

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

CalAIM Advisory Committee Meeting

Regular Meeting

November 17, 2022, 4:00PM – 6:00PM

Community Room at Gold Coast Health Plan

711 E. Daily Drive, Suite 106, Camarillo, CA 93010

Meeting held pursuant to AB 361

Conference Call Number: 1-805-324-7279

Conference ID Number: 692 717 752#

Due to the declared state of emergency wherein social distancing measures have been imposed or recommended, this meeting is being held pursuant to AB 361.

Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

AGENDA

CALL TO ORDER

INTERPRETER ANNOUNCEMENT

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the CalAIM Advisory Committee. Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CalAIM Committee are limited to three (3) minutes. 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.

OPENING REMARKS – **Nick Liguori, Chief Executive Officer
Marlen Torres, Executive Director of Strategy and
External Affairs**

INTRODUCTION Introduction of new staff member: Felix Nunez, M.D., Associate
Chief Medical Officer

CONSENT

**1. Approval of CalAIM Advisory Committee Regular Meeting Minutes of
September 22, 2022 and Special Meeting Minutes of October 20, 2022.**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2023 CalAIM Meeting Calendar

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the calendar as presented.

**3. Findings to Hold Remote Teleconference/Virtual CalAIM Advisory AdHoc
Committee Meetings Pursuant to Assembly Bill 361**

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

RECOMMENDATION: It is recommended that the Committee adopt the
findings to meet remotely.

PRESENTATIONS

4. Enhanced Care Management (ECM) / Community Supports (CS) Program

Staff: Rachel Lambert, Sr. Director of Care Management

RECOMMENDATION: Receive and file the presentation.

5. Community Needs Assessment Survey Results

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

RECOMMENDATION: Receive and file the presentation.

6. ECM/CS Expansion Strategy

Staff: Pauline Preciado, Exec. Director of Population Health & Equity

RECOMMENDATION: Receive and file the presentation.

**7. New Benefit for Members: Community Health Workers (CHW's)
Presentation**

Staff: Lupe Gonzalez, PhD, MPH, Sr. Director Health Education, Cultural
and Linguistic Services

RECOMMENDATION: Receive and file the presentation.

8. No Wrong Door Implementation

Staff: Lucy Marrero, Director of Behavioral Health & Social Programs

RECOMMENDATION: Receive and file the presentation.

COMMITTEE ROUNDTABLE

ADJOURNMENT

Date and location of the next meeting to be determined at the December 14, 2022, Special CalAIM Advisory Committee meeting.

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: CalAIM Advisory Committee

FROM: Maddie Gutierrez, Clerk to the Commission

DATE: November 17, 2022

SUBJECT: Approval of the Community Advisory Committee Meeting Regular Minutes of September 22, 2022 and Special Meeting Minutes of October 20, 2022.

RECOMMENDATION:

Approve the minutes as presented.

**Ventura County Medi-Cal Managed Care Commission (VCMCC)
dba Gold Coast Health Plan
CalAIM Advisory Committee Meeting
Special Meeting**

September 22, 2022

CALL TO ORDER

The Clerk called the meeting to order at 8:40 a.m.

ROLL CALL

Present: Committee members: Vanessa Frank, Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie

Absent: None.

GCHP Staff in attendance: CEO Nick Liguori, CMO Nancy Wharfield, M.D., CCO Robert Franco, CIO Alan Torres, Exec. Director of Human Resources, Michael Murguia, Executive Director of Strategy & External Affairs, Marlen Torres, Henry Castillo of BBK Law, Susana Enriquez, Rachel Lambert, Josephine Gallella, Adriana Sandoval, Lisbet Hernandez, Deborah Munday, John Shi, Michael Maestaz, TJ Piwowarski and interpreter, Lourdes Campbell.

WELCOME & OPENING REMARKS

CEO Nick Liguori welcomed all present. He thanked the new committee members for their service. CEO Liguori noted this is a chartered new course for GCHP. The intent of this program is to gain community insight in order to be successful in assisting our vulnerable population, evolving Enhanced Care Management (ECM), behavioral health, and population health.

Executive Director of Strategy & External Affairs, Marlen Torres, thanked all for joining the first CalAIM Advisory Committee meeting. She asked the new committee members to introduce themselves and give a brief professional bio of themselves. GCHP staff also introduced themselves.

CONSENT

2. Findings to Hold Remote Teleconference/Virtual CalAIM Advisory AdHoc Committee Meetings Pursuant to Assembly Bill 361

Staff: Office of the General Counsel

RECOMMENDATION: It is recommended that the Committee adopt the findings to meet remotely.

Henry Castillo, Esq., of BBK Law explained AB361 to the committee. He noted that they must meet every 30 days in a special meeting to meet the required guidelines and meet virtually.

Committee member Vanessa Frank motioned to approve AB361. Committee member Carolina Gallardo seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie.

NOES: None.

ABSENT: None.

The Clerk declared the motion carried.

INFORMATIONAL

1. Orientation & Review of CalAIM

Staff: GCHP Management Team

Ms. Torres began the orientation. She noted that this committee should have 7 members, but currently only has 4. GCHP will continue to promote open seats. She reviewed what to expect in today's overview. She reviewed the role of the committee; responsibilities of the members include evaluation on the performance of ECM and Community Supports (CS) programs, as well as provide feedback, review data to establish benchmarks and strategic goals. The committee will also provide recommendations to the commission related to the ECM and CS programs.

Ms. Torres reviewed GCHP's mission, vision, and values. We currently have approximately 242,733 members, and provided information on membership by district in Ventura County, membership by age, by spoken language and by aid category. Ms. Torres gave a high level Medi-Cal overview and health equity.

Chief Medical Officer, Nancy Wharfield, M.D. reviewed why care management and the integration of social services addressing determinants of health matters for our members. She reviewed the relationship between health care costs and chronic conditions. CMO Wharfield stated the challenge is to focus on people with chronic conditions. There is opportunity to impact health and healthcare by focusing on the chronic condition population. She noted that 10% of our membership accounts for more than 85% of costs.

CMO Wharfield noted that Medi-Cal is transforming quickly through CalAIM. GCHP needs to ensure the best healthcare for our members. We can achieve this through meaningful partnerships.

Chief Policy & Program Officer, Erik Cho gave an overview of the scope of CalAIM. He also reviewed the three primary goals: Improve member experience, reduction of complexity, improve quality outcomes by reducing health disparities, and propel innovation, and move Medi-Cal to a more seamless system by increase in flexibility. We want to hear what the community needs are and what this committee wants to advocate for. We want to improve the lives of our members.

CPPO Cho stated improving quality outcomes is the key to everything GCHP is trying to do. He also reviewed CalAIM objectives and how health inequities will be addressed. This will be done through data collection, workforce diversity, culturally appropriate responsiveness and closing racial disparities through quality measures. He noted there is a one-time funding for CalAIM available.

Senior Director of Clinical Care Management, Rachel Lambert, reviewed Enhanced Care Management – it is a new benefit through Medi-Cal which addresses clinical and nonclinical needs for our most vulnerable members. ECM enrollees may also have connections to Community Supports to address social needs. Ms. Lambert reviewed the levels of Care Management as well as ECM services. She reviewed ECM populations of focus as well as the Community Supports timeline.

Ms. Lambert reviewed ECM/CS referral process and contact information. She noted there are referral forms, authorization forms. She stated there is no wrong way to make a referral for either ECM or CS services. We want insight from the committee to ensure services are tailored to the needs of members.

Committee member, Carolina Gallardo asked if community services are covered at 100% by GCHP or is it based on income. Ms. Lambert stated CS is similar to ECM and is not limited to one time and not financially based.

Ms. Gallardo asked about meals. Ms. Lambert stated meals are delivered to the home. CMO Wharfield stated these are medically tailored meals and target individuals who will benefit healthy outcomes. She noted this is not for all with food insecurity. Marlen Torres asked Ms. Gallardo if the food pantry sees people with chronic conditions. Ms. Gallardo stated there are a few people with issues who would benefit because they can't walk. If they can't get to the pantry, they deliver. Ms. Gallardo was glad to hear there was a delivery option for those in need. Marlen Torres offered Committee member Carolina Gallardo referral forms. Ms. Torres also asked Committee member Maria Jimenez what interaction she has had with people who participate in the food pantry that she operates. Ms. Jimenez stated she has seen similar issues, and volunteers have delivered to their homes. They also try to assist in various other needs that families might have. She noted the option for delivery will be a great help. CMO Wharfield stated this is a great example for GCHP to collaborate and detect people who will benefit.

CMO Nancy Wharfield, M.D. reviewed the Population Health management goal, which is to establish a cohesive, statewide approach that ensures that all members have access to a comprehensive program that leads to longer, and healthier lives with improved outcomes and health equity. She noted that the aim is to help all members stay healthy through wellness services, identify members risks for care coordination and identify and mitigate social drivers of health. CMO Wharfield stated we need to apply appropriate tools to assist members and provide early intervention for better outcomes. This is all data driven and GCHP is doing great strides. The most important thing is transparency.

CMO Wharfield also reviewed behavioral health. She stated we need to have quick and easy access to mental health. There are many serious issues and systems need to work together to provide best services possible. This is community based and there is a focus on children and family services. The infrastructure will connect with school systems. She noted that Covid has caused increased stress on students. We need early recognition of problems to get assistance sooner.

D-SNPs are Medicare Advantage (MA) plans that provide specialized care to members dually eligible for Medicare and Medi-Cal. D-SNPs are responsible for Medicare benefits such as Part A (hospital), Part B (outpatient, and medical equipment) and Part D (prescription coverage). These members need special care, and we need to provide better member satisfaction. Chief Compliance Officer, Robert Franco stated this CalAIM requirement must be implemented by January 2026. Committee member Carolina Gallardo asked how a mental crisis/suicide prevention

work. CMO Wharfield stated a Crisis team does exist and she will give Ms. Gallardo information. She stated the Crisis Team will evaluate the individual, but she noted that GCHP does not run this team. Committee member Maria Jimenez stated she referred someone to the Crisis Team, but in that moment, there were many questions asked about family history. She believed that the crisis needs to be treated first and history information taken later. The individual was very frustrated and no longer wanted assistance from the Crisis team. She asked if there could be improvements made. Ms. Jimenez also asked about Medicare services, people have told her that it is very expensive for elderly who have no resources. She asked for more information so she can help her senior community. CMO Wharfield stated she will talk with Ms. Jimenez to get more information. Ms. Torres stated they will gather information and provide more resources that she can share. CPPO Cho stated that when we start as a dual plan, the idea is to have seamless care. We need to bridge coordinated care of Medicare and Medi-Cal.

Henry Castillo, Esq., from the offices of BBK Law. BBK Law is the general counsel for Gold Coast Health Plan. Mr. Castillo presented basic information on the Brown Act. Mr. Castillo explained that this committee was created by GCHP. This committee is subject to following the Brown Act guidelines. The purpose of the Brown Act is to ensure that aspects of a decision-making process be conducted in a public setting. Mr. Castillo stated that a meeting can take place anytime there is a quorum present and there is a discussion on an item within the committee's jurisdiction. The committee is prohibited from discussing items outside of an official meeting date and time. Mr. Castillo reviewed posting notices. It is a 72 hour in advance posting for a regular meeting, and 24 hours for a special meeting. Public Comment must be allowed in all meetings. A member of the public has 3 minutes for his/her statement. If there is a Spanish speaker, they are allowed 6 minutes to allow for translation.

Mr. Castillo stated that social media could violate the Brown Act, by posting a comment and someone responding, and a discussion could develop. He also suggested beginning a discussion with staff members, instead of another committee member. He suggested email be only done as bcc and do not "Reply All".

Mr. Castillo reviewed Conflict of Interest laws. All committee members are required to take the AB1234 training. Committee members must remain impartial, and always act in the best interest of the Plan. He noted that the Fair Political Practices Commission (FPPC) governs the Political Reform Act and provides advice to officials on whether a conflict exists or not. He noted that committee members cannot act in an official capacity that has them gain in their own financial interest. Mr. Castillo reviewed government code 1090. If a member of the committee has a question on whether they might have a conflict of interest, he suggested the member contact staff or BBK to determine if there is an issue.

Committee member Vanessa Frank asked for clarification on code 1090. She asked if she had a conflict, does the whole committee have a conflict, and the whole committee would conflict out. Mr. Castillo responded if your committee wants to hire your law office, then the whole committee conflicts out. If GCHP wants to contract with your office for service, and you are not a part of that committee, then it is not a conflict of interest.

The Clerk announced that in the interest of time, agenda items 3 (Community Needs Assessment, and 4 (Review of CalAIM Charter) will be tabled to the next meeting, which is a special meeting scheduled for October 20, 2022. The committee will move onto Formal Action for Agenda Item 5.

Mr. Castillo recommended the call for Public Comment. The clerk stated it would be done prior to the end of the meeting.

FORMAL ACTION

5. Meeting Calendar & Timeline Review

Staff: Marlen Torres, Executive Director of Strategy & External Affairs
Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing

RECOMMENDATION: Staff recommends approval of the 2022 CalAIM Meeting calendar as presented.

Susana Enriquez-Euyoque, Sr. Manager of Communications & Marketing reviewed the 2022 calendar meeting dates and times. This committee is scheduled to meet every other month, the next regular meeting will be held in November. She noted that the calendar includes special meetings every 30 days, which will be held to approve AB361 virtual meetings. In November, a new calendar for 2023 will be presented for approval. Marlen Torres, Executive Director of Strategy & External Affairs, stated she had a question for the committee regarding meeting times. Ms. Torres stated that currently the meetings are scheduled to be approximately 90 minutes long, with a start time of 7:30AM. In order to make it conducive for public comment, and get feedback from those interested in specific programs, Ms. Torres is asking if the meeting time should/could be moved to the afternoon and extended to two hours; 4PM – 6PM. Committee member, Carolina Gallardo stated either time worked for her. Committee member, Vanessa Frank stated it depended on the day, what works best for her is morning. Committee member Maria Jimenez stated the afternoon was better for her. Committee member Dr. Linda McKenzie stated she had no preference. The Clerk informed the committee that the next meeting in October will be done virtually, and members can call in from their location, or call in while driving.

Committee member Carolina Gallardo motioned to approve agenda item 5, approving the calendar as presented and change the meeting time to 4:00 p.m. with a hard stop at 6:00 p.m. Committee member Maria Jimenez seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie.

NOES: None.

ABSENT: None.

The Clerk declared the motion carried.

PUBLIC COMMENT

The Clerk asked for Public Comment. There was none.

COMMITTEE ROUNDTABLE

None.

ADJOURNMENT

With no further business to discuss, the Clerk adjourned the meeting at 10:00 a.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan
CalAIM Advisory Committee Meeting
Special Meeting
October 20, 2022**

CALL TO ORDER

Marlen Torres, Executive Director of Strategy & External Affairs, called the meeting to order at 4:02 p.m.

ROLL CALL

Present: Committee members: Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie

Absent: Vanessa Frank.

GCHP Staff in attendance: CEO Nick Liguori, CCO Robert Franco, Executive Director of Strategy & External Affairs, Marlen Torres, CPPO Erik Cho, Veronica Estrada, Lisbet Hernandez, Cecilia Reyes, Calley Griffith, Deborah Munday, Michael Maestaz, TJ Piwowarski and interpreter, Lourdes Campbell.

INTERPRETER ANNOUNCEMENT

Interpreter, Lourdes Campbell, made her announcement for Spanish speakers.

PUBLIC COMMENT

None.

Committee member, Vanessa Frank joined the meeting at 4:07 p.m.

WELCOME & OPENING REMARKS

Marlen Torres, Executive Director of Strategy & External Affairs welcomed the committee and thanked them for attending.

CONSENT

1. Findings to Hold Remote Teleconference/Virtual CalAIM Advisory AdHoc Committee Meetings Pursuant to Assembly Bill 361

Staff: Office of the General Counsel

RECOMMENDATION: It is recommended that the Committee adopt the findings to meet remotely.

Committee member Vanessa Frank motioned to approve AB361. Committee member Dr. Linda McKenzie seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie.

NOES: None.

ABSENT: None.

The Clerk declared the motion carried.

PRESENTATIONS

2. Community Needs Assessment

Staff Marlen Torres, Executive Director of Strategy & External Affairs

RECOMMENDATION: Receive and file the presentation.

Ms. Torres reviewed the Enhanced Care Management (ECM) Community Needs Survey. She noted that the purpose of the survey was to assist GCHP to identify vulnerable populations who are eligible for ECM. A CalAIM requirement was to issue a community needs survey. The intent was to hear from our safety net providers and community-based organizations in order to assess community needs that we might not be aware of.

A community Engagement process was done through various communications channels which included a survey monkey, sharing the survey at community meetings, and sending email blasts. We also personally reached out to various

community organizations, as well as providers. We received over a 90% response rate, and the results are currently being analyzed and will be shared at a later date.

3. Review of CalAIM Charter

Staff Marlen Torres, Executive Director of Strategy & External Affairs

RECOMMENDATION: Receive and file the presentation.

Ms. Torres reviewed the CalAIM Charter with the Committee. All members have had an opportunity to review the Charter. It was available in both English and Spanish. Essentially the Charter highlights the importance of the committee and GCHP anticipates feedback from Committee as different agenda items are presented.

Ms. Torres noted that we are still accepting applications to join the committee, and current members are encouraged to make recommendations for potential candidates.

There were no questions from the committee.

Committee member Vanessa Frank motioned to approve the presentations. Committee member Carolina Gallardo seconded the motion.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Carolina Gallardo, Maria Jimenez, and Dr. Linda McKenzie.

NOES: None.

ABSENT: None.

The Clerk declared the motion carried.

COMMITTEE ROUNDTABLE

None.

ADJOURNMENT

With no further business to discuss, the Clerk adjourned the meeting at 4:19 p.m.

Approved:

Maddie Gutierrez, MMC
Clerk to the Commission

AGENDA ITEM NO. 2

TO: CalAIM Committee
FROM: Maddie Gutierrez, MMC, Clerk to the Commission
DATE: November 17, 2022
SUBJECT: Approval of the 2023 CalAIM Committee Meeting Calendar

SUMMARY:

This item will establish dates for the CalAIM Committee meetings for 2023. In order to comply with AB 361, the Committee has to meet every thirty days to continue to have virtual meetings without posting at each location a Committee member will be present. The following schedule has every other month regular meetings. The other meetings will be special meetings which are expected to last 5-10 minutes and will consist of making the findings required by AB 361.

Regular CalAIM Committee Meetings

Time: 4:00 – 6:00 pm

Dates: Thursday, January 19, 2023
Thursday, March 16, 2023
Thursday, May 18, 2023
Thursday, July 20, 2023
Thursday, September 21, 2023
Thursday, November 16, 2023

Special CalAIM Committee Meetings

Time: 4:00 – 4:15 pm

Dates: Thursday, January 5, 2023
Thursday, February 16, 2023
Thursday, April 13, 2023
Thursday, May 4, 2023
Thursday, June 15, 2023
Thursday, July 6, 2023
Thursday, August 17, 2023
Thursday, September 7, 2023
Thursday, October 19, 2023
Thursday, December 7, 2023
Thursday, December 21, 2023

RECOMMENDATION:

Approve the 2023 CalAIM Committee meeting calendar as presented.

ATTACHMENTS:

Copy of the 2023 CalAIM Committee Meeting Calendar.



2023

CalAIM Advisory Committee Meetings

Regular Mtg. 4:00PM -6:00 PI
Special Mtg. 4:00 PM -4:30 P

January						
Su	M	Tu	W	Th	F	Sa
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29	30	31				

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30						

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28	29	30	31			

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30	31					

August						
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September						
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October						
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November						
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December						
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31						

AGENDA ITEM NO. 3

TO: CalAIM Advisory Committee

FROM: Marlen Torres, Executive Director, Strategy and External Affairs

DATE: November 17, 2022

SUBJECT: Findings to Hold Remote Teleconference/Virtual CalAIM Advisory Committee Meetings Pursuant to Assembly Bill 361

SUMMARY/RECOMMENDATION:

In order for the CalAIM Advisory Committee to hold virtual meetings where they are required to allow members of public to attend at locations they are teleconferencing from, findings pursuant to Assembly Bill 361 are required. The findings are that the Committee determine that the COVID-19 state of emergency proclaimed by the Governor still exists and has been considered by the Committee in deciding to have teleconference meetings and that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, and that as result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees. These findings must be made every thirty (30) days.

BACKGROUND/DISCUSSION:

Traditionally, the Brown Act allows for teleconference or virtual meetings, provided that the physical locations of the legislative body's members joining by teleconference are posted on the agenda, that those locations are open to the public and that a quorum of the members is located within its jurisdiction. On September 10, 2021, the Legislature adopted AB 361, which allows public agencies to hold fully virtual meetings under certain circumstances without the posting of the agenda from each location a legislative body member is attending and requiring that members of the public be able to attend at each such location. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

AB 361 provides an exception to these procedures in order to allow for fully virtual meetings during proclaimed emergencies, including the COVID-19 pandemic.

Since March of 2020 and the issuance of Governor Newsom's Executive Order N-29-20, which suspended portions of the Brown Act relating to teleconferencing, the Commission has had virtual meetings without having to post the location of the legislative body members

attending virtually. Most public agencies have been holding public meetings using virtual platforms since this time

Specific Findings Required under AB 361

Under AB 361, the Committee, can hold virtual meetings without providing notice of the Committee's teleconference location if the Committee makes the determination that there is a Governor-proclaimed state of emergency which the Committee will consider in their determination, and one of two secondary criteria listed below exists:

1. State or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19; or
2. The Committee determines that requiring a meeting in person would present an imminent risk to the health or safety of attendees.

COVID-19 continues to present an imminent threat to the health and safety of Committee members, and its personnel, and the Governor's declaration of a COVID-19 emergency still exists. Although vaccines are now widely available, many people in the State and County are still not fully vaccinated and remain susceptible to infection. The disease can still spread rapidly through person-to-person contact and those in close proximity. Further, more contagious variants of the disease are now present in the State and County. Additionally, several Committee members may attend meetings in medical facilities or offices and allowing members of the public to attend meetings at these posted locations when they may not be vaccinated would pose a threat to the health or safety of attendees.

Re-Authorization is Required Within 30 Days

Consistent with the provisions of Government Code Section 54953(e), the findings must be made every 30 days "after teleconferencing for the first time" under AB 361. Thus, if the Committee desires to continue to meet remotely without having to post the location of each teleconference location, the Committee must again find that the COVID-19 emergency still exists and that one of the two following findings can be made: that state or local officials have imposed or recommended measures to promote social distancing in connection with COVID-19, or, that a result of the COVID-19 emergency, meeting in person would present imminent risks to the health or safety of attendees.

It is recommended that the Committee make these findings.

CONSEQUENCES OF NOT FOLLOWING RECOMMENDED ACTION:

The Committee will have to follow the Brown Act provisions that existed prior to the COVID-19 pandemic.

FOLLOW UP ACTION:

That the Committee make the findings under AB 361 at the December 14, 2022, special CalAIM Committee meeting.

ATTACHMENT:

None.



AGENDA ITEM NO. 4

TO: CalAIM Advisory Committee
FROM: Rachel Lambert LMFT, MBA-HCM, Senior Director Clinical Care Management
DATE: November 17, 2022
SUBJECT: Enhanced Care Management and Community Supports

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:
CalAIM Adv 11.7.22

Enhanced Care Management (ECM) and Community Supports (CS)

November 17, 2022

Rachel Lambert LMFT, MBA-HCM
Senior Director Clinical Care Management

Integrity

Accountability

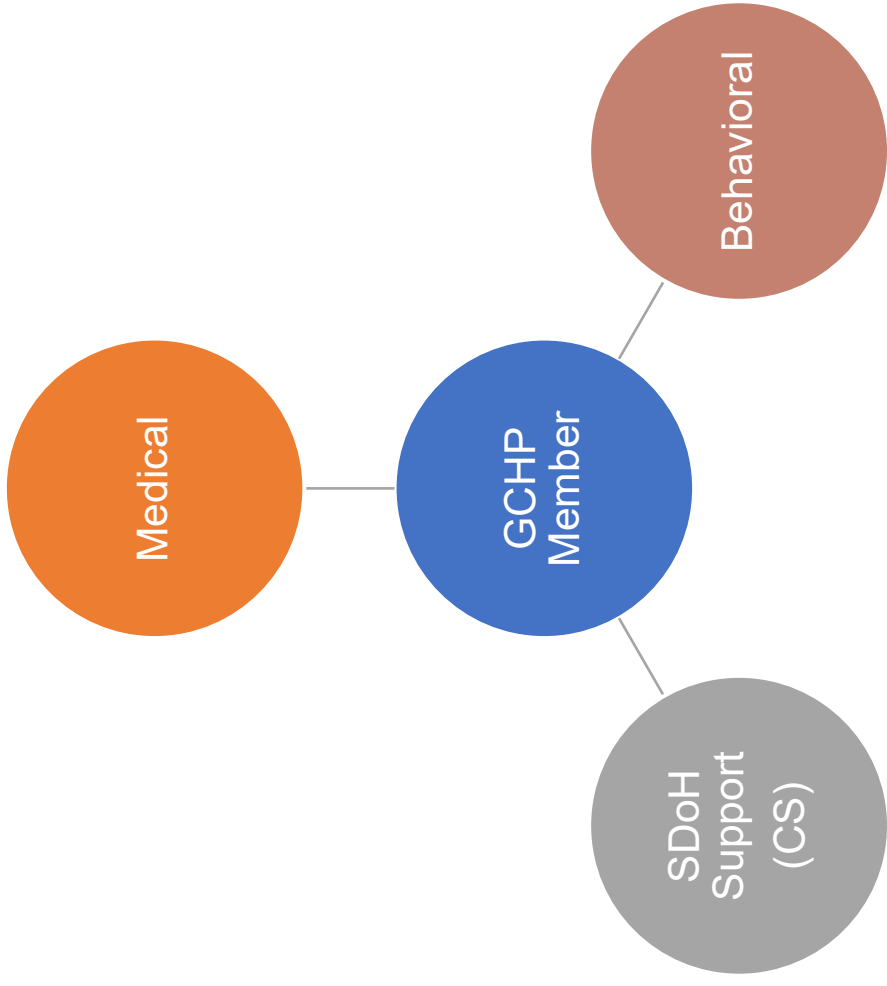
Collaboration

Trust

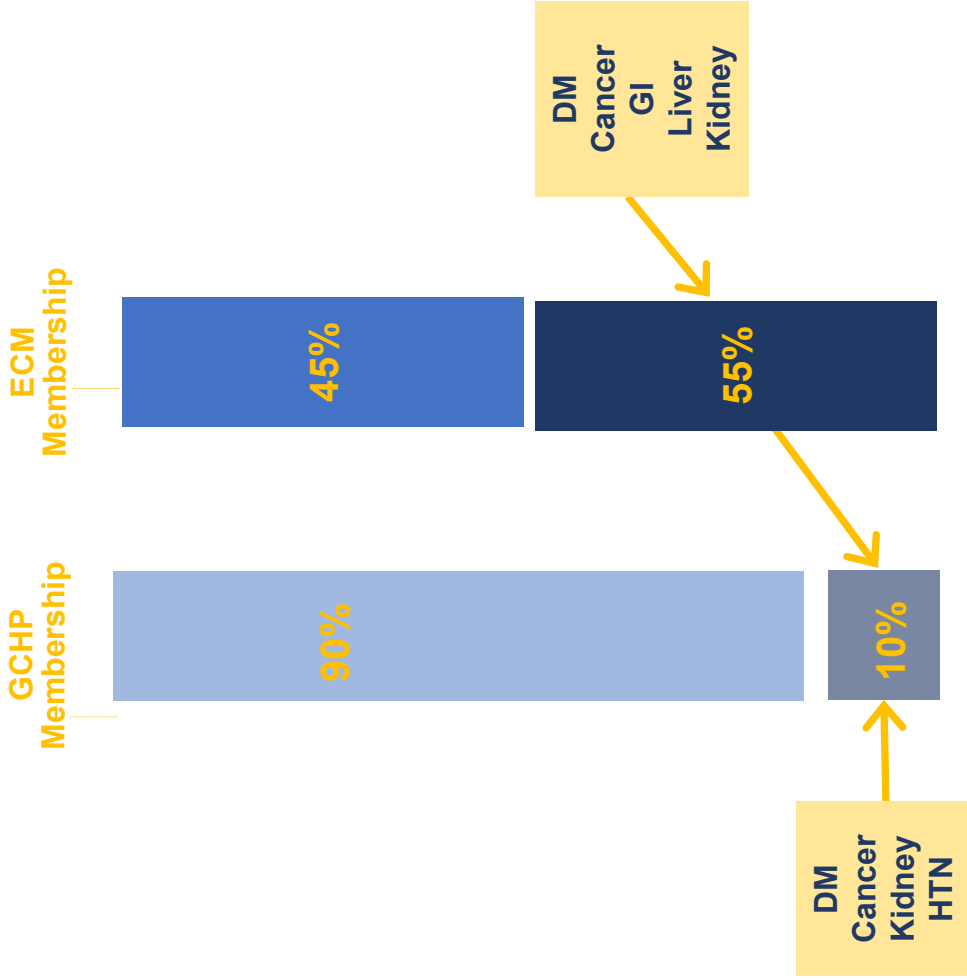
Respect

Enhanced Care Management (ECM) and Community Supports (CS)

- Navigation for our most vulnerable members
 - High touch
 - Culturally competent

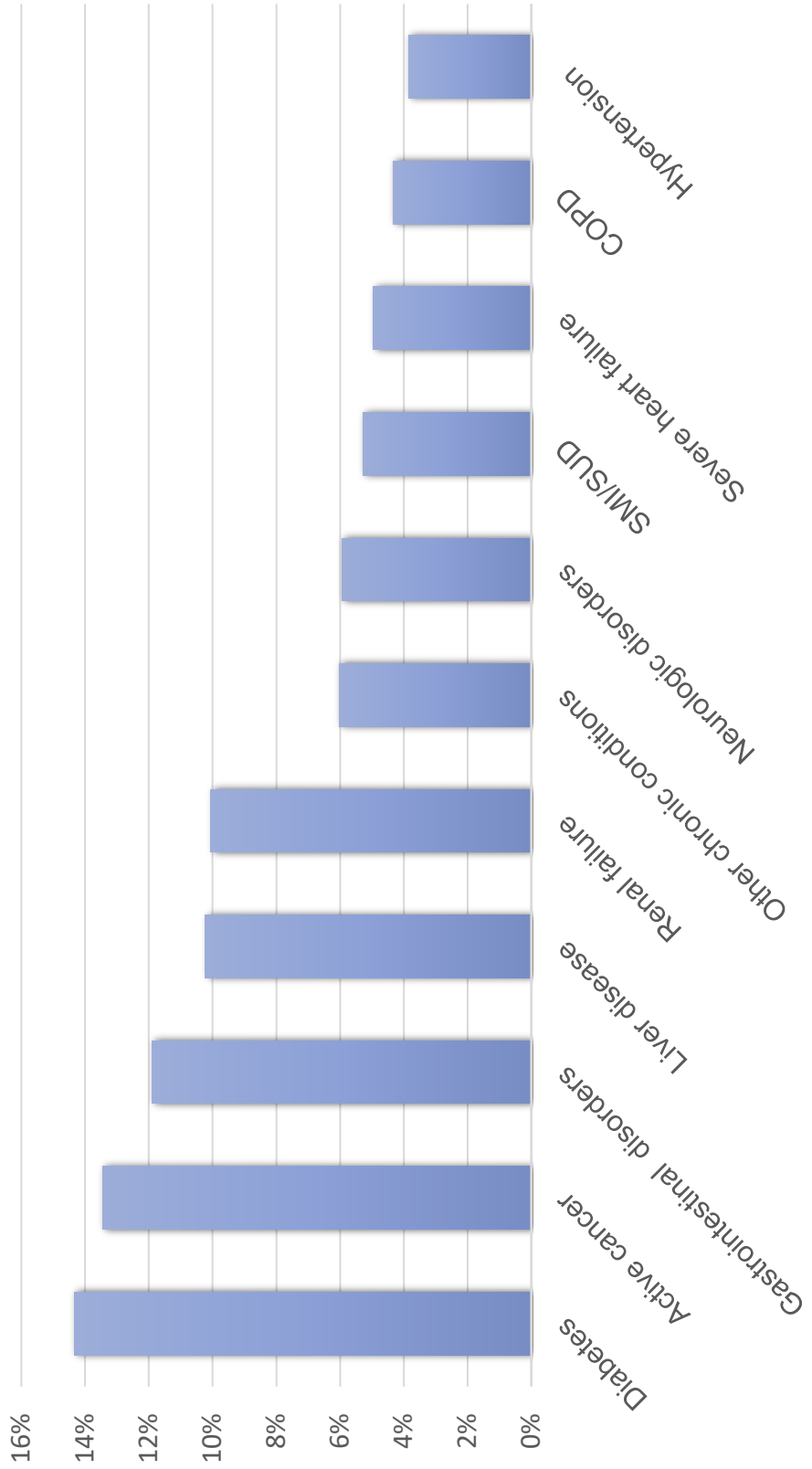


Who Should Receive ECM/CS?

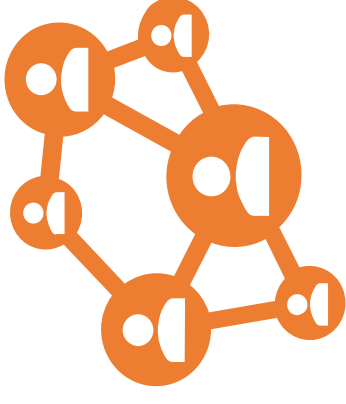


- 10% of GCHP members are associated with >85% of our costs
- Only about half of the current ECM population are in the costliest group

Top ECM Dx for GCHP 10% Costliest Members



What does ECM Offer?



- Outreach and engagement
- Comprehensive assessment and care management planning
- Enhanced coordination of care
- Health promotion
- Comprehensive transitional care
- Member and family supports
- Coordination and referral to community and social support services

Positive Impact of ECM/CS

Decreased ED
utilization

Decreased
inpatient stays

Increased
preventative
care and
engagement

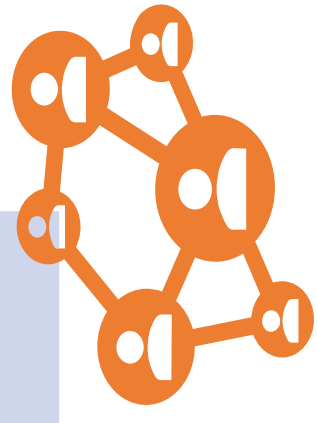
Housing is
health

Medically
tailored meals
for DM

Recuperative
care

DHCS ECM Populations of Focus

January 2022	
High Utilization**	Homelessness**
SMI/SUD**	Justice System Involved
<i>** Whole Person Care transition population</i>	
January 2023	
Nursing Facility Transition to Community	Risk for Institutionalization- Long Term Care
July 2023	
Children and Youth with Complex Needs	



CS Services Timeline

<u>Current</u>	<u>1/1/2023</u>	<u>7/1/2023</u>	<u>1/1/2024</u>
Housing Suite <ul style="list-style-type: none"> • Housing Transition Navigation • Housing Deposits • Housing Tenancy Sustaining 	Community Transition Services/Nursing Facility Transition to Home	Asthma Remediation	Day Habilitation
Recuperative care	Home Modifications		Sobering Centers
Short Term Post Hospitalization	Personal Homemaker Services		
Medically Tailored Meals	Respite Services		
	Nursing Facility Transition/Diversion to assisted Living		

Referrals to ECM and CS

- ❖ No Wrong Door
 - ❖ Anyone can submit a referral
 - ❖ Members can call Member Services to request services
 - ❖ Referrals to Member Services, ECM/CS Team, or directly to provider
 - ❖ Hospitals can call ECM/CS team for Recuperative Care authorization requests
- ❖ Referral and Authorization Forms
 - <https://www.goldcoasthealthplan.org/health-resources/calaim/>
- ❖ GCHP ECM CM team
 - (805) 437-5911 or calaim@goldchp.org
- ❖ Member Services (back of GCHP card)
 - (888) 301-1228
- ❖ Ventura County Health Care Agency ECM, Housing and Recuperative Care
 - (805) 339-1122





AGENDA ITEM NO. 5

TO: CalAIM Advisory Committee
FROM: Marlen Torres, Executive Director, Strategy and External Affairs
DATE: November 17, 2022
SUBJECT: ECM Community Needs Survey

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

ECM Community Needs Survey

ECM Community Needs Survey

Thursday, November 17, 2022

Marlen Torres
Executive Director, Strategy & External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

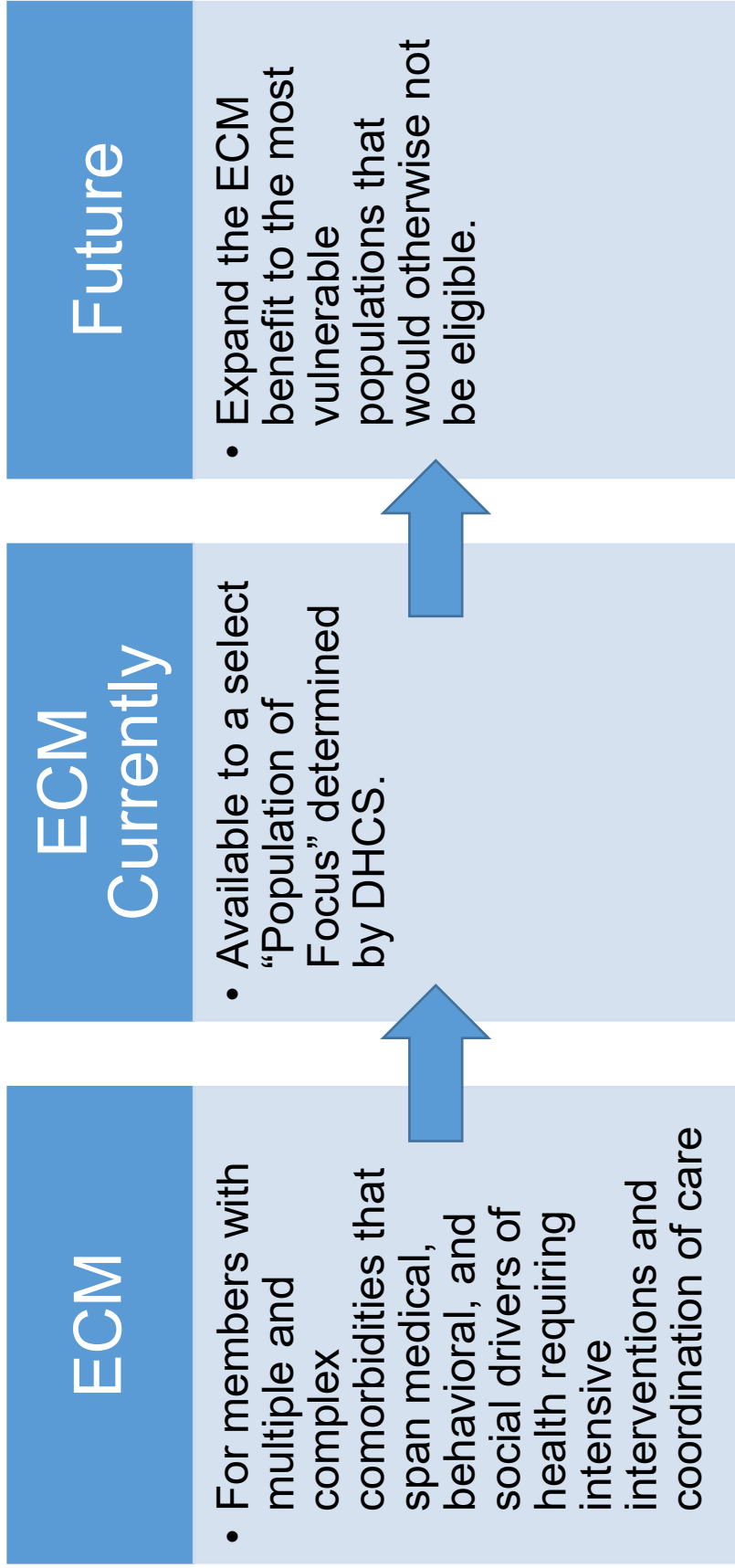
Overview

ECM Community Needs Survey Overview

- Purpose: Gain the perspective of Ventura County health and social services providers to help identify potential ECM-eligible sub-populations.
- Goal: Provide meaningful information to identify the most at-risk populations for poor health outcomes and who are the most disconnected from needed health care and social services.
- Objective: Identify populations of focus who would benefit from the ECM benefit, guide ECM expansion strategy, and develop interventions to engage members and the community.

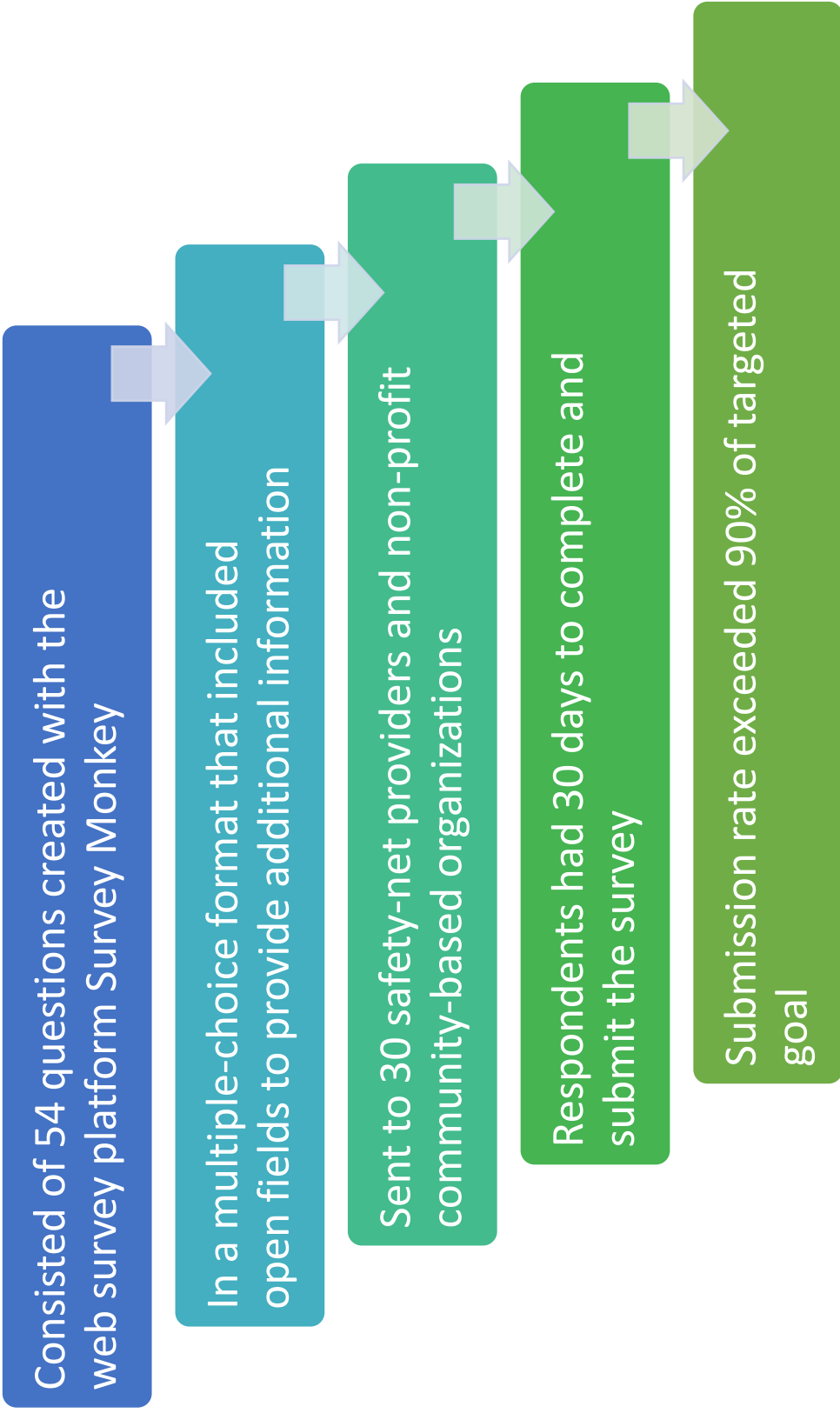
Background

ECM Benefit Background



Survey Methodology

Survey Process and Collection



Survey Limitations

Responses

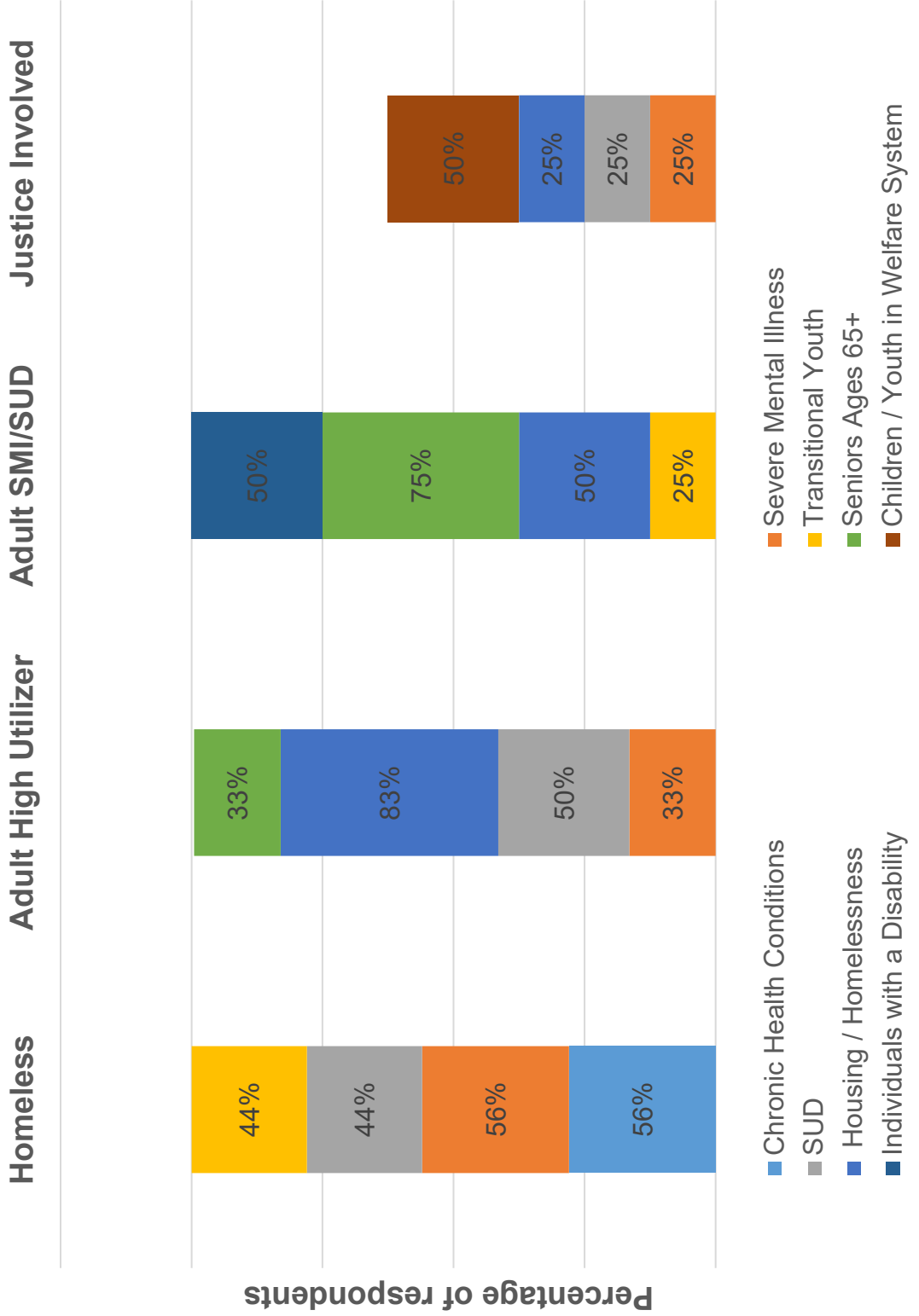
- Answers not mandatory, which allowed respondents to skip questions
- Not a clear understanding of the question, may have led to inaccuracies

Experience

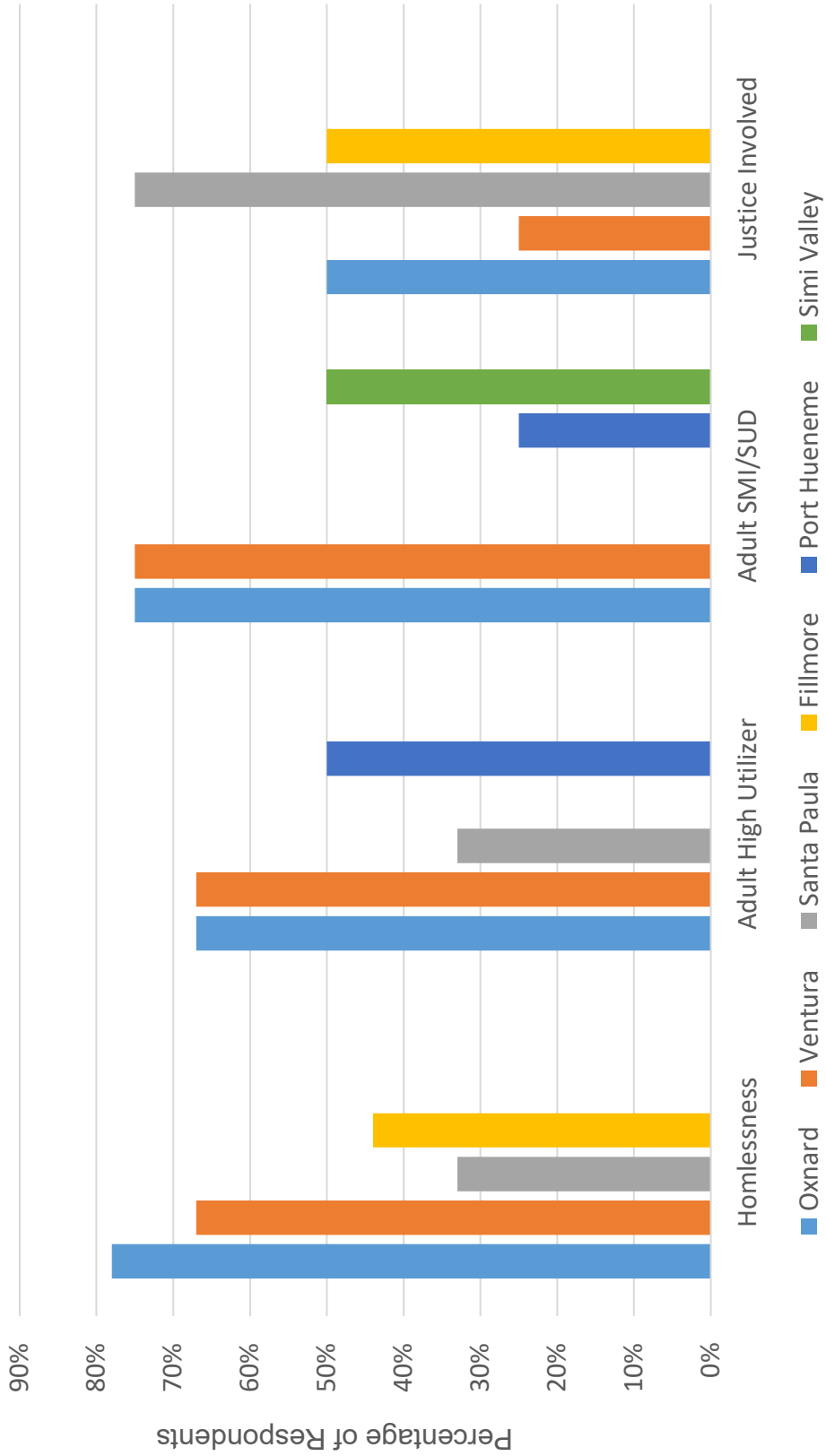
- Respondent may have no and/or limited experience with populations of focus presented in the survey

Survey Analysis

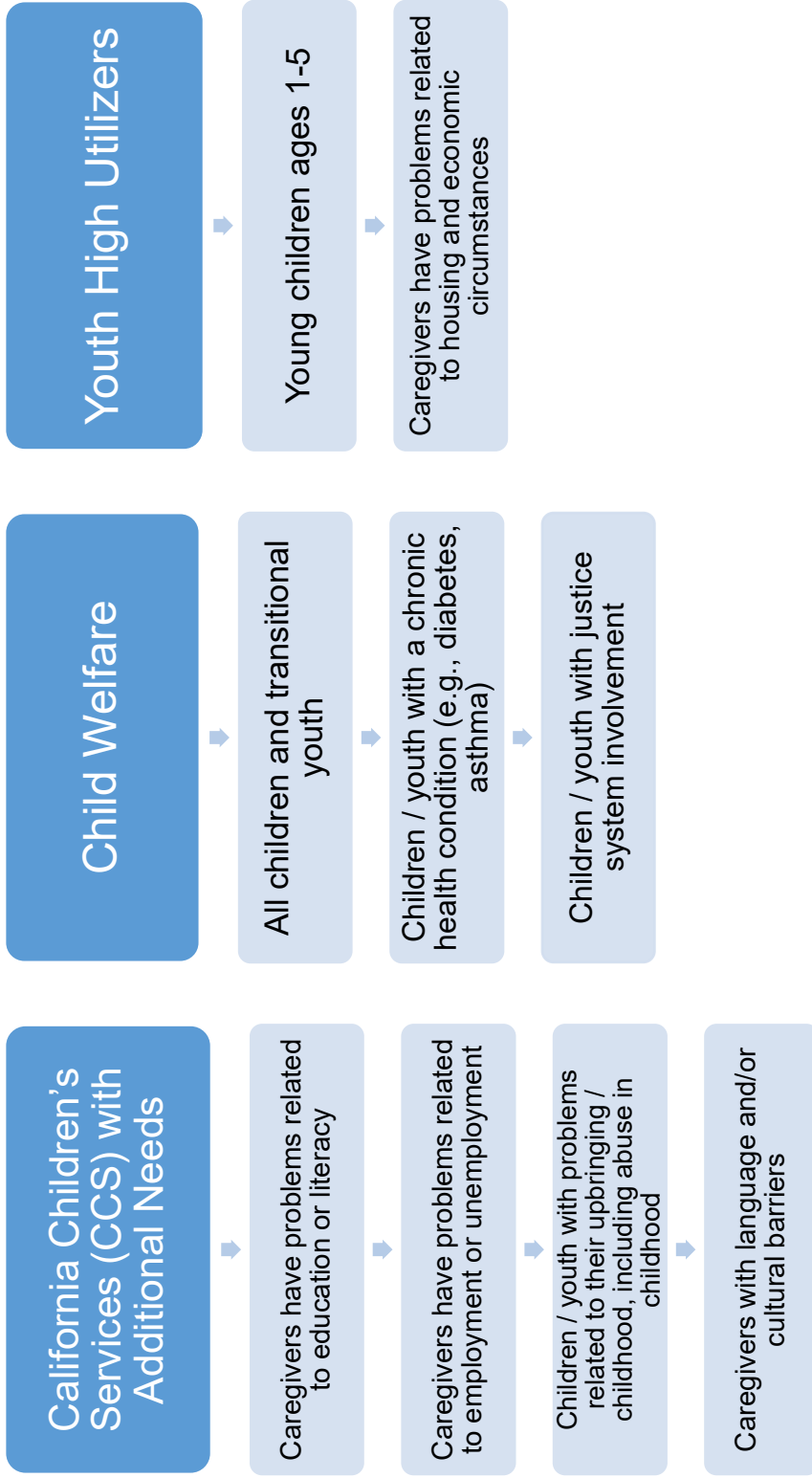
Populations of Focus by Sub-populations



Populations of Focus by Cities



Children/Youth Populations of Focus



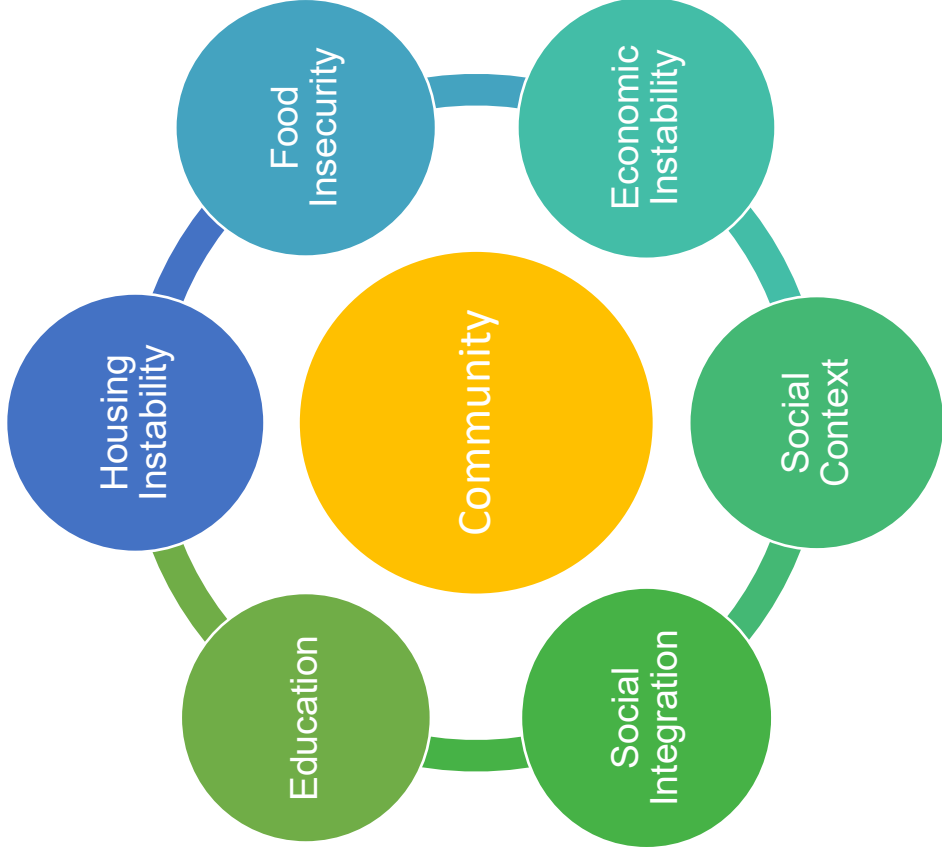
Social Drivers of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community, Safety, & Social Context	Health Care System
<ul style="list-style-type: none"> Employment Income Expenses Debt Medical Bills Support 	<ul style="list-style-type: none"> Housing Transportation Parks Playground Walkability Zip Code/ Geography 	<ul style="list-style-type: none"> Literacy Language Early Childhood Education Vocational Training Higher Education 	<ul style="list-style-type: none"> Food Security Access to Healthy Options 	<ul style="list-style-type: none"> Social Integration Support Systems Community Engagement Stress Exposure to Violence/Trauma Policing/Justice Policy 	<ul style="list-style-type: none"> Health Coverage Provider & Pharmacy Availability Access to Linguistically And Culturally Appropriate & Respectful Care Quality of Care

(KFF, 2022)

<https://www.kff.org/coronavirus-covid-19/issue-brief/tracking-social-determinants-of-health-during-the-covid-19-pandemic/>

Identified Social Drivers of Health



“Trickle down stress from parents that are caring heavy anxiety and depression due to economic instability”

“Youth exposed to intergenerational traumas and cycles that have not been addressed”

Q&A



AGENDA ITEM NO. 6

TO: CalAIM Committee
FROM: Pauline Preciado, Executive Director of Population Health & Equity
DATE: November 17, 2022
SUBJECT: ECM / CS Expansion Strategy

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

ECM / CS Expansion Strategy

Gold Coast Health Plan

ECM/CS Expansion Strategy

Thursday, November 17, 2022

Pauline Preciado, RN, MPA
Executive Director, Population Health & Equity

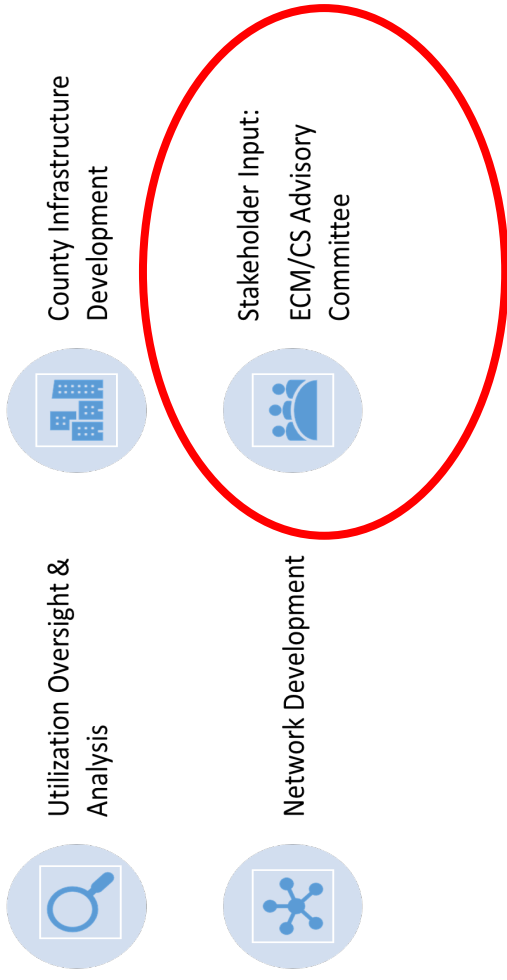
Agenda

- Key Considerations
- Current Expansion Plan
- Discussion: Critical Insights for Expansion

Key Considerations

-  Existing County Infrastructure
-  DHCS Payment Incentive Infrastructure
-  Engage County Agency Leadership
-  Engage Community Leadership

Key Drivers for Expansion



Enhanced Care Management Expansion:

Preparing for Phase 2

January 1, 2022 (Phase 1)	<ul style="list-style-type: none">• Whole Person Care transition• High utilizers• Homeless individuals• Severe Mental Illness (SMI) / Substance Use Disorder (SUD)• Justice Involved Populations
January 1, 2023 (Phase 2)	<ul style="list-style-type: none">• Members at risk for Long-Term Care / Institutionalization• Nursing home residents transitioning to the community
July 1, 2023 (Phase 3)	<ul style="list-style-type: none">• All other children and youth (PoF)
January 1, 2024 ** (NEW) **	<ul style="list-style-type: none">• Pregnancy & Post Partum Individuals (Adults & Youth) at risk for adverse perinatal outcomes

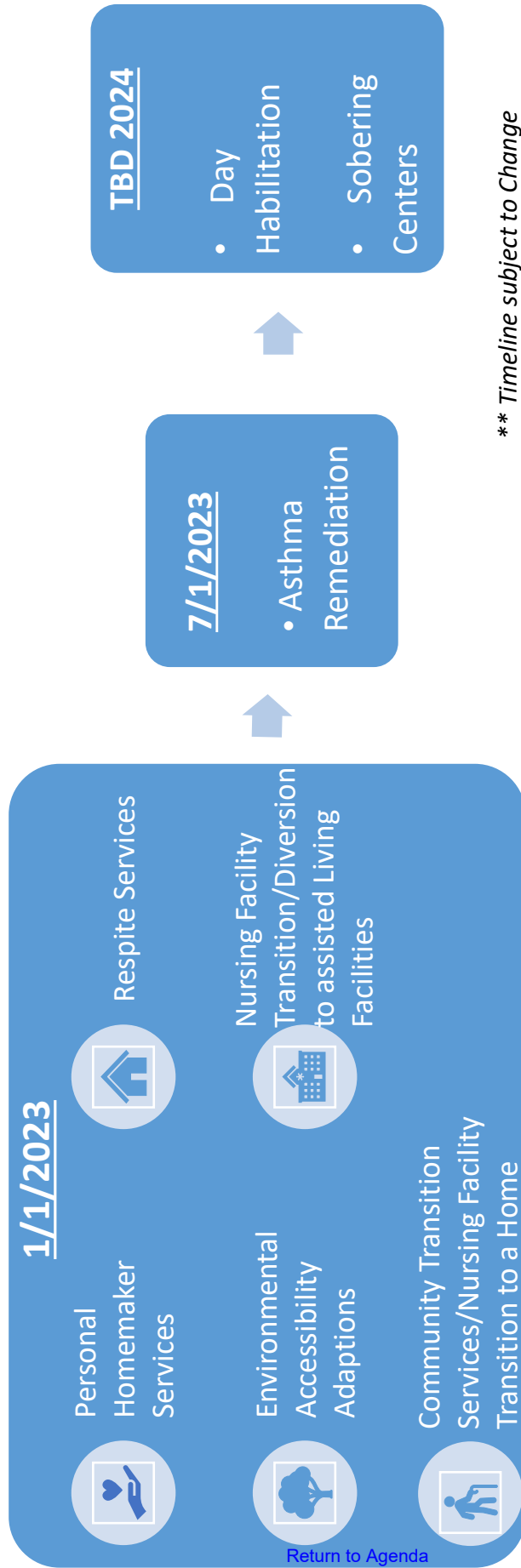
NOTE: ECM POFs are not mutually exclusive; an individual might qualify for ECM via more than one PoF

Community Supports (CS)

Current Services Available:

Housing Transition Navigation Services	Housing Tenancy & Sustaining services	Medically Tailored Meals (MTM)/ Medically Supportive Meals
Housing Deposits	Recuperative Care (Medical Respite)	Short Term Post Hospitalization (STPH)

** Proposed Timeline for Additional (CS) Services:



** Timeline subject to Change

Critical Insights for Expansion

Member Engagement

- Barriers for members to seek or accept care?
- Most effective modalities to promote services?
- How can we leverage member incentives?

Support Our Providers & Community

- Partners we should engage?
- How should we engage Nontraditional Providers?
- What type of technical assistance is needed?

Preparing for the Future

- Upcoming Discussion: How should we prepare for our upcoming launches- including High Risk Children/Youth, Sobering Centers, and Asthma Remediation?



AGENDA ITEM NO. 7

TO: CalAIM Committee

FROM: Lupe Gonzalez, PhD, MPH Sr. Director Health Education, Cultural & Linguistic Services

DATE: November 17, 2022

SUBJECT: New Benefit for Members: Community Health Workers

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

New Benefit for Members: Community Health Workers

New Benefit for Members Community Health Workers

Thursday, November 17, 2022

Lupe González, PhD, MPH
Sr. Director of Health Education, Cultural and
Linguistic Services



Agenda

- New Benefit - Community Health Worker (CHW)
- CHW Definition of Services
- Qualifications and Pathway to Certifications
- Next Steps

New Benefit – Community Health Worker (CHW) Services

- ❑ New Benefit - Community Health Worker (CHW)
 - ❑ July 1, 2022, CHW Benefit was announced
 - ❑ All Plan Letter 22-016 (Revised) was released on 9/9/2022.

- ❑ CalAIM – Community Health Workers (CHWs) under the CalAIM Incentives supports non-clinical interventions and promote health education, cultural and linguistic services.

- ❑ New opportunities for providers and community organizations to improve the health care workforce shortage.
 - ❑ Improve access to health care services, especially with preventive services.

Community Health Worker (CHW) Definition



Community Health Worker (CHW) - Definition of Services as defined by the Department of Health Care Services (DHCS):

- ✓ CHW services are preventive health services for individuals who need such services to prevent diseases;
- ✓ Prevent disability and other health conditions or their progression;
- ✓ Prolong life;
- ✓ Promote physical and mental health and well-being.

CHW are Trusted Members of the Health Care Team

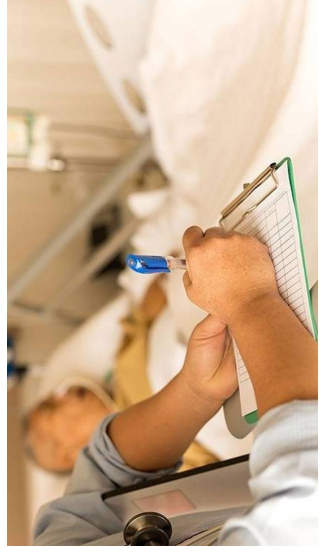


- CHW are frontline health workers who is a trusted member of community and/or has an unusually closed understanding of the community served.
- The trusting relationship enables the CHW to serve as a liaison/link/intermediary between health/social services and the community to facilitate access to services
- CHW can help improve the quality and cultural competence of service delivery through care coordination, screening and other care supportive activities.

Care Plan and Supervision of CHW

- ❑ A Plan of Care – is a document written by one or more licensed providers to support the work that CHW will address with members. Must be reviewed every six months.

- ❑ Supervision Requirements – CHW may be supervised by a licensed provider, clinic, hospital, CBO or local health department.
 - ❑ Supervising Provider
 - ❑ Recommending Provider



CHW Qualifications

- Minimum Qualifications - CHWs must have experience that aligns with and provides a connection between the CHW and the community or population being served.
 - This may include, but is not limited to:
 - lived experience related to incarceration
 - military service
 - pregnancy and birth
 - disability
 - foster system placement or homelessness
 - mental health conditions or substance use
 - a survivor of domestic or intimate partner violence or abuse and exploitation.
 - Lived experience may also include shared race, ethnicity, sexual orientation, gender identity, language, or cultural background of one or more linguistic, cultural, or other groups in

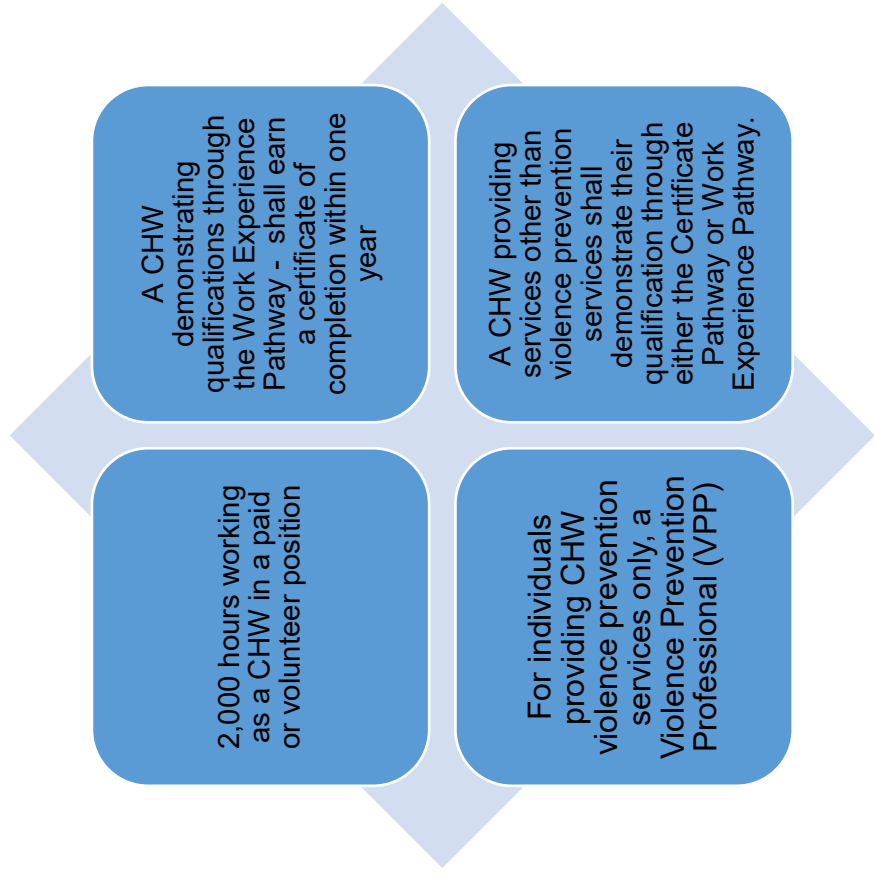


CHW Qualifications and Pathways to Certifications

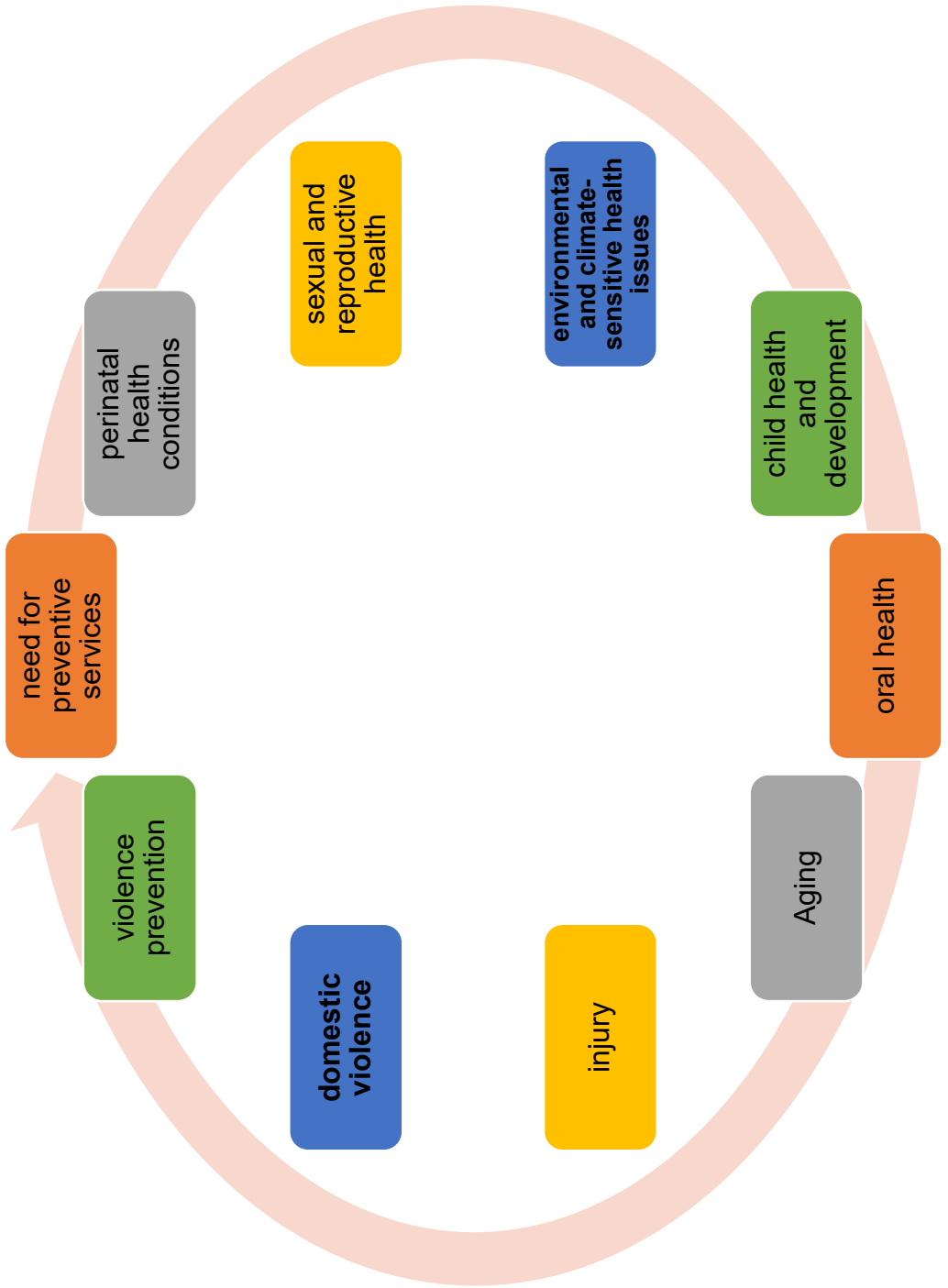
- A certificate of completion that attests to demonstrated skills and/or practical training in core competencies, includes any such certificate issued by the State of California or a state designee
- Training programs shall include an internship or field-experience requirement for completion.
- Core competencies:
 - Communication,
 - Interpersonal and relationship building,
 - Service coordination and navigation,
 - Capacity building, Advocacy, education and facilitation,
 - Individual and community assessment,
 - Professional skills and conduct,
 - Outreach,
 - Evaluation and research,
 - Basic knowledge in public health principles and social determinants of health, as determined by the supervising provider.



CHW Qualifications, Pathways to Verifications and Work Experience



DHCS Community Health Workers (CHWs)



DHCS Community Health Workers (CHWs)

- ❑ Asthma Preventive Services
 - Evidence based asthma self management education
 - Asthma triggers assessment
 - California Department of Public Health offers training for CHWs

- ❑ Community Health Workers (CHWs)
<https://files.medi-cal.ca.gov/pubsdoco/Publications/masters-MTP/Part2/chwprev.pdf>

Next Steps



Medi-Cal Benefit Services

Working with DHCS to review criteria for CHWs

Billing Codes can be found on the DHCS FAQ Sheets

Announcement of Benefit Services

Provider Operation Bulletin
GCHP Website

Member Education
Community Education of Services



AGENDA ITEM NO. 8

TO: CalAIM Committee
FROM: Lucy Marrero, Director of Behavioral Health & Social Programs
DATE: November 17, 2022
SUBJECT: No Wrong Door Implementation

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

No Wrong Door Implementation

CalAIM Behavioral Health Initiative: No Wrong Door Implementation

November 17, 2022

**Lucy E. Marrero, LMFT CPHQ
Director, Behavioral Health and Social Programs
lmarrero@goldchp.org**

Integrity

Accountability

Collaboration

Trust

Respect

Medi-Cal Mental Health Delivery System

Mental Health Plans

Required to provide or arrange for the provision of specialty mental health services (SMHS) for beneficiaries in their counties who meet access criteria for SMHS.

Ventura County Behavioral Health (VCBH)

Managed Care Plans

Required to provide or arrange for the provision of non-specialty mental health services (NSMHS) for members who meet access criteria for NSMHS.

Gold Coast Health Plan through Beacon Health Options

No Wrong Door Background

Final Policy

- BHIN 22-011 and APL 22-05 were released in March 2022
- The slides and recording for the NWD informational webinar can be found in the CalAIM BH webpage

Primary Goals

- Ensure beneficiaries receive timely mental health services without delay regardless of where they initially seek care
- Ensure beneficiaries can maintain treatment relationships with trusted providers without interruption

No Wrong Door Policy

Clinically appropriate and covered NSMHS and SMHS services are covered and reimbursable Medi-Cal services even when:

1

Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS access criteria are met;

2

The beneficiary has a co-occurring mental health condition and substance use disorder (SUD);

3

Services are not included in an individual treatment plan; **OR**

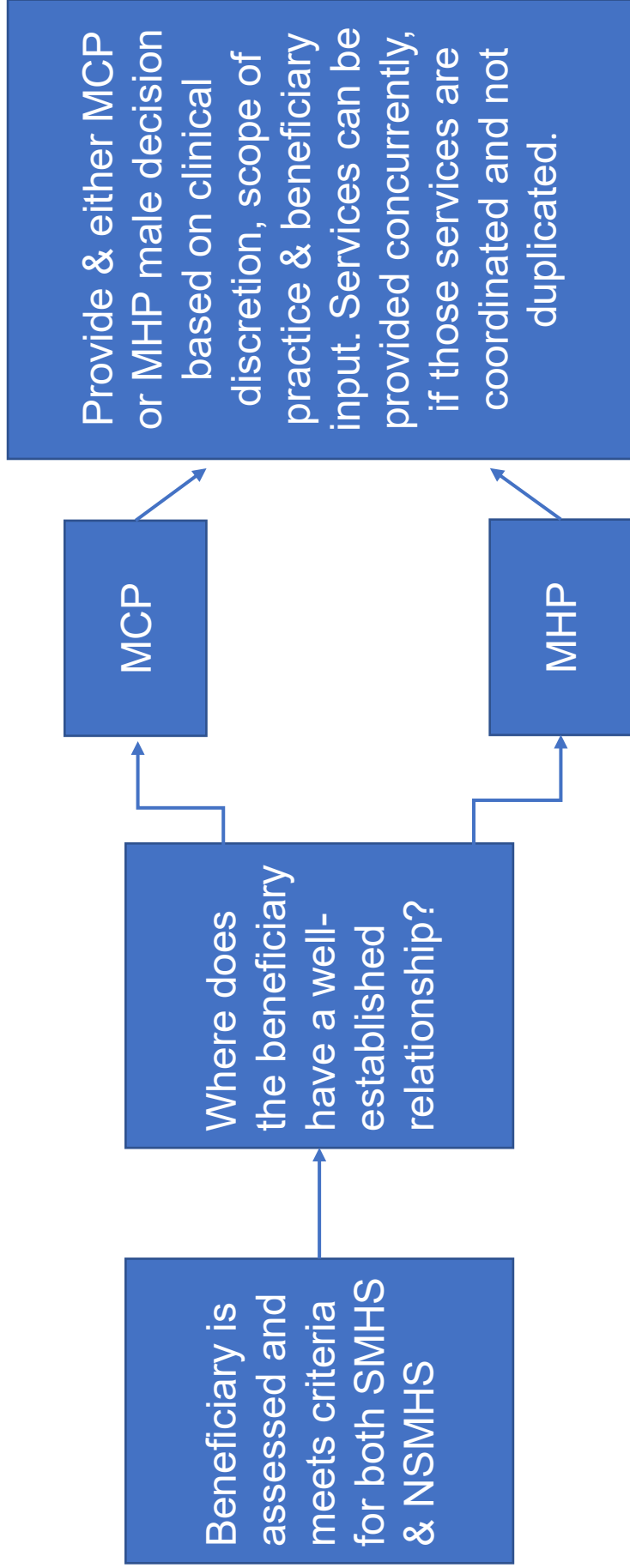
4

NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

Case Study

Member meets criteria for both SMHS and NSMH

» Q: What is expected of the MCP and MHP if a beneficiary meets criteria for both SMHS and NSMHS?

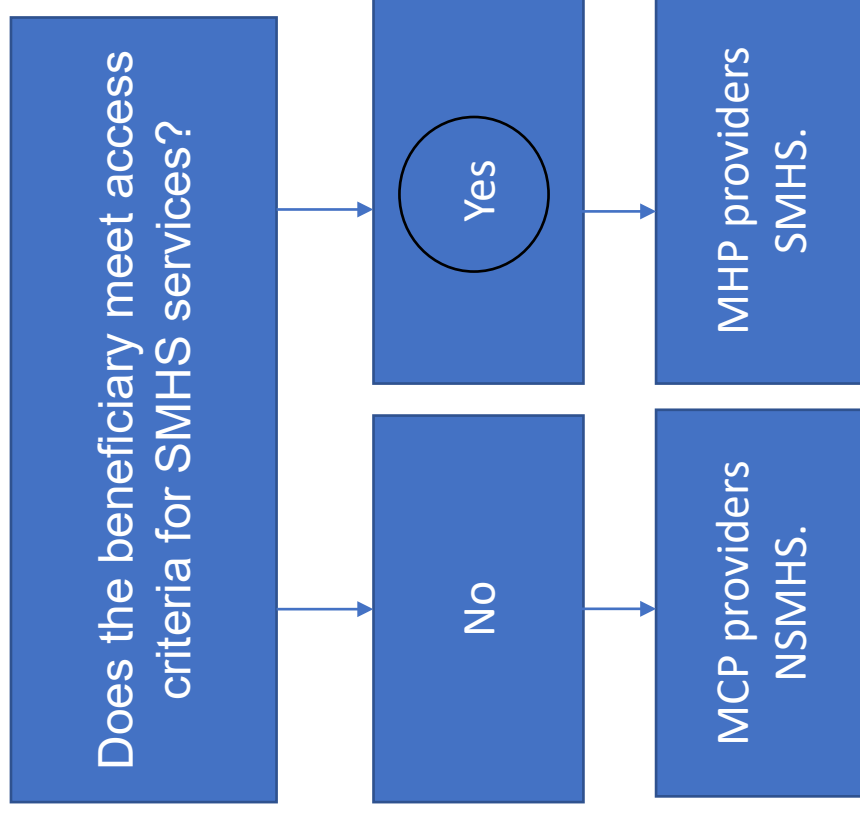


Case Study

Member meets access criteria for SMHS

» Q: If a beneficiary is seeking therapy through the specialty mental health system and the desired provider is not available, can they be referred to therapy in the MCP who may have the capacity?

» A: If a beneficiary meets the access criteria for SMHS, then the MHP should provide the SMHS services to the beneficiary. A beneficiary may be referred to the MCP if they do not meet the SMHS access criteria.



Current Implementation Work

- GCHP, Beacon, and VCBH working together to:
 - Educate providers
 - Inform members
 - Liaisons work together from each organization
 - Continued care coordination meetings
 - Implement data exchange to ensure nonduplication and coordination of services
 - Adjust billing systems to ensure claims aren't denied under old rules



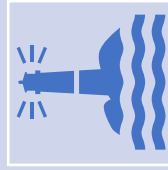
What does this mean for us?



Members can be accepted for assessment in either system



Providers will coordinate care to get the member into the right level of care



Beacon Care Management can help!

[PCP Care Management Referral Form](#)

Members: (805) 437-5656 or TYY for deaf/hard of hearing (888) 310-7347 or caremanagement@goldchp.org

Next Steps

- Standardized screening and transition tools
 - Identify level of need and NSHMS or SMHS
 - Create consistency around level of care placement
 - Share screening/transition tool result with other system if level of care requires transition or adding services from other system