CommuniCare HEALTH CENTERS
a california health+ center

PROMOTING HEALTHY COMMUNITIES IN
THE YOLO COUNTY REGION SINCE 1972

TRANSITIONS OF CARE PROGRAM SUMMARY

July 1, 2021 – June 30, 2022

Assisting individuals with chronic medical and mental health conditions to transition and integrate back into their homes and community from medical and mental health hospitalizations and those exiting incarceration.

Each client works alongside Transitions of Care (TOC) team members to identify their current strengths, resources, and needs (including those needs related to the social determinates of health known to contribute health disparities, compromised functioning, reduced quality of life, and legal involvement). All those who choose to participate are offered case management and peer support.

While the primary goal of Transitions of Care is to provide linkage to resources, much more is often needed. The following services, resources, and supports are accessed: enrollment in health coverage or other benefits (Cal Fresh/SSI/SSDI/establishing payee), healthcare navigation (primary/specialty care, therapy, psychiatry), accessing vital documents (birth certificates, driver's licenses, identification), basic human dignity essentials (food, hygiene, laundry), transportation, employment search or job training / education, and peer support.

TOC has provided 1, 972 case management visits with 188 unique individuals.

The following are a few highlights of some of our case management service and linkage outcomes:

Transportation was provided for 188 Medical Specialty and 123 Primary Care visits, 65 Behavioral Health/Substance Use services, 180 Specialty Mental Health appointments including lab and pharmacy, 93 grocery and food bank trips.

CommuniCare Health Centers | P.O. Box 1260 | Davis CA 95617

Hansen Family Health Center
215 West Beamer Ave
Woodland CA 95695

Administration
1590 Drew Ave, St 210
Davis CA 95618

Davis Community Clinic
2051 John Jones Road
Davis CA 95616

Family Wellness Center
415 Lincoln Ave
Woodland CA 95695

Salud Clinic
500 B Jefferson Blvd.
#180 & #195
West Sacramento CA
95605

Vida Family Health Center
954 Sacramento Ave
West Sacramento CA
95605

75 individuals established a medical home and 41 have received help accessing prescription medications for physical health conditions.

209 visits to address housing needs, applications, and related linkages.

83 visits related to SSI/SSDI application completion and linkage to related appointments and resources.

Transitions of Care Team

Transitions of Care team members receive specialized training in trauma-informed care, crisis response, substance use disorders, mental health, cultural humility, and the social/occupational/housing/health related adversities experienced by those exiting incarceration.

1. ***BH Manager (CMSP funded ends 3/30/23)*** – Provides clinical oversight and leadership of program; conducts routine case consultation and care planning meetings, engages with individuals at time of referral; data collection, reporting, and advocacy.
2. ***Case Manager (CMSP funded ends 3/30/23)*** – Supports individuals experiencing chronic homelessness coupled with a chronic physical and/or mental health diagnosis access needed resources in the community with the goal of stabilization. Also serves individuals who are exiting incarceration to promote a healthy integration back into the community.
3. ***Case Manager (CMSP funded ends 3/30/23)*** – Supports individuals with chronic medical conditions (55+) accessing medical appointments, specialty appointments and resources in the community. Also supports individuals exiting hospitalizations and incarceration with establishing a medical home, follow-up care and stabilizing in the community.
4. ***Case Manager (CMSP funded ends 3/30/23)*** – Specializes in serving individuals (monolingual Spanish speaking) with chronic medical conditions access vital primary care and specialty care services and linking them to community resources. Also serves individuals exiting hospitalizations to access follow-up-care and stabilizing in the community.
5. ***Team Lead (MAT/HHSA funding ends June 2023)*** – Supports individuals exiting incarceration with linkage to MAT and support with stabilization and accessing resources in the community. Specializes in working with those who are diagnosed with a severe and/or chronic mental health diagnosis(s).
6. ***Community Health Worker (HHSA funded ends 9/30/23)*** – Supports individuals exiting incarceration to establish a medical home and/or mental health care in the community. Supports with accessing resources that will support in the transition and stabilization of the individual back into the community.

Request for Funding:

CMSP funding (the bulk of our TOC program) is ending in March. There is a Reentry ECM component to CalAIM that starts in July 2023, that we intend to capitalize on that would hopefully fund our TOC Reentry services long term. However, the ECM Reentry scope doesn't start until July (it was delayed) and we will need a few months of transition/ramp-up. Ideally, we would receive financial support for the program April- September (6 months) and then ECM (hopefully) will be enough to sustain long term.

The total funding request is: $215,000.

$107,500 for April through June

$107,500 for July through September.