

Date: June 14, 2023

Subject: Department of Health Care Services (DHCS) Child Health and Disability Prevention Program (CHDP) Transition Workgroup Meeting Summary

I. CHDP TRANSITION WORKGROUP MEMBERS

A. ATTENDED

Anne Nadler; Beth Malinowski; Cheri Stabell; Eileen Espejo; Erin Thuston; Jack Anderson; Karen Motus; Lori Gardner; Mary Giammona, MD; Monica Montano; Nancy Shifflet; Tanesha Castaneda; Yasangi Jayasinha

B. DID NOT ATTEND

Diana Boyer; Kate Ross; Kenzie (Poncy) Hanusiak; Kim Saruwatari; Megan Blanchard; Nancy Netherland; Rebecca Sullivan; Shakoora Azimi-Gaylon; Tamica Fouts-Rachal

C. DHCS STAFF ATTENDED

Barbara Sasaki; Clarissa Sampaga; Cortney Maslyn; Courtney Wagner; Dana Durham; Daria Moore; Eva Sanchez; Joseph Billingsley; Sabrina Atoyebi

D. DHCS CONSULTANTS, SELLERS DORSEY ATTENDED

Alex Kanemaru; Felicia Spivack; Jill Hayden; Laurie Weaver; Olivia Brown; Sarah Brooks

E. PUBLIC ATTENDANCE: 241

II. CHDP TRANSITION WORKGROUP MATERIALS

Agenda and Slide Deck

III. WORKGROUP MEETING

A. Welcome and Meeting Information

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Welcomed members, shared meeting information, and provided an overview of the meeting scope and agenda, which primarily focused on the Health Care Program for Children in Foster Care (HCPCFC).

Olivia Brown, DHCS Consultant with Sellers Dorsey

Reviewed housekeeping items.

B. Roll Call

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Conducted a roll call of workgroup members, the Integrated Systems of Care Division (ISCD) and other DHCS sister division representatives, California Department of Social Services (CDSS) representatives, featured guest speakers, and the Sellers Dorsey team.

C. Policy Updates

Sabrina Atoyebi, Chief, Medical Operations Branch, ISCD

Provided updates on forthcoming DHCS publications, including FY 2023-2024 allocation letters and CHDP Unwinding Program Guidance.

Summary of Discussion:

1. Workgroup members inquired about DHCS's intent to open a public comment period for the forthcoming CHDP Unwinding Program Guidance.

Response: DHCS will take this into consideration.

D. May Meeting Summary

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Summarized the previous stakeholder meeting, which focused primarily on the Childhood Lead Poisoning Prevention Program (CLPP), and related workgroup feedback.

Summary of Discussion:

1. Workgroup members stressed the importance of keeping funding for California Children's Services (CCS) Monitoring and Oversight separate from CHDP reallocation decisions.

Response: DHCS will take this into consideration.

2. Workgroup members encouraged DHCS to take county specific nuances, such as cost of living, into account when considering resources needed to support HCPCFC as a standalone program.

Response: DHCS is working collaboratively with CDSS to explore options related to the HCPCFC allocation and methodology.

3. Workgroup members asked whether DHCS intends to send out a county survey to gather additional information related to the CHDP Transition.

Response: DHCS is working with CDSS to identify specific information needed and to ensure any potential surveys would be an appropriate use of county staff's time.

4. Workgroup members inquired about whether the Plan and Fiscal Guidelines would be updated to clarify who is responsible for the system of care for foster children.

Response: The Plan and Fiscal Guidelines will be replaced with the HCPCFC program manual and the Memorandum of Understanding (MOU). Both documents are forthcoming.

Action Item: DHCS will release a HCPCFC program manual and the HCPCFC MOU at a later date.

5. Workgroup members requested clarification on the timing for counties' receipt of the forthcoming allocation.

Response: DHCS will take this info consideration, though the timing ultimately depends on the budget cycle.

6. Workgroup members requested clarification on recent trends among the fee-for-service population (FFS).

Response: Recent data confirms that most of the children in FFS fall into the Child Presumptive Eligibility (CPE) group.

Action Item: DHCS will provide additional updates related to FFS to the workgroup at a later date.

7. Workgroup members emphasized the need to have policies that consider single plan counties.

Response: DHCS will take this into consideration.

8. Workgroup members expressed concern about mandatory managed care enrollment among the foster care population.

Response: DHCS will take this into consideration.

E. Workgroup Feedback: Transition of CHDP Resources
Sabrina Atoyebi, Chief, Medical Operations Branch, ISCD

Reviewed workgroup feedback and DHCS responses related to the March 22 workgroup meeting on the transition of CHDP resources.

F. CHDP Transition Communication Plan
Sabrina Atoyebi, Chief, Medical Operations Branch, ISCD

Shared an overview of current communications related to the CHDP Transition, as well as communication avenues for future updates and transition plan action items.

Summary of Discussion:

1. Workgroup members inquired about the plan of communication to the FFS population and stressed the need for proactive outreach and education campaigns, both for the public and Managed Care Plans (MCPs).

Response: DHCS will take this into consideration. To date, the Department has coordinated multiple meetings dedicated to the CHDP Transition with MCPs and master trainings.

Action Item: DHCS will look into additional avenues to disseminate messaging about the CHDP Transition to MCPs and master trainers.

G. HCPCFC History and Overview
Erin Thuston, Bureau Chief, CDSS

Discussed the legislative authority for HCPCFC and provided an overview of the past and current collaboration between DHCS and CDSS.

Carol Brown, Alameda County

Shared a brief history of public health nurses' (PHN) involvement in HCPCFC.

Susan Bullard, PHN Consultant

Provided an overview of the psychotropic medication oversight and monitoring component in HCPCFC.

H. CHDP Transition HCPCFC Standalone Plan
Sabrina Atoyebi, Chief, Medical Operations Branch, ISCD

Discussed considerations, including budget decisions and updated guidance, related to the establishment of HCPCFC as a standalone program following the CHDP Transition.

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Facilitated workgroup discussion based on DHCS's discussion questions and additional considerations.

Summary of Discussion:

1. Workgroup members identified potential gaps related to standing up HCPCFC, including the loss of the CHDP Medical Director position.

Response: DHCS will take this into consideration.

2. Workgroup members stated HCPCFC PHNs will need additional clerical support to ensure that they can leverage their expertise to the fullest in order to benefit the HCPCFC population.

Response: DHCS will take this into consideration.

3. Workgroup members suggested DHCS ensure the inclusion of non-minor dependents in discussions related to standing up HCPCFC.

Response: DHCS will take this into consideration.

4. Workgroup members stressed that some counties are forced to use some CHDP funds for HCPCFC activities and expressed concerns over formally sharing this kind of information with the Department.

Response: DHCS is interested in better understanding the gaps and program nuances that exist for counties that do not come through in existing avenues of communication between counties and the Department.

5. Workgroup members stated that the lack of comprehensive electronic health records across all counties limits the counties' abilities to effectively track data and perform the full spectrum of needed case management activities.

Response: DHCS will take this into consideration.

6. Workgroup members requested clarification on DHCS' vision and intent for the execution of the forthcoming HCPCFC MOU.

Response: DHCS will take this into consideration.

7. Workgroup members identified a potential gap in closed-loop referrals following the CHDP sunset and leading up to the implementation of the MCP closed-loop referral requirement. They also reiterated the need for a solution for the FFS population.

Response: DHCS will take this into consideration.

8. Workgroup members requested timely guidance on any relevant staffing requirements, given that counties typically begin their budget process as early as January.

Response: Staffing requirements are tied to the forthcoming MOU, which will be for FY 2024-25. However, DHCS will also separately provide county guidance on the unwinding of CHDP.

I. **Public Comment**

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Opened the meeting up for public comment.

Summary of Discussion:

1. Members of the public recommended that DHCS consider adding funding into the budget to support a new child psychiatrist position to allow for second opinions.

Response: DHCS will take this into consideration.

2. Members of the public requested details about DHCS's intent to continue monitoring for county compliance with the CHDP Scope of Work (SOW) in instances where counties have experienced significant staff attrition leading up to the CHDP sunset.

Response: DHCS's CHDP Unwinding Guidance is forthcoming.

J. Next Steps

Sarah Brooks, DHCS Consultant with Sellers Dorsey

Provided information on next steps, including the posting of this meeting summary and provision of homework, and discussed the Department's intent to add a CHDP Transition Capstone meeting, and release the transition plan for public comment.

Meeting adjourned at 3:34 pm PST.