

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

**Community Advisory Committee Meeting**

**Regular Meeting**

**Wednesday, July 28, 2021 4:00 p.m.**

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

**Governor's Executive Order**

**Conference Call Number: 1-805-324-7279**

**Conference ID Number: 607 712 558#**

**Para interpretación al español, por favor llame al: 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](mailto: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.

**CONSENT**

- 1. Approval of Community Advisory Committee Regular Meeting Minutes of April 28, 2021.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

**RECOMMENDATION:** Approve the minutes.

## **FORMAL ACTION**

### **2. Addition of new CAC Members**

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

**RECOMMENDATION:** The CAC Member Application Ad Hoc Committee Recommends that the three individuals be approved by the CAC as new members. They will formally be approved at the Commission meeting in August 2021. Once approved by the Commission they will be contacted of their official appointment.

## **UPDATES**

### **3. CalAIM / Enhanced Care Management (ECM) / In Lieu Of Services (ILOS)**

Staff: Marlen Torres, Exec. Director of Strategy & External Affairs  
Pauline Preciado, Sr. Director of Population Health & Health Equity

**RECOMMENDATION:** Receive and file the update.

## **PRESENTATIONS**

### **4. 2021-2022 Operating and Capital Budget**

Staff: Kashina Bishop, Chief Financial Officer

**RECOMMENDATION:** Receive and file the presentation

### **5. COVID-19 Vaccine Outreach Efforts**

Staff: Marlen Torres, Executive Director of Strategy & External Affairs

**RECOMMENDATION:** Receive and file the presentation.

### **6. Speakers Bureau Presentation**

Staff: Marlen Torres, Executive Director of Strategy & External Affairs

**RECOMMENDATION:** Accept and file the presentation.

## **COMMENTS FROM COMMITTEE MEMBERS**

### **7. CAC Feedback / Roundtable Discussion**

## **PUBLIC COMMENT**

## **ADJOURNMENT**

Unless otherwise determined by the CAC Committee, the next regular meeting will be held on October 28, 2021 at Gold Coast Health Plan at 711 E. Daily Drive, Suite 106, Community Room, Camarillo, CA 93010.

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**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:** Maddie Gutierrez, MMC, Clerk to the Commission  
**DATE:** July 28, 2021  
**SUBJECT:** Approval of the Community Advisory Committee Meeting Regular Minutes of April 28, 2021.

### **RECOMMENDATION:**

Approve the minutes as presented.

### **ATTACHMENTS:**

Copy of the April 28, 2021 Community Advisory Committee regular meeting minutes.

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

**Community Advisory Committee (CAC) Minutes  
April 28, 2021**

**CALL TO ORDER**

Committee Chair, Ruben Juarez, called the meeting to order via teleconference at 4:03 p.m., in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California.

**ROLL CALL**

Present: Committee members Frisa Herrera, Paula Johnson, Ruben Juarez, Curtis Updike, and Pablo Velez.

Absent: Committee members Victoria Jump and Laurie Jean Jordan.

**Ms. Jordan joined the meeting at 4:13 p.m.**

Attending the meeting for GCHP Executive team were Margaret Tatar, Chief Executive Officer, Marlen Torres, Michael Murguia, Exec. Director of Human Resources, Ted Bagley, Chief Diversity Officer, Nancy Wharfield, M.D., Chief Medical Officer, Robert Franco, Chief Compliance Officer, Dr. Anne Freese, Luis Aguilar, Adriana Sandoval, Dr. Lupe Gonzalez, Veronica Estrada, Carmen Moran, Pauline Preciado, Paula Cabral and Susana Enriquez. Ana Rangel, Interpreter.

**PUBLIC COMMENT**

Sandra Aldana, representing the State Council on Developmental Disabilities, emphasized the importance of those with intellectual and physical disabilities to have equitable access to vaccines.

She also asked CAC to consider looking into Respite, which is part of the Whole Person Care diagnostic, to determine if it also included all individuals with developmental disabilities.

## **OPENING REMARKS**

### **Welcome and Introductions**

Staff: Margaret Tatar, Chief Executive Officer  
Marlen Torres, Executive Director of Strategy & External Affairs

Marlen Torres, Executive Director of Strategy & External Affairs welcomed and thanked everyone for being present and participating.

## **CONSENT**

### **1. Approval of the Community Advisory Committee Meeting Regular Minutes of January 27, 2021.**

Staff: Deborah Munday, CMC – Associate Clerk to the Commission

**RECOMMENDATION:** Approve the minutes.

Committee member Ruben Juarez motioned to approve the minutes. Committee member Curtis Updike seconded.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Paula Johnson, Ruben Juarez, Curtis Updike, and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee member Laurie Jean Jordan and Victoria Jump.

The motion carries.

### **2. CAC Review Policy**

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

**RECOMMENDATION:** Staff recommends the Committee approve the changes as presented.

Luis Aguilar, Member Service Manager, presented the red-line changes to the CAC policy. Three (3) updates have been identified to the policy. First update is under the Purpose, second is a name change to the Population Needs Assessment and the third update is grammatical.

There was an addition to the CAC recruitment policy in item 2b. This change now includes vacancy notices to be posted on the GCHP website, city halls, public libraries, and the Building Community Newsletter.

Committee Chair Ruben Juarez asked if there was follow up with his two recommendations. Mr. Aguilar stated there was follow up and the Clerk also followed up with sending out applications.

Committee member Paula Johnson asked how many seats were available. Mr. Aguilar responded there are three (3) vacancies.

Staff is requesting the CAC approve the updates and additions as presented.

**Laurie Jean Jordan joined the meeting at 4:14p.m.**

Committee member Paula Johnson motioned to accept the updates and additions as presented. Curtis Updike seconded.

Roll Call vote as follows:

AYES: Committee members Frisa Herrera, Paula Johnson, Ruben Juarez, Curtis Updike, and Pablo Velez.

NOES: None.

ABSTAIN: Committee member Laurie Jean Jordan

ABSENT: Committee member Victoria Jump.

The motion carries.

### **3. Election of Chairperson and Vice Chairperson to serve two-year terms.**

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

**RECOMMENDATION:** Staff recommends the following:

1. Elect a CAC member to serve as Chairperson for a two-year term.
2. Elect a CAC member to serve as Vice Chairperson for a two-year term.

Ms. Torres reminded everyone that Mr. Ruben Juarez was kind enough to take over Chair duties when Rita Duarte-Weaver announced she could no longer participate in the committee due to other obligations.

Committee member Curtis Updike nominated Ruben Juarez to continue in his position as CAC Chairperson. Paula Johnson seconded. Mr. Ruben Juarez accepted the nomination.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Curtis Updike, and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee member Victoria Jump.

Mr. Ruben Juarez has been elected Chairperson for the term of two years.

Committee member Curtis Updike nominated Pablo Velez for the position of Vice-Chairperson. Paula Johnson seconded the nomination. Mr. Pablo Velez accepted the nomination.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Curtis Updike, and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee member Victoria Jump.

Mr. Pablo Velez has been elected Vice Chairperson for a two-year term.



Chief Executive Officer, Margaret Tatar thanked both Mr. Juarez and Mr. Velez for their service to the CAC. She noted the CAC has a critical to the success of GCHP.

## **UPDATES**

### **4. Medi-Cal Rx Update**

Staff: Anne Freese, PharmD., Director of Pharmacy

**RECOMMENDATION:** Receive and file the update.

Chief Medical Officer, Nancy Wharfield, M.D. thanked the committee for their dedication and congratulated the new officers. CMO Wharfield introduced Dr. Anne Freese, who will be presenting the Medi-Cal Rx update.

Dr. Freese reviewed a brief history of Medi-Cal Rx. She noted that the implementation date of 4/1/2021 has been delayed indefinitely and there is no new implementation date. The GCHP website has been updated, there has been communication with providers notifying them of the delay. Dr. Freese also noted that pharmacy benefits will continue without interruption. DHCS anticipates providing an update in May 2021.

She will provide updates as she receives information.

Committee member Curtis Updike motioned to accept the update. Laurie Jean Jordan seconded.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, Curtis Updike, and Pablo Velez.

**NOES:** None.

**ABSENT:** Committee member Victoria Jump.

The motion carries.

## **PRESENTATIONS**

### **5. 2021 Population Needs Assessment (PNA) Update**

Staff: Lupe Gonzalez, MPH, PhD., Director of Health Education Disease Management

**RECOMMENDATION:** Receive and file the presentation.

Dr. Lupe Gonzalez reviewed her PowerPoint presentation. The presentation includes an overview of Population Needs Assessment, and the Stakeholder Engagement Survey, along with next steps. Dr. Gonzalez reviewed the DHCS requirements for the PNA which includes addressing the gaps or disparities identified in the assessment and community stakeholder involvement. The first submission of the PNA was June 2020, and this will be an ongoing process. She reviewed data resource and findings, which include health education needs of member, quality improvement and gap analysis along with the action plan. She noted the second submission is due June 2021.

Dr. Gonzalez also reviewed the three (3) key goals of the PNA:

1. Identify health needs and health disparities
2. Evaluate health education, cultural & linguistic needs, and quality improvement activities
3. Implement targeted strategies

Veronica Estrada, Cultural & Linguistics Specialist, stated 2021 stakeholder works with internal departments within GCHP. The survey was mailed to members in English and /or Spanish. The survey will be released in May on the Community Newsletter. Some of the questions were highlighted in the presentation. The data will be compiled, and we will look for improvements for developing strategies for improvements. Dr. Gonzalez will share the results, along with five (5) new points determined through the survey.

Committee Chair Ruben Juarez noted there are not enough behavioral health services nearby. Dr. Gonzalez noted that traveling out of area has become a barrier. Frisa Herrera noted there is member anxiety of getting on public transportation and developing relationships with new providers. Dr. Gonzalez noted there is a question in the survey that refers to this issue. Committee Chair, Juarez stated he would like hard copies of surveys to hand out and get members to fill them out prior to providing food, showers, and clothes. Committee member Paula Johnson stated handouts can be distributed by the County at meetings, as well as at clinics and transportation services. Committee member Updike suggested texting campaigns through smartphones and create a hyperlink to fill out the surveys. Committee Vice-Chair

Pablo Velez noted there is a need to access telehealth and teletherapy. Members need more access to facilitate families to have appointment after hours.

Member Services Manager, Luis Aguilar asked Curtis Updike if the County Health Agency could assist GCHP to reach Medi-Cal members. Mr. Updike stated he will relay the information to his group and will discuss.

## **6. Health Equity/Diversity & Inclusion**

Staff: Marlen Torres, Executive Director of Strategy & External Affairs

**RECOMMENDATION:** Receive and file the presentation.

Chief Diversity Officer, Ted Bagley noted he is putting together data to review health equities and inequities. He is asking CAC for their input on what is being seen in the community. CDO Bagley reviewed data noting household income affects health outcomes. He also reviewed disparities and a breakdown by ethnicity.

CDO Bagley is requesting recommendations and requests CAC to contact him with their perspectives. We need more training and we need to know what the true current issues are. CDO Bagley is currently working with the County of Ventura on impacts in the community. One of his strategies includes having a summit during the summer to assess the current stated of inequity and equities. We need to be able to measure successes. He reviewed concerns and questions once issues are identified, and what will be the role of GCHP and the County.

Committee member Paula Johnson stated we need to educate physicians to respect individual diversity & Inclusion. CDO Bagley stated the summit will be all-inclusive. Ms. Johnson stated an assessment is needed. She asked if doctors do an assessment, we need the doctor's angle. CDO Bagley stated he will investigate this concern.

Committee Vice-Chair, Pablo Velez, thanked CDO Bagley for the information. Mr. Updike also thanked CDO Bagley for the information, he noted all will be better served in the community. He stated he is concerned that not all doctors treat patients with respect, and we need to look deeper, all need to be treated with dignity and respect. Struggles can become magnified. CDO Bagley noted some doctors are uncomfortable with certain people. We need education and an infrastructure to identify issues and how we can fix them. Luis Aguilar noted there is a grievance process, which is a formal way to follow up. We need to hear the complaints; members need to voice their experiences. CEO Tatar thanked Mr. Aguilar for reminding members about the grievance process. Mr. Updike stated the grievance process is good, but he asked what about the feeling of disrespect. We need to clarify that, he

suggested a separate line for other complaints, not the care issue but the feeling of disrespect. Ms. Jordan stated many don't understand the concept of grievance, they seem to think it does not pertain to them. Members should not hesitate to go to GCHP staff and not always go through the grievance process. CDO Bagley stated he agrees but there needs to be documentation, so this issue does not become a repeated concern.

## **7. CalAIM/Enhanced Care Management (ECM) /In Lieu of Services (ILOS)**

Staff: Nancy Wharfield, M.D., Chief Medical Officer  
Marlen Torres, Executive Director of Strategy & External Affairs  
Pauline Preciado, Senior Director of Population Health

RECOMMENDATION: Receive and file the presentation.

Marlen Torres, Executive Director of Strategy & External Affairs gave a high-level review of the Cal-AIM PowerPoint. Ms. Torres reviewed the previous approach, stake holder communications, noting that a meeting is scheduled for May with Ventura County leadership. She also reviewed the implementation timeline with various go-live dates. Ms. Torres noted the Knox Keene will start this summer and we will get the license by 2023. The Whole Person Care (WPC) Model shared by the County of Ventura Health Care Agency was shared with the Commission, as well as the types of care management which will have person centered approach, expanding the scope to address the needs of Mental Health Services.

Ms. Torres stated WPC will be phased in first and Enhanced Care Management (ECM) will be part of Phase II, six (6) months later. Incarceration population will be phased in last.

Pauline Preciado, Senior Director of Population Health & Equity presented In Lieu of Services (ILOS) DHCS list of Thirteen. Proposals for Services to address homelessness and housing, services for long-term well-being in home-like settings, as well as recuperative services were reviewed. Ms. Preciado reviewed the ECM Model of Care which is a person-centered approach. She noted the expanded scope will address the needs of Mental Health Services members. Ms. Preciado also reviewed the social interventions with additional layers of support.

Ms. Preciado reviewed the ECM Phases with Phase I beginning January of 2022. Phase II is scheduled for July of 2022 and Phase III scheduled for January of 2023.

Ms. Preciado then presented the GCHP current state in Ventura County and implementation plan. The division of responsibilities and ECM workflow were also **Committee member Pablo Velez left the meeting at 5:56 p.m.**

reviewed. Project milestones beginning with Development of Governance Structure in April 2021 through the various phases and go-lives. The role of the advisory committee is to provide guidance from community partners, in conjunction with the proposed governance structure was reviewed.

Committee member motioned to approve the CAC Presentations 5 through 7. Committee member seconded.

Roll Call vote as follows:

**AYES:** Committee members Frisa Herrera, Paula Johnson, Laurie Jean Jordan, Ruben Juarez, and Curtis Updike.

**NOES:** None.

**ABSENT:** Committee member Victoria Jump and Pablo Velez.

The motion carries.

## **COMMENTS FROM COMMITTEE MEMBERS**

### **9. CAC Feedback / Roundtable Discussion**

- Committee Chair, Ruben Juarez, stated he took the month of April off, but services will continue to continue to help the community.
- Committee member, Paula Johnson stated COVID vaccines are getting done. She noted there is non-paid support staff now assisting with the public getting their vaccine.

## **ADJOURNMENT**

With no further business to discuss, Committee member Paula Johnson motioned to adjourn the meeting. Seconded by Committee member Curtis Updike. The meeting was adjourned at 6:10 p.m.

Approved:

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Maddie Gutierrez, MMC  
Clerk to the Commission



## **AGENDA ITEM NO. 2**

**TO:** Community Advisory Committee

**FROM:** Marlen Torres, Executive Director, Strategy and External Affairs  
Luis Aguilar, Member Services Manager

**DATE:** July 28, 2021

**SUBJECT:** Addition of New Community Advisory Committee (CAC) Members

### **SUMMARY:**

Several individuals applied to join the Community Advisory Committee. The CAC Member Application Ad Hoc Committee met last month to review the applications submitted and are recommending the following individuals to join the CAC:

1. Rosemary MacKay, CEO, Resource Children's Reserves: Ms. MacKay previously worked at Kids & Families Together a not-for-profit support, education and counseling resource center that provides services for individuals and families in foster care, kinship care and adoption. She is now the CEO for Resource Children's Reserves.
2. Martha Johnson, Community Outreach Manager, Ventura County Health Care Agency: Ms. Johnson has over eight years of experience working in community outreach in Ventura County. She current serves as a board member for Child Development Resources, a not-for-profit organization who administers Head Start, Early Head Start and state preschool, and subsidized childcare programs in Ventura County.
3. Rafael Stoneman, Gold Coast Veterans Foundation: Mr. Stoneman, an army veteran, has been working with homeless veterans to assist them in finding housing, food, and other needed resources in the community. Mr. Stoneman provides case management services for veterans that are staying at Project Room Key and ones who are staying at motels paid for by SSVF/Salvation Army.

### **RECOMMENDATION:**

The CAC Member Application Ad Hoc Committee Recommends that the three individuals be approved by the CAC as new members. They will formally be approved at the Commission meeting in August 2021. Once approved by the Commission they will be contacted of their official appointment.



**AGENDA ITEM NO. 3**

**TO:** Community Advisory Committee

**FROM:** Marlen Torres, Executive Director, Strategy & External Affairs  
Pauline Preciado, Senior Director, Population Health & Equity

**DATE:** July 28, 2021

**SUBJECT:** ECM/ILOS Update

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*ECM/ILOS Update*

# ECM/ILOS Update

July 28, 2021

**Marlen Torres**  
Executive Director,  
Strategy and External  
Affairs

**Pauline Preciado**  
Senior Director,  
Population Health and  
Equity



# Agenda

1. ECM/ILOS Timeline and Work Plan
2. GCHP ILOS Options
3. Community Engagement Plan

# ECM/ILOS Implementation Plan and Timeline

# GCHP Implementation Plan

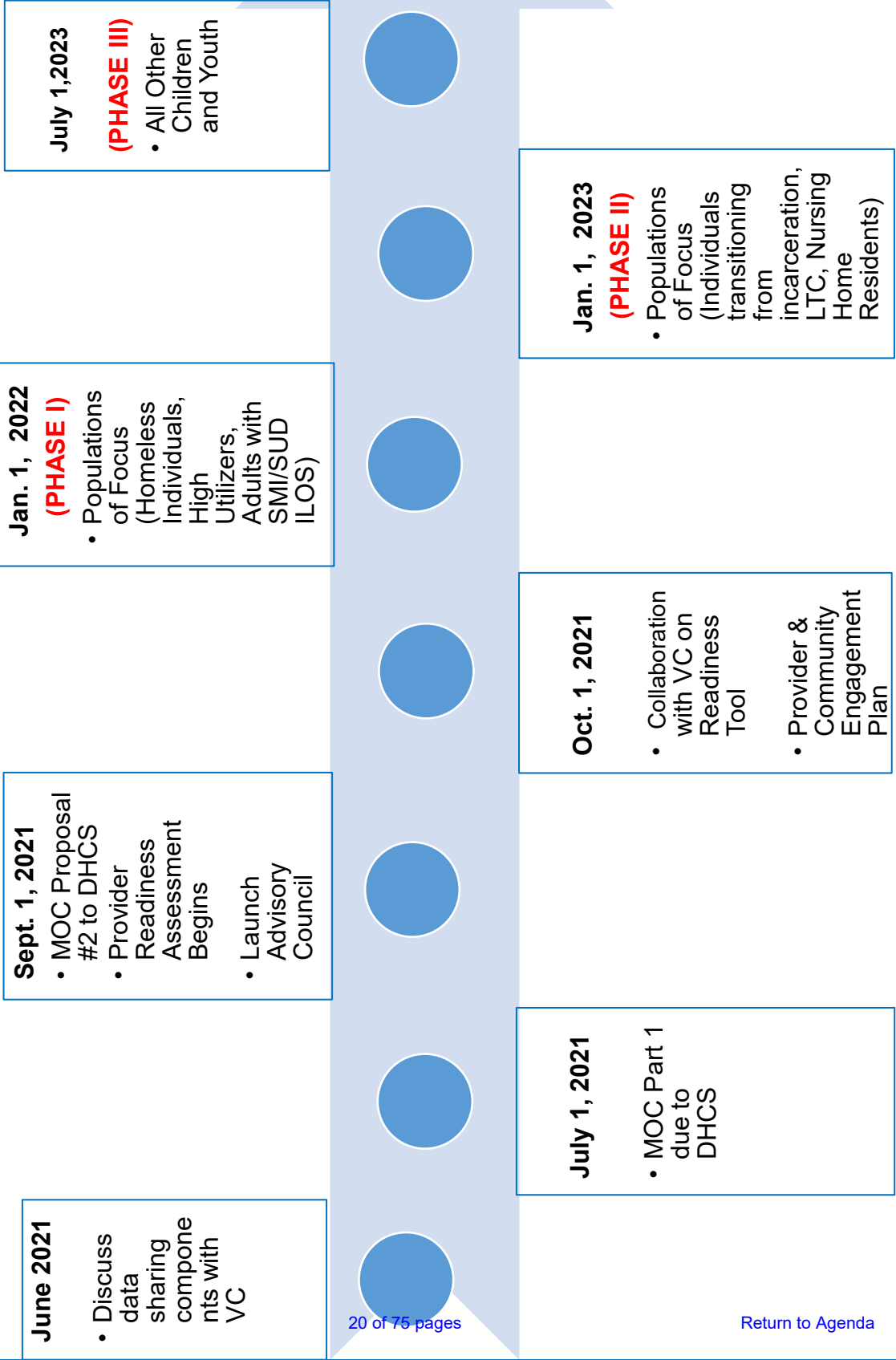
## Current State

- Working on WPC transition with HCA Pilot Program
- MOC Proposal Plan Part 1 Submission completed; MOC Part 2 in progress
- Finalized Payment Rates & Incentive Guidance: pending August 2021
- Preliminary ILOS options selected

## GCHP Timeline

- Contract with the County of Ventura- Phase I
- Phase I Populations (Go Live 1/1/22):
  - ✓ Eligible WPC Members
  - ✓ High Utilizers
  - ✓ Individuals & Families Experiencing Homelessness
  - ✓ SMI/SUD Populations
- Phase 2 Populations ( Go Live 1/1/23)
  - ✓ Individuals transitioning from Incarceration (*adults and children/youth*)
  - ✓ Members Eligible for LTC and at risk of Institutionalization
  - ✓ Nursing Home Residents transitioning to community
- Phase 3 Populations ( Go Live 7/1/23)
  - ✓ ECM goes live for all other Children and Youth

# ECM/ILOS Timeline



# GCHP ILOS Options

# GCHP ILOS Options

**GCHP's Proposed Strategic Approach:**  
 Conservative, staggered roll out of  
 preliminary ILOS

Population	ILOS	Start Data	Anticipated Vendor
Phase I Eligibility Criteria	<ol style="list-style-type: none"> <li>Housing Suite</li> <li>Respite Care</li> <li>Recuperative Care</li> </ol>	Jan. 1, 2022	County
Phase I Eligibility Criteria	<ol style="list-style-type: none"> <li>Medically Tailored Meals</li> </ol>	July 1, 2022	TBD
All Eligible Plan Members	<ol style="list-style-type: none"> <li>Housing Suite</li> <li>Respite Care</li> <li>Recuperative Care</li> </ol>	July 1, 2022	County
All Eligible Plan Members	<ol style="list-style-type: none"> <li>Medically Tailored Meals</li> </ol>	Jan. 1, 2023	TBD

# Community Engagement

# Community Engagements/ Communications

Members	
	<ul style="list-style-type: none"><li>• Member Newsletter (October 2021)-Introduction to ECM/ILOS services</li><li>• Call Center (Script)</li><li>• Care Management Call Scripts</li><li>• Navigator Call Scripts</li><li>• Member Services Presentation</li></ul>

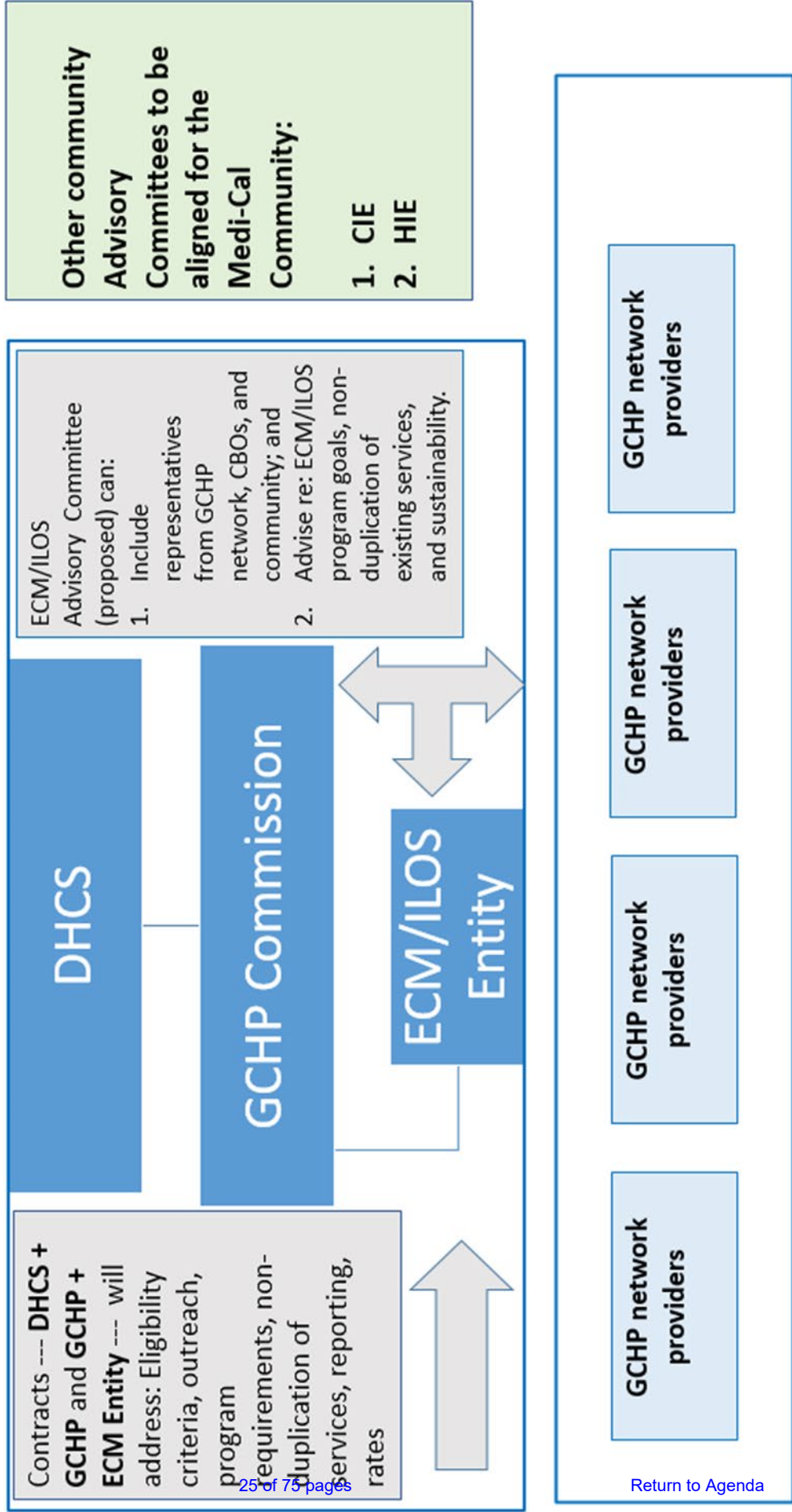
Community (CBOs)	
	<ul style="list-style-type: none"><li>• Speakers Bureau (Presentations in September and October 2021 confirmed)</li><li>• Promotion at Community and Networking Meetings</li><li>• Promotion at Outreach Events in the Community</li><li>• Information on GCHP Website in the member resources section</li><li>• Community Newsletter (September and November 2021)</li><li>• CAC</li><li>• ECM/ILOS Advisory Committee</li></ul>

Providers	
	<ul style="list-style-type: none"><li>• Informational Webinars</li><li>• Provider Bulletins</li><li>• PAC</li><li>• Quarterly Provider Operations Bulletin</li></ul>



# ECM/ILOS Advisory Council

## Proposed Governance Structure: Role of Advisory Committee



# Q&A

# Appendix

# ECM/ILOS: What is it?

1. The ECM benefit is designed to provide a whole-person approach to care that addresses the clinical and non-clinical needs or high-cost and/or high-need Medi-Cal beneficiaries
  - a. Systemic coordination of services
  - b. Primarily community based, interdisciplinary
  - c. High-touch and comprehensive
  - d. ILOS, as identified by DHCS, are flexible wrap-around services that managed care plans can integrate into their population health strategy and are provided as a substitute to, or to avoid, other covered services
  - e. Complementary services with ECM benefits
  - f. Addresses social needs and/or social determinants of health (SDOH)

# ECM/ILOS: How do we get there?

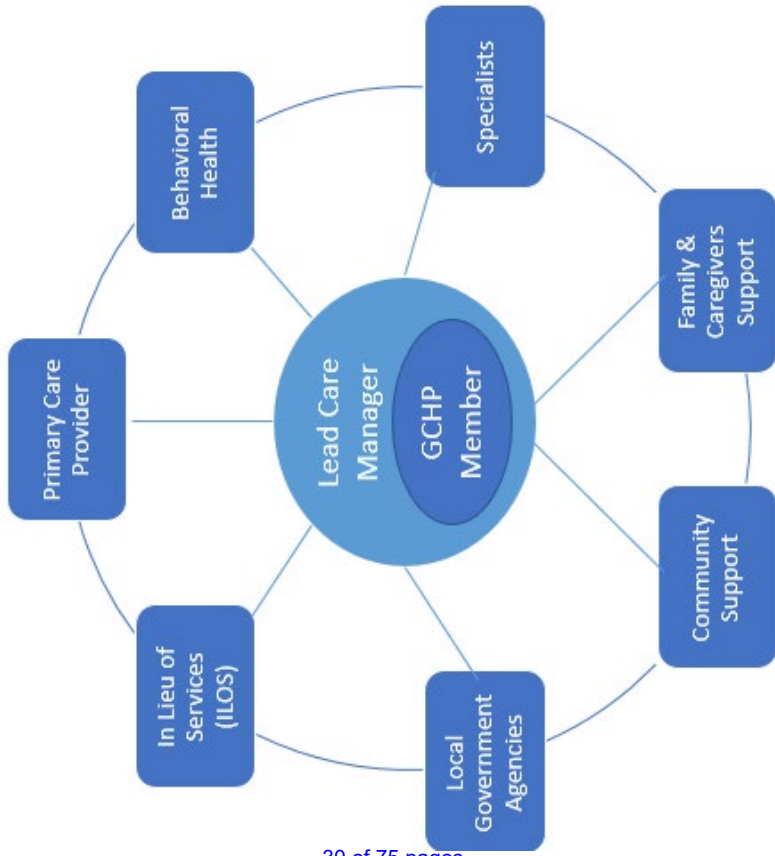
## **How:**

1. DHCS urges plans to contract with Whole Person Care entities to deliver ECM and ILOS.
2. DHCS also urges plans to select *all* ILOS services that will be offered to them to offer to enrollees.
3. DHCS has already provided plans with final template contract terms for contracts with the entities that will deliver ECM and ILOS.
4. GCHP submitted the Model of Care #1 on July 1, 2021

## **When:**

1. DHCS has submitted its 1915/1115 waivers to CMS. The CMS comment period will be open in July 2021.
2. DHCS provided the plans with ECM and ILOS draft rates in May 2021
3. DHCS anticipates a phased in approach to ECM and ILOS implementation:
  - a. Phase I: Jan. 1, 2022
  - b. Phase II: Jan. 1, 2023
  - c. Phase III: July 1, 2023

# ECM Model of Care Person Centered Approach



Intensive, multi-disciplinary care coordination

- (Medical, mental health, alcohol and drug, social services)

Skilled Community Health Workers

- Address SDOH barriers
- Health Navigation Assistance
- Building capacity for self-management

Field-based services (at home or in the community)

- Immediate and Accessible care to Medical, Behavioral and community services
- Comprehensive assessments to identify needs

# ECM/ILOS: Populations of Focus

<p><u>Homeless*</u></p> <ul style="list-style-type: none"> <li>Individuals experiencing homelessness or chronic homelessness or who are at risk of experiencing homelessness with complex health and behavioral health needs.</li> </ul>	<p>Children and Youth</p> <ul style="list-style-type: none"> <li>Children (Up to age 21, or foster youth to age 26) with complex behavioral, and/or developmental health needs, with significant functional limitations and social factors influencing their health outcomes (California Children Services and Foster Youth).</li> </ul>	<p><u>High Utilizers*</u></p> <ul style="list-style-type: none"> <li>Members with multiple hospital admissions, OR multiple short-term skilled nursing stays, OR multiple emergency room visits that could be avoided with appropriate outpatient care or improved treatment adherence.</li> </ul>	<p>Risk for Initialization-Long Term Care</p> <ul style="list-style-type: none"> <li>Members who, in the absence of services and supports would otherwise require care for 90 consecutive days or more in an inpatient nursing facility (NF) would qualify.</li> <li>Must meet NF level of care criteria AND be able to continue to live safely in the community with wrap around supports.</li> </ul>	<p>Nursing Facility Transition to Community</p> <ul style="list-style-type: none"> <li>Members residing in a NF but desire to return to living in the community.</li> <li>Voluntary</li> </ul>	<p>SMI, SED, SUD Individuals at Risk for Initialization</p> <ul style="list-style-type: none"> <li>Members at risk for initialization who have co-occurring chronic health conditions.</li> </ul>	<p>Individuals Transitioning from Incarceration</p> <ul style="list-style-type: none"> <li>Including justice-involved juveniles who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.</li> <li>Individuals must have been released from incarceration within the last 12 months.</li> </ul>
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\*Current populations being served by the Whole Person Care Program in Ventura County.

# CM Go Live Dates: By Target Populations



1/1/2022

Phase 1

## Homeless Population

Individuals experiencing homelessness, chronic homelessness or who are at risk of becoming homeless

## High utilizers

Individuals with frequent hospital admissions, short-term skilled nursing facility stays or emergency room visits

## At Risk SMI/ SUD

Serious mental illness (SMI) or substance use disorder (SUD) with co-occurring chronic health conditions.

1/1/2023

Phase 2

## Individuals transitioning from incarceration (Adults/ youth)

who have significant complex physical or behavioral health needs requiring immediate transition of services to the community.

## Individuals at risk for institutionalization

Individuals who are eligible for long-term care services

## High Risk Nursing facility residents

Residents who want to transition to the community

7/1/2023

Phase 3

## All other children and youth populations

Physical, behavioral, developmental and oral health needs e.g., California Children Services, foster care, youth with clinical high-risk syndrome or first episode of psychosis



# ILOS

Benefit	Description
Housing deposits <sup>a</sup>	Funding for one-time services necessary to establish a household, including security deposits to obtain a lease, first month's coverage of utilities, or first and last month's rent required prior to occupancy.
Housing transition navigation services <sup>a</sup>	Assistance with obtaining housing. This may include assistance with searching for housing and completing housing applications, as well as developing an individual housing support plan.
Housing tenancy and sustaining services <sup>a</sup>	Assistance with maintaining stable tenancy once housing is secured. This may include interventions for behaviors that may jeopardize housing, such as late rental payment and services, to develop financial literacy.
Asthma remediation <sup>b</sup>	Physical modifications to a beneficiary's home to mitigate environmental <u>asthma triggers</u> .
Day habilitation programs	Programs provided to assist beneficiaries with developing skills necessary to reside in home-like settings, often provided by peer mentor-type caregivers. These programs can include training on use of public transportation or preparing meals.
Environmental accessibility/adaptations	Physical adaptations to a home to ensure the health and safety of the beneficiary. These may include adaptations ramps and grab bars.
Meals/medically tailored meals	Meals delivered to the home that are tailored to meet beneficiaries' unique dietary needs, including following discharge from a hospital.
Nursing facility transition/diversion to assisted living facilities <sup>c</sup>	Services provided to assist beneficiaries transitioning from nursing facility care to community settings or prevent beneficiaries from being admitted to nursing facilities.
Nursing facility transition to a home	Services provided to assist beneficiaries transitioning from nursing facility care to home settings in which they are responsible for living expenses.
Personal care and homemaker services <sup>d</sup>	Services provided to assist beneficiaries with daily living activities, such as bathing, dressing, housecleaning, and grocery shopping.
Re recuperative care (medical/respite)	Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness.
Respite	Short-term relief provided to caregivers of beneficiaries who require intermittent temporary supervision.
Short-term post-hospitalization housing <sup>a</sup>	Settings in which beneficiaries can continue receiving care for medical, psychiatric, or substance use disorder needs immediately after exiting a hospital.
Sobering centers	Alternative destinations for beneficiaries who are found to be intoxicated and would otherwise be transported to an emergency department or jail.

<sup>a</sup> Restricted to use once in a lifetime, unless managed care plan can demonstrate cost-effectiveness of providing a second time.

<sup>b</sup> New benefit introduced this year. Restricted to lifetime maximum amount of \$5000, unless beneficiary's condition changes dramatically.

<sup>c</sup> Includes residential facilities for the elderly and adult residential facilities.

<sup>d</sup> Does not include services already provided in the In-Home Supportive Services program.

\*Existed Previously between GCHP and VCPH



**AGENDA ITEM NO. 4**

TO: Community Advisory Committee  
FROM: Kashina Bishop, Chief Financial Officer  
DATE: July 28, 2021  
SUBJECT: 2021-2022 Operating and Capital Budget

**PowerPoint with  
Verbal Presentation**



Integrity  
Accountability  
Collaboration  
Trust  
Respect

# Gold Coast Health Plan

## FY 2021-2022 Operating and Capital Budgets

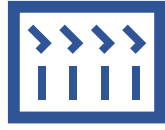
# Budget Highlights

FYTD NET GAIN

\$ 16.6 M



TNE is \$114.5M & 314% of  
min. required at 6/30/22



MEDICAL LOSS RATIO

91.7%



ADMINISTRATIVE RATIO

6.5%



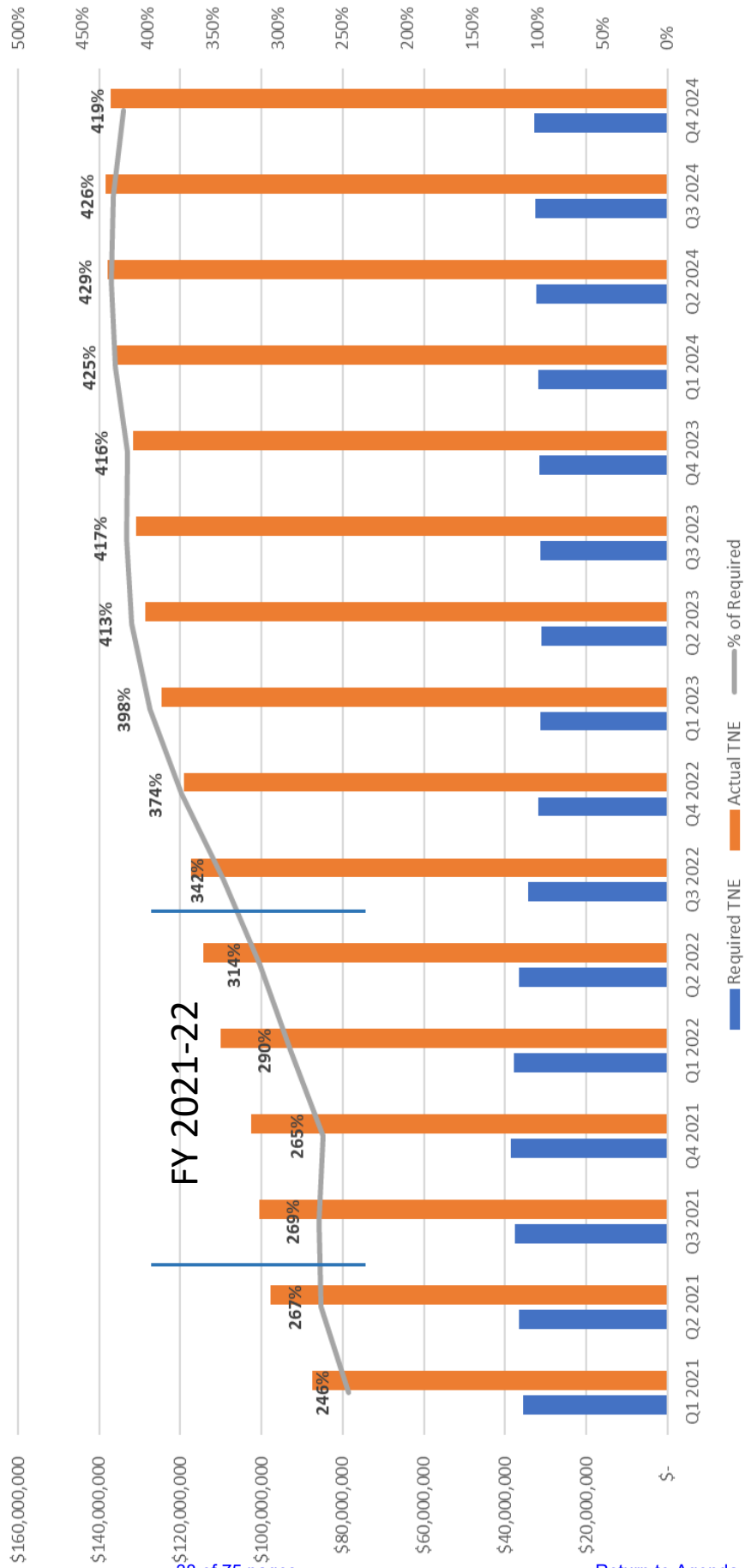
# FY 2021-22 Operating Budget

GOLD COAST HEALTH PLAN			
FY 2021-22 OPERATING BUDGET			
	Jul 1- Dec 31 2021	Jan 1- Jun 30 2022*	TOTAL
<b>Program Revenue</b>	\$ 567,622,662	\$ 472,074,012	\$ 1,039,696,673
<b>MCO Tax Expense</b>	\$ (43,131,600)	\$ (43,131,600)	\$ (86,263,200)
<b>Net Revenue</b>	\$ 524,491,062	\$ 428,942,412	\$ 953,433,473
<b>Medical Expenses</b>	\$ 486,370,870	\$ 388,367,621	\$ 874,738,491
	MLR 92.7%	90.5%	91.7%
<b>Gross Margin</b>	\$ 38,120,191	\$ 40,574,791	\$ 78,694,982
<b>General &amp; Administrative Expenses</b>	\$ 29,194,175	\$ 26,895,911	\$ 56,090,086
<b>Project Portfolio</b>	\$ 4,254,146	\$ 2,077,496	\$ 6,331,642
	Admin % 6.4%	6.8%	6.5%
<b>Interest Income</b>	\$ 180,000	\$ 180,000	\$ 360,000
<b>Net Gain</b>	\$ 4,851,870	\$ 11,781,385	\$ 16,633,255

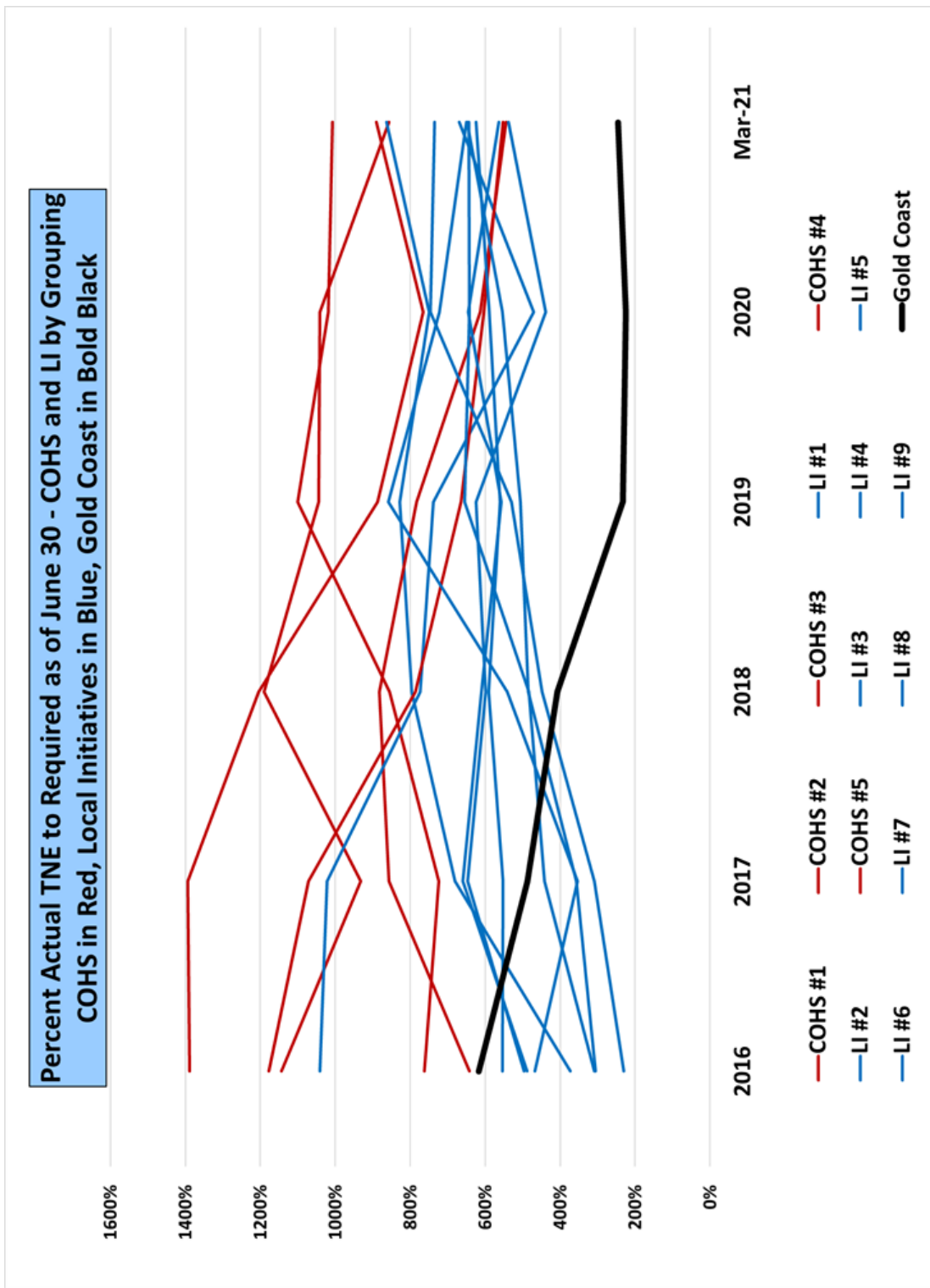
\* Assumes pharmacy carve-out effective 1/1/22.

# Tangible Net Equity (TNE) Forecast

Tangible Net Equity  
4 Year Forecast 2021-2024  
(Fiscal Year 21-22 GCHP Budget)



# Tangible Net Equity (TNE) Comparison



# Membership

## Goldcoast Health Plan Membership Trend January 2019-June 2022

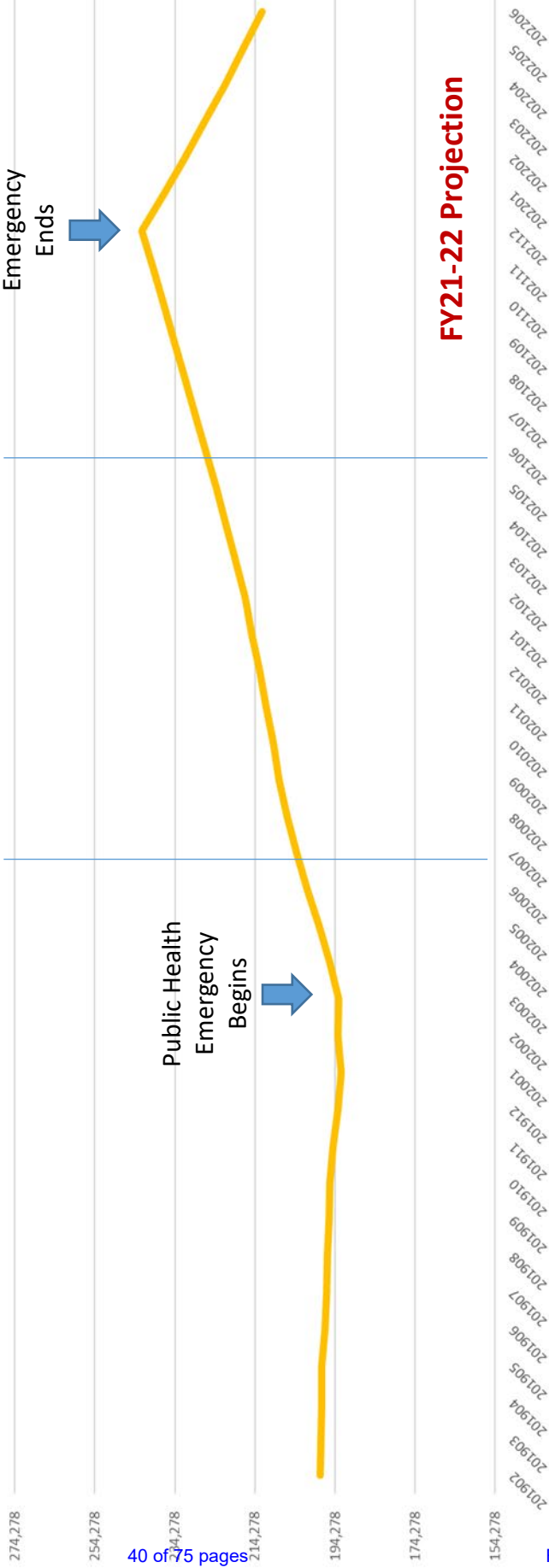
**Assumption:**  
Public Health  
Emergency  
Ends



Public Health  
Emergency  
Begins



**FY21-22 Projection**



**Enrollment:** Assumes a membership increase of 7.6% through the end of assumed PHE (12/31/21) and thereafter membership drops down to pre-COVID levels over a 6-month time period (~-16% per month). 6-month ramp down once redeterminations begin again (assumed 1/1/22) to ~212K by fiscal year end.

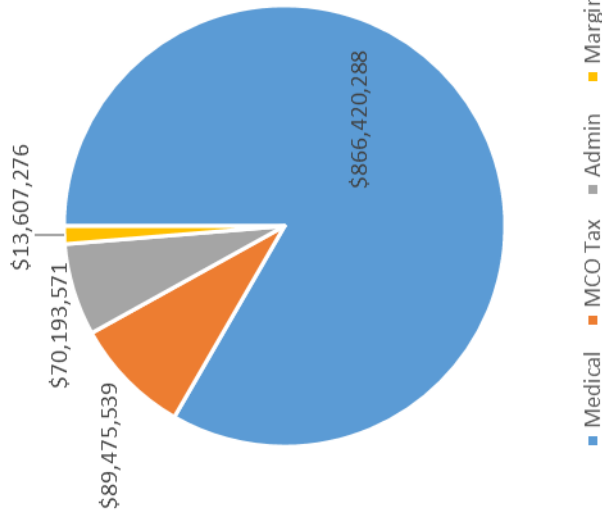


# Revenue Assumptions

- Flexible budget
- Enhanced Care Management under CalAIM – draft rates received 5/28/21
- Includes Proposition 56 directed payments, GEMT and MCO Tax Premium
- Pharmacy carve out effective January 1, 2022
- CY 2022 revenue based on CY 2019 RDT

# Revenue

Total Capitation Revenue by Component



FY21-22 Projections		
<b>Base Capitation</b>	\$ 879,670,559	<b>84.6%</b>
<b>ECM Revenue (CalAIM)</b>	\$ 1,741,851	<b>0.2%</b>
<b>Hep C Supplemental</b>	\$ 2,341,784	<b>0.2%</b>
<b>BHT Supplemental</b>	\$ 16,858,080	<b>1.6%</b>
<b>Maternity Supplemental</b>	\$ 20,818,197	<b>2.0%</b>
<b>Prop 56 Directed Payments</b>	\$ 28,790,663	<b>2.8%</b>
<b>MCO Premium Tax</b>	\$ 89,475,539	<b>8.6%</b>
	<b>\$ 1,039,696,673</b>	

# Medical Expense Assumptions

- Flexible budget
- Based on CY 2019 PMPM expenses and trended forward
- Trend factors consistent with RDT (2-4%)
- Assumed some decrease to utilization through PHE
- 3.9% increase to LTC costs
- Removal of 10% increase to LTC at end of PHE
- 5.8% increase to Pharmacy costs
- Included Directed Payments under Proposition 56 and GEMT
- Pharmacy carve out effective January 1, 2022

# Medical Expense Budget

## FY 2021-22 MEDICAL EXPENSE BUDGET

	FY 2020-21		Projected		Projected		FY 2021-22	PMPM	% Change	Projected Dollars
	as of March 2021	Projected	Jan - Jun 2022	Projected	PMPM	PMPM				
Capitation - PCP Expense	\$ 34.17	\$ 36.57	\$ 34.03	\$ 35.33				3%	\$ 99,203,619	
<b><u>Fee For Service</u></b>										
Inpatient FFS Expense	\$ 66.45	\$ 66.35	\$ 73.87	\$ 70.02				5%	\$ 193,309,969	
Outpatient FFS Expense	23.44	26.24	29.46	27.81				19%	76,779,169	
LTC/SNF Expense	56.72	55.41	54.08	54.76				-3%	151,185,196	
ER Facility Services FFS	9.06	13.45	14.29	13.86				53%	38,273,865	
Physician Specialty Services FFS	25.58	27.11	27.14	27.12				6%	74,878,141	
Transportation FFS	1.47	0.81	0.83	0.82				-44%	2,268,988	
Primary Care Physician FFS	7.04	7.47	7.48	7.47				6%	20,631,465	
Mental and Behavioral Health	11.98	11.03	11.12	11.07				-8%	30,569,722	
Pharmacy Expense FFS	62.67	65.14	-	33.36				-47%	92,104,164	
Other Medical Professional	1.47	1.79	1.85	1.82				24%	5,021,692	
Home & Community Based Svcs	9.35	9.91	10.44	10.17				9%	28,076,269	
Laboratory and Radiology Expense	3.28	2.35	2.06	2.21				-33%	6,094,824	
Other Medical Care Expenses	3.77	4.06	4.27	4.16				10%	11,483,512	
Directed Payments	10.47	11.01	9.85	10.45				0%	28,844,065	
Provider Reserve	0.50	-	-	-				-100%	-	
Sub-total	\$ 293.25	\$ 302.13	\$ 246.75	\$ 275.12				-6%	\$ 759,521,041	
Reinsurance-Net	\$ 1.30	\$ 1.35	\$ 1.35	\$ 1.35				4%	\$ 3,726,997	
Refunds & Recoveries	\$ (1.81)	\$ (1.56)	\$ (0.77)	\$ (1.17)				-35%	\$ (3,242,210)	
Care Management	\$ 6.03	\$ 5.50	\$ 5.76	\$ 5.62				-7%	\$ 15,529,043	
<b>Total Medical Expenses</b>	<b>\$ 332.94</b>	<b>\$ 344.00</b>	<b>\$ 287.12</b>	<b>\$ 316.25</b>				<b>-5%</b>	<b>\$ 874,738,491</b>	
<b>MLR</b>	<b>93.1%</b>	<b>92.7%</b>	<b>90.5%</b>	<b>91.7%</b>				<b>-1.4%</b>		

# Total FFS Medical Expenses



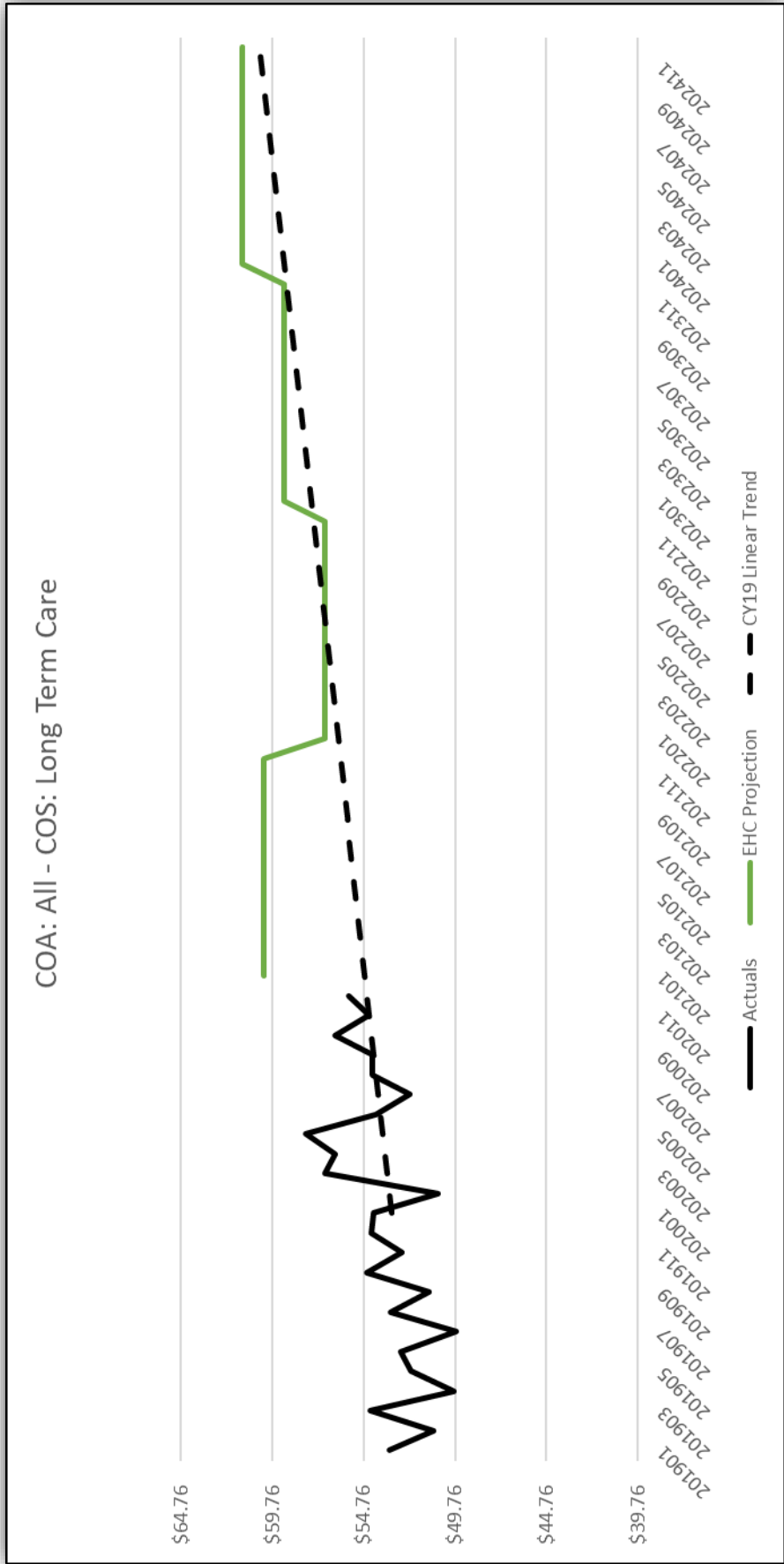
# Inpatient FFS Medical Expenses



# Outpatient FFS Medical Expenses

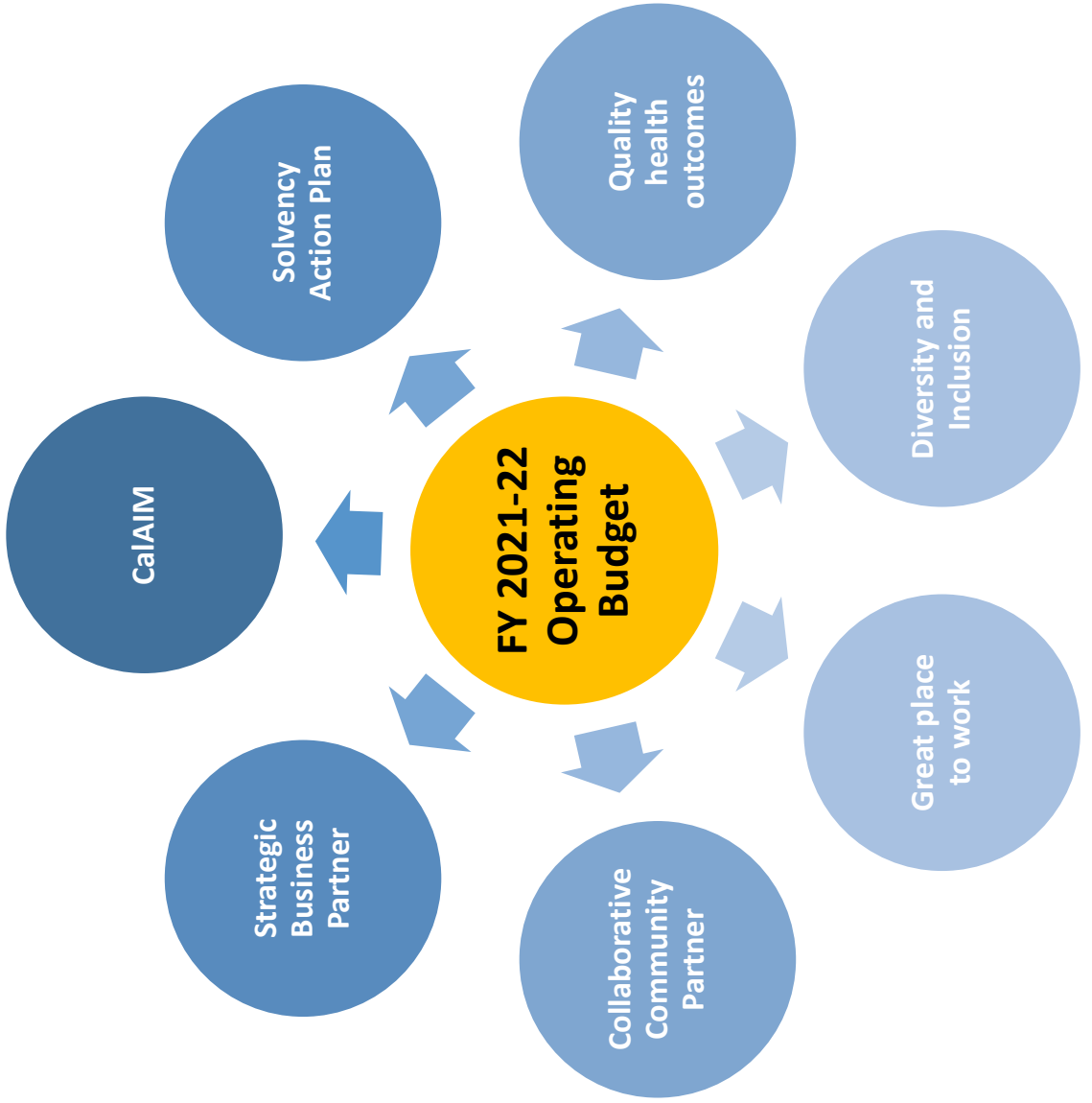


# Long Term Care FFS Medical Expenses





# FY 2021-22 Strategic Plan



# Administrative Expense Assumptions

- Fixed Budget
- 6.5% Administrative Cost Ratio (ACR)
- Within amounts allotted for administrative expense in capitation rates
- Assumes 3% merit increase re-instated (effective 8/1/2021) & 6% attrition rate
- Equity Adjustments, as a result of Compensation Analysis, are in the HR business unit as a placeholder
- Assumes Employee Benefit Expense increases (effective 1/1/2022)
- Assumes Insurance rate increases between 20-40% due to “hard market” of ~\$250K; assumed mid-range for budget
- Medi-Cal Rx implementation assumed as of 1/1/2022
- In-person travel assumed to start 1/1/2022 (all training prior to this date is virtual)
- PMPM driven expenses are assumed at ~230K members for fiscal year

# Administrative Expense Budget

## Total Administrative Expenses (in millions)

	FY20-21 Actuals*	FY20-21 Budget	FY21-22 Budget	FY21-22 vs Actual $\Delta$	FYE 22 vs FYE 21 Budget $\Delta$
Salaries, Wages & Benefits	\$24.8M	\$26.4M	\$29.1M	\$4.3M	\$2.7M
Training, Conference & Travel	\$0.0M	\$0.2M	\$0.4M	\$0.4M	\$0.2M
Outside Services	\$24.9M	\$24.6M	\$27.4M	\$2.5M	\$2.8M
Professional Services	\$4.8M	\$3.4M	\$4.0M	(\$0.8M)	\$0.6M
Occupancy, Supplies, Insurance & Other	\$7.0M	\$9.4M	\$10.9M	\$3.9M	\$1.5M
CM Reclass to Medical Exp	(\$15.2M)	(\$14.5M)	(\$15.5M)	(\$0.3M)	(\$1.0M)
Project Portfolio	\$2.7M	\$5.5M	\$6.3M	\$3.6M	\$0.8M
<b>TOTAL</b>	<b>\$49.0M</b>	<b>\$55.0M</b>	<b>\$62.4M</b>	<b>\$13.4M</b>	<b>\$7.4M</b>

### Major Drivers:

- Increases to membership ~\$ 2.5 M
- 22 new positions ~\$1.5M
- Equity Adj, Merit, Promotions, EE Recruit ~\$1.2M
- Project Portfolio ~\$0.8M
- Travel Reinstatement ~\$0.2M
- Benefits / Business Insurance Increases ~\$0.5M

\* Projected

# Project Portfolio

## Gold Coast Health Plan FY 2021-22 Project Portfolio FY 2020-21 Carry-over Initiatives

Project	Description	Strategic Plan Objective	FY 2021-22 Expense	FY 2021-22 Capital
CMS Interoperability	CMS Interoperability and Patient Access Final Rule is a mandate for payers effective January 1, 2021. The goal is to provide member's access to health data and support member choice.	Healthcare Leader Responsible Fiscal Steward	\$ 1,236,078	\$ -
Enterprise Data Warehouse	Strategic technology investment in data warehouse architecture, tools and resources to effectively support the provision, management, proliferation, and use of data for improved decision making, business process improvement, and faster response to regulatory conditions.	Healthcare Leader	643,900	\$ -
Provider Credentialing, Contracting & Data Management (PCCM)	Implementation of an integrated system for the management of provider credentialing, contracting and data. Mission critical initiative to ensure that GCHP continues to meet ongoing and increasing regulatory requirements around provider data accuracy, support contracting efforts, and optimize business processes.	Strategic Business Partner	528,080	\$ -
Manifest MedEx	Effort to support the Ventura County Health Improvement Exchange (HIE) and improve population health management. HEDIS/MCAS EMR integration project to establish EMR integration with 4 major clinical systems to support Quality Improvement initiatives	Healthcare Leader Quality Health Outcomes	382,500	
Enterprise Transformation Projects (ETP)	Initiative to convert to a new core administrative platform - Health Solutions Plus (HSP) for claims processing, eligibility, membership and benefit maintenance, along with implementation of a new customer service system solution to optimize call center efficiencies.	Future Demands of Providing Quality Care	200,500	
IT Infrastructure- Maintenance & Business Continuity Projects	Additional infrastructure hardware investments and installations to add business continuity capabilities.	Future Demands of Providing Quality Care	258,538	\$ 927,100
Staff Augmentation (All Projects)			700,000	
		<b>FY 2020-21 Carry-over Initiatives</b>	<b>\$ 3,949,596</b>	<b>\$ 927,100</b>

# Project Portfolio

## Gold Coast Health Plan FY 2021-22 Project Portfolio

### New Initiatives

Project	Description	Strategic Plan Objective	FY 2021-22 Expense	FY 2021-22 Capital
Portal Capabilities	Investment to provide a consistent and more robust provider portal experience for enhanced provider engagement and GCHP improved business process effectiveness/efficiencies	Strategic Business Partner	960,500	
CalAIM	A multi-year DHCS mandated initiative to reform the Medi-Cal program to improve the quality of life and health outcomes of Medi-Cal members. The program will implement broad delivery system, program and payment reform across the Medi-Cal system, building upon the successful outcomes of various pilots. Year 1 project budget to include: <ul style="list-style-type: none"> <li>-ECM/ILOS Benefit implementation</li> <li>-Population Health Registry</li> <li>-Knox-Keene Implementation (Application/License Fee)</li> <li>-NCQA Accreditation analysis</li> <li>-D-SNP / PBM RFP consultant</li> </ul>	Collaborative Community Partner	475,630	
MHK Med Therapy Mgmt (MTM)	Implementation of a MHK module that is CMS compliant for Part D MTM's program	Quality Health Outcomes	259,167	
MHK Medical Management System Upgrade	Needed System upgrade from v3.5E to v3.9. GCHP is currently on MedHOK version 3.5.6, per contractual terms GCHP needs to be within 2 versions of the latest code.	Quality Health Outcomes	204,750	
Other- Misc. Business Process Improvement / Strategic Plan initiatives	<i>Misc. Business Process Improvement Projects &lt; \$100K each:</i> <ul style="list-style-type: none"> <li>- Prospective RDT Reporting</li> <li>- Provider Pay for Performance Incentive Program (consulting only)</li> <li>-274 Business Process Improvement (automation/stabilization/decision audit log)</li> </ul>	Responsible Fiscal Steward Strategic Business Partner Healthcare Leader	152,500	
Encounter Data Mgmt Program Assessment	Temp Labor for assistance in performing gap analysis and development of a process improvement roadmap.	Healthcare Leader	126,000	
Fix Existing Project Web PWA	Portfolio & Project Mgmt Implementation	Future Demands of Providing Quality Care	118,000	
<b>New Initiatives</b>			<b>\$ 2,296,547</b>	<b>\$ -</b>
<b>Total Project Cost</b>			<b>\$ 6,331,642</b>	<b>\$ 927,100</b>

# FY 2021-22 Operating Budget

GOLD COAST HEALTH PLAN			
FY 2021-22 OPERATING BUDGET			
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<b>Interest Income</b>	\$ 180,000	\$ 180,000	\$ 360,000
<b>Net Gain</b>	\$ 4,851,870	\$ 11,781,385	\$ 16,633,255

\* Assumes pharmacy carve-out effective 1/1/22.

Questions?



**AGENDA ITEM NO. 5**

**TO:** Community Advisory Committee  
**FROM:** Marlen Torres, Executive Director, Strategy & External Affairs  
**DATE:** July 28, 2021  
**SUBJECT:** COVID-19 Vaccination Outreach

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*COVID-19 Vaccination Outreach*



# COVID-19 Vaccination Outreach

July 28, 2021

Marlen Torres  
Executive Director, Strategy and External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

# Agenda

1. Background
2. GCHP Efforts
3. Discussion - What are community vaccinations concerns/barriers?
4. Q & A

# Background

# Vaccination Rates

The state Department of Health Care Services (DHCS) recently released a report on disparities in vaccination rates in the Medi-Cal population.

- As of June 27, 2021, the vaccination rate for the Medi-Cal population in Ventura County was 24.2% lower than the general population (45.4% vs. 69.6%).
- Reaching high vaccination rates across individuals and communities is key for achieving broad protection and mitigating the disproportionate impacts of the virus for people of color and preventing widening racial health disparities.

# Received at least one dose as of June 27, 2021

## Comparing Medi-Cal Beneficiaries to all Californians, by county

County	All Californians	Medi-Cal beneficiaries	Difference	County	All Californians	Medi-Cal beneficiaries	Difference
San Benito	65.0%	42.9%	-22.2%	Tehama	34.0%	23.6%	-10.4%
San Bernardino	50.8%	32.4%	-18.4%	Trinity	41.4%	24.9%	-16.5%
San Diego	84.7%	46.1%	-38.6%	Tulare	46.4%	31.3%	-15.1%
San Francisco	82.4%	62.9%	-19.5%	Tuolumne	52.9%	31.7%	-21.2%
San Joaquin	56.5%	35.6%	-20.9%	Ventura	69.6%	45.4%	-24.2%
San Luis Obispo	63.1%	40.3%	-22.8%	Yolo	65.9%	45.4%	-20.4%
San Mateo	83.0%	58.7%	-24.3%	Yuba	41.3%	27.5%	-13.8%
Santa Barbara	67.5%	41.8%	-25.7%				
Santa Clara	82.7%	57.5%	-25.2%				
Santa Cruz	77.2%	52.0%	-25.2%				
Shasta	45.0%	26.0%	-19.0%				
Sierra	50.4%	30.9%	-19.6%				
Siskiyou	47.2%	25.0%	-22.2%				
Solano	65.0%	40.5%	-24.5%				
Sonoma	73.9%	50.0%	-23.9%				
Stanislaus	55.7%	32.8%	-22.9%				
Sutter	52.4%	37.7%	-14.7%				



# GCHP Efforts

# Promoting Vaccination

To address these troubling disparities at a time when transmission is increasing, GCHP staff is redoubling efforts to promote vaccination for our members. Some of these efforts include:

- Supporting providers to enroll as vaccine providers.
- Telephone outreach to members to address vaccine concerns, help them locate convenient vaccination sites, and promote our transportation and interpreter services.
- Providing informational materials to community-based organizations that serve our members.
- Radio ad campaign to promote vaccination and our transportation and interpreter services.
- Consideration of member incentives.
- Increased collaboration with the Ventura County Public Health Department for event promotion and data sharing.

# Community Engagement

Event	Month	City
Community Events	August-End of Year	Oxnard, Ventura, Santa Paula, Port Hueneme
Community Markets	September-End of Year	Oxnard, Ventura, Camarillo, Port Hueneme
Targeted Neighborhood Outreach	September-End of Year	Oxnard, Port Hueneme
Provider/CBO event	September-End of Year	Oxnard, Ventura, Santa Paula, Fillmore
Schools	September- End of Year	Ventura County
Backpack Medicine	September-End of Year	Ventura County



# What are community vaccinations concerns/barriers?

# Q & A



**AGENDA ITEM NO. 6**

TO: Community Advisory Committee  
FROM: Marlen Torres, Executive Director, Strategy & External Affairs  
DATE: July 28, 2021  
SUBJECT: GCHP Speakers Bureau

**PowerPoint with  
Verbal Presentation**

**ATTACHMENTS:**

*GCHP Speakers Bureau*

# GCHP Speakers Bureau

July 28, 2021

Marlen Torres  
Executive Director, Strategy and External Affairs

# Agenda

1. Purpose
2. Goals
3. Planned Topics
4. Request a Speaker
5. Speaking Engagements
6. Q & A

# Purpose

GCHP recently launched its Speakers Bureau aimed at educating and informing outside stakeholders about GCHP and key health topics related to Medi-Cal managed care and its impact to our members and community at large.

# Goals

- Increase understanding of GCHP's mission and purpose in the community.
- Provide informational through subject matter experts to the public and community partners.
- Raise awareness about Medi-Cal and Managed Care issues in Ventura County.
- Increase GCHP's visibility within the County and throughout the State of California.

# Planned Topics

- CalAIM, including:
  - Enhanced Care Management(ECM)/In Lieu of Services (ILOS)
  - Behavioral Health
  - Dual Special Needs Plan (D-SNP)
- Medi-Cal Rx
- Health Equity & Population Health
- Diversity and Inclusion



# Request a Speaker

Visit the community page on the GCHP website and click on Speakers Bureau.

The screenshot shows a web browser window with the URL [goldcoasthealthplan.org](http://goldcoasthealthplan.org). The navigation menu includes: Home, Compass - Home, Eligibility Verification, Health Education, Community Support, Speakers Bureau (highlighted with a red box), Government Affairs, FOR MEMBERS, FOR PROVIDERS, HEALTH RESOURCES, COMMUNITY (highlighted with a red box), ABOUT US, and CONTACT US. Below the navigation, there are links for Community Relations and Community Resources. A banner features the text: "Compassionate care, accessible to all, for a healthy community". Below the banner, it says "The latest from GCHP" and "Mental health is important for people of all ages - not just during the pandemic, but every day. If you or someone you know needs help, click here for information on who you can call." There is also a section for "Latest updates on COVID-19" with a bullet point: "Vaccines: Those who are eligible to be vaccinated may: Register online:" and a small circular icon with a plus sign.

# Speaking Engagements

Date	Organization
5/26/2021	Mixteco/Indigena Community Organizing Project(MICOP) Radio Indigena
8/4/2021	The Partnership for Safe Families & Communities of Ventura County
9/2/2021	Santa Paula Senior Advisory Committee

# Q&A