tenant's rights programs?  
☐ Yes ☐ No ☐ Other (describe)

Does your home have: Yes No

**Referral Form**

County: ☐ El Dorado ☐ Fresno ☐ San Joaquin ☐ Stanislaus ☐ Kings ☐ Sutter ☒ Madera ☐ Yuba ☐ Nevada ☐ Placer ☐ Sacramento

Program: ☐ Multipurpose Senior Services Program (MSSP) ☐ Perinatal Mental Health (PMHIP) ☒ CalAIM: Enhanced Care Management

Population: ☐ At Risk for Utilization ☐ Eligible for Nursing Facility Transition to L

Referring Organization: Name of Referring Organization:

Name:

Phone Number:

Email:

Patient Information

# Thank you!

**Alexandra Addo-Boateng, Ed.D Psy.**

*Perinatal Mental Health Services Director*  
AAddo-Boateng@healthcollaborative.org

**Lupe Manzano, MPH**

*Supervising Care Manager*  
GManzano@healthcollaborative.org

Visit our

