

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan**

Community Advisory Committee Meeting

Special Meeting

Wednesday, May 27, 4:00 p.m.

**Gold Coast Health Plan, 711 East Daily Drive, Community Room
Camarillo, CA 93010**

Executive Order N-25-20

Conference Call Number: 1-805-324-7279

Conference ID Number: 590 680 990#

Para traduccion al espanol por favor llame: 1-805-322-1542 clave: 1234

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three (3) minutes unless the Chair of the Committee extends time for good cause shown. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

PRESENTATION

1. Population Needs Assessment (PNA)

Staff: Dr. Lupe Gonzalez

RECOMMENDATION: Receive and file the presentation.

2. CAC Member Role and Responsibilities

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager

RECOMMENDATION: Receive and file the presentation.

COMMENTS FROM COMMITTEE MEMBERS

3. CAC Feedback / Roundtable Discussion

ADJOURNMENT

Unless otherwise determined by the CAC Committee, the next regular meeting will be held on July 29, 2020 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

Administrative Reports relating to this agenda are available at 711 East Daily Drive, Suite #106, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.



AGENDA ITEM NO. 1

TO: Community Advisory Committee

FROM: Lupe Gonzalez, PhD, MPH, Director Health Education, Cultural and Linguistic Services

DATE: May 27, 2020

SUBJECT: Special Meeting – Population Needs Assessment Stakeholder Survey

SUMMARY:

The purpose of the Special Meeting is to review the Department of Health Care Services (DHCS) All Plan Letter on Population Needs Assessment (APL 19-011) and identify key stakeholder recommendations for improving health outcomes, reducing health disparities, and identifying intervention strategies that are culturally and linguistically appropriate.

FISCAL IMPACT:

None

RECOMMENDATION:

Staff recommends that the Consumer Advisory Committee approve the Population Needs Assessment (PNA) presentation slides, stakeholder questionnaire and CAC survey findings as part of the population needs assessment report.

ATTACHMENTS:

- 1) Gonzalez, L., (2020). Health Education, Cultural and Linguistic Services, Special Meeting, Community Advisory Committee, Population Needs Assessment, Presentation Slides.
- 2) Stakeholder Survey, Consumer Advisory Committee (CAC) Questionnaire (English and Spanish).
- 3) All Plan Letter (APL) 19-011, Health Education and Cultural and Linguistic Population Needs Assessment (Supersedes APL 17-002)

Health Education, Cultural and Linguistic (HECL) Services

Special Meeting Community Advisory Committee Population Needs Assessment

Wednesday, May 27, 2020

Lupe González, PhD, MPH
Director, Health Education/Cultural and
Linguistic Services

Integrity

Accountability

Collaboration

Trust

Respect

AGENDA

- Special Meeting Overview and Objective
- Population Needs Assessment (PNA) Overview
- Stakeholder Engagement
- Consumer Advisory Committee (CAC) Survey
- Open Forum

Special Meeting

- The objective of the Special Meeting is to provide members of the Consumer Advisory Committee (CAC) an opportunity to give input to the Population Needs Assessment.
- Identify key barriers for seeking culturally and linguistically appropriate health care services among members enrolled in Medi-Cal.

PNA Overview

- Key requirements include the following items:
 - PNA Data Sources
 - Review reliable data sources
 - Claims and Encounter Data
 - Health Disparity Reports
 - Consumer Assessment of Healthcare Providers & Systems (CAHPS)
 - Ventura County Community Health Needs Assessment
 - PNA Findings and Action Plan
 - Collaborate with Quality Improvement Department
 - SMART Goals and Objectives
 - Stakeholder Engagement
 - Medi-Cal Members
 - CAC Members

Three Key goals of the PNA is to improve health outcomes for members

Identify health needs and health disparities

Evaluate health education, cultural & linguistic needs and quality improvement activities

Implement targeted strategies

Stakeholder Engagement

- CAC members are advocates for individuals enrolled in Medi-Cal.
- CAC members provide feedback on the cultural and linguistic needs of members.
- CAC members are key stakeholders in the community and play a key role in the delivery of health care services to beneficiaries.

CAC PNA Survey Key Areas

Member health status and behaviors

Member health education & cultural and linguistic needs

Health disparities and gaps in services

CAC – Open Forum Feedback

Member Engagement

HECL Services to Members

Health Conditions and Health
Disparities

Thank you!

- Thank you for completing this questionnaire. Your feedback is valuable to improve the quality of care in Ventura County.
- If you have not completed your survey, we encourage everyone to complete and return the survey.
- GCHP will use your responses to complete this year's Population Needs Assessment (PNA).
- If you have any questions, please feel free to contact Health Education Department at **1-805-437-5603** or email CulturalLinguistics@goldchp.org

Dear Consumer Advisory Committee Members:

As a Consumer Advisory Committee (CAC) member, we would like to hear from you regarding your thoughts on health priorities in the community, delivering health education services and ensuring members receive language assistance services.

The Department of Health Care Services (DHCS) requires Managed Care Plans (MCPs) to conduct a Population Needs Assessment (PNA). The PNA will be conducted annually as directed by the DHCS. Your responses will help Gold Coast Health Plan (GCHP) ensure that services are culturally and linguistically appropriate for members.

The goal of the Population Needs Assessment (PNA) is to improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members by:

- Identifying member health needs and health disparities;
- Evaluating health education, cultural and linguistic (C&L) needs, and quality improvement (QI) activities and available resources to address identified concerns;
- Implementing targeted strategies for health education, C&L, and QI programs and services.

GCHP would like to get your feedback on our current Health Education, Cultural and Linguistic (HECL) services, quality improvement services and access to primary care providers. Please complete the questionnaire and email your responses to Maddie Gutierrez, Clerk to the Commission at mgutierrez@goldchp.org no later than **Wednesday, May 20, 2020**.

Population Needs Assessment, Stakeholder Questionnaire

1. What do you think are the important health concerns or issues for individuals you serve that are GCHP members?

2. We are interested in learning what members are doing to manage their health condition. Please list what members are doing to manage their health.

3. What can GCHP do to support our members in improving their health?

4. Do GCHP members in the community know about the health education services provided by GCHP's Health Education Department?

- a. If yes, please list the services.

- b. If no, what can GCHP do to increase awareness? Please list ideas:

5. How do GCHP members learn about improving their health conditions? Please rank the following with 1 being the highest and 6 being the lowest:

- GCHP website
- Internet
- Doctor's offices/clinics
- Media
- Family/friends
- Other (please explain):

6. How can GCHP deliver health education services to the community you serve?
Please rank the following with 1 being the highest and 5 being the lowest:

- GCHP website
- Internet
- Doctor's offices/clinics
- Media
- Family/friends
- Other (please explain):

7. How can primary care providers better address and provide health education services to their members/patients?

The following questions will help us identify ways to better address the cultural and linguistic needs of GCHP members.

8. How does your organization address the cultural and health beliefs of the members you serve?

9. Are language assistance services like translation and interpretation important to you and the community you serve?

a. *If Yes*, what makes this is a priority?

b. *If No*, why is this not a priority?

10. How does your organization currently help low-income and/or underserved community members?

a. How does your organization address the cultural health beliefs of members?

b. How does your organization address the health and cultural beliefs of indigenous groups such as Mixteco/Zapoteco, etc.?

11. Tell us what you believe to be the best method to effectively communicate with our members about language assistance services and other GCHP services?

12. How can Plan providers assist our members in delivering culturally and linguistically appropriate services?

13. Do you have any general comments or suggestions related to language assistance services or cultural health belief?

The following questions are specific to members with specific health conditions and how to address strategies to promote certain health screenings.

14. Chronic conditions

a. What are some interventions that will help to reduce chronic conditions such as diabetes, hypertension, etc., among GCHP members?

b. What are the barriers to members seeking diabetes treatment/care?

c. Other comments:

15. Asthma

a. What are some interventions that can assist GCHP members with asthma medication adherence? Include intervention strategies for adults and children.

b. Other comments:

16. Members with special needs

a. How can GCHP better assist our members with special needs?

b. What other resources can help our members with special needs and those that provide care to these members?

c. Other comments:

17. Developmental and Health Screenings

a. How can GCHP promote developmental and health screenings either through parents or providers?

18. Foster Care

a. How can GCHP improve the services provided to members and caregivers under foster care?

19. Homelessness

a. What is the best method of reaching the homeless population?

- b. What barriers other than housing do you believe impacts the health of the homeless population?

- c. Other comments:

The following questions are regarding GCHP's member engagement:

20. Do you have any suggestions on how to promote member engagement?

21. What are some suggestions to engage members in managing their health needs?

22. How satisfied are you with your experience when referring members to GCHP?

Check one:

Very satisfied

Satisfied

Neutral

Unsatisfied

Very unsatisfied

The following questions relate to oral and behavioral health:

23. How can GCHP promote oral/dental health services to the members you serve?

24. What do you believe are some barriers for members in getting routine dental care?

25. How can GCHP promote behavioral health to the members you serve?

26. What do you believe are some of the barriers for members seeking behavioral health services? Please be specific to adults and children services.

Thank you for taking the time to complete the survey, your responses will help us develop intervention strategies that will meet the cultural and linguistic needs of our members.

Estimados Miembros del Comité Asesor del Consumidor:

Como miembro del Comité Asesor del Consumidor (CAC), nos gustaría escuchar sobre las ideas que tiene usted acerca de las prioridades de salud en la comunidad, la prestación de servicios de educación sanitaria y la garantía de que los miembros reciban servicios de asistencia lingüística.

El Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés) requiere que los Planes de Atención Administrada (MCP por sus siglas en inglés) realicen una Evaluación de Necesidades de Población (PNA, por sus siglas en inglés). El PNA se llevará a cabo anualmente según las instrucciones del DHCS. Sus respuestas ayudarán a Gold Coast Health Plan (GCHP) a garantizar que los servicios sean cultural y lingüísticamente apropiados para los miembros.

El objetivo de la Evaluación de las Necesidades de La Población (PNA) es mejorar los resultados de salud de los miembros y garantizar que los MCPs satisfagan las necesidades de todos sus miembros de Medi-Cal mediante:

- La identificación de las necesidades de salud de los miembros y las disparidades de salud;
- La evaluación de la educación para la salud, las necesidades culturales y lingüísticas (C&L) y actividades para mejora de la calidad (QI por sus siglas en inglés) y los recursos disponibles para abordar las preocupaciones identificadas;
- Implementación de estrategias específicas para programas y servicios de educación para la salud, C&L y QI.

A GCHP le gustaría recibir sus comentarios sobre nuestros servicios actuales de Educación para la Salud, Servicios Culturales y Lingüísticos (HECL por sus siglas en inglés), servicios de mejora de la calidad y acceso a proveedores de atención primaria. Por favor complete el cuestionario y envíe sus respuestas por correo electrónico a Maddie Gutiérrez, Secretaria a la Comisión, mgutierrez@goldchp.org, a más tardar el **miércoles 20 de mayo de 2020**.

Evaluación de las Necesidades de la Población, Cuestionario de las Partes Interesadas

1. ¿Cuáles cree que son las inquietudes o problemas de salud importantes para las personas que atiende que son miembros de GCHP?

2. Estamos interesados en saber qué están haciendo los miembros para manejar su condición de salud. Por favor, enumere lo que los miembros están haciendo para manejar su salud.

3. ¿Cómo puede GCHP apoyar a nuestros miembros a mejorar su salud?

4. ¿Conocen los miembros de GCHP en la comunidad a la que usted presta servicio los servicios de educación para la salud proporcionados por el Departamento de Educación para la Salud de GCHP?

- a. En caso de responder sí, enumere los servicios.

- b. En caso de responder no, ¿qué puede hacer GCHP para aumentar el conocimiento? Por favor, de una lista de ideas:

5. ¿Cómo aprenden los miembros de GCHP sobre cómo mejorar sus condiciones de salud? Por favor, clasifique lo siguiente, siendo 1 el más alto y 6 el más bajo:

- Sitio web de GCHP
 Internet
 Consultorios médicos/clínicas
 Medios de comunicación
 Familia/amigos
 u otro (por favor explique):

6. ¿Cómo puede GCHP ofrecer servicios de educación para la salud a la comunidad a la que usted presta servicio? Por favor clasifique lo siguiente siendo 1 el más alto y el 5 el más bajo:

- Sitio web de GCHP
 Llamadas de teléfono
 Por correo
 Mensaje de texto
 u otros (por favor explique):

7. ¿Cómo pueden los proveedores de atención primaria abordar de una mejor manera y proporcionar mejores servicios de educación para la salud a sus miembros/pacientes?

Las siguientes preguntas nos ayudarán a identificar mejores formas de abordar las necesidades culturales y lingüísticas de los miembros de GCHP.

8. ¿Cómo aborda su organización las creencias culturales y de salud de los miembros a los que usted presta servicio?

9. ¿Son importantes los servicios de asistencia lingüística como la traducción y la interpretación para usted y para la comunidad a la que usted presta servicio?

a. *En caso de responder Sí, ¿qué hace que esto sea una prioridad?*

b. *En caso de responder No, ¿por qué esto no es una prioridad?*

10. ¿Cómo ayuda actualmente su organización a los miembros de la comunidad de bajos ingresos y/o marginados?

a. ¿Cómo aborda su organización las creencias culturales de salud de los miembros?

- b. ¿Cómo aborda su organización las creencias de salud y culturales de grupos indígenas como Mixteco/Zapoteco, etc.?

11. Díganos ¿cuál cree usted que es el mejor método para comunicarnos eficazmente con nuestros miembros acerca de los servicios de asistencia lingüística y otros servicios de GCHP?

12. ¿Cómo pueden los proveedores del Plan ayudar a nuestros miembros a poder proporcionar servicios cultural y lingüísticamente apropiados?

13. ¿Tiene usted algunos comentarios o sugerencias generales respecto a los servicios de asistencia lingüística o sobre las creencias culturales sobre la salud?

Las siguientes preguntas son específicas para aquellos miembros con condiciones de salud específicas y cómo abordar estrategias para promover ciertos exámenes de salud

14. Condiciones crónicas

- a. ¿Cuáles son algunas intervenciones que ayudarán a reducir condiciones crónicas como diabetes, hipertensión, etc., entre los miembros de GCHP?

- b. ¿Cuáles son las barreras para los miembros que buscan tratamiento/atención para la diabetes?

- c. Otros comentarios:

15. Asma

- a. ¿Cuáles son algunas intervenciones que pueden ayudar a los miembros de GCHP con el cumplimiento con la medicación para el asma? Incluya estrategias de intervención para adultos y niños.

- b. Otros comentarios:

16. Miembros con necesidades especiales

- a. ¿Cómo puede GCHP ayudar mejor a nuestros miembros con necesidades especiales?

- b. ¿Qué otros recursos pueden ayudar a nuestros miembros con necesidades especiales y a aquellos que proporcionan atención a estos miembros?

- c. Otros comentarios:

17. Evaluaciones del desarrollo y de salud

- a. ¿Cómo puede GCHP promover evaluaciones del desarrollo y de salud a través de los padres o proveedores?

18. Cuidado de Crianza

- a. ¿Cómo puede GCHP mejorar los servicios prestados a los miembros y cuidadores bajo el cuidado de crianza?

19. Indigencia/falta de vivienda

- a. ¿Cuál es el mejor método para acercarse a la población que carece de hogar?

- b. ¿Qué barreras aparte de la vivienda cree que afectan la salud de nuestra población de personas sin hogar?

c. Otros comentarios:

Las siguientes preguntas son relacionadas con la participación de los miembros de GCHP:

20. ¿Tiene alguna sugerencia sobre cómo promover la participación de los miembros?

21. ¿Cuáles son algunas de las sugerencias que usted recomienda para incluir a los miembros en el manejo de sus necesidades de salud?

22. ¿Qué tan satisfecho está con su experiencia al referir miembros a GHCP? Marque uno:

- Muy Satisfecho
- Satisfecho
- Neural
- Insatisfecho
- Muy insatisfecho

Las siguientes preguntas están relacionadas con la salud bucal y la salud del comportamiento:

23. ¿Como puede GCHP promover servicios de salud bucal/dental a los miembros a los que usted presta servicio?

24. ¿Cuáles cree usted que son algunas de las barreras para que los miembros reciban cuidado dental regular?

25. ¿Cómo puede GCHP promover la salud del comportamiento a los miembros a los que usted presta servicio?

26. ¿Cuáles cree usted que son algunas de las barreras para los miembros que buscan servicios de salud del comportamiento? Por favor, sea específico para los servicios para adultos y niños.

Gracias por el tiempo que ha dedicado para completar la encuesta, sus respuestas nos serán de ayuda para desarrollar estrategias de intervención que satisfagan las necesidades culturales y lingüísticas de nuestros miembros.



JENNIFER KENT
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



GAVIN NEWSOM
GOVERNOR

DATE: September 30, 2019

ALL PLAN LETTER 19-011
SUPERSEDES ALL PLAN LETTER 17-002

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: HEALTH EDUCATION AND CULTURAL AND LINGUISTIC POPULATION
NEEDS ASSESSMENT

PURPOSE:

The purpose of this All Plan Letter (APL) is to update and clarify the Health Education and Cultural and Linguistic (C&L) Population Needs Assessment (PNA) contract requirements for Medi-Cal managed care health plans (MCPs). The MCP contracts with the Department of Health Care Services (DHCS) refer to the PNA as the group needs assessment or GNA. For clarity, this APL only uses the acronym PNA.

BACKGROUND:

The PNA identifies member health status and behaviors, member health education and C&L needs, health disparities, and gaps in services related to these issues. MCP contractual requirements related to the PNA are based on Title 22 of the California Code of Regulations (CCR), sections 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), and Title 42 of the Code of Federal Regulations (CFR), sections 438.206(c)(2), 438.330(b)(4), 438.242(b)(2).^{1, 2}

The goal of the PNA is to improve health outcomes for members and ensure that MCPs are meeting the needs of all their Medi-Cal members by:

- Identifying member health needs and health disparities;
- Evaluating health education, C&L, and quality improvement (QI) activities and available resources to address identified concerns;
- Implementing targeted strategies for health education, C&L, and QI programs and services.

POLICY:

MCPs are required to conduct a PNA. MCPs must address the special needs of seniors and persons with disabilities (SPDs), children with special health care needs (CSHCN), members with limited English proficiency (LEP), and other member subgroups from

¹ The CCR is searchable at: <https://govt.westlaw.com/calregs/Search/Index>

² 42 CFR, Part 438 is available at: <https://www.ecfr.gov/cgi-bin/text-idx?SID=1e1bce051e31df7ab188a92eff8209bf&mc=true&node=pt42.4.438&rgn=div5>

diverse cultural and ethnic backgrounds in the PNA findings. MCPs must use the PNA findings to identify and act on opportunities for improvement. MCPs must use reliable data sources to conduct the needs assessment as outlined in the requirements below.

PNA Requirements:

1. PNA Data Sources

MCPs must use reliable data sources to identify member health needs and health disparities. MCPs are required to evaluate the most recent results from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey, including responses to CAHPS survey supplemental questions selected by DHCS, when conducting the PNA. DHCS will provide MCP-specific health disparities data to each MCP for use in the PNA and the development of an action plan.

Data sources must include the most recently available CAHPS survey results and DHCS MCP-specific health disparities data. Other recommended data sources may include, but are not limited to, member surveys; Centers for Medicare and Medicaid Services (CMS) Adult and Child Core Set performance measurement results; claims and encounter data; analysis of focus groups; key informant interviews; local health department and county data; member grievance and appeals data; and compliance findings such as the DHCS Timely Access Survey results.

2. PNA Findings and Action Plan

MCPs are required to review and update health education, C&L, and QI activities, in light of the PNA data findings, to develop an action plan that addresses identified member needs. The action plan must outline health education, C&L, and QI efforts taken and planned to improve health outcomes for members. MCPs must identify health education, C&L, and QI program targeted strategies, including those designed to reduce health disparities, and make any necessary adjustments to these strategies annually. The DHCS MCP-specific health disparities data must be taken into consideration when selecting and evaluating strategies targeting health disparities.

3. Stakeholder Engagement

MCPs must provide their Community Advisory Committees (CAC) with an opportunity to provide input on the PNA. MCPs must report PNA findings to their CACs, have a process to discuss improvement opportunities, and update CACs on

progress made towards PNA goals. MCPs are encouraged to solicit input from other community advisory groups and organizations, as well as from their CACs.

MCPs must ensure contracted health care providers, practitioners, and allied health care personnel receive pertinent information regarding the PNA findings and the action plan. MCPs must use the most appropriate method(s) to assure the information can be accessed and understood. The information shared should address the overall needs of members, as well as the specific needs of CSHCN, SPDs, members with LEP, and other member subgroups from diverse cultural and ethnic backgrounds. This information should also be provided to other MCP staff to increase their understanding of members' needs.

4. Report Format

MCPs must complete a PNA report, which includes a PNA action plan annually. DHCS will provide ongoing instruction and guidance on the PNA format and submission deadlines. The PNA report must show a clear link between data sources, key data findings, and identified opportunities for improvement. MCPs must complete one report that includes all reporting units (county/region). MCPs must submit the PNA report to DHCS for approval annually. The full PNA report must be electronically submitted for approval to MMCHHealthEducationMailbox@dhcs.ca.gov, with a cc: to the MCP's assigned Managed Care Operations Division Contract Manager.

DHCS OVERSIGHT:

DHCS will monitor the timeliness of submissions, as well as the content of the PNA reports, and request revisions for incomplete submissions as needed. Confirmation of approved PNA reports and action plans, as well as revision requests for incomplete reports, will be electronically sent to the MCP.

MCPs are responsible for ensuring that their delegates comply with all applicable state and federal laws and regulations, contract requirements, and other DHCS guidance materials, including APLs and Policy Letters. These requirements must be communicated by each MCP to all delegated entities and subcontractors.

ALL PLAN LETTER 19-011
Page 4

Questions regarding this APL and specific questions about the Population Needs Assessment should be sent to MMCDHealthEducationMailbox@dhcs.ca.gov.

Sincerely,

Original signed by Nathan Nau

Nathan Nau, Chief
Managed Care Quality and Monitoring Division



AGENDA ITEM NO. 2

TO: Community Advisory Committee

FROM: Marlen Torres, Executive Director of Strategy & External Affairs
Luis Aguilar, Member Services Manager

DATE: May 27, 2020

SUBJECT: CAC Member Role and Responsibilities

Verbal Presentation