

MEDI-CAL CHILDREN'S HEALTH ADVISORY PANEL (MCHAP)

Date: May 1, 2024

Time: 10:00 AM – 2:00 PM

Type of Meeting: Hybrid

Number of Members Present: 14

MCHAP Membership Roll Call:

- » Michael Weiss, M.D.; Present; In-person
- » Ellen Beck, M.D.; Present; Virtual
- » Elizabeth Stanley Salazar; Present; In-person
- » Diana Vega; Not Present
- » Nancy Netherland; Present; In-person
- » Jeff Ribordy, MD, MPH, FAAP; Present; In-person
- » Karen Lauterbach; Present; Virtual
- » Kenneth Hempstead, M.D.; Present; In-person
- » William Arroyo, M.D.; Present; Virtual
- » Ron DiLuigi; Present; Virtual
- » Katrina Eagilen, D.D.S.; Present; Virtual
- » Alison Beier; Present; Virtual
- » Jovan Salama Jacobs, Ed.D; Present; In-person
- » Kelly Motadel, M.D.; Present; In-person
- » Jan A. Schumann; Present; In-person

Number of Public Attendees Present: 127

10:00 – 10:10	Welcome and Introductions
10:10 – 11:00	Director's Update
11:00 – 12:00	Building a Healthy Foundation: How Managed Care Plans are Prioritizing Children's Health
12:00 – 12:30	Break
12:30 – 1:00	Enhanced Care Management
1:00 – 1:30	Child Health and Disability Prevention Program Transition Update
1:30 – 1:45	Public Comment



1:45 – 1:55

Member Updates

1:55 – 2:00

Upcoming MCHAP Meeting and Next Steps

Welcome and Introductions

- » **Type of Action:** Action
- » **Recommendation:** Review and approve February 21, 2024 meeting minutes
- » **Presenter:** Mike Weiss, M.D., Chair
- » **Materials / Attachments:** [MCHAP Meeting Summary Feb 2024 \(ca.gov\)](#)
- » **Action:** Approve the minutes from February 21, 2024
 - » Aye: 15 (Weiss, Beck, Salazar, Netherland, Ribordy, Lauterbach, Hempstead, Arroyo, DiLuigi, Eagilen, Beier, Jacobs, Motadel, Schumann)
 - » No Vote: 0
 - » Members Absent: Vega
 - » Abstentions: 0
- » **Motion Outcome:** Passed

Director's Update

- » **Type of Action:** Information
- » **Presenter:** Michelle Baass, Director
- » **Discussion Topics:**
 - DHCS highlighted efforts underway, starting off with the governor's master plan that includes the Children and Youth Behavioral Health Initiative (CYBHI), the behavioral health apps for families that launched in January, and DHCS' strategy to support health and opportunity for children and families. During the discussion, DHCS noted that in regard to expanding the reach of BH apps, DHCS is working with contractors to market the apps and services, using earned media, and working with the California First Partners' office.
 - In November 2023, the state auditor released a final report regarding access for children in Medicare, in conjunction with the Department of Managed Health Care. DHCS shared highlights of [DHCS' response letter](#).
 - Positive feedback regarding the behavioral health apps. Recommendation to consider using standardized assessments, like checklists to help quickly identify who needs more urgent attention.



- Discussion about partnering with organizations and leveraging existing networks to reach different groups with mental health resources. Examples of opportunities included recommendations to leverage regional centers and county offices as hubs to support Local Education Agency (LEA) programs and provide mental health support to students who need it most, organizations like Boys and Girls Clubs to reach students, American Association of Family Physicians, children's hospital networks, statewide programs like College Corps, school-based clinics, school psychologists, the California Afterschool Network, California County offices, College Corps, youth health promoters, and classrooms that teach health and well-being. Other suggestions included creating toolkits for adult allies in the field to help them integrate mental health resources into their work, working with influencers like Megan thee Stallion who could promote through platforms like TikTok, and reaching out to caregiver networks like "Family Voices."
- A concern was shared around timely access to health services and that different agencies have different ways of measuring. Strong desire for DHCS to ensure that providers, provider organizations, and state agencies align their metrics. Otherwise, hard to measure and make sense of available data.
- Feedback was provided that in terms of dealing with substance use disorder (SUD)s, there are barriers, including that the SUD workforce may not have the same level of investment as other professionals. DHCS shared that DHCS does provider enrollment on the Fee for Service side, but would follow up regarding each plan's credentialing.
- DHCS shared an update on the unwinding of the COVID-19 Public Health Emergency: Medi-Cal Continuous Coverage Requirement/Redeterminations. As of January, 14.9 million members went through unwinding and counties worked through 82 percent of renewals. Enrollment overall and child enrollment have continued to grow. The discontinuance rate has improved and DHCS automated some of the ex parte process, helping with the discontinuance rate. Shared the "What is Income?" video that was designed to provide clarity on what can be a complicated process. DHCS elaborated that the video is available in English and Spanish (and the rest of the threshold Medi-Cal languages), was made with feedback by focus groups/ambassadors, and is posted on DHCS' website.



Building a Healthy Foundation: How Managed Care Plans are Prioritizing Children's Health

- » **Type of Action:** Information
- » **Presenters (Panel):** Sarah Brooks, Chief Deputy Director for Health Care Programs; Robert Moore, MD, Chief Medical Officer, Health Services; Department, Partnership HealthPlan of California; Chris Esguerra, MD, Chief Medical Officer, Health Plan of San Mateo; Ramiro Zuniga, MD, Vice President, Medical Director, Health Net
- » **Discussion Topics:**
 - The panel was asked: What is your health plan doing to improve rates of preventive services for children and reduce racial and ethnic disparities in these rates? How do you keep children's health at the top of the priority list for your leadership team? Dr. Moore noted that Partnership HealthPlan of California hosts an executive quality measure score improvement meeting to focus exclusively on how they're doing on various quality metrics. Additionally, they have several other groups that focus on the measures. There are multiple-year interventions, such as paper performance programs, member outreach and education efforts, and member incentive programs. Several periodic measures especially depend upon access or activities. There is a lot of effort to improve data quality. Also, important to test out any ideas before rolling them out. Dr. Esguerra shared that Health Plan of San Mateo is continually trying to take a holistic approach and look at who they're serving systematically to address any disparities. In 2023, HPSM defined four organizational goals, one being a health equity metric, which was improving visits for the Black population. In making health equity an organizational effort, they found many parts of the organization wanting to help. This included understanding access and capacity-related issues in substance use disorder treatment to data components, looking at workflows and communication, and reviewing access channels that are already available. In addition, HPSM has partnered with a teen advisory group that provides advice. They also promoted vaccinations on TikTok.
 - The panel was asked: Given the current health care workforce challenges, can you share any innovative strategies your health plan is implementing to address access issues for children and youth, and how your efforts are enhancing children's quality of care? Dr. Zuniga shared that it is important to work with independent practices, focusing on practices that have gaps



in care. HealthNet recognizes the value of community health workers, and is funding to train and deploy community health workers. Dr. Moore shared there is a shortage of primary care globally, not just in California. The federal government also froze graduate medical education (GME) slots in 1996. HealthNet offers signing bonuses and uses other recruitment efforts.

- The panel was asked: How are health plans getting children caught up on their immunizations and other missed preventive services after COVID? Dr. Esguerra shared that during the public health emergency, HPSM partnered with a teen advisory group whose members went to TikTok to promote vaccinations. In addition, there are local teen centers where they have partnered to incorporate other things in care. Dr. Zuniga shared that HealthNet has an analysis of its membership, identifying subgroups and categorizing interventions into four different types. They do data reconciliation and then member outreach. Internally, they are aligning the work with transitions of care, etc. with Enhanced Care Management. It's important to provide incentives to encourage the same behavior.
- The panel was asked: Plans have received penalties for not meeting children's Managed Care Accountability Set (MCAS) measures. What specific actions has your health plan taken to ensure compliance with such metrics moving forward, for example, improving fluoride varnish coverage for children? Panelists shared they are focusing on implementing a quality improvement approach, ensuring pediatric dentistry is not done in isolation, using compliance benchmarks, and tailoring strategies for different groups and regions.
- Discussion among MCHAP members and the panel included noting that medical students are worried about burnout, so it is important to address the mind and body of a person. Shared a desire to hear about behavioral health gaps, challenges, trainings, and how to address this in schools. Panelists shared about better understanding the needs of their population, talking to practices, practice transformation, and workflows. Members also discussed separating data on influenza vaccine rates vs. COVID-19, the difficulty of recruiting pediatricians to rural areas, and what is working regarding substance use disorder treatment.

Enhanced Care Management

» **Type of Action:** Information



» **Presenter:** Hope Neighbor, Chief, Population Health Management Division

» **Discussion Topics:**

- DHCS shared information about the implementation of Enhanced Care Management (ECM) and online services for children and youth populations, with a focus on strengthening enrollment and addressing challenges through data-driven approaches.
- Discussion raised by parent representative around the role the department can play in setting benchmarks and thresholds and what skills might be needed for ECM workers with specific populations of focus. For instance, communicating information across silos. Noted by DHCS that each plan submitted how they would care for every population of focus and DHCS reviewed them. DHCS recognizes the complexity that families may face and welcomes feedback to address gaps, especially those experienced by youth and children. Ensure teams are adequately staffed and have the competencies and skills necessary.
- Members expressed interest in seeing differentiated data on enrollment vs. services received by children and youth.
- Discussion around nuances and complexities of needs of members under ECM. DHCS acknowledges that providers may need to have competencies around working with families with specific needs. For instance, someone with a chronic condition may have specific needs that are important to consider.
- Members provided feedback and asked to simplify the contracting process.
- Discussion around how foster youth are incorporated into ECM. Noted that only foster youth who are covered in managed care can access ECM. 55 percent of foster youth are in managed care and 45 percent are in Fee-for-Service. Feedback that this limits their care.

Child Health and Disability Prevention Program Transition Update

» **Type of Action:** Information

» **Presenter:** Joseph Billingsley, Assistant Deputy Director, Health Care Delivery Systems; Cortney Maslyn, Chief, Integrated Systems of Care

» **Discussion Topics:**

- Stakeholder engagement has been extensive, with workgroup meetings, guidance issued to managed care plans and counties, and ad hoc



meetings with program teams. The transition plan was developed, and a draft was issued for public comment in September 2023. The plan includes components such as children's presumptive eligibility, lead poisoning prevention, the Health Care Program for Children in Foster Care (HCPCFC), and program resource transition.

- The Child Health and Disability Prevention (CHDP) program transition plan and certification was finalized and released in March 2024. The transition plan identifies how children will continue to have access to programs and resources. By July 2024 most children and youth members under age 21 will be enrolled in a Managed Care Plan.
- California Department of Public Health (CDPH)'s Childhood Lead Poisoning Prevention Branch (CLPPB) will continue its prevention activities and distribution of lead education materials to parents and families. DHCS is ensuring the Newborn Hearing Screening Program continues to function and that there are no gaps as the responsibilities transition to DHCS.
- Transition activities and communication plans were discussed, with a focus on engaging stakeholders, tracking relevant data, and monitoring the program inbox for questions and issues.
- No comments/discussion from the audience.

Public Comment:

» **Type of Action:** Public Comment

» **Discussion Topics:**

- Kelly Hardy: Appreciative that a vision metric was added to the preventive services report. In regard to ECM, appreciate the data that is available and would be great to have a better sense of access, utilization and satisfaction to be able to gauge success for children who are in need of these services. Children Now has structural concerns on how to ensure that children in foster care continue to receive services. The manual and fiscal guidance for HCPCFC and the transition plan to sunset CHDP, released in March, gives jurisdictions little time to effectively end CHDP and stand up HCPCFC by July 1 and to prepare to ensure that foster youth receive the care they deserve.
- Nihal Kaur: Appreciated what Ellen Back said about connecting schools. Know we are trying to build ECM outreach into the community in a trusted way. Know that schools hold that trust. Have spoken with administrators



who are interested. Support looking at bridging information silos to support the children who the schools really do know quite well.

Member Updates:

» **Type of Action:** Information

» **Discussion Topics:**

- Desire to continue discussion on ECM and CDHP and where county and state agree on services, quality and coverage.
- Suggestion to consider how the Adverse Childhood Events screening tool could be used to identify potential ECM recipients.
- Would welcome follow-up on progress and data related to the prerelease incarceration program.
- Would encourage exploring ways to improve reimbursement rates for Medicaid providers, including potential incentives such as tax credits or tax abatement.
- Would appreciate continued updates on the platforms.

Upcoming MCHAP Meeting and Next Steps

» **Type of Action:** Information

» **Presenter:** Mike Weiss, M.D., Chair

» **Discussion Topics:**

- Next meeting is September 12, 2024
- Will continue to be hybrid for remainder of 2024.

Adjournment of Meeting:

» **Name of person who adjourned the meeting:** Michael Weiss, M.D.

» **Time Adjourned:** 2:00pm