CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING MINUTES

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

Date: September 12, 2024
Time: 10AM – 2PM
Type of Meeting: Hybrid
Number of Members Present: 12

MCHAP Membership Roll Call:

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

Number of Public Attendees Present: 73

10:00 – 10:10	Welcome and Introductions
10:10 – 11:00	Director's Update
11:00 – 11:45	Expanding Access and Improving Care: An Update on Enhanced Care Management and New Benefits
11:45 – 12:15	Break
12:15 – 1:00	AB 2083 System of Care: Supplementary Analysis to the Multiyear Plan Report
1:00 – 1:45	Children and Youth Behavioral Health Initiative Update

1:45 – 2:00 Public Comment, Member Updates, and Adjourn

Welcome and Introductions

- **Type of Action:** Action
- **Recommendation:** Review and approve May 1, 2024, meeting minutes
  - **Presenter:** Mike Weiss, M.D., Chair, welcomed meeting participants. The legislative charge for the advisory panel was read aloud by Dr. Kelly Motadel.
- **Materials / Attachments:** MCHAP Meeting Minutes May 2024
- **Action:** Approve the minutes from February 21, 2024
  - Aye: 15 (Weiss, Beck, Salazar, Netherland, Ribordy, Lauterbach, Hempstead, DiLuigi, Beier, Jacobs, Motadel, Schumann)
  - No Vote: 0
  - Members Absent: Eagilen, Vega, Arroyo
  - Abstentions: 0
- **Motion Outcome:** Passed

Director's Update

- **Type of Action:** Information
- **Presenter:** Michelle Baass, Director
- **Discussion Topics:**
  - The 2024 budget includes provisions for Proposition 1 (Behavioral Health Transformation), the Managed Care Organization tax, and the Children and Youth Behavioral Health Initiative. Budget solutions include reducing costs for the Behavioral Health Continuum Infrastructure Program (BHCIP), Behavioral Health Bridge Housing, and Equity and Practice Transformation Payments, and sunsetting the Major Risk Medical Insurance Program by January 2025. DHCS clarified that if Proposition 35 is passed by voters, it would not affect Proposition 1 or the children's hospital directive payments. For additional budget details, please see the PowerPoint.
  - DHCS provided a final update on Medi-Cal redeterminations. The continuous coverage requirement unwinding officially ended on May 31, 2024. California had more than 13 million renewals and has the largest Medicaid caseload in the nation; this excludes Medi-Cal members in presumptive eligibility, state-only, and federal Supplemental Security Income (SSI) programs. Approximately 3.9 million redeterminations were

for children under age 19, and about 2.5 million were successfully renewed (the majority auto-renewed) as of June 2024. California leveraged 17 policy flexibilities to retain Medi-Cal members, resulting in one of the highest renewal rates and lowest disenrollment rates. Additionally, DHCS for the first time conducted member outreach by developing a messaging resource hub and leveraged more than 8,000 coverage ambassadors to serve as trusted messengers who could provide information about program eligibility to Medi-Cal members. Lastly, text messaging was the most successful modality for reaching and reminding members about updating their information and renewing their coverage.

- A member expressed gratitude for the new wellness coaching benefit and requested clarification about the target population. Additionally, they inquired about the training and funding aspects of the program. DHCS explained that the Department of Health Care Access and Information is primarily responsible for training and funding the wellness coaching program. The program is intended for individuals who have completed an undergraduate degree and is designed to serve as a career advancement opportunity within the wellness field.
- A concern was shared about the shortage of substance use disorder counselors and the lack of a robust pathway to increase the size and capacity of this workforce. DHCS explained that as a part of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) waiver, it submitted a request to the federal government for $2.4 billion over five years to support workforce development. This funding would be used to increase capacity, provide higher education opportunities, offer loan forgiveness, and implement traditional workforce growth strategies. BH-CONNECT is part of a comprehensive approach to addressing the entire continuum of substance use disorder care. DHCS is collaborating with the Department of Health Care Access and Information on these efforts.
- There was an inquiry about the potential impact of the U.S. Supreme Court decision around homelessness, particularly regarding individuals with substance use disorders and mental illness. DHCS said there aren't any assessments of this impact. Recognizing the importance of coordinating at the local level, DHCS is working closely with housing and community development partners. Additionally, Proposition 1 allocated funds to the Department of Housing and Community Development (HCD) for

permanent supportive housing (PSH). HCD will be setting targets for increasing the number of PSH units using these funds.

- A member inquired about the target population for wellness coaching services. Specifically, they wanted to know if the program was designed primarily for individuals with able bodies, or if it accommodates individuals with chronic medical conditions or neurodiverse challenges. DHCS clarified that wellness coaching is not intended to provide high-acuity care or address complex medical needs. Instead, the program focuses on wellness promotion, education, screening, and care coordination.
- A member expressed appreciation to DHCS for employing innovative communication strategies and providing multiple modalities for interaction. A concern was raised about the challenges caregivers face in navigating the Medi-Cal redetermination process and obtaining information, particularly due to long call wait times. DHCS acknowledged the challenges faced by county call centers and emphasized efforts to increase self-service options, such as kiosks. Members are also being offered the ability to upload their documents through BenefitsCal. The member further inquired about DHCS' tracking systems for children who are disenrolled from Medi-Cal coverage. DHCS responded that disenrolled children have most likely resumed coverage, and they just need to update their information. However, there are limitations in tracking how disenrolled children can obtain alternative health coverage due to data structure constraints. Lastly, the member suggested improving the clarity and branding of communication materials to differentiate between redetermination and enrollment processes. DHCS highlighted its use of yellow envelopes for renewal packets to increase visibility and encourage timely action. DHCS will explore further enhancements.
- A member inquired about the current enrollment status of the Medi-Cal program, specifically asking for an estimate of the total number of individuals enrolled. DHCS stated that current Medi-Cal enrollment is approximately 14.5 million members. This is slightly higher than initial projections, indicating that the program has not experienced as significant a decline in enrollment as anticipated. The member also sought clarification regarding the redetermination process, specifically asking about the 30 percent of individuals who hadn't been renewed or had missing information. DHCS explained that these individuals were considered "in process." They likely sent their renewal packets to their

counties but were still awaiting processing or clarification. This number has likely decreased since the time the data were presented. It was emphasized that this is a normal part of the redetermination process, with approximately 25 to 30 percent of members typically in process each month.

- A member raised concerns about long wait times when phoning the call center, specifically citing the Los Angeles County call center, which has an average wait time of two hours. The member mentioned a recent visit from the Department of Public Social Services (DPSS) to assess the issue. DHCS clarified that counties have the authority to change their call centers, but the state encourages best practices and shared information. DHCS took a tour of the Los Angeles County call centers, which serve approximately five million individuals, and acknowledged that the high volume of calls likely contributes to long wait times. Finally, the member suggested that deeper analysis could potentially identify solutions to call center challenges.
- A member inquired about disenrolled members, specifically the percentage who had billable services in the last 90 days, and the permanence of the text message modality to send target messages. While DHCS does not have specific data on the services utilized by the 368,000 disenrolled members, an earlier analysis of a subset found that 75 percent did not have any billable services in the last year. These data are based on a sample size of 19 percent of the 1 million individuals disenrolled. Additionally, text messaging is a permanent modality that state agencies can use.

Expanding Access and Improving Care: An Update on Enhanced Care Management and New Benefits

- **Type of Action:** Information
- **Presenters (Panel):** Seema Shah, Medical Consultant II, Population Health Management; Erica Holmes, Chief, Benefits
- **Discussion Topics:**
    - DHCS provided an update on new benefits and Enhanced Care Management (ECM) for youth and children. ECM is a Medi-Cal managed care plan (MCP) benefit available in all California counties to support comprehensive care management for MCP members with complex needs.

ECM is available for specific groups (called "Populations of Focus"), including children and youth experiencing homelessness, serious mental health and/or substance use disorder needs, children and youth in child welfare, and more. Please refer to the ECM Policy Guide for a complete list of the Populations of Focus and eligibility criteria. In August 2024, DHCS published the latest ECM and Community Supports Quarterly Implementation Report with data through Q4 2023, which is the first public release of children and youth Population of Focus data. DHCS provided a high-level overview of doula services, community health worker benefits, and dyadic services.

- A member inquired about the overlap between ECM and the California Children's Services (CCS)/Whole Child Model (WCM) population. The member expressed confusion about when to refer children to ECM and what additional services ECM can provide beyond the WCM. DHCS acknowledged the importance of clarifying the relationship between ECM and the CCS WCM population. DHCS is working to explain the value-added benefits of ECM to all Populations of Focus. Another member noted that early in the implementation process, there were comparisons made between ECM and CCS to understand how they work together. The member suggested that given the implementation of changes and gained experience, it would be beneficial to revisit this topic and explore opportunities for further collaboration between ECM and CCS.
- There was an inquiry about the uptake of doula services and outcomes for individuals and their infants who have utilized doula services. DHCS explained that a Doula Implementation Stakeholder Workgroup, mandated by legislation, is currently analyzing data on the utilization of doula services. This analysis aims to compare the number of enrolled doulas to the number of members accessing services to inform future policy decisions. The report is due in July 2025 and will be publicly posted. DHCS emphasized its commitment to a data-driven approach and acknowledged the typical ramp-up period for new benefits involving member awareness, provider enrollment, and overall uptake.
- A member expressed the importance of promoting doula services to residency programs and primary care providers. The member highlighted the potential for doulas to identify postpartum mental health issues and emphasized the need for a strategy to integrate doula services into the broader health care delivery system. DHCS acknowledged the member's

suggestion and explained that the Department is actively working to increase member and provider awareness of doula services and doula roles within the broader maternal health care team, which can include licensed providers, doulas, and others. Efforts include creating a doula toolkit, which is essentially a repository of information and resources that include a website, frequently asked questions, enrollment checklist, recommendation form, and other resources. DHCS invited the member to share any ideas or suggestions for increasing awareness and promoting the benefits of doula services.

- A member suggested that schools could be a valuable partner in promoting ECM to children and youth and inquired about DHCS' plans for collaborating with schools. DHCS agreed that schools are important touchpoints for children and youth. DHCS hopes to increase awareness of ECM so the benefit is accessible to eligible members.
- A member shared a personal experience with ECM, highlighting the benefits of having a dedicated care manager, but expressing concerns about the limited duration of the benefit. DHCS acknowledged the member's feedback and suggested that the member's experience might be related to transitional care services, which supports individuals transitioning between different levels of care. A member also expressed challenges with accessing dental services and hope that will change with ECM.
- It was acknowledged that there has been significant progress made in implementing ECM, dyadic care, community health workers, and health coaches. A member expressed a desire to address challenges faced by smaller organizations, such as community-based organizations and Federally Qualified Health Centers in becoming ECM providers. DHCS emphasized its commitment to streamlining the process. There are ongoing efforts to simplify the referral and billing processes and provide clearer guidance. DHCS encouraged the members and others to share specific feedback on the requirements imposed by managed care plans. Additionally, the member highlighted the need for increased awareness of these benefits among providers and families. This can be achieved by creating additional resources, such as one-pagers to help providers understand and promote these services.

AB 2083 System of Care: Supplementary Analysis to the Multiyear Plan Report

- **Type of Action:** Information
  - **Presenter:** Christine Bagley, Southern Region Office Manager, Office of Community Operations, Department of Developmental Services; Regan Foust, Ph.D., Executive Director and Senior Research Scientist, Suzanne Dworak-Peck School of Social Work, University of Southern California; Diana Casanova, Ph.D., Education Research & Evaluation Administrator, Data Access & Strategy Office, California Department of Education; Dina Kokkos-Gonzales, Behavioral Health, DHCS
- **Discussion Topics:**
    - The meeting discussed the AB 2083: Children and Youth System of Care and the three reports conducted on it. A supplementary analysis focused on using linked data to understand the experiences of foster youth across multiple systems, revealing high rates of mental health treatment and a significant number experiencing Adverse Childhood Experiences (ACEs). These key findings will help guide future work, including conducting additional cross-system analysis, developing consistent program definitions, increasing data utilization, and completing the remaining phases of the recommendations to address service gaps for foster care youth with trauma. Administrative records linked at the child level provide a holistic view of service interactions and highlight existing gaps.
    - A member shared excitement about the work being done on improving the lives of foster care children or those experiencing trauma and noted that the recent report on the Children and Youth System of Care only mentioned the challenges faced by foster youth in accessing substance use disorder treatment once. The member highlighted the need for increased access to substance use disorder treatment services and emphasized the importance of integrating these services with other mental health and trauma-informed care. It was noted that various coalitions are identifying gaps in substance use disorder service delivery. The presenter acknowledged the importance of addressing SUD services for foster youth and welcomed input from members.
    - A member expressed excitement about the collaboration between the California Department of Education and DHCS to address the needs of young people in foster care. They suggested stratifying data by age group, particularly for those aging out of foster care and emphasized the importance of involving foster youth in shaping the next steps of this work. The presenter confirmed that data can be stratified by age group

and expressed interest in involving foster youth in the next iteration of the project. It was highlighted that the intention is to actively seek input from foster youth.

- A member expressed concern about the high rate of ACEs among foster youth, noting that 24 percent of youth in the study had experienced four or more ACEs. The member suggested stratifying the data to identify the most prevalent ACEs within this group. The presenter acknowledged the importance of this question and indicated that the data analysis teams would be best equipped to provide a more specific answer. The presenter emphasized the wealth of data available and encouraged the member to follow up for further information.
- A member asked whether the ACEs experienced by foster youth occurred prior to foster care placement or within the foster care system. The presenter acknowledged the importance of this question but indicated they would need to consult with DHCS partners for a definitive answer. However, they explained that while the current analysis focused on information collected during the foster care placement, it is possible to access data from prior years to identify earlier ACEs. The presenter suggested that additional data sources, such as DHCS records, could be incorporated to provide a more comprehensive understanding of ACEs experienced by foster youth.

Children and Youth Behavioral Health Initiative Update

- **Type of Action:** Information
- **Presenter:** Autumn Boylan, Deputy Director, Office of Strategic Partnerships
- **Discussion Topics:**
    - DHCS provided an update on the Children and Youth Behavioral Health Initiative (CYBHI) fee schedule program, which aims to provide reimbursement for behavioral health services in school settings. School districts can participate in the program to streamline payment processes for contracted services. The program does not cover services already obligated by state and federal laws, such as those provided through an Individualized Education Program (IEP). The fee schedule program covers a broad array of mental health services and limited substance use disorder services.
    - A member asked several questions about the implementation of new behavioral health services in schools, including consent, eligibility, and

coordination with existing services. DHCS emphasized its commitment to providing clear guidance and support to schools in implementing these new services. It is important for schools, health providers, and county agencies to collaborate to ensure seamless care for students. DHCS provided the following information:

- Consent: There is misalignment between state and federal laws regarding minor consent for mental health treatment in schools. DHCS is aware of the potential challenges this causes and hopes to provide guidance to schools on navigating these laws. DHCS may also explore exceptions for cases in which there is a significant risk to the individual's health and safety.
- Eligibility: The program is not exclusive to Medi-Cal members and accepts reimbursement from a variety of health plans, including commercial providers and disability insurers. Schools can also participate in the School-Based Medi-Cal Administrative Activities Program to assist students enrolling in Medi-Cal, if they are eligible.
- Coordination with Existing Services: County behavioral health agencies are not payers within the CYBHI fee schedule program. For students requiring Drug Medi-Cal or specialized mental health services, schools should refer them to the appropriate county agency for direct services and reimbursement.

- There was an inquiry about the implications of AB 665, which allows minors to consent from health care services without demonstrating risk. They also asked for guidance on navigating the state-federal split regarding minor consent. DHCS explained that it does not have specific guidance available at this time, but the California Health and Human Services agency is developing a toolkit to assist school districts in understanding the intersection of the Health Insurance Portability and Accountability Act and Family Educational Rights and Privacy Act laws. DHCS mentioned it is updating its manual with additional information on minor consent. DHCS discussed its plans to pilot a universal consent tool for data sharing in schools and confirmed that telehealth is an acceptable method for providing services.
- A member inquired about the potential for duplicating services and the lack of coordination between school-based therapists and outside providers. The member emphasized the importance of seamless information sharing and care coordination to avoid unnecessary services.

DHCS acknowledged the complexity of coordinating care across multiple systems and highlighted its ongoing efforts to address this issue. DHCS is working to improve data sharing between schools and health plans to facilitate care coordination and is developing strategies to ensure continuity of care during school breaks and other periods when school-based services may not be available. DHCS is exploring ways to minimize duplication of services between school-based providers and community-based providers while actively engaging in marketing and outreach efforts to increase awareness of the BrightLife Kids and Soluna apps among families and providers. DHCS also provided updates on the number of users of both apps and DHCS' partnerships to promote the apps.

- Someone asked if these services are only available to public schools. DHCS explained that the BrightLife Kids and Soluna apps are available to all kids. However, the fee schedule program is only available for public schools.

Public Comment:

- **Type of Action:** Public Comment
- **Discussion Topics:**
  - Angela Chen is a pediatric optometrist at the Southern California College of Optometry and expressed the importance of ongoing vision care for children, particularly those with vision disorders like amblyopia. Chen emphasized the prevalence of these conditions and the potential for permanent vision loss if left untreated. They highlighted the barriers faced by children from underserved communities in accessing continuous vision care and urged the panel to review relevant research, such as the multi-ethnic pediatric eye disease studies, and use these findings to inform public health policy. Addressing this critical issue, including the inability to access necessary follow-up care with optometrists, is essential for improving health outcomes for vulnerable populations.
  - Dr. Doug Major from the Children's Vision Now coalition expressed concerns about the high rate of vision problems among children, particularly those from underserved communities. They highlighted the need for increased access to vision care and the importance of implementing screening programs. Major mentioned the recent efforts to introduce legislation, such as Senator Eggman's bill and HR 8400, to address these issues. They emphasized the critical need for California to improve its ranking in terms of access to vision care for children and offered to provide additional data and support to the panel.

Member Updates:

- **Type of Action:** Information
- **Discussion Topics:**
  - There was a request to receive a retrospective analysis of the impact of recent changes, such as presumptive eligibility and the 1915 waiver on children's health. The member wanted to understand the broader landscape of these policies that have affected children's well-being.
    - There was an inquiry about increasing the frequency of MCHAP meetings and a request that meeting dates for 2025 be provided as soon as possible.
    - The member proposed considering a role or topic related to community schools and data exchange frameworks. They highlighted the potential value of leveraging the wealth of clinical data available to inform decision-making.

Upcoming MCHAP Meeting and Next Steps

- **Type of Action:** Information
- **Presenter:** Mike Weiss, M.D., Chair
- **Discussion Topics:**
    - Next meeting is November 7, 2024
    - Will continue to be hybrid for the remainder of 2024.

Adjournment of Meeting:

- **Name of person who adjourned the meeting:** Michael Weiss, M.D.
- **Time Adjourned:** 2PM