

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

Community Advisory Committee (CAC) Meeting

Regular Meeting

Wednesday, October 18, 2023, 4:00 p.m. – 6:00 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: 705 551 412#

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

INTERPRETER ANNOUNCEMENT

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.

Welcoming Remarks

Erik Cho, Chief Policy & Program Officer
Marlen Torres, Executive Director of Strategy & External Affairs

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of July 26, 2023, Special Meeting Minutes of August 23, 2023, and September 20, 2023.

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2024 Community Advisory Committee Meeting Calendar

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the 2024 Community Advisory Committee (CAC) calendar as presented.

UPDATES

3. AB361 General Counsel Update

Staff: Scott Campbell, General Counsel

RECOMMENDATION: Receive and file the update.

4. CalAIM Update

Staff: Erik Cho, Chief Policy & Program Officer

RECOMMENDATION: Receive and file the presentation

PRESENTATIONS

5. Deep Dive on Breast Cancer Screening Quality Measure

Staff: Eve Gelb, Chief Innovation Officer
James Cruz, M.D., Sr. Medical Director

RECOMMENDATION: Receive and file the presentation

6. Respiratory Virus Vaccine / Health Promotion Campaign

Staff: James Cruz, M.D., Sr. Medical Director

RECOMMENDATION: Receive and file the presentation

COMMENTS FROM COMMITTEE MEMBERS

CAC Feedback / Roundtable Discussion

PUBLIC COMMENT

ADJOURNMENT

Date and location of the next meeting to be determined at the November 15, 2023, special CAC 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 (CAC)
FROM: Maddie Gutierrez, MMC - Clerk to the Commission
DATE: October 18, 2023
SUBJECT: Approval of the Community Advisory Committee regular meeting minutes of July 26, 2023, and special meeting minutes of August 23, 2023, and September 20, 2023.

RECOMMENDATION:

Approve the minutes as presented.

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

**Community Advisory Committee (CAC) Minutes
Regular Meeting
July 26, 2023**

CALL TO ORDER

Committee Chair, Ruben Juarez, called the meeting to order at 4:09 p.m. via teleconference. The Clerk was in the Community Room located at Gold Coast Health Plan, 711 E. Daily Drive, Camarillo, California. Mr. Juarez stated that he was happy to have an in-person meeting and thanked those present, as well as those who joined virtually.

INTERPRETER ANNOUNCEMENT

The clerk made the interpreter announcement.

ROLL CALL

Present: Committee members Paula Johnson, Laurie Jordan, Ruben Juarez, Victoria Jump, *Jose Luis Vasquez for Elaine Martinez*, Rafael Stoneman, and Pablo Velez.

Absent: Committee members Martha Johnson, Rose MacKay, and Juana Quintal.

Attending the meeting for GCHP Executive Team were Marlen Torres, Luis Aguilar, CEO Nick Liguori, CMO Felix Nunez, M.D., CPPO Erik Cho, CIO Alan Torres, Paul Aguilar, Exec. Director of HR, Eve Gelb, Chief Innovation Officer, Adriana Sandoval, Susana Enriquez-Euyoque, Veronica Estrada, Lupe Harrion, Lucy Marrero, Heidi Ramirez, Margaret Leroy, Cecilia Reyes, Lupe Gonzalez, Alison Armstrong, and Shivani Pillay.

PUBLIC COMMENT

None.

WELCOMING REMARKS

CEO Nick Liguori thanked the committee for their service and support. He noted that he will give a high-level review of the budget for the current fiscal year.

CEO Liguori stated that GCHP is financially strong and reserves to support long-term viability. GCHP's transformation to an operationally/technologically advanced health plan is under way.

Committee member, Laurie Jordan asked what is the amount that GCHP is supposed to have. CEO Liguori responded DHCS requires \$30M. The Commission requires \$180M. CEO Liguori stated that as of April 2023 GCHP had reserves of \$325,893,791 which is 983% of required TNE. He stated that we forecast "free surplus" to grow by end of fiscal year 2022-23 to \$170M+. The proposed 2023-24 budget includes a \$23 M net income addition to reserves. CEO Liguori reviewed TNE trend and comparisons and noted that we are in the middle of the pack. We are financially sound and well positioned. Some plans are being audited for having too much in reserves. CEO Liguori stated we are at 1000% of the minimum required currently. We have some excess reserves but plan to use that money for members and providers. We will continue to monitor.

CEO Liguori gave a summarized history of our TNE. In 2019 our reserves were the lowest in the State. At the direction of the Commission, a Solvency Action Plan (SAP) was developed. Ms. Torres stated that during the time when TNE was low, this committee was informed of the SAP. We want healthy reserves to be able to serve our members and community. CEO Liguori stated our budget is an investment budget. Ten percent of our membership account for all GCHP's controllable costs. We will focus on addressing disparities in healthcare.

We are rebuilding all our health plan operations. We plan to bring in-house a call center, enhanced walk-in capability, and community-based services.

CEO Liguori reviewed the 2022-23 enrollment, revenue (Total Net Premium), Total Cost of HealthCare, and General & Administrative expenses that were budgeted numbers versus actual numbers along with explanations for differences. In fiscal year 2023/24 GCHP expects to experience a post-Public Health Emergency reset which will impact membership, revenue, medical costs, and will require modern managed care capabilities and infrastructure to manage care/cost/ and quality going forward. We will need to begin re-determination, which had stopped due to the PHE, and due to the re-determination, we expect our member numbers to go down. He noted that Kaiser is independent now and we have lost approximately 7,000 members to Kaiser Medi-Cal. In 2026 we will become a D-SNP. Committee member Laurie Jordan asked if these members are unhappy with Kaiser, when can they return to GCHP. CEO Liguori stated they can return to GCHP. Ms. Torres stated that we will still help members and get answers for them for them to get the care they need.

Ms. Torres stated there is staff who is reaching out to members to assist with re-determination forms. We will offer a one-on-one approach, as well as offer workshops to assist in completing re-determination applications. We will offer support at various locations within the county, as well as at provider sites, and we will continue to make public service

announcements along with the one-on-one approach. CEO Liguori stated that if members lose their coverage, there is a 90-day re-enrollment period for them to apply and re-gain their coverage if they qualify.

Committee Chair, Ruben Juarez stated he has noticed that since the approval of coverage for undocumented ages 26-49, it has been a significant help for those in need of medical care.

CEO Liguori stated membership will decline by approximately 40,000+. And medical costs will go up.

We are investing approximately \$50M in the Provider Quality Incentive Pool & Program. We will also invest \$25M in grants and other funding that can help improve access to healthcare. We will also build an in-house and community-based service program in 2023/24. We anticipated the service program will go-live in the second half of fiscal year 2023/24. We also plan to develop a call center, a community deployed service team and satellite offices. We plan to deliver high quality service and member satisfaction at a lower cost. Our members will be at the center of a quality-driven Model of Care.

Ms. Torres requested to reschedule CPPO Cho's presentation to the next meeting.

CONSENT

- 1. Approval of Community Advisory Committee regular meeting minutes of April 26, 2023, special meeting minutes of May 24, 2023, June 21, 2023, and July 12, 2023**

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented

Committee member Paula Johnson motioned to approve consent item 1. Committee member Pablo Velez seconded.

Roll Call vote as follows:

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

ABSTAIN: Jose Luis Vasquez for Elaine Martinez

NOES: None.

ABSENT: Committee members. Martha Johnson, Rose MacKay, and Juana Quintal

The motion carries.

2. Findings to Hold Remote Teleconference/Virtual CAC 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 continue to meet remotely.

Committee member Paula Johnson motioned to approve consent item 2. Committee member Laurie Jordan seconded.

Roll Call vote as follows:

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

ABSTAIN: Jose Luis Vasquez for Elaine Martinez

NOES: None.

ABSENT: Committee members. Martha Johnson, Rose MacKay, and Juana Quintal

The motion carries.

UPDATES

3. Behavioral Health Update

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

RECOMMENDATION: Receive and file the update.

Committee member Paula Johnson left the meeting at 4:52 p.m.

Ms. Lucy Marrero gave a quick update. She reviewed SBHIP goals; the objective is to increase Medi-Cal access to students and youth for behavioral health services. She noted that we are in our first year of interventions and this is a two-year program. Ms. Marrero stated GCHP hosted a SBHIP Special June Advisory Committee meeting

which had various participating school district representatives, Office of Education representatives, GCHP Leadership, and Student Wellness specialists were also invited. Partnering options were discussed, and there was also a discussion on what is changing in the Medi-Cal landscape.

Ms. Marrero reviewed next steps. In order to strengthen behavioral health referrals, we need build partnerships and create an infrastructure for increased services. A process has been mapped out for more detailed referrals and follow up.

Ms. Marrero asked for feedback from the committee – there was none.

Ms. Marrero reviewed the school linked behavioral health fee schedule and provider network. There are several services available for members that are age 25 and under. The fee schedule is statewide. The cost is zero for our members. She reviewed the scope of services. She noted that school counselors have been added to the roster. Services can be provided on campus, at a mobile clinic or an afterschool program.

The implementation timeline was reviewed. It is broken up into three phases. School districts can contract with us directly. At the June event the districts stated they believed students would feel more trust with district personnel, and it would be more efficient.

Wellness coaches for children and youth is a new certified position with two levels. It is designed to support youth ages 0 to 25 wherever they are. DHCS is seeking federal approval by January 2025.

We are currently renegotiating a new contract with Carelon which will increase access to services. There will be a focus on quality measures. There will be follow up after ER visit for mental health or substance use concern. In 2024 Depression screening will be added.

Committee member Victoria Jump left the meeting at 5:09 p.m. There no longer is a quorum for this meeting.

Committee member Dr. Velez stated we are missing on how to prepare students for the workforce. We need to have these individuals have more resilience, so they do not fall back on their parents. Ms. Marrero stated she will follow-up on this point.

CMO Felix Nunez, M.D. stated we need to break down barriers and integrate our members. This is a new opportunity.

Agenda Item 4 Medically Supportive Foods has been tabled.
PRESENTATIONS

5. **New Benefits: Asthma Remediation Program Overview / Healthy Connections**

Staff: Lupe Gonzalez, PhD, MPH, Director Health Education, Cultural & Linguistic Services

RECOMMENDATION: Receive and file the presentation.

Dr. Lupe Gonzalez gave a quick overview of two programs: Asthma Remediation Program and Healthy Connections. CalAIM is a new initiative by DHCS to improve the quality of life and health outcomes of our members. As part of the Community Supports system, GCHP is launching an Asthma Remediation Program for members with poorly controlled asthma. The criteria are determined by ER visit or hospitalization, two sick or urgent care visits within the past 12 months, and other criteria which is defined by DHCS. The program focuses on environmental asthma triggers that are in the home. The goal is to offer education for the members to know how to manage triggers.

A different aspect of this program is that it offers in-home treatment, home modifications and offers a total lifetime amount of \$7500. Dr. Gonzalez also reviewed Health Education resources.

Committee member Laurie Jordan stated this was a great action plan.

Committee member Paula Johnson rejoined the meeting at 5:20 p.m. The Committee has a quorum.

Dr. Gonzalez moved on to give a Healthy Connections Program update. She gave an overview of the program, the services, evaluation measures and the framework for the Hospital Health Navigator Pilot Program.

There is a partnership between GCHP and Dignity Health for the Hospital Health Navigator Program. GCHP has been in the hospital for over two months now, and she reviewed statistics. The health navigators visit members prior to discharge and follow the members for 30 days after discharge on a weekly basis, and then once per month for six months. They help with supportive services and assist in arrangement of services. She noted that the Health Navigators follow the Community Health Worker model.

Health Navigators are part of the Integrated Care Team and meet with Dignity Health staff as well as collaborate with GCHP Care Management for post-discharge supportive services. She reviewed the program connections with supportive services that are offered. She also reviewed program highlights and care coordination.

Dr. Gonzalez reviewed evaluation measures. There is an evaluation at 3 and 6 months, as well as change in health outcomes, monitoring Emergency department visits, evaluation of re-admission rates, member satisfaction survey, and HEDIS/MCAS measures will be reviewed.

Committee Chair, Ruben Juarez, stated some of these services have already started, he asked if the Healthy Connections program is just a different name. Dr. Gonzalez stated this is a newly launched program. CMO Nunez stated this is a pilot program with the possibility of expansion. Mr. Juarez stated he was looking at numbers presented, and some are listed as not eligible – he asked why they are not eligible. Dr. Gonzalez stated some referrals are at times not GCHP members, so they are not eligible if they do not meet the criteria and are not GCHP members. Mr. Juarez clarified that this program was only for Medi-Cal recipients. CPPO Cho stated we are trying to serve GCHP members, we need to create connections and a pathway to services. Committee Chair Ruben Juarez stated he would like to be part of the Healthy Connections program.

Committee member Dr. Pablo Velez left the meeting at 5:34 p.m. There is no quorum.

6. Adolescent Well-Care

Staff: Heidi Ramirez, BSN, Quality Improvement
Laura Crisostomo, Quality Improvement Manager

Heidi Ramirez gave the definition of adolescent. She also reviewed areas of focus and concerns for adolescents, mental health, immunizations, diet and nutrition and reproductive health. Ms. Ramirez pointed out guidelines for a youth friendly clinic to develop a rapport with the patient.

Ms. Ramirez reviewed components of adolescent wellness exams: vision, hearing, behavioral/social/emotional screenings, and developmental surveillances. There is also screening for tobacco and alcohol abuse. Depression and suicide risks can start at an early age.

Ms. Ramirez also reviewed important immunizations for various age groups. She noted that there are \$25.00 gift cards offered as an incentive for GCHP members. The member must be between the ages of 3 to 21 and must see their doctor by December 31, 2023. There has been helpful feedback on this incentive.

GCHP tracks quality and performance of immunizations for certain immunizations. HPV has a low performance score. Physicals should be done even when the member is healthy. Ms. Ramirez reviewed areas of concern – such as obesity, smokers, alcohol use and STI infections.

Ms. Ramirez announced a Free Back to School Resource Fair on 8/9/23 in Thousand Oaks. A second Fair is scheduled for 8/15/23 at the Westminster Clinic in Oxnard.

Marlen Torres stated that Redetermination assistance will be offered at the Oxnard Clinic.

Ms. Ramirez noted her list of references. CMO Nunez, M.D. thanks Ms. Ramirez for her great presentation. CMO Nunez stated there needs to be emphasis on the need to get teens into clinics for care. He noted that suicide is the second highest cause of death for adolescents and depression is also remarkably high. He noted that the State will hold us accountable on Quality Measures.

Committee Chair, Ruben Juarez stated there is another Resource Fair which will be held on 8/5/23 in the Conejo Neighborhood area. He will send a flyer to share.

Mr. Juarez asked if parents need to bring anything/documents for their child to get their vaccines. Ms. Ramirez stated they do not have to bring anything.

Committee member Paula Johnson asked if the HPV vaccine can eliminate cervical cancer. Dr. Nunez stated the vaccine is a possible link to stop cervical cancer.

COMMENTS FROM COMMITTEE MEMBERS

None.

PUBLIC COMMENT

None

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 5:55 p.m.

Approved:

Maddie Gutierrez, MMC Clerk to the Commission

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

**Community Advisory Committee (CAC) Minutes
Special Meeting
August 23, 2023**

INTERPRETER ANNOUNCEMENT

Lourdes Campbell, Interpreter, made her announcement.

CALL TO ORDER

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

ROLL CALL

Present: Committee members Martha Johnson, Paula Johnson, ,Ruben Juarez, Victoria Jump, Juana Quintal, Elaine Martinez. And Rafael Stoneman.

Absent: Committee members Laurie Jordan, Rose MacKay and Dr. Pablo Velez

Attending the meeting for GCHP Executive Team were Marlen Torres, Exec. Director of Strategy & External Affairs, Luis Aguilar, Member Services Manager, Adriana Sandoval, Community Relations Manager, Lisbet Hernandez, and Veronica Estrada

PUBLIC COMMENT

None.

WELCOMING REMARKS

Marlen Torres, Executive Director of Strategy & External Affairs thanked those present for making quorum and having the opportunity to hold the special AB361 meeting.

CONSENT

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

Staff: Maddie Gutierrez, Clerk for the Commission

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

Committee member Martha Johnson motioned to approve Consent item 1. Committee member Paula Johnson seconded.

Roll Call vote as follows:

AYES: Committee members Martha Johnson, Paula Johnson, ,Ruben Juarez, Victoria Jump, Juana Quintal, Elaine Martinez. And Rafael Stoneman.

NOES: None.

ABSENT: Committee members Laurie Jordan, Rose MacKay and Dr. Pablo Velez

The motion carries.

COMMENTS FROM COMMITTEE MEMBERS

None.

PUBLIC COMMENT

None

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 4:06 p.m.

Approved:

Maddie Gutierrez, MMC Clerk to the Commission

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

**Community Advisory Committee (CAC) Minutes
Special Meeting
September 20, 2023**

INTERPRETER ANNOUNCEMENT

Ana Rangel, Interpreter, made her announcement.

CALL TO ORDER

Committee Chair, Ruben Juarez called the meeting to order at 4:01 p.m. via teleconference.

ROLL CALL

Present: Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose MacKay, Elaine Martinez. Rafael Stoneman. And Dr. Pablo Velez.

Absent: Committee members Laurie Jordan, and Juana Quintal

Attending the meeting for GCHP Executive Team were Luis Aguilar, Member Services Manager, CFO Sara Dersch, CCO Robert Franco, CMO Felix Nunez, M.D., CPPO Erik Cho, Adriana Sandoval, Community Relations Manager, Lisbet Hernandez, and Susana Enriquez-Euyoque.

PUBLIC COMMENT

None.

WELCOMING REMARKS

Luis Aguilar, Member Services Manager welcomed all attending. He stated he would be covering the meeting for Ms. Marlen Torres, Executive Director of Strategy & External Affairs.

CONSENT

1. Findings to Continue to Hold Remote Teleconference/Virtual Community Advisory 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 continue to meet remotely.

Mr. Aguilar reviewed the staff report with the committee.

Committee member Paula Johnson motioned to approve Consent item 1. Committee member Rafael Stoneman seconded.

Roll Call vote as follows:

AYES: Committee members Martha Johnson, Paula Johnson, Ruben Juarez, Victoria Jump, Rose MacKay, Elaine Martinez. Rafael Stoneman and Dr. Pablo Velez.

NOES: None.

ABSENT: Committee members Laurie Jordan, and Juana Quintal.

The motion carries.

Committee Chair, Ruben Juarez asked if there was a deadline for AB361 to end and if we will begin to meet in person. Luis Aguilar stated Covid numbers are up, and that is why we still meet monthly in order to continue to hold virtual meetings.

Mr. Juarez was told that there was an option to meet in person, just as the CalAIM committee meets. CalAIM committee members meet in person for regular 2-hour meetings, with some members continuing to participate virtually. They do all the short AB361 meetings virtually. It was suggested that via email we could take a count of how many CAC members would like to meet in person for the next regular CAC meeting scheduled in October. Mr. Juarez agreed with the suggestion.

COMMENTS FROM COMMITTEE MEMBERS

Committee member Martha Johnson stated she had flyers on local events that she could share with the committee. There is a forum through the Coast Program with Ventura County Behavioral Health on substance Use Preventative Program. The forum will include keynote speakers discussing the effects of fentanyl. The forum will be held at the Office of Education, although now there is now a waiting list for attending. Ms. Johnson stated that every three

years Ventura County Behavioral Health does a Mental Health Services Act three-year plan, and there is a Community Planning Stage – there will be two events. She stated that all present are invited to participate in the planning stage. She will send the flyers to the clerk, and the information would be sent out to all via email to the committee and internal staff per Ms. Johnson’s request.

Committee Chair Ruben Juarez asked Ms. Martha Johnson if there was still a Health & Resource Fair at Oxnard College on Sundays, along with Swap-meet Justice. Ms. Johnson replied yes. Free flu shots, and health screenings are also being offered on the last Sunday of every month. He noted there will be various resources offered. Mr. Juarez stated it is Back-to-School time and several school sites are holding events.

There were no other announcements from the committee.

Luis Aguilar, Member Services Manager, asked the committee for presentation topics for the next regular CAC meeting. The next regular CAC meeting will be held on Wednesday, October 18, 2023, at 4PM.

Committee member Rose MacKay announced that she is currently working on expanding her non-profit to the Hesperia/High Desert area.

Mr. Juarez stated that the TWINS (Together We Inspire Neighborhood Superstars) Boxing Youth Program was invited to Fiestas Patrias, and unbeknownst to them, they received an award from the City of Oxnard. County and city officials recognized the TWINS non-profit boxing program.

The Clerk reminded the committed that the October meeting will be October 18th from 4PM – 6PM and will be held in the Community Room. The Clerk will send out an email to ask how many members will be attending in person.

PUBLIC COMMENT

None

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 4:14 p.m.

Approved:

Maddie Gutierrez, MMC Clerk to the Commission

AGENDA ITEM NO. 2

TO: Community Advisory Committee (CAC)
FROM: Maddie Gutierrez, MMC - Clerk to the Commission
DATE: October 18, 2023
SUBJECT: Approval of the 2024 Community Advisory Committee Meeting Calendar.

SUMMARY:

To establish the Community Advisory Committee (CAC) meeting dates for regular meetings in the 2024 calendar year.

RECOMMENDATION:

Approve the 2024 Community Advisory Committee (CAC) calendar as presented.

ATTACHMENTS:

Copy of the 2024 Community Advisory Committee meeting including Regular and Special meeting dates.



CAC Regular Mtg. 4-6 PM

2024 Community Advisory Committee Meetings

January						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

February						
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March						
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31						

April						
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May						
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June						
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16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

July						
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28	29	30	31			

August						
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25	26	27	28	29	30	31

September						
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22	23	24	25	26	27	28
29	30					

October						
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November						
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17	18	19	20	21	22	23
24	25	26	27	28	29	30

December						
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15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				



AGENDA ITEM NO. 3

TO: Community Advisory Committee (CAC)
FROM: Scott Campbell, General Counsel
DATE: October 18, 2023
SUBJECT: AB361 Update

VERBAL PRESENTATION



AGENDA ITEM NO. 4

TO: Consumer Advisory Committee (CAC)
FROM: Erik Cho, Chief Policy & Program Officer
DATE: October 18, 2023
SUBJECT: CalAIM Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

CalAIM Update

CalAIM Update

Wednesday, October 18, 2023

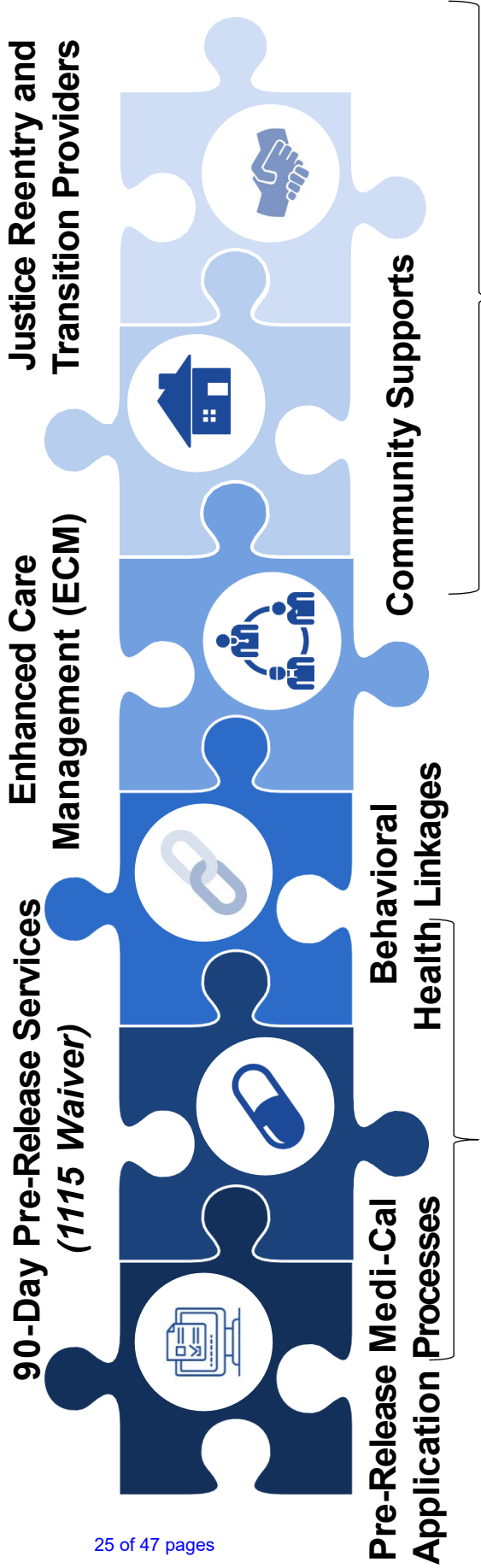
Erik Cho, Chief Policy & Program Officer

Topics

- Member & Stakeholder Engagement Strategies
- 1st Quarterly Population Health Management (PHM) Monitoring Report
- Discussion

Member & Stakeholder Engagement Strategies

Justice Involved Population of Focus



Services delivered in the pre-release period are covered through fee-for-service

Services delivered in the post-release period are covered under managed care

Justice Involved Population of Focus

Enhanced Care Management (ECM)

Individuals who meet the CalAIM pre-release service access criteria will qualify for ECM Justice-Involved Population of Focus and **will be automatically eligible for ECM** until a reassessment is conducted by the managed care plan (MCP), which may occur up to six months after release.

Behavioral Health Linkages

To achieve continuity of treatment for individuals who receive behavioral health services while incarcerated, DHCS will require correctional facilities to:

- **Facilitate referrals/linkages to post-release behavioral health providers** (e.g., non-specialty mental health, specialty mental health and SUD).
- **Share information with the individuals' health plan** (e.g., MCPs, SMHS, DMC-ODS) or program (i.e., DMC).

Warm Handoff Requirement

Prior to release, the pre-release care manager must do the following:

- **Share transitional care plan** with the post-release care manager and MCP.
- **Schedule and conduct a pre-release care management meeting** (in-person or virtual) with the member and pre- and post-release care managers (if different) to:
 - Establish a trusted relationship.
 - Develop and review care plan with member.
 - Identify outstanding service needs.

Justice Involved Population of Focus

By January 1, 2024

MCPs must be prepared to go live with ECM for the Individuals Transitioning from Incarceration POF, which will include developing a Justice-Involved ECM Provider network. Proposed requirements for network development will include:

- Establishing a network of JI ECM Providers that meet DHCS' definition of "JI ECM Providers"
- Establishing 100% JI ECM provider network overlap across MCPs in each county
- Including information on JI ECM providers in the MCP's public provider directory

[27 of 47 pages](#)

By April 1, 2024

MCPs must be prepared to coordinate with correctional facilities to support reentry of members as they return to the community. Proposed requirements for coordinating with correctional facilities to support member reentry include:

- Auto-assignment into an MCP and current-month enrollment process
- Care management: pre-release care management requirements and warm handoffs/behavioral health linkages to ECM providers post-release
- Presumptive ECM enrollment upon release for anyone receiving pre-release services

[Return to Agenda](#)

Member & Stakeholder Materials

<p>What to convey to an ECM Member</p>	<p>Community Supports help meet members' health & wellness needs</p>	
<p>You will have a dedicated Lead Care Manager who will coordinate care for health and health-related services. Your Lead Care Manager will provide care to you by phone, in-person or where you live. They can also:</p> <ul style="list-style-type: none"> Find doctors and make your appointments Coordinate transportation to and from appointments Help with managing medication Coordinate with local resources, called Community Supports, as needed for: <ul style="list-style-type: none"> Food Housing Other social services 	<p>Housing Navigation If you are experiencing homelessness or at risk of experiencing homelessness, you may receive help to find, apply for and secure permanent housing.</p>	<p>Recuperative Care (Medical Respite) After hospitalization, if you are without stable housing and still need to heal from an injury or illness, you may receive short-term residential care also called recuperative care.</p>
<p>can also:</p> <ul style="list-style-type: none"> Find doctors and make your appointments 	<p>Housing Deposit You may also receive assistance with housing fees, such as security deposits and setting up utilities, like gas and electricity.</p>	<p>Medically Supportive Food/ Medically Tailored Meals You may receive deliveries of nutritious, prepared meals and healthy groceries to support your health needs. You may also receive vouchers for healthy food and/or nutrition education.</p>
<p>Coordinate transportation to and from appointments</p> <p>Help with managing medication</p>	<p>Housing Tenancy & Sustainability Once housing is secured, you may receive support to maintain your tenancy, such as coordination with landlords to address issues, assistance with annual housing recertification process, and connecting to local resources to prevent eviction.</p>	<p>Home Modifications** Physical changes can be made to your home to improve your health, safety, and independence. Changes include ramps and grab-bars, doorway widening if you use a wheelchair, stair lifts, or making bathrooms wheelchair accessible.</p>
<p>Coordinate with local resources, called Community Supports, as needed for:</p> <ul style="list-style-type: none"> Food Housing Other social services 	<p>Personal Care and Homemaker Services** You may receive in home support such as bathing or feeding, meal preparation, grocery shopping, and someone to go with you to medical appointments if you require assistance with Activities of Daily Living. Instrumental Activities of Daily Living.</p>	<p>Asthma Remediation** Physical modifications can be made in your home to avoid acute asthma episodes due to environmental triggers like mold. Modifications can include filtered vacuums, dehumidifiers, air filters, and ventilation improvements.</p>
<p>There is no added cost for ECM. ECM does not replace:</p> <ul style="list-style-type: none"> Benefits. ECM is an additional benefit. Doctors. Keep your doctors and other providers Options. Join if eligible, or cancel at anytime 	<p>Caregiver Services (Respite Services)** Short-term relief for your caregivers. You may receive caregiver services in your home or in an approved facility on an hourly, daily, or nightly basis as needed.</p>	<p>Day Habilitation Programs** If you are, were, or are at risk for homelessness, you can receive assistance to learn skills, such as:</p> <ul style="list-style-type: none"> Using public transportation Cooking and cleaning Managing personal finances
	<p>Short-Term Post Hospitalization Housing** You can receive temporary house if you have been discharged from an inpatient clinical setting, residential substance use disorder treatment or recovery facility, residential mental health treatment facility, correctional facility, nursing facility, or recuperative care.</p>	<p>Sobering Center** If found publicly intoxicated, you will be provided a short-term, safe, supportive environment to become sober with services such as medical triage, a temporary bed, meals, counseling, and linkage to other health care services.</p>

Member & Stakeholder Materials

What are Medically Supportive Foods (MSF)?

MSF are home-delivered meals for Gold Coast Health Plan (GCHP) members who need:

- Meals tailored to their health care needs and / or
- Help getting better after being in the hospital or a nursing facility.

A Registered Dietitian can help members with healthy eating tips to make sure meals meet their nutritional needs.

Medically Supportive Foods do not replace or change your CalFresh benefits. Please note that the meals are for individual members and not for family.

Medically Supportive Foods: Healthy Meals Delivered to Your Door with Care

For questions or help, call Member Services at **1-888-301-1228**, Monday through Friday from 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.

To learn more about improving your condition through healthy eating, call the Health Education Department at **1-805-437-5718**, Monday through Friday, from 8 a.m. to 5 p.m. (except holidays). If you use a TTY, call **711**.



Gold Coast Health Plan
A Public Entity

www.goldcoasthealthplan.org

Medically Supportive Foods: Healthy Meals Delivered to Your Door with Care




Gold Coast Health Plan
A Public Entity

What do members get?

- Up to two meals per day are delivered weekly in a cold storage box.
- Up to three meetings with a Registered Dietitian.



Who is eligible?

Members of all ages who:

- Have chronic conditions like diabetes, heart disease, stroke, chronic lung disorders, HIV, cancer, gestational diabetes, and chronic, disabling mental and behavioral health disorders.
- Are getting out of the hospital or a skilled nursing facility.
- Are at high risk of being in the hospital or placed in a nursing facility.
- Have many care coordination needs.
- Members who are eligible for this program must also live within Ventura County.

Birth Equity Population of Focus

Current DHCS Definition

Adults and youth who:

(1) Are pregnant OR are postpartum (through 12 months period);

AND

(2) Are subject to racial and ethnic disparities (Black, American Indian and Alaska Native, and Pacific Islander) as defined by California public health data on maternal morbidity and mortality

Possible additional populations

Indigenous pregnant OR postpartum women that speak Mixteco

Population Health Management (PHM) Monitoring Report

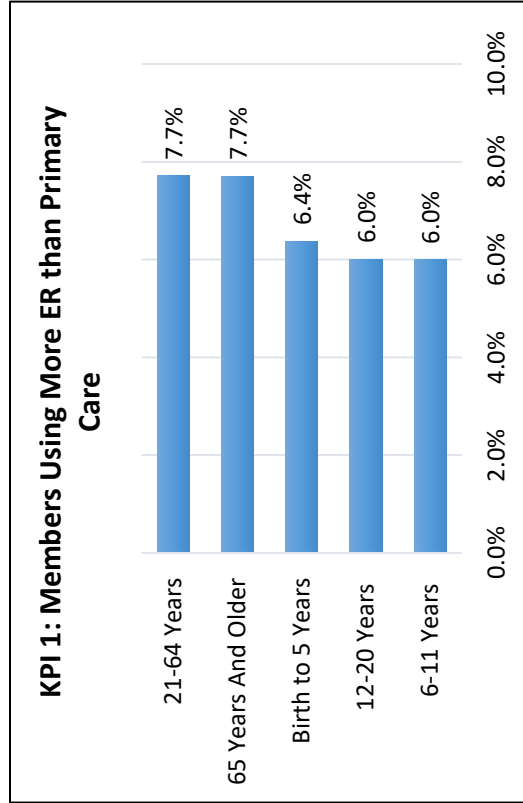
- MCPs are required to report the five new Key Performance Indicators (KPIs) to DHCS at the plan level on a quarterly basis, starting August 15th
- DHCS will also be leveraging IPP, ECM, and Quality MCAS reporting
- DHCS expects that MCPs stratify ALL KPIs at the member-level on a monthly basis to monitor their own performance particularly with regard to health equity by:
 - Race
 - Ethnicity
 - Language
 - Age

KPI 1: Members Utilizing More ER Care than Primary Care

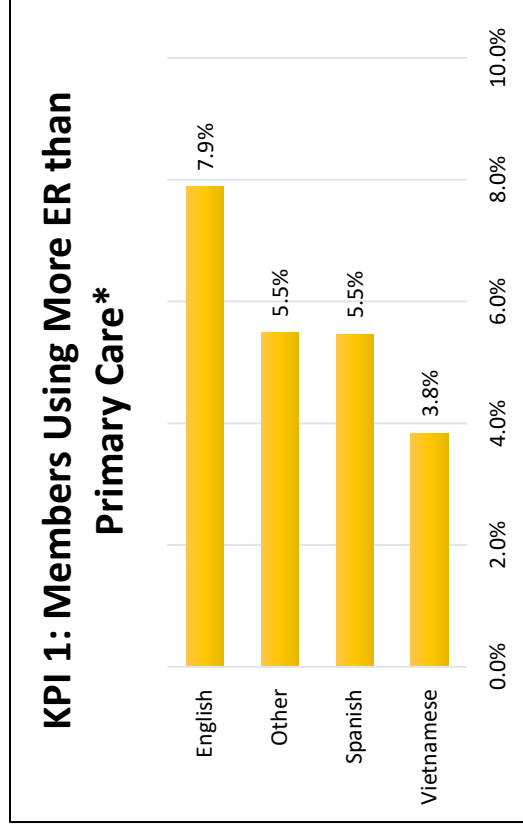
- **Description:** The number and percentage of members who had more emergency department (ED) visits than primary care visits within a 12-month period.
- **Measurement Period:** The 12-month period beginning 15 months prior to the time of reporting (2022-05-15 through 2023-05-14 for this report).
- **Overall Rate:** 7.0% (17,648 of 250,991) of Members utilize the ER more than primary care.

KPI 1: Disparities

Overall Rate: 7.0%



Age
Highest Rate (-): 21-64 Years
and 65+ Years
Lowest Rate (+): 6-11 Years

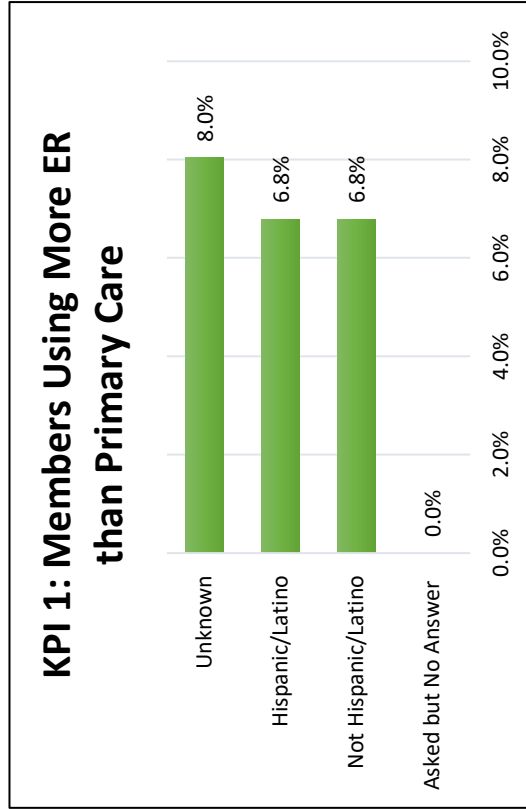


Language
Highest Rate (-): English
Lowest Rate (+): Vietnamese

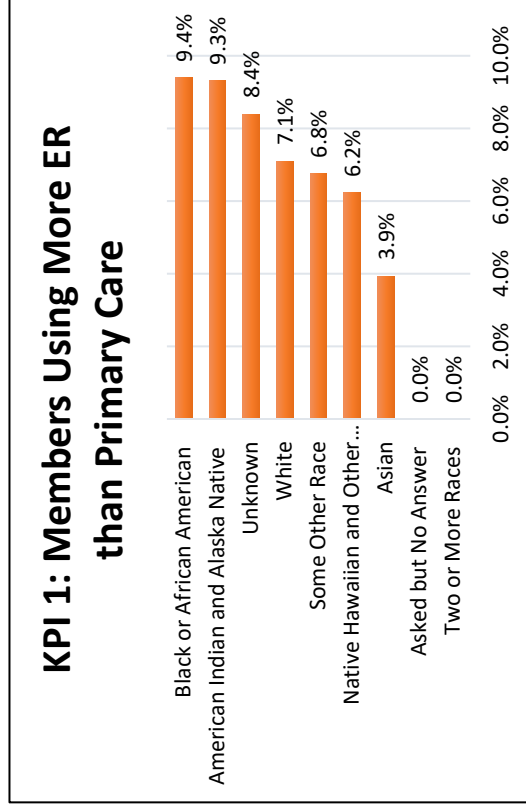
*Note: DHCS asked MCPs to stratify by top three languages.

KPI 1: Disparities

Overall Rate: 7.0%



Ethnicity
Highest Rate (-): Unknown
Lowest Rate (+): Same for Not Hispanic/Latino and Hispanic/Latino



Race
Highest Rate (-): Black or African American
Lowest Rate (+): Asian

Note: Unknown Ethnicity includes 50,640 people and Two or More Races includes only 6 people.

Additional PHM KPIs

- **KPI 2 Overall Rate: 48.9%** (122,818 of 250,991) of Members had at least one primary care visit within a 12-month period.
- **KPI 3 Overall Rate: 36.2%** (90,786 of 250,991) of Members had no ambulatory or preventive visit within a 12-month period.
- **KPI 4 Overall Rate: 20.4%** (19 of 93) of eligible Members were enrolled in CCM during a 90-day period.
- **KPI 5 Overall Rate: 0.0%** (6 of 13,284) of high-risk Members that experienced a transition in care had an interaction with a care manager within 7 days of discharge.



KPI 1: Members With More ED Visits Than Primary Care Visits

KPI 2: Members With At Least One Primary Care Visit

KPI 3: Members With No Ambulatory Or Preventive Visits

KPI 4: Members Enrolled For CCM

KPI 4: Members Enrolled For CCM Excluding Previous Period

KPI 5: Total Transitions Followed By At Least One Interaction

KPI 1: Members With More ED Visits Than Primary Care Visits

Description: The number and percentage of members who had more emergency department (ED) visits than primary care visits within a 12-month period.

Measurement Period: The 12-month period beginning 15 months prior to the time of reporting (2022-05-15 Through 2023-05-14 for this report).

Overall Rate: 7.03% (17,648 of 250,991) of Members utilize the ER more than primary care.

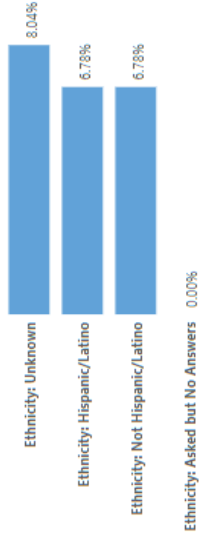
KPI 1: Members With More ED Visits Than Primary Care Visits By Language



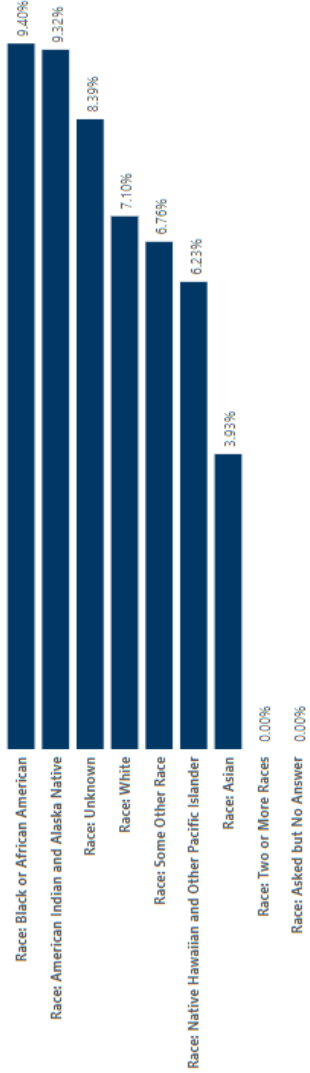
KPI 1: Members With More ED Visits Than Primary Care Visits By Age Group



KPI 1: Members With More ED Visits Than Primary Care Visits By Ethnicity



KPI 1: Members With More ED Visits Than Primary Care Visits By Race



Questions



AGENDA ITEM NO. 5

TO: Community Advisory Committee (CAC)

FROM: Eve Gelb, Chief Innovation Officer
James Cruz, M.D., Senior Medical Director

DATE: October 18, 2023

SUBJECT: Deep Dive on Breast Cancer Screening Quality Measure

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Deep Dive on Breast Cancer Screening Quality Measure

Gold Coast Health Plan Deep Dive on Breast Cancer Quality Measure

October 18, 2023

Eve Gelb, Chief Innovation Officer
James Cruz, MD, Senior Medical Director

Integrity

Accountability

Collaboration

Trust

Respect

Managed Care Accountability Set Quality Measures (MCAS)

Gold Coast Health Plan (GCHP) monitors and reports the Managed Care Accountability Set (MCAS) performance measures to assess and improve clinical quality of care.

MCAS is based on the Centers for Medicare and Medicaid Services Child and Adult Core Set Measures, which includes NCQA HEDIS® measures.

All state Medi-Cal Managed Care Plans are required to annually report these measures to the state Department of Health Care Services (DHCS).

What is the purpose of MCAS?

- Evaluate quality of care and services provided to health plan members.
- Evaluate accessibility of care.
- Develop performance improvement initiatives based on identified opportunities.
- Compare performance with other health plans.



1 IN 8 WOMEN

in the United States will develop breast cancer in her lifetime.


When caught in its earliest, localized stages, the 5-year relative survival rate is 99%.

Advances in [early detection](#) and [treatment](#) methods have significantly increased breast cancer survival rates in recent years, and there are currently over 3.8 million breast cancer survivors in the United States.

Source: National Breast Cancer Foundation, Inc

Gold Coast Current Rate

This measures the percentage of women aged 50 to 74 who had a mammogram to screen for breast cancer in the last 2 years.



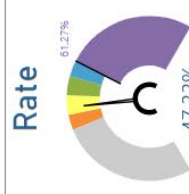
Gold Coast Health Plan
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Run Date: 09/26/2023

Clinic System

- COCR
- CMH
- Dignity
- Independent
- Kaiser
- VCMC

Rate



61.27%
47.33%

Eligible Population

10,312

Closed Gaps

4,881

Open Gaps

5,431

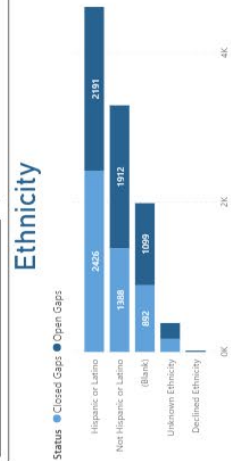
Members Needed to Reach HPL Goal

1,438

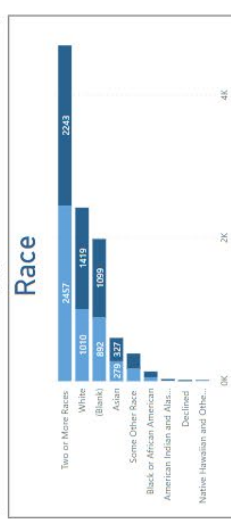
Clinic Performance

Clinic	Rate	Eligible Population	Closed Gaps	Open Gaps	Members Needed
Academic Family Medicine Ctr.	40.07%	534	214	320	114
Alan W. Lyne MD	71.43%	14	10	4	0
Clinica Del Camino Real Inc. - Karen R. Burnham Health Center.	53.05%	311	165	146	26
Clinica del Camino Real Inc. - Roberto S. Juares Health Center.	50.00%	2	1	1	1
Clinica del Camino Real Inc-East Simi Valley	44.20%	138	61	77	24
Clinica del Camino Real Inc-El Rio		2		2	2
Clinica del Camino Real Inc-Fillmore	45.16%	63	42	51	15
Clinica del Camino Real Inc-La Colonia	28.00%	25	7	18	9
Clinica del Camino Real Inc-Maravilla	48.21%	168	81	87	22
Clinica del Camino Real Inc-Moorpark	47.85%	117	56	61	16
Clinica del Camino Real Inc-Newbury	47.75%	201	95	105	28
Clinica del Camino Real Inc-Ocean View	49.04%	157	77	80	20
Clinica del Camino Real Inc-Oxnard	49.55%	335	165	169	40
Clinica del Camino Real Inc-Paso Camarillo	42.85%	35	15	20	7
Clinica del Camino Real Inc-Santa Paula	37.97%	79	30	49	19
Clinica del Camino Real Inc-Simi Valley	46.31%	244	113	131	37
Clinica del Camino Real Inc-Ventura	48.52%	253	123	130	33
Clinica del Camino Real Ojai Valley Comm Health Center	40.54%	148	60	88	31
Clinica del Camino Real Inc-El Rio.	44.19%	129	57	72	23
CMH Centers for Family Health - Port Huene	43.25%	80	35	45	15
CMH Ctr for Family Health - Mono St.	40.15%	137	55	82	29
CMH Ctr for Family Health-Airport	60.31%	191	115	76	3
CMH Ctr for Family Health-Shadowood	45.71%	205	93	112	33
CMH Ctr for Family Health-Camarillo	40.00%	205	82	123	44
CMH Ctr for Family Health-Fillmore	50.00%	72	36	36	9
CMH Ctr for Family Health-Oak View	36.98%	103	39	65	26
CMH Ctr for Family Health-Ojai	51.32%	66	34	32	7
CMH Ctr for Family Health-Santa Paula	46.25%	114	55	59	15
CMH Ctr for Family Health-Shivers	44.20%	224	99	125	39
CMH Ctr for Family Health-Vingard	47.83%	161	77	84	22
CMH Midtown Medical Group	48.81%	155	71	84	24

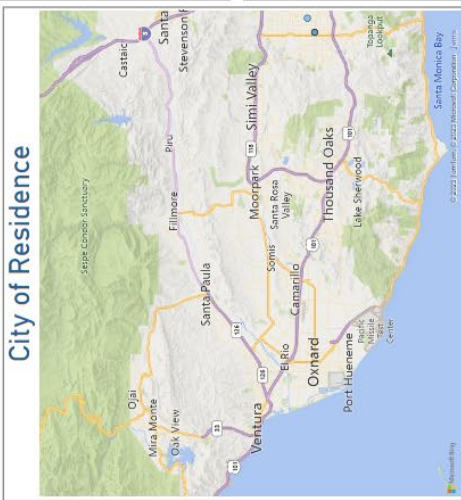
Ethnicity



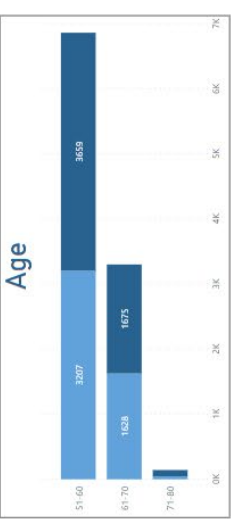
Race



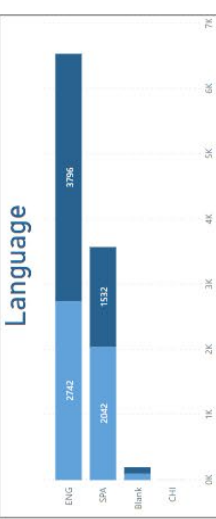
City of Residence



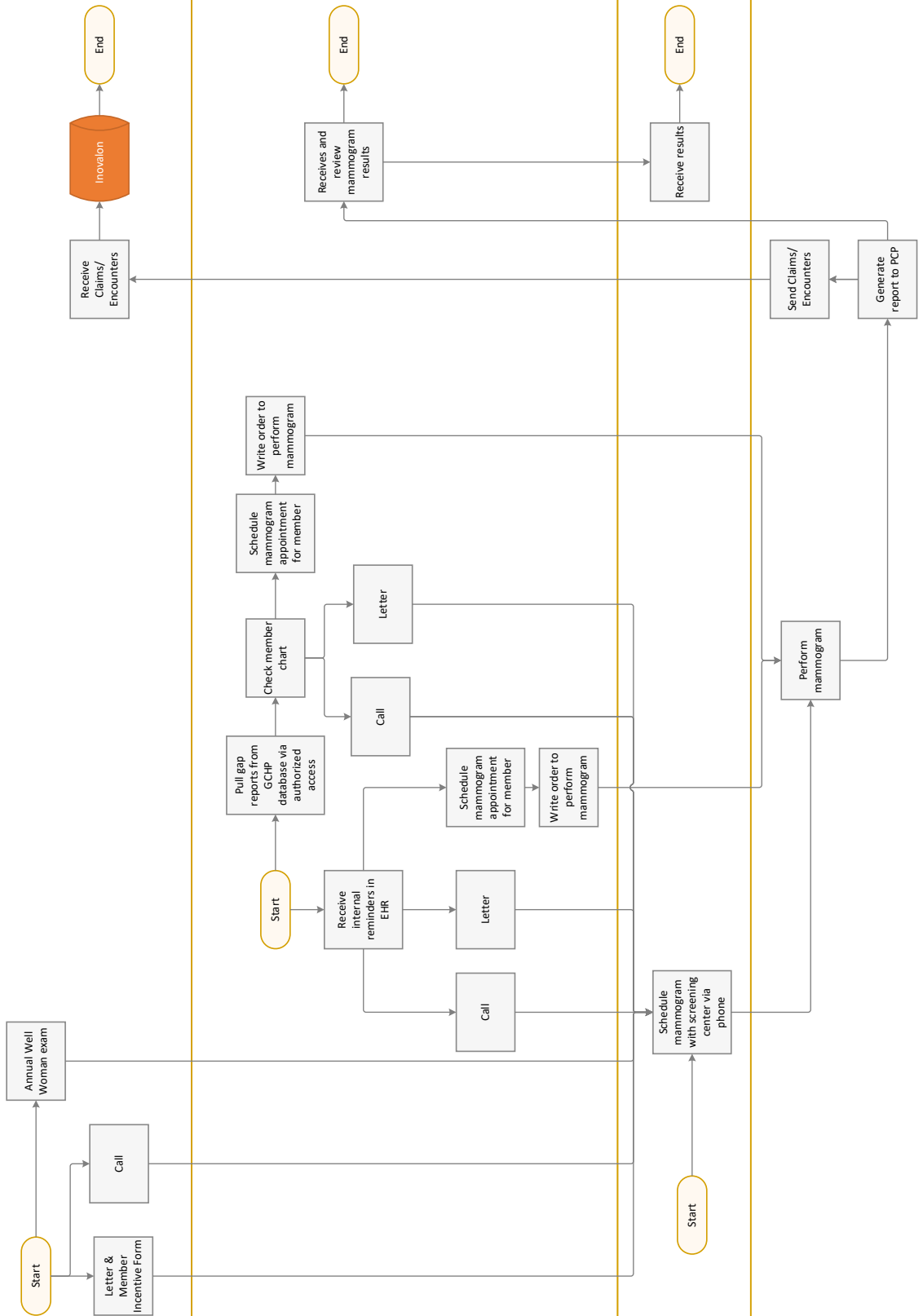
Age



Language



Breast Cancer Screening



Discussion

- What do you think prevents women in our community from getting a mammogram (fears, access issues, other)?
- If you were in charge of getting the word out about breast cancer and screening in our community, how would you word the message and how would you go about spreading the message?
- Are there certain groups or organizations you think could help?
- Is there anything else you think we should consider to help women in our community get screened?

Adapted from: Bea, V.J., Jerome-D'Emilia, B., Antoine, F. *et al.* Sister, Give Me Your Hand: a Qualitative Focus Group Study on Beliefs and Barriers to Mammography Screening in Black Women During the COVID-19 Era. *J. Racial and Ethnic Health Disparities* **10**, 1466–1477 (2023). <https://doi.org/10.1007/s40615-022-01332-4>



AGENDA ITEM NO. 6

TO: Community Advisory Committee (CAC)
FROM: James Cruz, M.D., Senior Medical Director
DATE: October 18, 2023
SUBJECT: Respiratory Virus Vaccine / Health Promotion Campaign

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:
Respiratory Virus Vaccine / Health Promotion Campaign

Respiratory Virus Vaccine Health Promotion Campaign

**James Cruz, MD
Sr. Medical Director
Gold Coast Health Plan
October 18, 2023**

Respiratory Virus (COVID-19, Influenza, RSV) Vaccines Campaign



- **Flu, RSV and COVID-19 Vaccines** - safe and powerful tools to help prevent severe illness and hospitalization. Update providers on accessing the vaccines
- **Two Vaccines. One Visit** - California Department of Public Health (CDPH) offers information tool kits for providers.
- **High Risk Population** - Vaccines help prevent severe illness and reduce mortality.
- **GCHP Website Health Library** - Health education materials and videos.
- **Ventura County Public Health Clinic** Website for locations and times, clinic hours.

<https://www.cdph.ca.gov/Programs/OPA/Pages/Communications-Toolkits/my-turn-flu.aspx#>