



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

Community Advisory Committee Meeting

Regular Meeting

Wednesday, January 26, 2022 4:00 p.m.

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

Meeting held pursuant to AB 361

Conference Call Number: 1-805-324-7279

Conference ID Number: 540 027 800#

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

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.

AGENDA

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

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

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

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

INTRODUCTION

Introduction of new Chief Executive Officer, Mr. Nick Liguori.

Staff: Margaret Tatar, Chief Executive Officer

CONSENT

- 1. Approval of Community Advisory Committee Regular Meeting Minutes of October 27, 2021 and Special Meeting Minutes of November 17, 2021, December 15, 2021, and January 12, 2022.**

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

RECOMMENDATION: Approve the minutes as presented.

- 2. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory Committee Meetings Pursuant to Assembly Bill 361.**

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

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

UPDATES

- 3. Medi-Cal Rx Update**

Staff: Anne Freese, PharmD, Director of Pharmacy

RECOMMENDATION: Accept and file the update.

- 4. Vaccine Outreach Plan**

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

RECOMMENDATION: Accept and file the update.

5. Enhanced Care Management/Community Supports (ECM/CS) Update

Staff: Rachel Lambert, MBA-HCM, LMFT, CCM, Director of Care Management

RECOMMENDATION: Accept and file the update.

6. Population Needs Assessment (PNA) Update

Staff: Lupe González, PhD, MPH, Director of Health Education, Cultural and Linguistic Services

RECOMMENDATION: Accept and file the update.

PRESENTATION

7. Governor's Budget Presentation FY 2022-23

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

RECOMMENDATION: Accept and file the presentation.

COMMENTS FROM COMMITTEE MEMBERS

8. CAC Feedback / Roundtable Discussion

PUBLIC COMMENT

ADJOURNMENT

Date and location of the next meeting to be determined at the January 26, 2022 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: Community Advisory Committee

FROM: Deborah Munday, CMC – Assistant Clerk to the Commission

DATE: January 26, 2022

SUBJECT: Approval of the Community Advisory Committee Meeting Regular Minutes of October 27, 2021 and Special Minutes of November 17, 2021, December 15, 2021 and January 12, 2022

RECOMMENDATION:

Approve the minutes as presented.

ATTACHMENTS:

Copy of the Community Advisory Committee October 27, 2021 regular meeting minutes and November 17, 2021, December 15, 2021 and January 12, 2022 special meeting minutes.

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

**Community Advisory Committee (CAC) Minutes
October 27, 2021**

CALL TO ORDER

Committee Chair Ruben Juarez called the meeting to order via teleconference at 4:09 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, Martha Johnson, Paula Johnson, Laurie Jordan, Ruben Juarez, Rose MacKay, Elaine Martinez, Rafael Stoneman, and Pablo Velez.

Absent: Committee member Victoria Jump.

Attending the meeting for GHCP Executive team were Nancy Wharfield, M.D., Chief Medical Officer, Nick Liguori, Chief Operating Officer, Robert Franco, Chief Compliance Officer, Ted Bagley, Chief Diversity Officer, Kashina Bishop, Chief Financial Officer, Alan Torres, Chief Information Officer, Michael Murguia, Executive Director, Human Resources, Marlen Torres, Executive Director, Strategy and External Affairs, Luis Aguilar, Anne Freese, Veronica Estrada, Kim Timmerman, Adriana Sandoval-Jimenez, Susan Enriquez, Lucy Marrero, and Scott Campbell, General Counsel. Lourdes Campbell, Interpreter

OATH OF OFFICE

Martha Johnson, Rose MacKay, Elaine Martinez and Rafael Stoneman took the Oath of Office.

PUBLIC COMMENT

Dr. Sandra Aldana with the USC University Center of Excellence in Developmental Disabilities Consumer Advisory Committee, representing co-advocates of Ventura County thanked the committee for the work to represent individuals with developmental disabilities who are receiving services through Gold Coast Health Plan. She noted that about one-third of adults with intellectual disability identify as LGBT and about 20 percent of those with autism identify as gender non-conforming, while 15-35 percent of individuals with developmental disabilities specifically versus developmental and acquired disabilities also identify as LGBT. Many individuals are seeking services to help them address these issues, some of which may be

medical. Dr. Aldana stated she felt it would be in the interest of the committee to identify individuals that are sensitive to those needs.

Dr. Aldana stated as a member of the HIV AIDS coalition for Ventura County we are reaching out to all our partners in the community to help us. On December 1, 2021 we would like to have a community outreach event for World AIDS Day, addressing a variety of issues from HIV testing to informational and discussion panels throughout the community. Dr. Aldana asked that she be directed to the correct person to assist her and will follow-up off-line.

Committee Chair Juarez thanked Dr. Aldana for the information and asked for her contact information. General Counsel Scott Campbell stated Dr. Aldana's contact information can be shared with the committee if she authorizes the release of her information. Dr. Aldana stated she authorized the release of her information to the committee members.

INTRODUCTIONS

Executive Director, Strategy and External Affairs, Marlen Torres, on behalf of CEO Margaret Tatar, introduced the newest members of the staff, Chief Operating Officer, Nick Liguori and Chief Information Officer, Alan Torres.

Mr. Liguori will be responsible for the oversight of member services, claims, management provider services and the management of outsourced services as well as overall responsibility of compliance policy development, program planning fiscal management, administration, and operational areas. Mr. Liguori stated he is looking forward to collaborating with everyone.

Mr. Torres has an extensive background in senior leadership roles at some of the largest health plans in the nation. He was responsible for innovation and providing strategic direction for Centene's claims modernization program, one of the many initiatives that he will be responsible for overseeing at GCHP. Mr. Torres stated he is glad to be a part of the Gold Coast family.

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of August 16, 2021.

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

General Counsel Scott Campbell stated that new committee members should abstain from voting.

Committee Member Pablo Velez motioned to approve the minutes. Committee Member Paula Johnson seconded the motion.

AYES: Committee Members Frisa Herrera, Paula Johnson, Laurie Jordan, Ruben Juarez, and Pablo Velez.

NOES: None.

ABSTAIN: Committee Members Martha Johnson, Rose MacKay, Elaine Martinez, and Rafael Stoneman.

ABSENT: Committee Member Victoria Jump

FORMAL ACTION

2. AB 361, Brown Act Virtual Meetings

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the following findings be made: That the Community Advisory Committee has reconsidered the circumstances of the state of the emergency and finds that the state of emergency continues to directly impact the ability of Community Advisory Committee members to meet safely in person and that State and local officials continue to impose or recommend measures to promote social distancing.

Scott Campbell, General Counsel, reviewed the new law AB 361, which will make it permanent to have the ability for public agencies in the State of California to have public meeting either through phone calls or the internet. Prior to the pandemic public entities were required to have meetings in person, stream online and via telephone.

Under AB 361 we now are going back to what the old law was, which is if we have a meeting in a public space, everyone can come. You can call in or you can Zoom or use Microsoft Teams; however, you must post a notice at the location you are going to participate from, and it must be up for 72 hours and members of the public can come and attend at that location. There is one exception. If you want to have a virtual meeting, every thirty (30) days you must make a approve to continue meeting virtually This means if you want to have your meetings the way we currently have them, you can call in from any location and you do not need to post. You do not need to allow members of the public to come into your offices, home or wherever you are calling from.

Committee Chair Juarez asked when the next meeting is scheduled. Ms. Torres replied it is on November 17, 2021 which would target the thirty (30) day timeframe. Mr. Campbell stated that would be fine; at that meeting you would have to start the meeting with making those findings, but then after that the next meeting would need to be thirty (30) days from that date. You would need a special meeting where you call in and present the findings. It would be a consent calendar item and that would be the sole purpose of the meeting. The County of Ventura is doing their meetings this way. The Commission and Executive Finance committees have both decided to have meetings every thirty (30) days and this is to allow participation without going to different locations.

Committee Chair Juarez asked if the Committee can vote on this item on November 17, 2021. Ms. Torres stated that would be his decision. Mr. Campbell reviewed the law again and stated that within thirty (30) days of the first meeting after the law is passed, you can make findings at that meeting. We would like to do it today, but technically under the law you have another thirty (30) days to make that determination. Mr. Juarez stated we can wait until November 17th to decide. Mr. Campbell stated you can wait until November 17th

and he has sent a copy of the Brown Act specific provision that states you can't make a condition on people attending and we can include that on the agenda for November 17th. Ms. Torres and Mr. Juarez will review later in the week regarding the next step.

Ms. Torres asked Mr. Campbell if the committee needs to motion or continue to research and decide on November 17, 2021. Mr. Campbell stated this will be put on the agenda for November 17, 2021.

3. Community Advisory Committee (CAC) Meeting Calendar for 2022

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the meeting calendar for 2022 as presented.

Ms. Torres asked if the committee would like to approve the calendar now or wait until November 17, 2021. Traditionally the CAC meets on a quarterly basis. We would meet January 26, 2022, April 27, 2022, July 27, 2022 and the last quarter of the year.

Committee Member Ruben Juarez motioned to approve the Community Advisory (CAC) Meeting Calendar for 2022. Committee Member Laurie Jordan seconded.

AYES: Committee Members Frisa Herrera, Martha Johnson, Laurie Jordan, Ruben Juarez, Rose MacKay, and Elaine Martinez.

NOES: Committee Member Paula Johnson

ABSTAIN: Committee Members Rafael Stoneman and Pablo Velez.

ABSENT: Committee Member Victoria Jump

UPDATES

4. Medi-Cal Rx Update

Staff: Anne Freese, PharmD, Director of Pharmacy

RECOMMENDATION: Accept and file the update.

Pharmacy Director, Anne Freese, discussed the implementation date for Medi-Cal Rx. The Department of Health Care Services (DHCS) has distributed communications via press releases and email subscription service. GCHP has sent a variety of notices through various committees and provider bulletins. The implementation date is scheduled for January 1, 2022.

The first notice will be a sixty (60) day notice letter which will go out to all beneficiaries with this new date. GCHP will kick off the outreach campaign, via radio and print media throughout the county, however, due to Black Friday and Christmas campaigns, we will

not be doing ads during that period. The thirty (30) day notice letter will go out to all households on or about December 1, 2021. The new ID cards for Medi-Cal Rx will be sent out to members by January 1, 2022.

We are providing information in our provider operations bulletins which are sent out every other month. As additional information is received from the state, email blasts will be sent to providers. Our website has also been updated with additional information. There is a provider portal, and we are encouraging the providers to go to that website to register and sign up. There will also be a member portal with information.

Once Medi-Cal Rx goes live, their formulary or contract drug list will be on the website. Committee Member Laurie Jordan asked if this was the same drug formulary as members were told about before and will the members need to start all over. Dr. Freese stated it is not starting all over from zero and the state has added drugs to the formulary listing, and it will be new and have additional drugs on it from the past. Committee Member Jordan stated this was a good selling point. Dr. Freese stated we are anticipating a potential 20 percent disruption and the latest numbers from the state is that it is in the single digits therefore less than 10 percent is what they are projecting as the potential gap.

Dr. Freese reviewed the slides with web addresses for the portal. For member specific or general questions or comments, you can reach out to us directly. Committee member Jordan stated questions are answered and the team gets back to you.

Committee Chair Juarez asked if the new ID cards will be mailed out and will they look the same. Dr. Freese stated they will look the same but will be updated with the state's phone number. Mr. Juarez asked if Walgreens was a contracted pharmacy. Dr. Freese replied it is not in the GCHP network as of today. Dr. Freese replied when the Medi-Cal Rx transition occurs, it will be all of the state's contracted pharmacies throughout the state that they will be able to go to and she believes Walgreen's is contracted with the state. CMO Wharfield asked if the state has the ability to search the network of pharmacies. Dr. Freese replied that the dedicated website has a pharmacy search function and if you fill in your zip code it will give you the list of pharmacies contracted in your area. If you call the Medi-Cal Rx phone number, they also can provide available pharmacies.

Dr. Freese added for GCHP we do require that any pharmacies that are contracted with us are also contracted with the state, so we are not anticipating any disruption in terms of pharmacies that members currently go to. All should be contracted with the state and we expect no major changes.

5. Vaccine Outreach Plan

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

RECOMMENDATION: Accept and file the update.

Sr. Manager of Communications & Marketing, Susana Enriquez-Euyoque, presented the Vaccine Outreach Plan. Ms. Enriquez-Euyoque stated that in Ventura County 80.4 percent of residents 12 and older have received at least one dose of the COVID-19 vaccine. The county recently sent a letter, and the number is down to 81.1 percent; the county has done a great job of vaccinating residents in Ventura County. However, for the Medi-Cal population it is 56.7 percent. Beneficiaries 12 and old have received at least one dose of the vaccine and we are now at 57.3 percent.

There is a disparity between the Medi-Cal population and the general population as a whole. There is about 24 percentage points between the two. The Department of Health Care Services, which is our regulatory agency, has made it a priority to close the gap.

The slide for where the managed care plans and fee for service ranks in terms of vaccination rates was reviewed. GCHP is in the top ten of health plans in the state, but there is still a long way to go closing the gap. Some of the health plans in Northern California have done a great job of vaccinating their populations but a lot of them have very small populations. Those who have a fee for service for Medi-Cal have gotten vaccinated at a much higher rate than those who are in managed care plans.

The Department of Health Care Services (DHCS) has requested that we focus on several populations, homebound members and those unable to travel to vaccination sites. DHCS has requested we reach out to who are 50-64 years of age who have chronic conditions. We need to include as many people who self-identify as people of color, and those between the ages of 12 to 25.

DHCS is also allocating up to \$350 million to incentivize these efforts between September 1, 2021 and February 28, 2022. They provided money for submitting plans, which we have, and it was approved. The state has also earmarked based on benchmarks. If within a certain amount of time, you manage to move the needle X amount, you will receive a certain amount of money. They have also allocated \$100 million in direct member incentives for those who get vaccinated.

The GCHP Vaccination Response Plan Strategies slide was reviewed. GCHP is incentivizing providers who become vaccinators and increase vaccinations among their assigned members. Another strategy is for us to partner with providers by sharing data so they can outreach to their unvaccinated members. We are also engaging with our pharmacies. We are also working with community partners to reach specific populations.

The Member Incentives slide was reviewed. If a member receives their first vaccination, they will receive a \$50 gift card. We are hoping that they will take the next step and receive the second vaccination. If they go to a GCHP booth, they will immediately receive their gift card. If vaccinated at a pharmacy or a provider's office, we are partnering with a vendor who will mail the members a gift card based on data that verifies they have received a vaccination. Flyers have been created and we are happy to share with the committee to distribute to the communities you serve.

The GCHP Implementation Timeline: September – December 2021 was reviewed. A response plan was created, and we submitted to the state and it was approved. We participated in a Facebook Live event that Committee Member Velez invited us to. We tackled some of the myths that we have heard about which are keeping people from getting vaccinated. Questions included fertility and how quickly the vaccine was approved. CMO Wharfield and Mr. Velez engaged in this conversation. The link to our Facebook Live event is posted on the GCHP's website and you can also go directly to Amigo Babies on Facebook and search. We were grateful to participate in this forum and were able to do it in English, Spanish and Mixteco.

We are hoping to kick off our provider incentive program in November. We will provide information in our community newsletter which is sent out every other month. At the end of the year, we will include some information along with the Medi-Cal Rx mailing that Dr. Freese mentioned. This will include information about the vaccine incentive. We will be providing another update to DHCS in mid-December. We hope to work together to get as many people vaccinated as possible.

Ms. Torres thanked Ventura County Public Health for their partnership and being able to co-locate at a number of events. We have also started hosting our own event and we had one in the Lemonwood neighborhood in Oxnard. Ms. Torres extended a special thanks to Ms. Martha Johnson who was at the event as well as a number of community members. Ms. Enriquez-Euyoque was able to get two radio stations to promote the event throughout the week as well as attend in person. Ms. Torres added that they plan on more community events. There is a Community Insight Coalition meeting in the next two weeks and an invitation will be sent out. We would like to partner with this committee and figure out a better way to promote the vaccine as this is a difficult population to reach and we are looking for feedback. We will be participating in another Facebook Live.

CMO Wharfield stated that the Facebook Live had more than 160,000 viewers and we would be happy to partner with any of you and your organizations to help spread the word, answer questions and whatever we can do to help our members to understand and answer questions regarding vaccine hesitancy.

Committee Member Paula Johnson stated over the last two weeks ARC has partnered with the Ventura County Health Department for the flu and COVID-19 vaccine clinics. We are happy to say there are over 400 people received their flu shot. Approximately 100 received their boosters and eight individuals received their first COVID-19 vaccination. We have nine locations for our program; our goal is that when the second shot maybe additional people will come. Ms. Johnson suggested having a table from GCHP at these locations. Ms. Torres stated she would be happy to attend. Ms. Johnson asked how they could assist individuals to get their \$50.00 gift card. Ms. Torres replied that they are within the time period that Ms. Enriquez-Euyoque discussed.

Committee Member Paula Johnson motioned to accept agenda items 4 and 5. Committee Member Laurie Jordan seconded.

AYES: Committee Members Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Ruben Juarez, Rose MacKay, Elaine Martinez, and Rafael Stoneman.

NOES: None.

ABSTAIN: None.

ABSENT: Committee Members Victoria Jump and Pablo Velez

PRESENTATION

6. Medi-Cal Upcoming Benefits and Services

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

RECOMMENDATION: Accept and file the presentation.

Executive Director of Strategy and External Affairs, Marlen Torres, presented an overview of what is to come during the next year and we will provide more details once DHCS issues guidance and felt it was important for this committee to be aware of these new benefits and changes.

We currently have over 240,000 Medi-Cal members. This is due to the public health emergency and this is the largest membership that we have had thus far for GCHP. Most of our members reside in the fifth district, which is mostly the City of Oxnard. We have about 95,000 members there and the majority of the membership are adults between 18 to 64 years of age.

Ms. Torres reviewed the Medi-Cal Eligibility Overview slide. One of the biggest components we have heard a lot about and discussed during the budget discussions is the expansion of Medi-Cal, regardless of immigration status for individuals 50 years and older, but similar to the coverage that was provided for children regardless of immigration status. That will kick off in May 2022. More information will follow.

The Medi-Cal New Benefits Overview was reviewed. There are new types of providers that are coming in categorized as new benefits. One of them is the community health worker which are the promotores/promotoras model as well as Doula service and Dyadic service is getting ready to come in July 2022. Beginning in January 2022 continuous glucose monitoring for adults with type one diabetes; whole genome sequencing for beneficiaries one year of age or younger, receiving inpatient hospital services in an intensive care unit; and Dyadic services for families to receive screening for behavioral health problems, interpersonal safety, tobacco and substance use, misuse, and social determinants of health, such as food insecurity and housing instability.

The Department of Health Care Services is in the process of defining how to categorize Community Health Workers (CHW). This would fall under the California advancing and innovating Medi-Cal CalAIM that has been discussed and would begin in July 2022. This particular benefit would be a part of the 1115 Waiver, and it should be approved by the

end of the year to go live with the number of CalAIM initiatives in January 2022. Another initiative that has been discussed in the past is Enhanced Care Management Community Supports an update will be provided in the coming year.

Preventive Services were discussed. DHCS is trying to figure out where to categorize the new provider types. Some of the Core Competencies that the community health care worker should have are communication skills, advocacy skills, outreach, individual and community assessment skills. Another type of provider is a Doula, which includes personal support to women and families throughout a woman's pregnancy, childbirth, and post-partum experience. DHCS is also in the process of determining how the provider would fit into the overall benefits of the Medi-Cal program. It is the contract between the state and the federal government.

DHCS has been reviewing a number of states that currently have Doulas. The Oregon model is being considered as they go through the stakeholder process and determine how the model will look like in California in July 2022.

Ms. Torres stated an important point and section that we are really able to a part of the stakeholder process and to provide feedback as DHCS is starting to build these new initiatives especially as you look at community health care workers and Doulas. There are a number of changes that need to occur for them to be classified as providers. There are stakeholder meetings taking place now so more information will come as we start getting guidance from DHCS.

Committee Member Laurie Jordan motioned to approve agenda item 6. Committee Member Paula Johnson seconded.

AYES: Committee Members Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Ruben Juarez, Rose MacKay, Elaine Martinez, and Rafael Stoneman.

NOES: None.

ABSTAIN: None.

ABSENT: Committee Members Victoria Jump and Pablo Velez

COMMENTS FROM COMMITTEE MEMBERS

Committee Member Martha Johnson stated that on behalf of the Ventura County Health Care Agency that she is working on hosting a vaccine/flu clinic in Thousand Oaks. She will share the flyer. It will be held on Wednesday, November 3, 2021 from 1 pm to 6 pm. They will also provide a flu shot and the COVID-19 vaccine.

Committee Chair Juarez welcomed Rose MacKay and Rafael Stoneman and the other staff that has joined us today. Committee Member Elaine Martinez stated this was her first week and she is learning a lot about the department and current initiatives and hopes to provide some added value at the next meeting.

Committee Chair Juarez gave an update on the homeless population, providing one stop services, the care pods, showers, TB tests, vaccines as well as the COVID-19 vaccine. On November 3, 2021 we will be at the Salvation Army on Wooley Road in Oxnard. They will be relocating from the Oxnard Rescue Mission on Sixth Street and Meta in Oxnard to the new location for the showers and care pods.

Committee Member Martha Johnson asked if the one-stop flyer will be updated with the new location and date. Committee Chair Juarez stated they have been updated and will be going out to the clinics that are providing services. This will take place on November 3, 2021 from 8:30 am to 11:30 am. It will be distributed to the committee tomorrow. Committee Member Martha Johnson asked if there will be TB shots available. Committee Chair Juarez stated he didn't have the information, but TB tests are provided at the mobile clinic at those events. The TB tests take place on Friday in Santa Paula and at River Haven. The mobile clinics do not perform the COVID-19 tests.

Committee Chair Juarez stated the committee will meet again for a special meeting on November 17, 2021.

The meeting adjourned at 5:50 pm

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 5:50 p.m.

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission

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

November 17, 2021

CALL TO ORDER

Committee Co-Chair, Pablo Velez, called the meeting to order at 3:00 p.m.

ROLL CALL

Present: Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Ruben Juarez, Rose MacKay, Elaine Martinez, Rafael Stoneman, Pablo Velez

Absent: Victoria Jump

Attending the meeting for GCHP Executive team were Margaret Tatar, Chief Executive Officer, Nick Liguori, Chief Operations Officer, Nancy Wharfield, MD, Chief Medical Officer, Robert Franco, Chief Compliance Officer, Michael Murguia, Executive Director of Human Resources, Marlen Torres, Executive Directors of Strategy and External Affairs, Luis Aguilar, Lupe Gonzales, Susana Enriquez and Scott Campbell, General Counsel. Moira Gallo, Interpreter.

PUBLIC COMMENT

None.

FORMAL ACTION

1. AB 361, Brown Act Virtual Meetings

Staff: Scott Campbell, General Counsel

RECOMMENDATION: It is recommended that the following findings be made: That the Community Advisory Committee has reconsidered the circumstances of the state of the Covid-19 emergency and finds that state and local officials have imposed or recommended social distancing measures in connection with Covid-19 and that meeting in person would pose an imminent risk to the health and safety of attendees.

General Counsel, Scott Campbell, stated as discussed in our last meeting, in order to comply with AB 361 and continue to meet virtually, without posting, we need a majority of the members on this call to vote “yes” on this and after that we will have meetings every

thirty (30) days, for five (5) minutes. This would be a consent calendar item in order to make those findings. It is our recommendation if you want to continue to meet this way every thirty (30) days, that you vote.

Committee Member Laurie Jordan motioned to approve AB 361, Brown Act Virtual Meetings. Co-Chair Member Pablo Velez seconded.

Roll Call vote as follows:

AYES: Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Elaine Martinez, Rose MacKay, Rafael Stoneman, and Pablo Velez

NOES: None.

NO RESPONSE: Committee member Ruben Juarez

ABSENT: Committee member Victoria Jump

The motion carries.

3:08 p.m. Committee member Victoria Jump joined the meeting.

2. Community Advisory Committee (CAC) Amended Meeting Calendar for 2022, including special meetings to comply with AB 361.

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

RECOMMENDATION: Approve the amended meeting calendar for 2022 as presented.

General Counsel, Scott Campbell, stated this item sets the calendar for December 2021 and 2022. It shows the regular meetings and then ensures you have the five (5) minute meetings every thirty (30) days between your regular meetings. We are seeking a motion to approve the amended calendar as presented.

Committee member Paula Johnson asked if invitations will be sent for the special meetings. Marlen Torres responded that invitations will be sent for the special meetings. General Counsel, Scott Campbell, stated this is occurring across the state. The special meeting would consist of a consent calendar, roll call, open for public comments and then you would vote. These meetings have been taking anywhere from three (3) minutes to ten (10) minutes.

Committee Member, Paula Johnson motioned to approve the Community Advisory Committee (CAC) Amended Meeting Calendar for 2022, including special meetings to comply with AB 361. Co-Chairman, Pablo Velez, seconded the motion.

Roll Call vote as follows:

AYES: Committee members Frisa Herrera, Martha Johnson, Paula Johnson, Laurie Jordan, Ruben Juarez, Victoria Jump, Elaine Martinez, Rose MacKay, Rafael Stoneman, Pablo Velez

NOES: None.

ABSENT: None.

The motion carries.

COMMENTS FROM COMMITTEE MEMBERS

3. CAC Feedback / Roundtable Discussion

Committee Co-Chair, Pablo Velez, asked if the next meeting would be an approval meeting. General Counsel, Scott Campbell, said it would be a quick meeting to make the findings and go on to January 2022. Marlen Torres stated if there are any pertinent items that need to be discussed with the committee we will do so at these special meetings.

CEO Margaret Tatar extended her warmest wishes to everyone on the call for the holidays and thanked them for their continued service. Co-Chair, Pablo Velez, thanked everyone working with us to help our county improve and navigate during this incredible pandemic. Committee Chair, Ruben Juarez, extended his thanks and stated he currently has a major project for the homeless encampment campgrounds, and it will be harder for him to continue doing this as much. Mr. Juarez thanked Co-Chair, Pablo Velez, for his assistance and teamwork.

PUBLIC COMMENT

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 3:14 p.m.

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission



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

December 15, 2021

CALL TO ORDER

Committee Co-Chair, Pablo Velez, called the meeting to order at 4:01 p.m.

ROLL CALL

Present: Committee members Paula Johnson, Laurie Jordan, Victoria Jump, Elaine Martinez, Rafael Stoneman, and Pablo Velez

Absent: Committee members Frisa Herrera, Martha Johnson, Ruben Juarez, and Rose MacKay

Attending the meeting for GCHP Executive team were Marlen Torres, Executive Director of Strategy and External Affairs, Luis Aguilar, and Susana Enriquez. Ana Rangel, Interpreter.

PUBLIC COMMENT

None.

CONSENT

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

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

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

Committee Member Laurie Jordan motioned to approve Consent item 1. Committee Member Paula Johnson seconded.

4:04 PM Committee member Ruben Juarez joined the meeting.

Roll Call vote as follows:

AYES: Committee members Paula Johnson, Laurie Jordan, Ruben Juarez, Victoria Jump, Elaine Martinez, Rafael Stoneman, and Pablo Velez.

NOES: None.

ABSENT: Committee members Frisa Herrera, Martha Johnson and Rose MacKay

COMMENTS FROM COMMITTEE MEMBERS

2. CAC Feedback / Roundtable Discussion

Assistant Clerk to the Commission, Deborah Munday announced that the next special meeting is scheduled to take place on January 12, 2022. Executive Directors of Strategy and External Affairs, Marlen Torres thanked the callers for joining the special meeting allowing the group to continue to meet virtually and extended holiday wishes to everyone on the call. Committee Co-Chair, Pablo Velez thanked all those from the committee for their incredible work in the community and extended holiday greetings to everyone on the call. Committee Chair, Ruben Juarez shared that he has remained busy working through challenges in the shelters due to weather changes. He thanked everyone for their patience and extended warm wishes to everyone.

PUBLIC COMMENT

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 4:09 p.m.

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission

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

January 12, 2022

CALL TO ORDER

Committee Co-Chair, Pablo Velez, called the meeting to order at 4:04 p.m.

ROLL CALL

Present: Committee members Martha Johnson, Paula Johnson, Laurie Jordan, Rose MacKay, Elaine Martinez, Rafael Stoneman, and Pablo Velez.

Absent: Committee members Frisa Herrera, Ruben Juarez, and Victoria Jump.

Attending the meeting for GCHP Executive team were Nick Liguori, Chief Operating Officer, Robert Franco, Chief Compliance Officer, Marlen Torres, Executive Director of Strategy and External Affairs, Luis Aguilar, Susana Enriquez, Veronica Estrada, and Anna Sproule. Lourdes Campbell, Interpreter.

PUBLIC COMMENT

None.

CONSENT

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

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

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

Committee Member Paula Johnson motioned to approve Consent item 1. Committee Member Laurie Jordan seconded.

Roll Call vote as follows:

AYES: Committee members Martha Johnson, Paula Johnson, Laurie Jordan, Rose MacKay, Elaine Martinez, Rafael Stoneman, and Pablo Velez.

NOES: None.

ABSENT: Committee members Frisa Herrera, Ruben Juarez, and Victoria Jump.

COMMENTS FROM COMMITTEE MEMBERS

2. CAC Feedback / Roundtable Discussion

Marlen Torres, Executive Director of Strategy and External Affairs, announced the next regular Community Advisory Committee meeting is scheduled January 26, 2022.

PUBLIC COMMENT

None.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 4:08 p.m.

Approved:

Deborah Munday, CMC
Assistant Clerk to the Commission



AGENDA ITEM NO. 2

TO: Community Advisory Committee

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

DATE: January 26, 2022

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

SUMMARY/RECOMMENDATION:

At its November 17, 2021, meeting, the Community Advisory Committee (“Committee”) of the Ventura County Medi-Cal Managed Care Commission (“Commission”) dba as Gold Coast Health Plan (“Plan”) made findings pursuant to Assembly Bill 361 to continue to meet remotely. To continue this practice, it is required, 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 continue 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. Because these findings must be made every thirty (30) days, it is time to remake the findings.

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. Newly enacted 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 and the Plan’s Committees have 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. In June of 2021, Governor Newsom issued Executive Order N-08-21, which provided that the exceptions contained in EO N-29-20 would sunset on September 30, 2021.

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. Governor Newsom signed the bill into law on September 16, 2021. Because it contained an urgency provision, it took immediate effect.

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, the most predominant of which continues to be the Delta variant. However, another "variant of concern"—the Omicron variant, which has spread rapidly through South Africa and which spurred President Biden's travel ban to several countries in that continent, has also been detected in California. Additionally, several Committee members 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

The Committee made the findings listed above at its November 17, 2021 special Committee meeting and again during its December 15, 2021 special Committee meeting. 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 its February 23, 2022 special Committee meeting.

ATTACHMENT:

None.

AGENDA ITEM NO. 3

TO: Community Advisory Committee (CAC)
FROM: Anne Freese, PharmD, Director of Pharmacy
DATE: January 26, 2022
SUBJECT: Medi-Cal Rx Update

SUMMARY:

Presentation providing an update to Medi-Cal Rx.

RECOMMENDATION:

Staff recommends that the Community Advisory Committee accept and file the presentation.

ATTACHMENT:

- 1) Freese, A., (2022). Director of Pharmacy, Medi-Cal Rx, Presentation Slides.

Medi-Cal Rx

Annie Freese, Pharm.D.
Director of Pharmacy

Agenda

- Medi-Cal Rx
- Member Communications
- GCHP Provider Outreach
- Medi-Cal Rx Dedicated Website and Tools Overview
- Questions and Help

Medi-Cal Rx

NOW LIVE!

- PBM status
- Prescription Volume
- Issue tracking

Member Communications

| Date | Topic | Responsibility |
|------------------------|----------------------|----------------|
| November 2021 | 60-Day Notice Letter | DHCS |
| November-December 2021 | Outreach Campaign | GCHP |
| December 2021 | 30-Day Notice Letter | GCHP |
| By January 1, 2022 | New ID Cards | GCHP |

GCHP Provider Outreach

| Item | Targeted Date | Description |
|--------------------------------------|---------------|---|
| Provider Operations Bulletins (POB) | Ongoing | Articles in the POB will be placed regarding Medi-Cal Rx as new information becomes available |
| Provider Emails Blasts | Ongoing | Email blasts containing important information and notification of website updates |
| GCHP Website Banner and Landing Page | Now live | Website containing important links and information regarding Medi-Cal Rx |

Medi-Cal Rx Website and Tools

[Medi-Cal Rx](#)
1-800-977-2273

Information and Tools Available:

- Pharmacy Locator
- Contract Drug List (CDL)
- FAQs
- News and Bulletins

Questions and Help

- For Medi-Cal Rx help, members, pharmacies and prescribers should contact Medi-Cal Rx directly via phone or via the website chat functions
- The GCHP pharmacy department can be reached at pharmacy@goldchp.org or via phone at 805-437-5738 for additional assistance if needed



AGENDA ITEM NO. 4

TO: Community Advisory Committee

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

DATE: January 26, 2022

SUBJECT: **Vaccine Outreach Initiative**

**PowerPoint with
Verbal Presentation**

ATTACHMENT: VACCINE OUTREACH INITIATIVE



Gold Coast Health Plan Vaccine Outreach Initiative

January 26, 2022

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

Integrity

Accountability

Collaboration

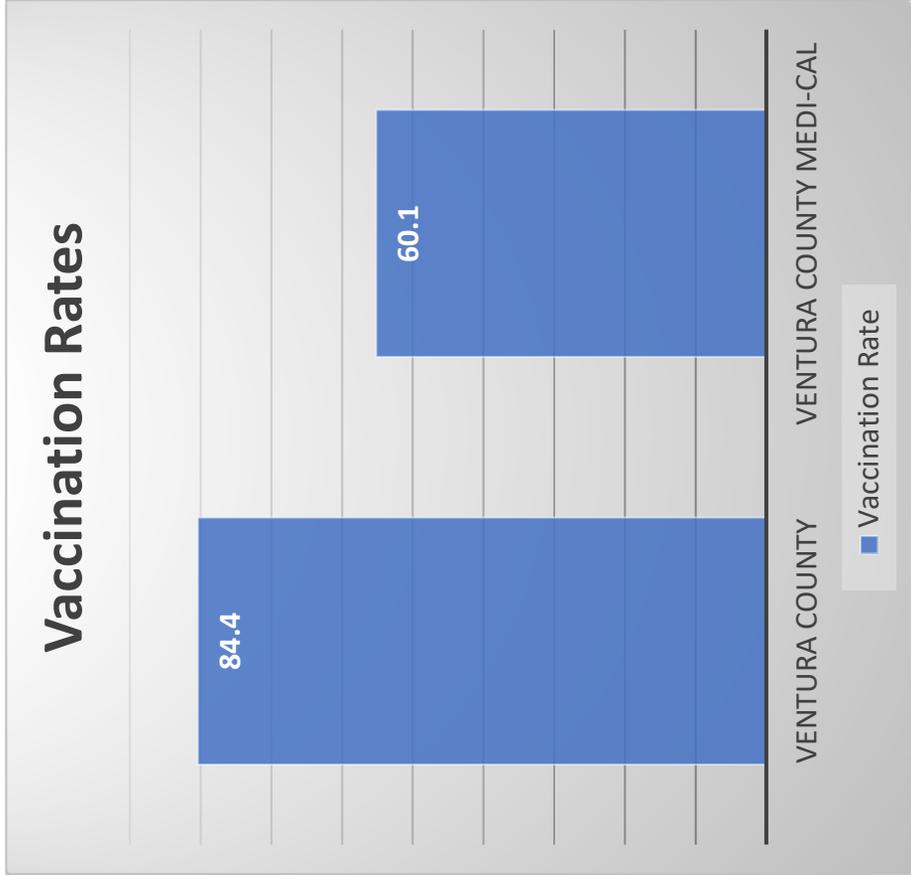
Trust

Respect

Agenda

1. Update on vaccination disparities in Ventura County
2. Member outreach
3. Member incentives
4. Provider incentives
5. Questions

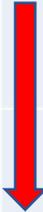
Ventura County Vaccination Rates



- 84.4% of Ventura County residents 12 years and older have received at least one dose (as of Jan. 2022)
- 60.1% of Medi-Cal beneficiaries 12 years and older have received at least one dose (as of Jan. 2022)

Source: www.vcrecovers.org; [State Department of Health Care Services](#)

Managed Care Plan/Fee for Service Vaccination Rates

| Managed Care Parent Plan | Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose | Percent of Medi-Cal Beneficiaries (12+) Administered at Least One Dose | Managed Care Parent Plan | Percent of Medi-Cal Beneficiaries (5+) Administered at Least One Dose | Percent of Medi-Cal Beneficiaries (12+) Administered at Least One Dose |
|--|---|--|--|---|--|
| San Francisco Health Plan | 68.8% | 71.9% | Central California Alliance for Health | 49.7% | 57.9% |
| Santa Clara Family Health Plan | 64.9% | 70.7% | Partnership Health Plan of California | 48.6% | 54.3% |
| Health Plan of San Mateo | 63.1% | 69.5% | CenCal Health | 48.1% | 55.7% |
| Alameda Alliance for Health | 61.2% | 66.5% | United Healthcare Community Plan | 46.0% | 50.0% |
| Contra Costa Health Plan | 59.6% | 65.9% | Molina Healthcare of California | 45.7% | 52.2% |
| L.A. Care Health Plan | 55.8% | 62.6% | Anthem Blue Cross | 45.0% | 51.3% |
| Kaiser Permanente | 54.8% | 61.9% | CalViva Health | 43.7% | 52.0% |
| CalOptima | 54.5% | 61.4% | California Health & Wellness Plan | 41.5% | 47.9% |
| Blue Shield of California Promise | 53.3% | 57.5% | Aetna Better Health of California | 41.5% | 45.6% |
| Gold Coast Health Plan  | 52.0% | 60.1% | Health Plan of San Joaquin | 41.5% | 49.4% |
| Community Health Group | 51.2% | 58.3% | Inland Empire Health Plan | 40.8% | 48.1% |
| Health Net Community Solutions | 51.1% | 58.5% | Kern Health Systems | 38.5% | 46.1% |
| Fee For Service | | | 64.3% | 67.0% | |

Member Outreach

1. Letters to members who are homebound – completed
2. Automated phone calls/text messages to unvaccinated members – in progress
3. Article in member newsletter – in homes Feb. 15-17
4. Ads (radio, tv, digital) – throughout February

Member Incentives

1. Contract with a gift card fulfillment vendor was finalized
2. Gift card and carrier are being customized
3. Determining how many members have been vaccinated since Oct. 1, 2021
4. Scheduling first mailing

Customer Service
495 Mansfield Ave.
Pittsburgh, PA 15205



Activate your Visa®
Incentive Prepaid Card!

Visit PerfectGift.com
or call 1-877-448-4438.

Helpful Tips:

- Restaurants, hotels, and service locations may preauthorize gratuity up to 20% of your purchase price.
- For fuel purchases, please pay at the cashier and not the pump.
- For debit purchases, a PIN will be provided when you activate your card.
- Your card can also be run as credit.
- No cash or ATM access.
- For customer support, visit www.PerfectGift.com or call 1-877-448-4438.

Expiration and Replacement Fee:

- This card will expire as indicated by the expiration date found on the card.
- \$5.00 deducted from your current balance to replace the card.
- Purchases made outside the U.S.A. to be assessed at a 3% fee.

Provider Incentives

1. Incentive period: Dec. 1, 2021 – Feb. 28, 2022
2. Providers will receive a percentage of the incentive funding that corresponds with the percent increase in vaccinations (results will be weighted to account for the percentage of GCHP members that each system serves)
3. Working on Letters of Agreement

Questions?

AGENDA ITEM NO. 5

TO: Community Advisory Committee (CAC)
FROM: Rachel Lambert, MBA-HCM, LMFT, CCM, Director of Care Management
DATE: January 26, 2022
SUBJECT: Enhanced Care Management/Community Supports (ECM/CS) Update

SUMMARY:

Presentation providing an update to Enhanced Care Management/Community Supports (ECM/CS).

RECOMMENDATION:

Staff recommends that the Community Advisory Committee accept and file the update.

ATTACHMENT:

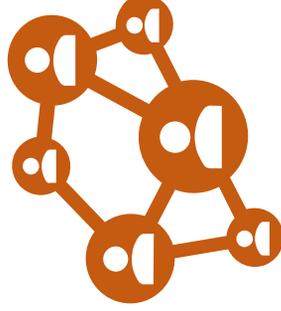
- 1) Lambert, R., (2022). Director of Care Management, Enhanced Care Management/Community Supports (ECM/CS), Presentation Slides.

ECM/CS Overview

Rachel Lambert, MBA-HCM, LMFT, CCM
Director, Care Management



Enhanced Care Management
(ECM)



Community Supports (CS)



ECM: A statewide enhanced care management (ECM) benefit that provides a whole-person approach to care that addresses the clinical and non-clinical circumstances of high-need Medi-Cal beneficiaries.



ECM Populations of Focus: Go Live 1/1/2022

High Utilization (18+)

- 5+ avoidable ER visits in last 6 months OR
- 3+ unplanned, avoidable IP admissions or SNF stays in last 6 months

Homelessness (All Ages)

- Homeless or at imminent risk of becoming homeless
- 1+ complex physical, behavioral, or developmental health need

SMI/SUD (18+)

- Meet criteria for SMH and/or DMC-ODS services
- 1+ complex SDoH factors
- AND at least one of the following
 - Overdose/at risk of overdose
 - Pregnant/Post-partum
 - Suicidal Ideation
 - High risk of institutionalization
 - 2+ ER visits or 2+ Admits for SUD/alcohol use in 12 months
 - Uses crisis services, ER, UC, or IP stays as the sole source of care

Justice System Involvement* (All Ages)

- Transitioning from incarceration or transitioned from incarceration within the last 12 months
- AND at least one of the following
 - Chronic Mental Illness
 - Substance Use Disorder (SUD)
 - Chronic disease
 - Intellectual or developmental disability
 - Traumatic brain injury
 - HIV
 - Pregnancy

ECM Homeless Definition

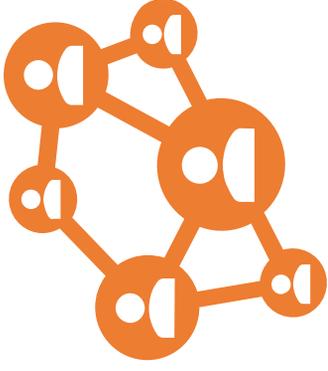


- An individual who lacks adequate nighttime residence.
- An individual or family with a primary residence that is a public or private space not designed for or ordinarily used for human habitation.
- An individual or family living in a shelter.
- An individual exiting an institution to homelessness (if exiting an institution, individuals are considered homeless if they were homeless immediately prior to entering that institutional stay, regardless of the length of institutionalization).
- An individual or family who will imminently lose housing in the next 30 days.
- Unaccompanied youth and homeless families and children and youth defined as homeless under other Federal statutes.
- Victims fleeing domestic violence.



CS: 14 Community Supports (formerly 'in lieu of services' or ILOS) that plans can use to provide health-related services as an alternative or substitute for covered Medi-Cal benefits. CS will be integrated with care management for members at high levels of risk and allow plans to address social determinants of health in a way that is cost-effective and consistent with whole person care approached. Managed care plans will be able to add CS over time.

Community Supports (CS) Services Expansion



| | | | | | |
|--|--------------------|---|---|--|------------------------------------|
| **Housing Transition Navigation Services | **Housing Deposits | **Housing tenancy and Sustaining Services | ** Medically Tailored Meals/Medically Supportive Food | ** Recuperative Care (Medical Respite) | Personal Care & Homemaker Services |
| Short-Term Post Hospitalization Housing | Respite Services | Day Habilitation Programs | Nursing Facility Transition/Diversion to Assisted Living Facilities | Asthma Remediation | |
| Environmental Accessibility Adaptations (Home Modifications) | Sobering Centers | | | | |

Community Supports: Go Live

1/1/22



| Community Support | Description | Eligible Population |
|--|---|---|
| Housing Transition Navigation Services | Developing Member housing plan and assistance with obtaining housing, including assistance with searching for housing or completing housing applications. | Homeless/at risk of homelessness AND at least one: <ul style="list-style-type: none"> • 1+ serious chronic conditions • Serious Mental Illness/Substance Use Disorder |
| Housing Deposits* | 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. | At risk of institutionalization Serious Emotional Disturbance (children/adolescents) OR Exiting incarceration |
| Housing Tenancy and Sustaining Services | Assistance with maintaining stable tenancy once housing is secured, including interventions for behaviors that may jeopardize housing, such as late rental payment or behaviors resulting from unaddressed behavioral health conditions. Interventions may include financial literacy support; coordination with the Member's ECM Provider, behavioral health providers, and other providers; and/or landlord relationship management services. | Transitional-aged youth with significant barriers to housing (<u>juvenile justice involvement, 1+ convictions, SMI/SUD/SED, welfare system involvement, and victims of trafficking/family violence</u>) |

Community Supports: Go Live

1/1/22



| Community Support | Description | Population |
|---|--|---|
| <p>Recuperative Care (Medical Respite)</p> | <p>Short-term residential care for beneficiaries who no longer require hospitalization, but still need to recover from injury or illness and whose condition would be exacerbated by an unstable living environment.</p> | <p>Members who are at risk of hospitalization or post hospitalization AND at least one of the following:</p> <ul style="list-style-type: none"> • Are homeless or at risk of homelessness • Live alone with no formal supports • Housing insecurity jeopardizing their health and safety |
| <p>Medically Tailored Meals</p> | <p>Meals provided to the Member that are tailored to meet beneficiaries' unique dietary needs, within thirty (30) days following discharge from a hospital.</p> | <p>Members discharged from the hospital within the past thirty (30) days who were hospitalized for a Congestive Heart Failure (CHF)-related primary diagnosis.</p> |

Referrals to ECM and CS

- ❖ Anyone can submit a referral, including members, family, community members, and community organizations
- ❖ Forms will be posted on goldcoasthealthplan.org shortly
- ❖ You can reach the GCHP ECM CM team at (805) 437-5911 or calaim@goldchp.org



AGENDA ITEM NO. 6

TO: Community Advisory Committee

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

DATE: January 26, 2022

SUBJECT: Population Needs Assessment Update

SUMMARY:

The purpose of the presentation is to provide an update on the Population Needs Assessment (PNA) and review the stakeholder and member surveys mailing timeframe.

FISCAL IMPACT:

None

RECOMMENDATION:

None

ATTACHMENTS:

- 1) 2022 Population Needs Assessment (PNA) Update Presentation Slides (English and Spanish).
- 2) 2021 PNA Community Stakeholder Survey (English and Spanish).

2022 Population Needs Assessment (PNA) Update

Wednesday, January 26, 2022

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

Population Needs Assessment (PNA)

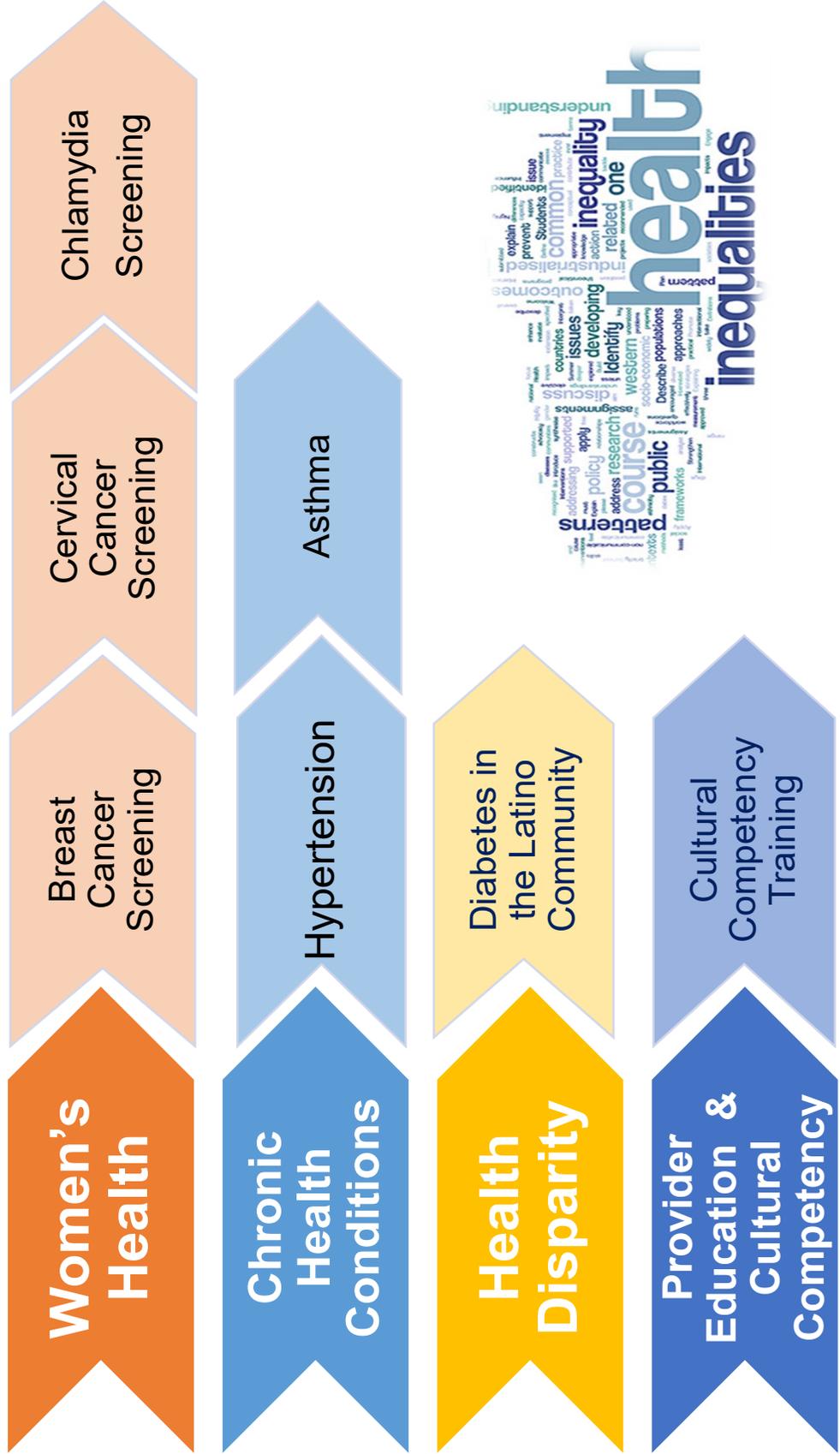
- Department of Health Care Services (DHCS) Requirements
- PNA Timeframe
- Stakeholder Survey Overview
- Member Survey Overview
- Next Steps



DHCS Requirements

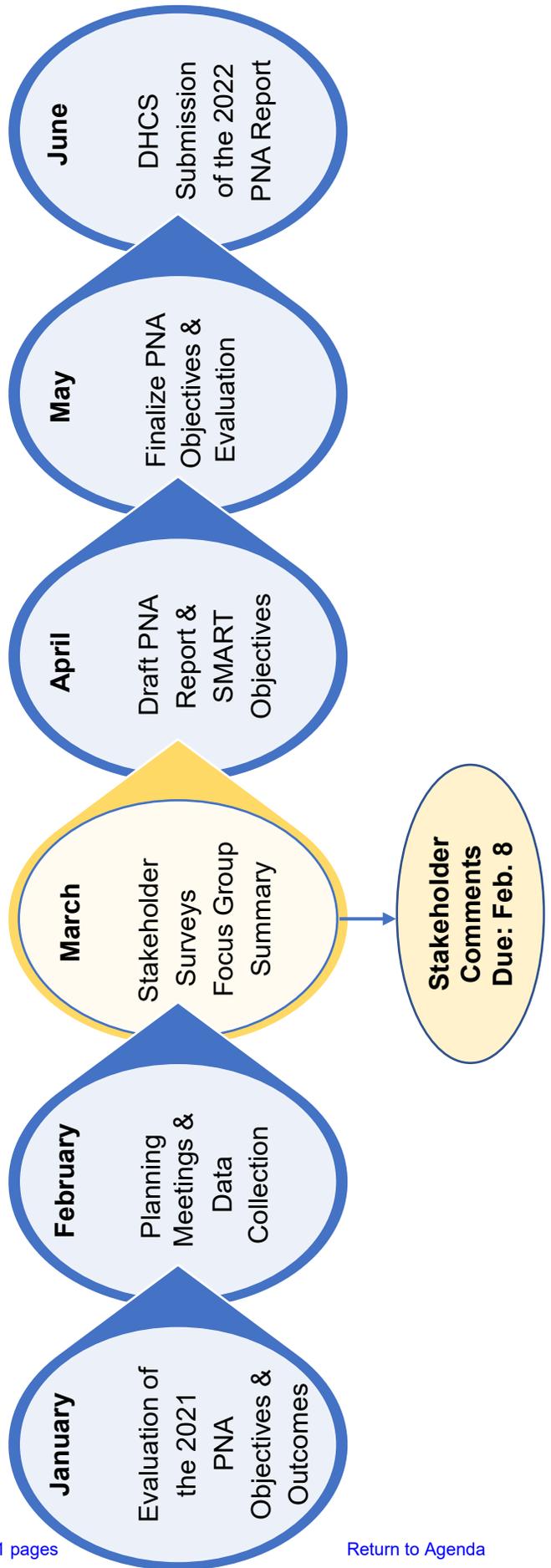
- Medi-Cal Managed Care Plans are required to conduct an annual PNA.
- Three PNA Program Goals:
 - ✓ Identify member health needs and health disparities
 - ✓ Evaluate health education, cultural and linguistic services, quality improvement activities and resources to address concerns or barriers to services
 - ✓ Develop targeted strategies that are culturally and linguistically appropriate

Summary of 2021 PNA Strategic Objectives



PNA Timeframe

2022 Population Needs Assessment (PNA) Report Health Education, Cultural and Linguistic Services January 2022 – June 2022



Stakeholder Survey Overview

Stakeholder Organizational Service Area

- Social Services
- Behavioral Health
- Health Care and/or Medical
- Education
- Non-profit
- Other

Areas of Concerns for Stakeholders

- Concerns or issues for low-income members
- Best method to provide health education services to the members in the community
- Health conditions that impact the community
- How members learn about improving their health conditions

Barriers to Access of Services

- How to address the cultural and health beliefs of GCHP members
- Barriers and access to services
- Best method of communication
- Community concerns, health problems or services in the community

Member Survey Overview

Demographic Profile

- Age
- Gender
- Ethnicity
- Preferred language
- Household family size
- City and zip code

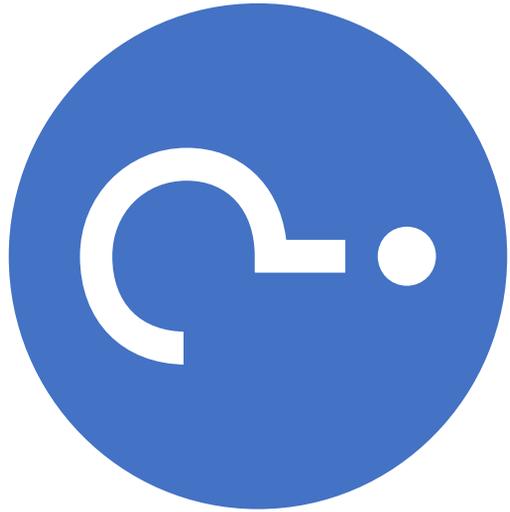
Health Related Questions

- Health concerns
- Health and cultural beliefs
- Chronic conditions
- Health concerns of family members
- Willingness to participate in health education classes (virtual, telephonic)

Barriers to Access of Services

- Communication access (internet, mobile)
- Ability to schedule appointments timely
- Ability of transportation services
- Ability of interpreter services
- Does your provider and/or staff show respect?
- Social determinants of health

Questions



Actualización de la Evaluación de Necesidades de la Población (PNA) de 2022

miércoles, 26 de enero de 2022

Lupe González, PhD, MPH
Directora, Servicios de Educación para la
Salud/Culturales y Lingüísticos

Evaluación de Necesidades de la Población (PNA, por sus siglas en inglés)

- Requisitos del Departamento de Servicios de Atención Médica (DHCS, por sus siglas en inglés)
- Cronología de la PNA
- Resumen de la encuesta de partes interesadas
- Resumen de la encuesta a los miembros
- Pasos a seguir

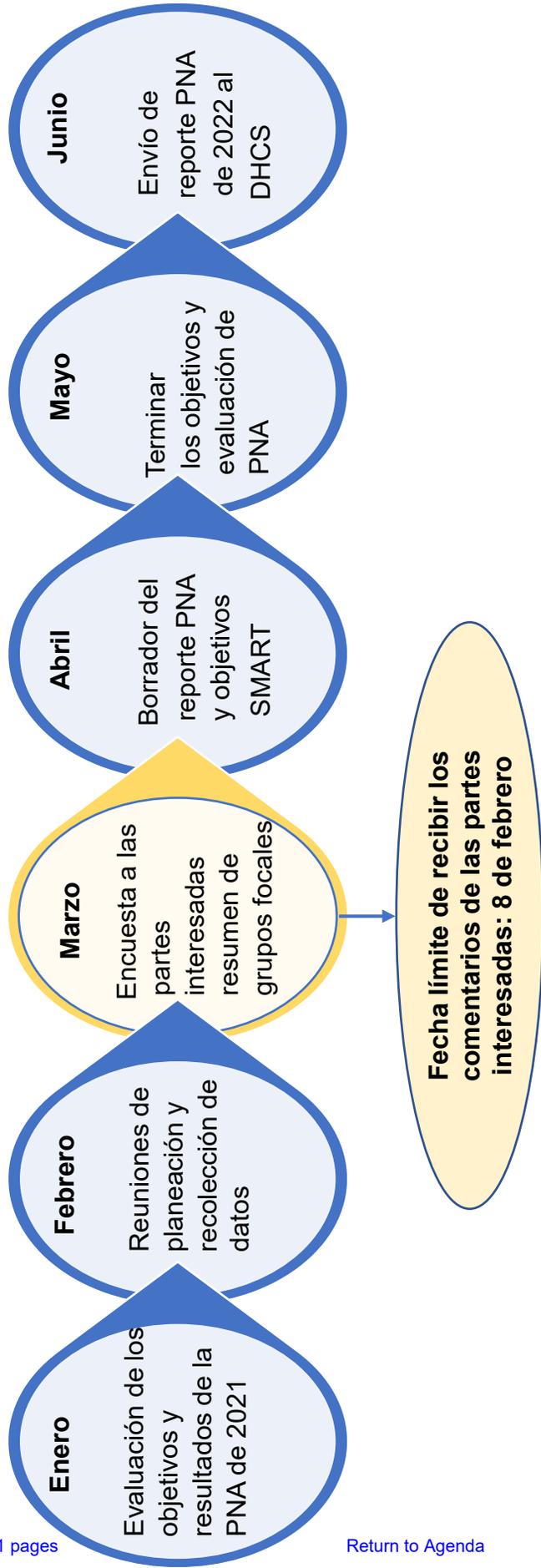


Requisitos del DHCS

- Los planes de atención administrada de Medi-Cal deben llevar a cabo una PNA cada año.
- El programa de PNA tiene tres objetivos:
 - ✓ Identificar a los miembros con necesidades y disparidades de salud
 - ✓ Evaluar los servicios de educación para la salud, culturales y lingüísticos, actividades de mejora de la calidad, y recursos para solucionar problemas o barreras en los servicios
 - ✓ Desarrollar estrategias específicas que sean cultural y lingüísticamente apropiadas

Cronología de la PNA

Informe de la Evaluación de Necesidades de la Población (PNA) de 2022 Servicios de Educación para la Salud, Culturales y Lingüísticos Enero de 2022 a junio de 2022



Panorama general de la encuesta a las partes interesadas

Área organizativa de servicios para las partes interesadas

- Servicios sociales
- Salud conductual
- Atención de salud y/o atención médica
- Educación
- Sin fines de lucro
- Otro

Áreas de inquietud para las partes interesadas

- Inquietudes o problemas para miembros de bajos ingresos
- El mejor método para brindar servicios de educación para la salud a los miembros en la comunidad
- Condiciones médicas que impactan a la comunidad
- Cómo aprenden los miembros a mejorar sus afecciones de salud

Obstáculos para acceder a los servicios

- Cómo abordar las creencias culturales y de salud de los miembros de GCHP
- Obstáculos y acceso a los servicios
- El mejor método de comunicación
- Inquietudes de la comunidad, problemas de salud o servicios en la comunidad

Panorama general de la encuesta a los miembros

| Perfil demográfico |
|--|
| <ul style="list-style-type: none">▪ Edad▪ Género▪ Etnicidad▪ Idioma preferido▪ Tamaño de la familia▪ Ciudad y código postal |

| Preguntas sobre salud |
|---|
| <ul style="list-style-type: none">▪ Inquietudes de salud▪ Creencias sobre la salud y la cultura▪ Condiciones crónicas▪ Inquietudes de salud de los miembros de la familia▪ Disposición para participar en clases de educación para la salud (virtual, vía telefónica) |

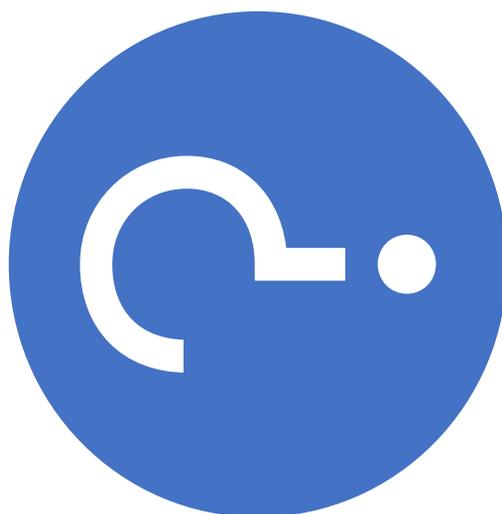
| Obstáculos para acceder a los servicios |
|--|
| <ul style="list-style-type: none">▪ Acceso a medios de comunicación (internet, teléfono móvil)▪ Capacidad para programar citas de manera oportuna▪ Capacidad para servicios de transporte▪ Capacidad para servicios de interpretación▪ ¿El proveedor y/o personal es respetuoso?▪ Determinantes sociales de salud |

Pasos a seguir

- **Cronología de la encuesta a las partes interesadas**
 - 8 de febrero: Fecha límite para comentarios
 - 22 de febrero: Correo electrónico para las partes interesadas
 - Resumen de los resultados
- **Cronología de la encuesta a los miembros**
 - 8 de febrero: Enviar borrador de encuesta por correo electrónico a CAC
 - 22 de febrero: Comentarios de CAC
 - 1 de marzo: Encuesta por correo postal
 - 18 de marzo: Encuestas pendientes
 - Resumen de los resultados
- **Próximos pasos a seguir mencionados en la diapositiva Cronología de la PNA**



Preguntas





2021 Population Needs Assessment Community Stakeholder Survey

Gold Coast Health Plan (GCHP) is conducting a community stakeholder survey and would like your feedback on barriers and challenges of seeking healthcare among low-income, Medi-Cal members. Your responses will help GCHP develop intervention strategies that are culturally and linguistically appropriate.

Please take a moment to complete the survey. If you work for an organization serving low-income individuals and/or Medi-Cal members, we encourage you to complete the survey. The survey is anonymous. Submit your responses no later than **Friday, May 14, 2021**.

If you have any questions, email CulturalLinguistics@goldchp.org.

Organization Background

1. What type of organization do you represent?

Select one:

- a. Social Services
 - b. Behavioral Health
 - c. Health Care and/or Medical
 - d. Education
 - e. Non-profit
 - f. Other, please specify:
-

2. What percentage of your clientele are low-income and/or have Medi-Cal?

Select one:

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

3. Select the population your organization serves in the community?

Check all that apply:

- a. Children
- b. Adults
- c. Families
- d. Homeless
- e. Seniors

- f. Foster Care
- g. LGBTQ+
- f. Other, please specify: _____

Health Concerns and Health Education

4. What do you think are important health concerns or issues for low-income individuals you serve?

Select three. If selecting other, please specify in the last option listed as "other."

- a. Not enough safe places to walk or play
- b. Not enough appointment times at doctors' office/clinics
- c. Not enough doctors who treat patients with respect
- d. Not enough information about health conditions
- e. Not enough information about how to get healthy
- f. Not enough clinics and doctors nearby
- g. Not enough behavioral (mental) health services nearby
- h. Not enough healthy food (such as fresh fruits and vegetables) nearby
- i. Other, please specify: _____

5. What is the best way for GCHP to provide health education services to the members in your community?

Select three. If selecting other, please specify in the last option listed as "other."

- a. GCHP website
- b. Internet
- c. Doctor's offices/clinics
- d. Radio
- e. Family/friends
- f. Other, please explain: _____

6. There are several health conditions that impact our community. Of the following health conditions below, please select three. If selecting other, please specify in the last option listed as "other."

- a. Cancer
- b. Chronic pain
- c. Diabetes
- d. Heart disease/heart attack/stroke/hypertension
- e. Infectious/contagious disease
- f. Lung disease/asthma
- g. Mental health
- h. Obesity/overweight
- i. Substance abuse
- j. COVID-19

k. Other, please specify: _____

7. How do GCHP members currently learn about improving their health conditions?
Select three. If selecting other, please specify in the last option listed as "other."

- a. GCHP website
- b. GCHP telephone counseling
- c. Internet
- d. Doctor's office/clinic
- e. Social media
- f. Family/friends
- g. Other

8. What do you believe is the best method to inform members about Gold Coast Health Plan?

Select three. If selecting other, please specify in the last option listed as "other."

- a. Gold Coast Health Plan website
- b. Text messages
- c. Telephone/Voice mail/phone messages
- d. In person (face-to-face)
- e. Virtual class
- f. Mail
- g. E-mail
- h. Social media (such as Facebook, Twitter, Instagram)
- i. Video on the Internet/YouTube
- j. Radio
- k. Other, please explain: _____

9. How often do you think GCHP members and/or low-income individuals use the Internet?

- a. Daily
- b. Weekly
- c. Monthly
- d. A few times a year

10. Do you know that GCHP offers behavioral health services where members can receive help with feelings like depression, stress, sadness, or anxiety?

- a. Yes
- b. No

11. Are you aware that GHCP provides an Advice Nurse Line that is available 7 days a week, 24 hours a day?

- a. Yes
- b. No

12. Are you aware about GCHP Health Education Services provided to members?

- a. Yes
- b. No

13. Are you aware of services provided by the GCHP Care Management to support members?

- a. Yes
- b. No

Cultural and Linguistic Services

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

Please specify: _____

15. What is the primary language you use when communicating with GCHP members?

- a. English
- b. Spanish
- c. Other language. Please specify: _____

16. Do you know that GCHP provides medical interpreters to members at no cost?

- a. Yes
- b. No

17. If you work with an interpreter, what is the best method of communication?

- a. In-person interpreting
- b. Telephone interpreting
- c. Video remote interpreting
- d. No preference

18. Is there anything else you would like to tell us about community concerns, health problems or services in the community you serve?

Thank you for taking the time to complete the survey!



Evaluación de Necesidades de la Población de 2021 Encuesta entre Partes Interesadas en la Comunidad

Gold Coast Health Plan (GCHP) está realizando una encuesta entre partes interesadas en la comunidad y desearía recibir sus aportaciones sobre barreras y dificultades para obtener atención de salud entre los miembros de Medi-Cal con ingresos bajos. Sus respuestas ayudarán a GCHP a desarrollar estrategias de intervención que sean cultural y lingüísticamente adecuadas.

Por favor tome un momento para completar la encuesta. Si trabaja para una organización que sirve a personas con ingresos bajos y/o miembros de Medi-Cal, le animamos a completar la encuesta. La encuesta es anónima. Envíe sus respuestas a más tardar el **viernes, 14 de mayo de 2021**.

Si tiene alguna pregunta, envíe un correo electrónico a CulturalLinguistics@goldchp.org.

Contexto sobre la Organización

1. ¿A qué tipo de organización representa usted?

Seleccione una. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Servicios Sociales
 - b. Salud del Comportamiento
 - c. Atención de Salud y/o Médica
 - d. Educación
 - e. Sin fines de lucro
 - f. Otra, favor especifique:
-

2. ¿Qué porcentaje de su clientela son de ingresos bajos y/o tienen Medi-Cal?

Seleccione una:

- a. 0-25%
- b. 26-50%
- c. 51-75%
- d. 76-100%

3. Seleccione la población a la que su organización sirve en la comunidad

Marque todas las que apliquen. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Niños
- b. Adultos
- c. Familias
- d. Indigentes
- e. Ancianos
- f. Cuidados en crianza
- g. LGBTQ+
- f. Otra, favor especifique: _____

Preocupaciones de Salud y Educación para la Salud

4. ¿Qué piensa que son preocupaciones o problemas importantes de salud para las personas de bajos ingresos a las que sirve?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. No hay suficientes lugares seguros para caminar o jugar
- b. No hay suficientes horas de citas en clínicas/consultorios de médicos
- c. No hay suficientes médicos que traten con respeto a los pacientes
- d. No hay suficiente información sobre afecciones de salud
- e. No hay suficiente información sobre cómo estar sano
- f. No hay suficientes clínicas y médicos cerca
- g. No hay suficientes servicios de salud del comportamiento (mental) cerca
- h. No hay suficiente comida sana (como verduras y fruta fresca) cerca
- i. Otra, favor especifique: _____

5. ¿Cuál es la mejor forma en la que GCHP puede proporcionar servicios de educación para la salud a los miembros de su comunidad?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Sitio web de GCHP
- b. Internet
- c. Clínica/consultorio de médicos
- d. Radio
- e. Familia/amigos
- f. Otros, favor explique: _____

6. Hay varias afecciones de salud que impactan a nuestra comunidad. De las afecciones de salud a continuación, favor seleccione tres.

Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Cáncer
- b. Dolor crónico
- c. Diabetes
- d. Enfermedad cardiaca/ataque cardiaco/embolia/hipertensión
- e. Enfermedad infecciosa/contagiosa
- f. Enfermedad pulmonar/asma
- g. Salud mental
- h. Obesidad/sobrepeso
- i. Abuso de sustancias
- j. COVID-19
- k. Otra, favor especifique: _____

7. ¿Cómo aprenden actualmente los miembros de GCHP acerca de la forma de mejorar sus afecciones de salud?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Sitio web de GCHP
- b. Consejería telefónica de GCHP
- c. Internet
- d. Clínicas/consultorios de médicos
- e. Redes sociales
- f. Familia/amigos
- g. Otra

8. ¿Cuál piensa que es el mejor método para informar a los miembros acerca de Gold Coast Health Plan?

Seleccione tres. Si su respuesta incluye otra, especifique en la última opción que aparece como "other."

- a. Sitio web de Gold Coast Health Plan
- b. Mensajes de texto
- c. Teléfono/correo de voz/mensajes telefónicos
- d. En persona (cara a cara)
- e. Clase virtual
- f. Correo
- g. Correo electrónico
- h. Redes sociales (como Facebook, Twitter, Instagram)
- i. Video en Internet/YouTube

j. Radio

k. Otro, favor explique: _____

9. ¿Con qué frecuencia piensa que usan Internet los miembros de GCHP y/o las personas de bajos ingresos?

- a. Diariamente
- b. Semanalmente
- c. Mensualmente
- d. Unas pocas veces al año

10. ¿Sabe que GCHP ofrece servicios de salud del comportamiento en los que los miembros pueden recibir ayuda con sentimientos como depresión, estrés, tristeza o ansiedad?

- a. Sí
- b. No

11. ¿Sabe usted que GCHP proporciona una Línea de Asesoramiento de Enfermería disponible 7 días a la semana, 24 horas al día?

- a. Sí
- b. No

12. ¿Sabe usted de los Servicios de Educación para la Salud de GCHP que se proporcionan a los miembros?

- a. Sí
- b. No

13. ¿Sabe usted de los servicios que proporciona Gestión de Atención de GCHP para apoyar a los miembros?

- a. Sí
- b. No

Servicios Culturales y Lingüísticos

14. ¿Cómo identifica y aborda su organización las creencias culturales y de salud de los miembros de GCHP a los que sirve?

Por favor, especifique en el cuadro a continuación.

15. ¿Cuál es el idioma principal que utiliza cuando se comunica con miembros de GCHP?

Si su respuesta es otra, especifique en la última opción que aparece como "other."

- a. Inglés
- b. Español
- c. Otro idioma. Favor especifique: _____

16. ¿Sabe usted que GCHP proporciona intérpretes médicos a los miembros sin costo?

- a. Sí
- b. No

17. Si trabaja con un intérprete, ¿cuál es el mejor método de comunicación?

- a. Interpretación en persona
- b. Interpretación por teléfono
- c. Interpretación a distancia mediante video
- d. Sin preferencia

18. ¿Hay algo más que desearía decirnos sobre preocupaciones de la comunidad, servicios o problemas de salud en la comunidad a la que sirve?

Por favor, especifique en el cuadro a continuación.

¡Gracias por tomarse el tiempo para completar la encuesta!



AGENDA ITEM NO. 7

TO: Community Advisory Committee
FROM: Marlen Torres, Executive Director, Strategy & External Affairs
DATE: January 26, 2022
SUBJECT: **Gov Budget 2022-23**

**PowerPoint with
Verbal Presentation**

ATTACHMENTS: Gov Budget 2022-23

FY 2022-23 Governor's Proposed State Budget

January 26, 2022

Marlen Torres, Executive Director
Strategy and External Affairs

Integrity

Accountability

Collaboration

Trust

Respect

Agenda

1. Overview of California State Budget Process
2. Why it matters?
3. Highlights from FY 2022-23 State Budget
4. Q&A

California State Budget Process

Navigating the State Budget Process

Each year the Governor and Legislature work to craft the state's spending plan. While the January-to-June period gets the most attention, the process of developing the budget is an ongoing enterprise, giving Californians ample opportunity to stay engaged and involved year-round.

The Governor

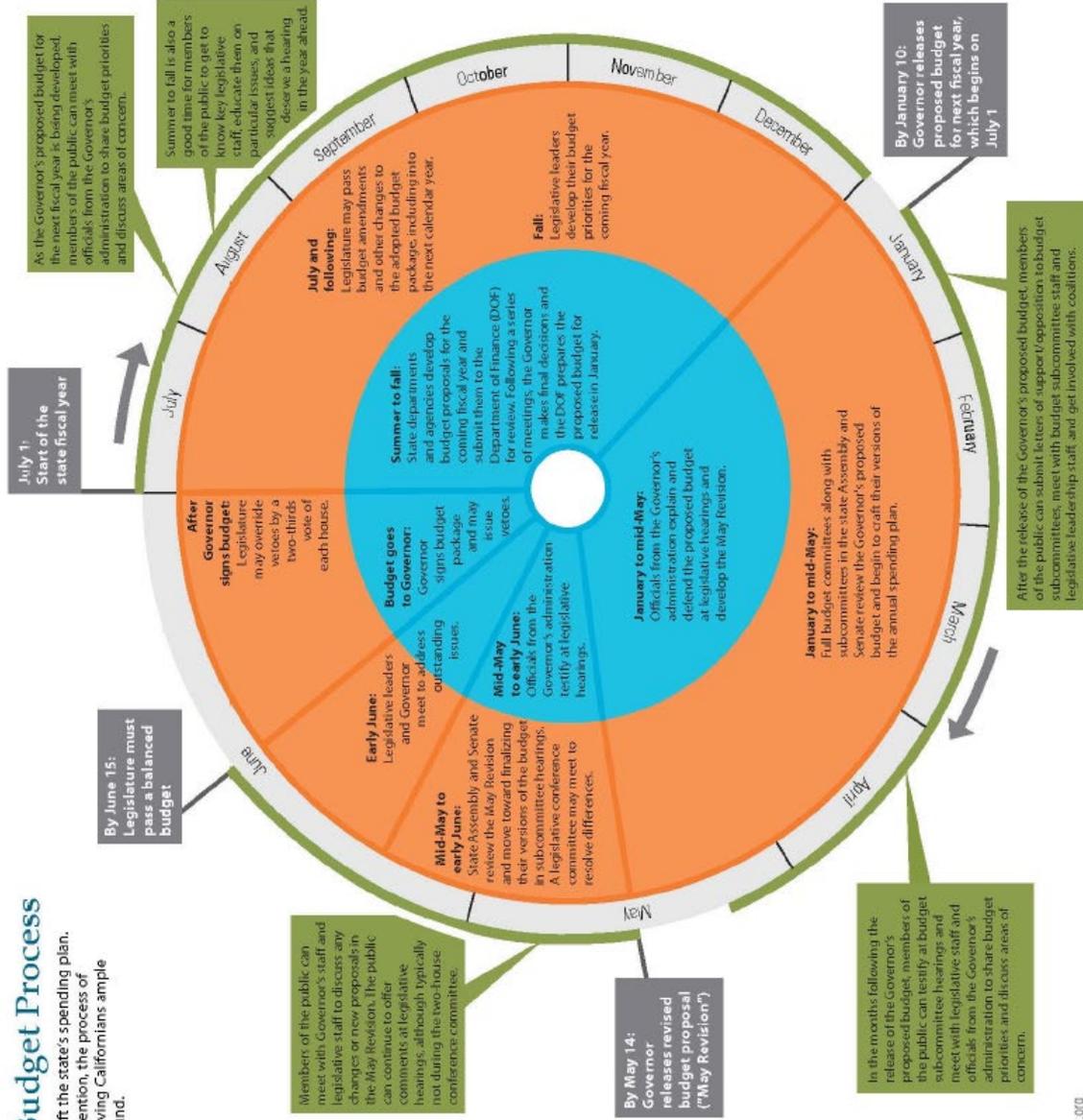
The Governor has the lead role in developing the state budget. Each year the Governor proposes a spending plan, which is introduced as the budget bill in the Legislature. The Governor can sign or veto the budget bill passed by legislators as well as other bills in the budget package that make policy changes related to the budget. The Governor can also reduce or eliminate individual appropriations using the line-item veto.

The Legislature

The Legislature – made up of the Assembly and Senate – reviews the Governor's proposed budget and crafts its own version of the spending plan. The Legislature can maintain, modify, or reject the Governor's proposals, with review occurring through each house's budget committee and related subcommittees. The Legislature must pass the budget bill, but not other bills in the budget package, by June 15. The Legislature can override a Governor's veto by a two-thirds vote of each house.

The Public

The public has various opportunities for input during the budget process. Members of the public can meet with officials from the Governor's administration and with legislators and their staffs, testify before budget committees and subcommittees, and write letters of support and opposition. Through individual engagement or as part of coalitions, members of the public can express their budget priorities and areas of concern.



Why it Matters? Key Values for the Legislature

Building a More Equitable Future for California:

- Support Getting Back to Work: Childcare, Small Businesses, and Essential Workforce.
- ★ Strengthen Middle Class Families and Reduce Debt. Assist Families and Those in Need and Support Aging Californians.
- ★ Focus on Health: Improve public health, mental health, access and affordability.
 - Balance Public Safety and Justice.
- ★ Address Housing Challenges: Homelessness, Affordable Housing, and Home Ownership.
- ★ Boost 21st Century Infrastructure: Including Transportation, Education, Broadband, Climate/Disaster Resiliency.
- ★ Close Learning Gap and Protect Local School Budgets.
 - Improve Higher Ed Quality, Affordability, and Accessibility.
 - Sustain California: Enhance Climate, Environment, and Resource Protection; Strengthen Wildfire Mitigation and Response.

Why it Matters?

Members **245,790**



Who We Serve



1 in 2
Ventura County children (ages 0-5)

1 in 5
Ventura County residents

1 in 8
Ventura County seniors

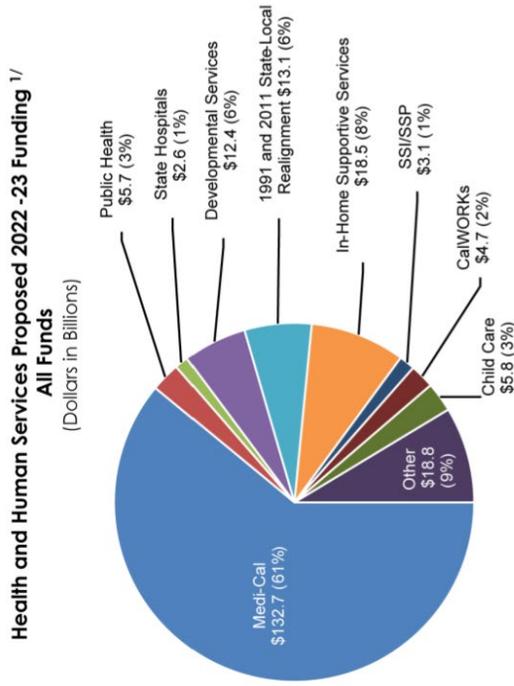
Membership by Supervisorial District

- District 1: 38,116
Matt LaVere
- District 2: 23,770
Linda Parks
- District 3: 45,288
Kelly Long
- District 4: 35,821
Bob Huber
- District 5: 97,535
Carmen Ramirez
- Other: 5,260



FY 2022-23 Proposed Budget Highlights

- The Budget includes \$217.5 billion (\$64.7 billion General Fund and \$152.7 billion other funds) for all health and human services programs in 2022-23. This includes:
 - \$132.7 billion for Medi-Cal
 - \$5.8 Billion for Child Care, and
 - \$1.5 billion investment in workforce development
- The budget assumes Medi-Cal enrollment will reach 15.2 million by July 1, 2022.
 - GCHP has approximately 244,000 members and expects that number to increase this year (PHE has been extended to Apr. 16, 2022)



^{1/}Totals \$217.5 billion for support, local assistance, and capital outlay. This figure includes reimbursements of \$20.3 billion and excludes \$2,520,000 in Proposition 98 funding in the Department of Developmental Services and Department of Social Services budgets and county funds that do not flow through the state budget.
Note: Numbers may not add due to rounding.

FY 2022-23 Budget Analysis

| Budget Proposal | Implementation Date | Total Allocation | Definition/GCHP Implications |
|--|---------------------|--|--|
| Expansion of Medi-Cal coverage to eligible adults 19-49 years old regardless of immigration status | Jan. 1, 2024 | \$819M (FY 2023-24) | Increase membership in the coming year. The State Department of Health Care Services (DHCS) estimates that more than 700,000 adults in California would be eligible under this expansion. The Ventura County Community Foundation estimates that there are 126,000 undocumented immigrants in Santa Barbara and Ventura counties. We are examining this figure to obtain a better estimate for Ventura County. |
| CaAIM | | \$2.8B | Ongoing implementation of CaAIM initiatives in FY 2022-23. GCHP is in the process of implementing various initiatives under CaAIM. |
| PATH | | \$1.3B over 5 years \$561M over 5 years to support justice involved | PATH provides funding to community-based organizations, counties, and other local providers to support capacity building as they begin to implement and scale Enhanced Care Management and Community Supports. GCHP is working with key stakeholders to ensure these services are available to its members, specifically those under populations of focus for Enhanced Care Management (ECM) and Community Supports. |

FY 2022-23 Budget Analysis Continued

| Budget Proposal | Implementation Date | Total Allocation | Definition/GCHP Implications |
|---|---------------------|--|---|
| Dyadic Services | Jan. 1, 2023 | \$87M | Dyadic Treatment is a form of therapy in which the infant or young child and parent are treated together. |
| Equity and Practice Transformation Payments | | \$400M | DHCS proposes to make equity and practice transformation payments to qualifying Medi-Cal providers, to close health equity gaps; address gaps in preventive, maternity, and behavioral health care measures; and address gaps in care due to the COVID-19 Public Health Emergency (PHE). GCHP is currently monitoring for DHCS direction. |
| Extension of ACEs Provider Training | | \$135.1 million (\$67.6 million Mental Health Services Fund, remainder is federal funds) | Three-year extension of ACEs training for providers. GCHP continues to promote training opportunities with providers to ensure members are being screened. |

