



AGENDA

Children's Health Consultant Advisory Committee Meeting Board of Governors

Tuesday, March 21, 2023, 8:30 a.m.

L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, Los Angeles, CA 90017

DRAFT

Members of the Committee, staff and the public can attend the meeting in person at the address listed above. Public comment can be made live and in person at the meeting. A form will be available at the meeting to submit public comment.

To join the meeting via videoconference please use the link below:

<https://lacare.webex.com/weblink/register/r273786304b61bc05baa9375e97f46521>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2490 529 0571

Hilda Perez

Lynwood Community Resource Center

3200 E Imperial Hwy

Lynwood, CA 90262

Password: lacare

Members of the Children's Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. *The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or sending a text or voicemail to: 213 628-6420.*

Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 8:30 am on March 21, 2023, it will be provided to the members of the Children's Health Consultants Advisory Committee at the beginning of the meeting. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.** Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Tara Ficek, MPH
Chair

1. Approve today’s Agenda *Chair*
2. Public Comment *Chair*
3. Approve November 15, 2023 Meeting Minutes P.3 *Chair*
4. Chairperson Report *Chair:*
5. Chair and Vice Chair Election Committee
6. Chief Medical Officer Report P.19 Sameer Amin, MD,
Chief Medical Officer
 - Introduction of Alex Li, MD, as L.A. Care’s Chief Health Equity Officer Alex Li, MD,
Chief Health Equity Officer
7. Behavioral Health Update P.33 Michael Brodsky, MD,
Senior Medical Director,
Community Health, Behavioral Health

ADJOURNMENT

The next meeting is scheduled on May 16, 2023 at 8:30 a.m.
Public comments will be read for up to three minutes.

The order of items appearing on the agenda may change during the meeting.

THE PUBLIC MAY SUBMIT COMMENTS TO THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY SUBMITTING THE COMMENT IN WRITING BY TEXT MESSAGE TO 213 628 6420, OR IN WRITING BY EMAIL TO BoardServices@lacare.org. Please follow additional instructions on the first page of this Agenda.

ACTION MAY NOT BE TAKEN ON ANY MATTER RAISED DURING THE PUBLIC COMMENT PERIODS UNTIL THE MATTER IS SPECIFICALLY LISTED ON A FUTURE AGENDA, according to California Govt Code Section 54954.2 (a)(3) and Section 54954.3.

NOTE: THE CHILDREN’S HEALTH CONSULTANTS ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY OF THE MEETING MONTH AT 8:30 A.M. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA, or online at <http://www.lacare.org/about-us/public-meetings/board-meetings> and by email request to BoardServices@lacare.org

Any documents distributed to a majority of Committee Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at <https://www.lacare.org/about-us/public-meetings/public-advisory-committee-meetings> and can be requested by email to BoardServices@lacare.org. AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT the Reception area off the main lobby at 1055 W 7th Street, Los Angeles, CA.

An audio recording of the meeting is made to assist in writing the minutes and is retained for 30 days.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats - i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care’s Board Services Department at (213) 628 6420. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – November 15, 2022

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD
Edward Bloch, MD*	Gwendolyn Ross Jordan
Maria Chandler, MD, MBA	Lynda Knox, PhD
James Cruz, MD*	Nayat Mutafyan
Rebecca Dudovitz, MD, MS*	Hilda Perez
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA
Susan Fleischman, MD*	Richard Seidman, MD, MPH

Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services
Alex Li, MD, Deputy Chief Medical Officer
Phinney Ahn, Executive Director, Medi-Cal Product Management
Cynthia Carmona, Senior Director, Safety Net Initiatives, Safety Net Initiatives

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	<p><i>(Member Toni, Frederick, PhD, joined the meeting.)</i></p> <p>The committee reached a quorum at 9:02 a.m.</p> <p>The Agenda for today’s meeting was approved as submitted</p>	<p>Approved unanimously.</p> <p>9 AYES (Chandler, Ficek, Frederick, Jordan, Knox, Mutafyan, Perez, Puffer, Seidman)</p>

DRAFT

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
APPROVAL OF THE MEETING MINUTES	The August 16, 2022 meeting minutes were approved as submitted.	Approved unanimously. 9 AYES
CHAIRPERSON'S REPORT	<p>Chairperson Ficek stated that she hopes she will see Member Seidman again. She hopes that he will be available for guidance and advice, given his extensive experience and expertise. He hopes that he will continue to be in the space of health care and allow L.A. Care to continue to have access to him and allow people to continue to let them learn from him. She visited his bio in the L.A. Care website and she was reminded that he started his tenure in 2005, the same she started at First5LA. He has been through the number of changes in health care such as the Affordable Care Act and mental health. Major changes have happened through his tenure. She has come to appreciate many things about Member Seidman such as his forthrightness, he does not shy away from saying what he thinks. She value his candor as they explore timely shifts in health care and children's health. He projects a very calm and assertive presence. She knows that this has helped him his career. When she thinks about him she thinks about this committee and his focus on creating this group of people to help address children's health, and his openness to share that space and platform. She thanked him for leadership, candor, and thoughtful planning. She wished him the best in the future.</p> <p>Member Perez thanked Chairperson for attending the meeting this early. She had the pleasure to see him at the Metro Community Resource Center at the flu vaccine clinic. She thanked him for his efforts in making sure that members receive all the medical services they need. She noted that advisory committees are a great way for helping L.A. Care becoming better by showing it what the community needs. She noted that L.A. Care has a new Chief Medical Officer. As time comes by there will be a new person that will take that place. She recognizes Member Seidman's hard work and wishes him the best.</p> <p>Dr. Li asked to say a few words about Member Seidman. He said he was fortunate to know him since he arrived in Los Angeles in 2006. People tend to gravitate Member Seidman because he really cares as a person as mention by others, he really cares about the community. He said that Member Seidman will leave an incredible legacy at L.A. Care. He will leave incredible shoes to fill.</p> <p>Member Puffer said she feels, specifically for this committee, that Member Seidman is really in tune with what is happening with children and the impact on policies.</p>	

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	<p>Member Seidman thanked the committee. He noted that many of them have long him for a long time. He never thought about this part when he thought about retirement. He noted that some people try to slip away relatively quietly during their retirement. He started medical school 40 years ago and finished training 30 years ago. He split his time between North East Valley Corporation and L.A. Care. He noted that some of his colleagues and he go back and crossed paths about 25 years or more in their careers. He first participated as an L.A. Care staff on the committee and his second stint as a member. He said he is looking towards the future and at consulting opportunity. He hopes to cross paths with committee members again.</p>	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT	<p>Member Seidman presented the August 2022 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <p>COVID-19 trends continue to improve overall with 2.3 million cases and 9,300 deaths reported globally in the last week of October in the World Health Organization’s Weekly Situation Report, with more than 627 million cases and 6.5 million deaths cumulatively. While the Omicron BA.5 subvariant continues to be the predominant (75%) cause of infection, other subvariants account for an increasing proportion of cases (BA.2, BA.2.75, BQ1 and others). While we remain concerned about the potential for a fall/winter surge of COVID-19 cases in the United States, it is a potentially encouraging sign that the increasing numbers of cases seen in Europe in September and October are now coming down after a lower peak than might have occurred. Masking, vaccination and the new bivalent booster shots remain effective and underutilized preventive measures.</p> <p>The Department of Health Care Services (DHCS) released their Quality Improvement (QI) activities and submission requirements for 2022-2023. L.A. Care met the minimum performance level (MPL) set at the 50th percentile of the national Medicaid average on 12 of the 15 Managed Care Accountability Set measures. L.A. Care did not meet the MPL on the well care visits for children under 30 months of age and Immunization measures (CIS-10). Based on our performance, L.A. Care will be required to conduct two Performance Improvement Projects (PIPs), two Plan Do Study Act (PDSA) or one Strengths Weaknesses Opportunities and Threats (SWOT) analysis. Despite meeting the MPLs for the majority of the measures, DHCS policy enables the Department to issue monetary</p>	

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	<p>sanctions for Plans not meeting the MPL for all measures. To date, L.A. Care has not been informed whether the Department intends to impose any sanctions upon L.A. Care.</p> <p>Chairperson Ficek said given the performance on the well visits and immunizations, it seems that L.A. Care now has to do two PIPS, PDSA, or SWOT analysis, what is the process for L.A. Care to decide what route it will take. Katrina Miller-Parrish, MD, FAAP, responded that it is decided for L.A. Care by DHCS. DHCS requires two PIPs automatically and depending on the tier L.A. Care falls in, it may have to do a PDSA or a SWOT analysis. Through the coordination of the QI team and the DHCS Liaison, L.A. Care will do a SOWT analysis. It is a great opportunity, because a SWOT analysis really gets to the entire set of reasons why all three measures are not doing as well as they can. She thanked Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, for managing the response and the SWOT analysis really well. It was recently submitted to DHCS.</p>	
<p>CHILDA & ADOLESCENT HEALTH: GET BACK TO CARE INTERVENTIONS</p>	<p>Laura Gunn, <i>Quality Improvement Project Manager II, Quality Improvement</i>, gave a presentation about Child & Adolescent Health: Get Back to Care Interventions (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>Ms. Gunn reported the following on L.A. Care’s social media campaign:</p> <ul style="list-style-type: none"> • The 2022 campaign tied with the adult <i>Get Back to Care LA</i> campaign. <ul style="list-style-type: none"> - Goal is to encourage parents to take their child in for well care visits. Also, to encourage vaccines and other screenings during those visits. • This year’s campaign launched in August: <ul style="list-style-type: none"> - Six posts. - In English and Spanish. - Included web links, images, and hashtags. - Included an HPV reel (short video). English “actor” was from the American Cancer Society and Spanish “actor” was from the L.A. Care Health Promoter Program. • For the 2022 posts, the Clinical Initiatives team added: <ul style="list-style-type: none"> - More posts. - Attention to specific screenings. • Main 2023 idea: Launch with the adult <i>Get Back to Care LA</i> Campaign in June. <p>Member Perez thanked Ms. Gunn for accepting feedback from ECAC members. She noted that social media is a great way to reach people in the community. People constantly</p>	

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	<p>mention social media as a source of information for community events. She asked if there is a text messaging campaign that parents can manage and request services. She said that Kaiser has these types of services and it is very useful. During the pandemic it was really important to be tech savvy and this would be very helpful. Ms. Gunn responded that L.A. Care does have a text messaging campaign specific for well child care visits, it held a campaign in September and is still analyzing data from those campaigns. Results are looking good, not many rejections.</p> <p>Member Seidman asked Chairperson Ficek if she can present the CHCAC report at the December Board meeting. Chairperson Ficek responded that she will be at the next Board meeting to give the CHCAC report.</p> <p>Member Perez highlighted the importance of text messaging. Member Seidman asked that she bring this up as a Board member if she feels it is important to her. This will help L.A. Care utilize basic and effective methods of communication.</p> <p>Member Puffer stated that students are hesitant to attend school because of the vaccine. Students should know that they can request it without parental consent.</p>	
CALAIM UPDATE	<p>Member Seidman, Ms. Ahn, and Ms. Carmona gave an update on CalAIM <i>(a copy of the presentations can be obtained from Board Services)</i>.</p> <p>Ms. Ahn gave the following report: Medi-Cal Redetermination</p> <ul style="list-style-type: none"> • During the COVID-19 public health emergency (PHE), Medi-Cal beneficiaries experienced continuous coverage regardless of changes in circumstances • When the PHE ends, states will resume routine renewal operations that: <ul style="list-style-type: none"> - Minimizes beneficiary burden - Promotes continuity of coverage for eligible individuals (either through Medi-Cal or Covered CA) • PHE currently projected to end mid-January 2023 • Department of Health Care Services (DHCS) has projected 13-20% of current Medi-Cal beneficiaries will lose their Medi-Cal coverage once redeterminations resume <ul style="list-style-type: none"> - This is an estimated decrease of 2-3 million beneficiaries - L.A. Care is projecting a 13% annualized disenrollment rate or about 325,000 members 	

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	<ul style="list-style-type: none"> • Guidance from DHCS and the Centers for Medicare and Medicaid Services provides a great opportunity for collaboration between States, Counties, and managed care plans to ensure continuous coverage for eligible individuals <p>Medi-Cal renewal process:</p> <ul style="list-style-type: none"> • Some members will be renewed automatically if the county is able to verify their eligibility information electronically • If the county is not able to verify eligibility electronically, then a renewal packet will be sent to the member 60 days prior to the member’s Medi-Cal renewal date <ul style="list-style-type: none"> - The member is required to submit the requested information back to the county prior to the end of their renewal month - The member’s Medi-Cal coverage will be placed on hold for 90 days if the county does not receive the requested information - L.A. Care sends out an on hold postcard at day 30 during the on hold period and conducts an on hold robocall at day 60 - The member will be fully disenrolled from Medi-Cal if the county does not receive the requested information by the end of the 90-day on hold period - After 90 days, a new Medi-Cal application is required for re-enrollment • Upon receipt of information and confirmation of Medi-Cal eligibility, the county will mail a letter informing the member of their renewal approval <p>Guidance to MCP and GOL supports:</p> <ul style="list-style-type: none"> • Update member contact information • Increase member awareness to compete and submit renewal paperwork through outreach campaigns • Facilitate transition from Medi-Cal to other coverage (Exchange) <p>Community Health Workers (CHW)</p> <ul style="list-style-type: none"> • CHW services added as a Medi-Cal benefit starting July 1, 2022 and released plan guidance on September 2, 2022 • CHW services defined as preventive health services delivered by a CHW to prevent disease, disability, and other health conditions or their progression; to prolong life; and to promote physical and mental health. <ul style="list-style-type: none"> - The four categories of CHW services are health education, health navigation, screening and assessment, and individual support or advocacy 	

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	<ul style="list-style-type: none"> • CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs within their communities • L.A. Care is in process of implementing CHW services for our Medi-Cal members <ul style="list-style-type: none"> - Building network through new and existing providers - Finalizing operational processes (referrals, reporting, etc) - Analyzing data to understand potential utilization and inform outreach - Developing member and provider communications on availability of CHW services and how to access • CHWs must have lived experience that aligns with and provides a connection between the CHW and the Member or population being served. • CHWs may include individuals known by a variety of job titles, such as promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals, with the qualifications further specified herein. <ul style="list-style-type: none"> - Health Education: Promoting a member’s health or addressing barriers to physical and mental health care, such as through providing information or instruction on health topics - Health Navigation: Providing information, training, referrals, or support to assist Members to access health care, understand the health care delivery system, or engage in their own care. - Screening and Assessment: Providing screening and assessment services that do not require a license, and assisting a Member with connecting to appropriate services to improve their health - Individual Support or Advocacy: Assisting a Member in preventing the onset or exacerbation of a health condition, or preventing injury or violence. <p>Doula Benefit Update</p> <ul style="list-style-type: none"> • Doula services will be added as a Medi-Cal preventive service starting January 1, 2023 • Doula services aligned with DHCS’ focus on health equity <ul style="list-style-type: none"> - Aim to improve the maternal experience, reduce disparities, reduce infant mortality, low birth weight babies, and improve the entire perinatal experience from conception to birth to postpartum care. • A doula is a trained individual (non-clinical) who provides physical, emotional, and informative support throughout pregnancy, childbirth, and postpartum experience. 	

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	<ul style="list-style-type: none"> • Eligibility for doula services: <ul style="list-style-type: none"> - An individual who is pregnant, or was pregnant within the past year - Requires an written recommendation from a provider that authorizes up to 11 pre-birth, birth/delivery, and postpartum visits • Plans waiting for final guidance to inform implementation • Potential challenges with capacity of existing doula network and willingness to work with managed care plans • A doula is not a health care professional and is not permitted to diagnose medical conditions, give medical advice, or perform any type of clinical procedures or conduct any type of physical or behavioral assessment/exam. <ul style="list-style-type: none"> - Support can also be provided for miscarriage, stillbirth, and abortion. - Written recommendation must be from a physician or licensed practitioner of the healing arts. Additional visits beyond first 11 require an additional written recommendation for up to nine additional visits <p><i>(Johanna Kichaven, Population Health Management Program Manager, will give her report on Population Health Management at the January CHCAC meeting.)</i></p>	
ADJOURNMENT	The meeting was adjourned at 10:02 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, MPH, *Chairperson* _____

Date Signed: _____

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Summary – January 17, 2023

1055 W. Seventh Street, Los Angeles, CA 90017



Members

Tara Ficek, MPH, Chair	Toni Frederick, PhD*	Diane Tanaka, MD*
Edward Bloch, MD*	Gwendolyn Ross Jordan*	
Maria Chandler, MD, MBA	Lynda Knox, PhD	
James Cruz, MD*	Nayat Mutafyan*	
Rebecca Dudovitz, MD, MS	Hilda Perez	
Rosina Franco, MD*	Maryjane Puffer, BSN, MPA*	
Susan Fleischman, MD*	Ilan Shapiro, MD, FAAP*	

Management

Sameer Amin, MD, Chief Medical Officer
 Katrina Miller Parrish, MD, FAAP, Chief Quality and Information Executive, Health Services

**Absent **Present, but not quorum*

State and local officials continue to impose or recommend measures to promote social distancing to reduce transmission of the COVID 19 virus. It is prudent to use caution in protecting the health of the public, L.A. Care’s employees and its members where adequate virtual means exist to permit the meeting to occur by teleconference/videoconference with the public being afforded the ability to comment in real time. The Board of Governors and all legislative bodies of the L.A. Care Health Plan, and the Board of Directors and all legislative bodies of the Joint Powers Authority will continue to meet virtually and in person, and the Board will review that decision on an on-going basis as provided in the Brown Act. Members of the public had the opportunity to attend and share comments in person, or to listen to the meeting via teleconference, and share their comments via voicemail, email, or text

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Tara Ficek, MPH, Chairperson, called the meeting to order at 8:31 a.m. without a quorum.	
APPROVAL OF MEETING AGENDA	The Agenda for today’s meeting was not voted on, because the committee did not reach a quorum.	
APPROVAL OF THE MEETING MINUTES	The November 15, 2022 meeting minutes were not approved, because the committee did not reach a quorum.	
CHAIRPERSON’S REPORT	Chairperson Ficek stated that she would like to highlight developments relevant to this group and children health. Governor Newsom released his initial budget proposal for 2023-2024. It includes a \$297 billion total spending plan, \$223 billion general fund spending, and \$22.5 billion in total budgetary deficits. It is much lower spending.	

DRAFT

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	<p>Previously there were surpluses. First5LA tracks this budget closely and have done an analysis. She is happy to share it with the committee. Some significant commitments to help advance the work of this committee. Governor Newsom introduced a health and human services innovation accelerator initiative, which will focus on health disparities and diabetes morbidity and mortality. It may not be directly focused on children, but it also addresses disparities in maternal and infants. There is also \$1.2 billion in the 2024-2025 general fund to fully implement services for provider rates reform potentially connect to the work with Help Me Grow: LA. She noted that the budget also includes 22.7 billion for primary care and obstetric care provider increases. DOULA care will get a 10% share of this amount.</p>	
PUBLIC COMMENT	No public comment was submitted.	
MOTION (CHCAC 100)	This motion will be added on the consent agenda for the Board of Governors meeting on February 2, 2023.	
CHAIR AND VICE CHAIR ELECTION	This agenda item was not discussed.	
CHIEF MEDICAL OFFICER REPORT	<p>Sameer Amin, MD, presented the January 2023 Chief Medical Officer report (<i>a copy of the written report can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • Enterprise Goals have been set with two QI measures embedded – “Success in the National Committee Quality Accreditation (NCQA) Discretionary Review, the Population Health Management Index” and rate improvement in our “Not Seen Within One Year” metric for DSNP and L.A. Care Covered. • CMS Interoperability Implementation continues and policies and procedures are in development. • L.A. Care will be participating in the “Equity and Quality at Independent Practices in LA County” Practice Transformation Grant with the California Health Care Foundation and California Quality Collaborative. L.A. Care is in the midst of identifying practices. • Beacon has completed all the necessary mitigation and met all the requirements for QI standards as part of the Quality Improvement (QI) 2022 Annual Audit 	

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	<p><u>Provider Quality Review (PQR) for Potential Quality Issues (PQI)</u></p> <ul style="list-style-type: none"> • Aging of PQI Cases: As of November 30, 2022, we had 2371 cases open with 479 cases open in the untimely aging category of 214+ days and only 24 in the highest risk category. • PQR Spot Bonus Program: A new Spot Bonus program was implemented October 2022 and has been highly effective in reducing the number of untimely cases. For the month of October, the PQR team closed 730 cases followed by an additional 596 cases in November. • PQR and Appeals and Grievances Data Discrepancies: The PQR team identified 400+ possible PQI cases from grievance reporting. We are currently working with Grievances to identify which cases, if any, require a review and why these cases aren't being filtered in for review. <p><u>Population Health Management (PHM)</u></p> <ul style="list-style-type: none"> • The 2022 PHM Index was finalized and met 11 out of 14 goals, placing us in the mid-met range. • The goals for 2023 are being developed, including primary care visit, depression screening, and member and provider experience measures. • The PHM NCQA year one documentation for the 2023 audit is final and expected to meet requirements. The PHM team has started collecting info for year two NCQA documentation. • The PHM team will develop the 2023 PHM Program Description in Q1 2023 and will include the CalAIM requirements. The CalAIM Strategy document is due October 2023. • The PHM CalAIM readiness assessment was submitted to DHCS ahead of the October 21, 2022 deadline. To date L.A. Care has not received feedback from DHCS. • Department of Health Care Services (DHCS) announced a new phased approach to Transitional Care Services (TCS). DHCS will be revising the program guide and we will need to document our new approach within 30-days of receiving it. <ul style="list-style-type: none"> ○ The PHM team has developed an overall work plan to track the deliverables for January 1, 2023 and January 1, 2024. The business units impacted by TCS have been asked to submit a strategy and action plan for addressing the TCS requirements. ○ The PHM team sent out a provider communication to all network providers on the new CalAIM requirements. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> ○ Our areas of concentration will be high risk / complex members not enrolled in care management who have a transition of care event and delegation oversight of providers who are conducting basic PHM activities. <p><u>Facility Site Review (FSR)</u></p> <ul style="list-style-type: none"> ● L.A. Care FSR is working with the LA County Collaborative regarding the periodic backlog. <ul style="list-style-type: none"> ○ DHCS approved the LA Care FSR backlog methodology and granted a 2-year plan to address FSR/MRR (Medical Record Review) /PARS (Physical Accessibility Review Survey) backlog audits by 12/31/2023. ● FSR departments across all health plans have noticed an increase in the length of time to complete a FSR and Medical Record Review (MRR) due to the increase in review criteria <p><u>Population Health Informatics</u></p> <ul style="list-style-type: none"> ● The VIIP team is currently reviewing the Action Plans from IPAs and checking progress on performance goals and activities. Feedback will be shared with the IPAs mid-December ● Analysts will aim to finish modeling a physician level incentive program for the Medicare Plus, D-SNP population by the end of Quarter 1 in 2023. <p><u>Behavioral Health (BH)</u></p> <p>On December 15, 2022, L.A. Care submitted a needs assessment and four proposed project plans to DHCS under the auspices of the School Behavioral Health Incentive Program. If all projects are funded, L.A. Care will bring telehealth services to participating school districts, increase staffing and workspaces for student wellness programs, expand the number of psychotherapist interns who provide support in schools, and enhance district-level visualization of BH data and its connection to educational outcomes.</p> <p>From Member Rebecca Dudovitz, MD, via chat: “Would love to hear more details about the Behavioral Health projects at some point. Especially how the iprojects can facilitate connection to long-term therapy and mental healthcare for adolescents.”</p> <p>Dr. Amin responded that this is an amazing program that L.A. Care submitted needs assessments to DHCS recently. The program is being championed by the Behavioral</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Health and Social Services division. If all projects are funded, he thinks there will be substantial good. One of the projects that he is most excited about is the telehealth program for school districts. That and an increase in staffing will help with student wellness in those districts.</p>	
<p>POPULATION HEALTH MANAGEMENT</p>	<p>Elaine Sadocchi-Smith, <i>Director, Population Health Management, Director, Facility Site Review</i>, gave a presentation about Population Health Management (a <i>copy of the presentation can be obtained from Board Services</i>).</p> <ul style="list-style-type: none"> • DHCS' CalAIM PHM Program is designed to ensure that all members have access to basic population health management services based on their needs and preferences across the continuum of care to meet the quadruple aim and achieve health equity. • The program will build upon existing NCQA PHM Standards. • Gather, share and assess data for risk stratification and segmentation for appropriate interventions. • Provide basic population health management programs to all members • Continue to provide care management services to members who have been identified as high risk and complex care • Provide transitional care services for members transferring from one setting to another • Utilize Community Health Workers (CHWs) for targeted interventions <p>Transitional Care Services (TCS)</p> <ul style="list-style-type: none"> • By January, 2023: <ul style="list-style-type: none"> - Admissions/Discharge/Transfer (A/D/T) known on <i>ALL</i> members - TCS provided by a single point of contact care manager for high-risk members <ul style="list-style-type: none"> o All Enhanced Care Management (ECM) members o Complex Case Management members o Members who received Long Term Support Services (LTSS) o Members identified as high risk through L.A. Care's Risk Stratification Segmentation (RSS) • By January, 2024: <ul style="list-style-type: none"> - TCS will be provided to all members <p>Initial Health Assessment (IHA) requirements based on APL-08-003 retired December 31, 2022 and include:</p>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • All newly enrolled Medi-Cal members must have a complete IHA within 120 days of enrollment*. A complete IHA is made up of the following components: <ul style="list-style-type: none"> - Complete medical history - Physical examination - Administration of Individualized Health Education Behavioral Assessment (IHEBA)-often the Staying Healthy Assessment - Completion of preventive screenings and immunizations <p>Overview of IHA Changes per CalAIM starting on January 1, 2023 Managed Care Accountability Sets (MCAS) measures specific to infant and child/adolescent well-child visits and adult preventive visits can be leveraged. For children, primary care visits and childhood screenings, including but not limited to screenings for Adverse Child Experiences, developmental, depression, autism, vision, hearing, lead, and Substance Use Disorders can be included. Visit must include:</p> <ul style="list-style-type: none"> • History of the member’s physical and behavioral health • Identification of risks • Assessment of need for preventive screens or services • Health education • Diagnosis and plan for treatment of any disease 	
HELP ME GROW LA	<p>Cathy Mechsner, <i>Manager, Health Information Technology Program, Quality Improvement</i>, gave a presentation about Help Me Grow LA (<i>a copy of the presentation can be obtained from Board Services.</i>).</p> <p>HMG LA: First 5 LA & LA County Dept. of Public Health collaboration First 5 LA grant award to L.A. Care:</p> <ul style="list-style-type: none"> • Four-year agreement to provide: <ul style="list-style-type: none"> - Child Health Provider Outreach Program: (over three years) <ul style="list-style-type: none"> o Education campaign for families/caregivers and providers o Ten-practice pilot program <p>Patient/Provider Experience:</p> <ul style="list-style-type: none"> • Majority of LA county Safety Net patients up to five years old are L.A. Care members • Strong rapport with Safety Net pediatric practices who: <ul style="list-style-type: none"> - Committed to improving child development programs in L.A. County - Have conducted recommended screening tools for patient assessments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Core Components</p> <ul style="list-style-type: none"> ● Build a centralized access point to help families and providers access needed resources and services. ● Engage with families and communities to support their child’s development. ● Support child health providers to identify developmental concerns and connect families to resources. ● Collect and analyze data to measure success and improve the coordination of programs and services in local communities. <p>Program Details</p> <p>Education:</p> <ul style="list-style-type: none"> ● Increase understanding of developmental milestones and screenings to assess a child’s development progress <ul style="list-style-type: none"> - Providers and care teams - Families and caregivers <p>Provider pilot:</p> <ul style="list-style-type: none"> ● Provide training for screenings and referrals and conduct workflow optimization. First 5 will collect improvement data and share lessons learned within the health care community <ul style="list-style-type: none"> - Three-year pilot for 10 practices, Year two underway <p>Provider Classes:</p> <ul style="list-style-type: none"> ● 3 Children’s Health Conferences <ul style="list-style-type: none"> - Offered as Continuing Medical Education/Continuing Education events - Early childhood development topics - May 19, 2022; March 25, 2023; 2024-to be determined <p>Provider Communications:</p> <ul style="list-style-type: none"> ● Health education news articles in Progress Notes and the Pulse newsletters (Importance of developmental milestones, Prop 56, etc.) ● Messaging on the provider education pages on www.lacare.org ● Community educational materials available to order on provider portal ● Website: www.helpmegrowla.org, toll-free phone #: 833.903.3972 <p>Benefits of Using A Developmental Screening Tool</p> <ul style="list-style-type: none"> ● Developmental screenings help parents to understand their child’s development. 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Screenings are completed by a healthcare provider/trained professional working with parents/caregivers. • Developmental screenings should be completed at nine, 18, 24/30 months of age. <ul style="list-style-type: none"> - Children with delays will be referred to early intervention programs offered through: - Regional Centers (seven in L.A. County) for up to age three or their local school district for an Individualized Education Plan (IEP) for age three and older. • Autism screenings should also be completed at 18 and 24 months of age (i.e. MCHAT). 	
ADJOURNMENT	The meeting was adjourned at 9:45 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____



Chief Medical Officer Report

March 2023

Quality and Information Department

- Dr. Felix Aguilar will join L.A. Care as our new Quality Medical Director. His main focuses will be Provider Quality, Initiatives and Accreditation.
- L.A. Care signed the California State Data Sharing agreement before the Jan 31, 2023 deadline and will now implement the requirements.
- CMS Interoperability Implementation continues. The new policy has been submitted to DHCS and procedures are being developed for support between CSC, IT and external stakeholders. A proposed rule has been released for Prior Authorization electronic process scheduled for 2026 and we are incorporating that into Care Catalyst work.
- The collection of Sexual Orientation and Gender Identity (SOGI) member demographic information began in February. These are requirements per NCQA Health Equity Accreditation. SOGI includes members' preferred pronouns, sex assigned at birth, gender identity and sexual orientation.

SDOH

- APL 21-009 requires providers to submit Social Determinants of Health (SDOH) ICD-10 "Z-codes" to L.A. Care. A plan to educate providers on submitting and using SDOH data is taking place. A provider training about coding for SDOH is currently being developed.

Health Education & Cultural Linguistic Services (HECLS)

- New wellness vendor RFP underway with three vendor presentations concluded. Final scoring is in progress with the aim to complete vendor selection by 2/28/2023.
- The race and ethnicity (R/E) data remediation program to address the erroneous categorization of race and ethnicity and data integrity will now be managed as part of the member demographic data program. Project 1 - Impact analysis will be closed in February, with Project 2 kicking off in late February. Impact analysis on business functions was moved from Project 1 to Project 2, IT will confirm the completion timeline.

Quality Improvement-Initiatives

- The DHCS imposed monetary sanctions (\$88,000) to L.A. Care for failure to meet the Minimum Performance Levels (MPL) for measurement Year (MY) 2021 Medi-Cal Managed

Care Accountability Set (MCAS) performance measures focused on Childhood Immunization Status Combination 10 (CIS-10) and Well Child Visits in the First Thirty Days of Life (W30 6+ and W30 2+)). L.A. Care submitted a comprehensive quality strategy that includes new interventions designed to meet or exceed required 2023 milestones. L.A. Care has begun this process through the collaboration with our Plan Partners, Blue Shield Promise and Anthem Blue Cross through Strengths Weakness Opportunities and Threats analysis. L.A. Care is also developing a custom report for W30, member incentive for W30 and provider incentive for CIS-10 to name a few. Additionally, L.A. Care needs to include details on how we intend to devote adequate resources and staff to quality improvement. L.A. Care is hiring Quality Management Nurse Specialist to support the project manager. L.A. Care is working closely with our DHCS Nurse Consultant and Quality Management Team to work through expectations for this sanction.

- Regarding DHCS Fines for MCAS measures below MPL for MY 2021, L.A. Care submitted an appeal and awaits the response, while DHCS provided a response to the “Meet and Confer” with no change to the sanction fine of \$88K. L.A. Care has also asked to review a PRA request from Local Health Plans of California (LHPC) and California Association of Health Plans (CAHP) regarding details of the program that have been request by us and multiple plans, but not provided.
- Quality Improvement (QI) Annual Audit has concluded for Beacon, Kaiser, and Blue Shield Promise Health Plans. Blue Shield is working on completing a Corrective Action Plan (CAP) for three measures that fell below the MPL in MY2021. Anthem Blue Cross audit will wrap up in Quarter 1 of 2023.

Provider Quality Review (PQR) for Potential Quality Issues (PQI)

- **Aging of PQI Cases:** As of January 2023 we had 2303 cases open with 232 cases open in the untimely aging category of 214+ days and only 17 in the highest risk timing category.
- **PQR Spot Bonus Program:** A new Spot Bonus program was implemented to run from October 2022-February, 2023 and now will run thru August 2023 to assist with the 2nd backlog of 503 cases received in February 2023.
- **PQR, Appeals, and Grievances Data Discrepancies:** PQR team received an additional 503 cases from Grievances in February 2023. Cases have a PQI date ranging from 01/01/2021-12/31/2022. The root cause of the additional backlog was determined to be human error by selection of an incorrect delivery method in PCT when submitting the PQI referral. Delivery methods consisted of incorrect email addresses, incorrect spelling of an email address, sent to member directly or selected regular mail to L.A. Care. A remediation plan to close these additional cases in a timely manner has been implemented. Designated staff has been assigned to work the additional cases with a goal of completing at least 100 cases or more each month. The designated staff consist of one triage RN, four clinical review RN and 3-project specialist. While our goal is to keep all cases closed within the timely aging category, there is still a risk that some may fall into the untimely aging category as some of these cases have aged and retrieval of medical records may be difficult.

Quality Improvement (QI)-Accreditation:

National Committee for Quality Assurance (NCQA):

- Per NCQA consultant review of UM files conducted in January, we will not-pass due to the issue with must-pass elements UM 5A, UM 7B and 7C: UM denial letters were addressed to the facility, SNF, etc. instead of the practitioner and the required appeal rights information is not in the denial letter templates. UM has accepted this finding and implemented the change to UM 5A for notifying the appropriate practitioner. All other elements are in good standing.

Health Equity Accreditation:

- In March NCQA will make a change in their policy for health plan holding a Distinction in Multicultural Healthcare and pursuing Health Equity Accreditation (HEA). These health plans will need to undergo HEA as an initial survey vs a renewal survey (which we understood from previous discovery). This impacts the look back period for most standards. For the past year, L.A. Care has prepared as a renewal survey, and we are currently doing an assessment to see the true impact for all evidence collected in year 1 of our look back period.

Stars/HEDIS

- Projected MY2022 performance anticipated to be overall 2.5 (rounds down from 2.66). Previously projected to be 3.0 (rounds up from 2.83). Rating fell due to the implementation of outlier deletion.
- With the removal of CAHPS measures from MY2023 (since LAC DSNP is a new contract and CAHPS are weight of 4 measure), the HEDIS, Pharmacy and Operations domain can achieve effectively 1 Star rating lower than initially planned and still achieve a projected 3.5 Star rating.
- Root cause analysis underway for Grievance and Appeals and CTMs for MY2023; corrective actions to identified and implemented. Cross-walk analysis to be conducted to identify if G&A and CTM have correlation to members disenrolling.
- MAPD (Medicare Advantage Prescription Drug) will not be fielded this year due to the new DSNP contract.
- The HEDIS audit season is underway and all deliverables are on target. Kickoff meetings have been held with both the NCQA auditor and Health Services Advisory Group (HSAG). All HEDIS Roadmaps were submitted by the Jan. 31 deadline and the Medical Record project kicked off on Feb. 1 for the HEDIS Hybrid measures. Audits have been scheduled in March with both auditors.

Population Health Management (PHM)

- The PHM NCQA year one documentation for the 2023 audit is final and expected to meet the requirements. The PHM team has submitted documentation for year two NCQA documentation and no barriers to note and will meet the Accreditation February 9th deadline. The 2022 PHM Population Health Assessment and 2022 PHM Impact Evaluation are under development and on target to meet the March and April deadlines respectively.
- The PHM team will develop the 2023 PHM Program Description in Q1-Q2 2023 and will include the CalAIM requirements. CalAIM Strategy document is due October 2023.

- DHCS approved the PHM CalAIM readiness assessment at the end of 2022. L.A. Care is working to develop the Key Performance Indicators (KPIs) that will be shared with DHCS in July 2023.
- The PHM team is developing an overarching PHM Policy & Procedure and a Transitional Care Services (TCS) Policy & Procedure that will be reviewed for approval in the April Quality Oversight Committee (QOC).
- The PHM team sent out a provider communication to all direct network providers and PPGs on the new CalAIM phased transitional care service requirements on February 3, 2023.
- The highest risk gaps identified are with the current state processes for transitions of care for high risk and complex care member identified in the ADT feed and IPro, strengthening Care Management services for all members identified as high risk and complex but are not needing TCS, and strengthening delegation oversight of providers conducting basic PHM activities. Care Management has proposed updates to the Risk Stratification and Segmentation (RSS) to meet the new requirements and work is underway to develop this in IPro and work with internal and external stakeholders who will conduct TCS.

Initial Health Assessment (IHA) transitioning to Initial Health Appointment

- The PHM team and IHA workgroup have reviewed APL 22-030 and are making all necessary changes to QI-047 IHA policy, lacare.org, the Universal Provider Manual, the New Member Welcome Letter and New Member Welcome phone script. The main changes include the name change and removal of the Individual Health Education Behavioral Assessment (IHEBA) Staying Healthy Assessment (SHA) requirement. The PHM team still has a question out to DHCS clarifying the specifics of outreach requirements for compliance of a complete IHA.
- All Network Providers (PPG and Direct Network) have access to monthly IHA due reports on the provider portal for use in ensuring all new enrollees have a complete initial health visit within 120 days. The codes are being revised in the IHA due reports and dashboard and a new provider communication will be approved through Podio by Quarter 2, 2023.

Facility Site Review (FSR)

- For the timeframe, January 2, 2022 to December 31, 2022, a total of 615 virtual/on site periodic, initials and annual audits have been conducted.
- Total PHE backlog for time period (3/15/2020-12/31/2021) is **85**. To date three hundred and six (306) audits have been completed from the backlog.
- In Q4 2022. 47 FSR/MRR audits were conducted from the backlog.
- Working with the PARS Collaborative Workgroup to address PARS backlog, share assignments, and decrease duplication.
- L.A. Care FSR is working with the LA County Collaborative regarding the periodic backlog to be completed by 12/31/2023.
 - Quarter 4 progress report via the MCP Site Review Tracker has been submitted to DHCS.
 - L.A. Care's FSR worked with a subgroup of the collaborative and has developed a FSR tool for the mobile units. We have also developed a workflow for FSR audits on mobile units and all MCPs are piloting the mobile unit tool in 2023.

- FSR is working with internal business units and the LA County Collaborative on proposing a condensed version of the FSR/MRR for the APL 22-023 Street Medicine.

Population Health Informatics

Health Information Management (HIM) Analytics

- VIIP MY2021 is complete for this year and payments and reports have been sent out/generated for all programs.
- Work is continuing on a Stars Dashboard. This Dashboard will allow the Stars Team to monitor current trends along with a focus on historical rates/trends. A preliminary Dashboard should be up and running by March 2023.
- HIM is partnering with the Pomona CRC to generate an asthmatic member pool that the CRC will use to contact members with mild to severe asthma.
- The Population Health Assessment, which is a comprehensive document outlining the health of LA Care members stratified by certain demographic factors is complete.
- HIM is undertaking the task of monitoring PCP visits for all members in LA Care. The data produced by our team will be used to track Enterprise wide goals along with assisting other departments in their pursuit of having members regularly visit their PCP.

Health Information Exchange Ecosystem (HIEc)

- Discussions are underway with a cross-functional stakeholder group to revise the Hospital Services Agreement (HSA) and include the requirement for hospital participation in Health Information Exchanges (HIEs).
- The HIEc team is working closely with the ECM team and HIE vendors (LANES and CMT), to bring on additional new entities for Enhanced Care Management/Community Support (ECM/CS) programs. The HIE program continues to support the transition of the existing Health Homes Clinics and CB-CMEs to the new ECM program.
- The PAC-MAN solution will be operational on February 14, 2023, providing users from MLTSS and Care Management with access to up-to-date skilled nursing facility data on members.
- A business case has been created to support the CalAIM PHM and D-SNP requirements for MCPs to ingest ADT in order to deliver Transitional Care Services (TCS). The project is awaiting resource allocation from IT.

Incentives

- All of the MY 2021 P4P reports and payments have been completed for the plan partners, PPGs and physicians/clinics. The PPG performance rankings will be posted on L.A. Care's website for the first time in the form of star ratings, with 5 stars being the highest.

Pharmacy

Star Rating Metrics - Medication Adherence

- Comprehensive Adherence Solutions Program (CASP)
 - Pharmacy staff have been outreaching to DSNP members with high SDOH needs who have been historically nonadherent to the Star medications (Diabetes, Renin-

Angiotensin-System Antagonists, and Statins) to offer mail order service, 100-day prescription conversion, transportation services, medication synchronization and medication education to overcome any potential hurdles the members may be facing to become adherent.

- Between 1/5/23 – 2/21/23:
 - Total call attempts: 2,402 (including member, provider office and pharmacy)
 - Total successful calls to members: 761
 - Total completed successful interventions: 231 *(all members receive education regarding their medications and vaccines, this is not included in this total)
- Pack4U/Custom Health Collaboration
 - The pharmacy team is working with a new vendor, CustomHealth (formerly known as Pack4U), to start a pilot program that provides medication dispensing devices to members in their homes to monitor and improve their medication adherence. Twenty-three members enrolled as of 2/16/23.
- Medication Refill Reminder Robocalls
 - In collaboration with CSC EvenMore, pharmacy will begin weekly refill reminder robocalls to both DSNP and LACC starting in March 2023.

Star Rating Metrics – The Osteoporosis Management in Women who had a Fracture

- The pharmacy team has a comprehensive approach to address osteoporosis in women ages 67-85 years who have suffered a fracture. We conduct telephonic outreach to members and their prescribers to recommend a BMD test or prescription for a drug to treat osteoporosis to positively impact members by preventing further fractures related to osteoporosis.
- Since pharmacy took over this initiative, we have seen steady improvement in our performance in this measure. Pharmacy will be handing off this measure to QI but will continue to provide clinical support if needed.

Year	MY 2020	MY 2021	MY 2022
%	20.00%	39.34%	51.56%
Star Rating	1	2	3

- Current progress for MY2023 (as of 2/22/23): 34 members were identified and 7 members were successful in receiving a DEXA scan or osteoprotective medication. One member was identified as ineligible for the program and 3 members were unsuccessful in the intervention, leaving 23 opportunities remaining for MY2023.
- House Call Doctors are now performing in-home DEXA scans for members who agreed. We referred five members as of 2/22/23.

Star Rating Metrics - Medication Therapy Management (MTM) Program

- CMS requires health plans to reach a Comprehensive Medication Review (CMR) completion rate of at least 89% to achieve a five-star rating in Star Ratings Year 2023. Navitus Clinical

Engagement Center (CEC), our current MTM vendor, completed 2,307 CMRs, which is 79% of total qualified members for 2022.

- Our performance in 2022 would reach an estimated 3 Stars for Star Ratings. The pharmacy team and Navitus CEC have already discussed several new programs to engage members in 2023.
 - Text Message campaign for appointment reminders began January 2023.
 - Second phase of text message campaign for eligible member outreach/engagement in the MTM program currently under review for approval.
 - Postcard mailings encouraging eligible members to schedule an appointment with Navitus CEC currently under review for approval.
 - L.A. Care is working with Navitus CEC to provide CMRs through the CustomHealth pilot program for any member enrolled in the pilot program that also qualifies for MTM services.

Comprehensive Med Management (CMM) via CA Right Meds Collaborative (CRMC):

- CRMC is an initiative with University of Southern California (USC) to establish a network of community pharmacies that provide CMM to members with chronic diseases, such as diabetes and cardiovascular disease.
- Clinical Performance (from February 2020 to January 2023):
 - Average A1c reduction was 2% in cohort of patients with average baseline A1c of 11.7%
 - Average A1c reduction of 2.8% in patients with five or more CMM visits.
 - Average 14.4 point reduction in systolic blood pressure (SBP) in patients with 2 or more visits and baseline blood pressure >140/90 mmHg.
- Data Analysis of Program Impact
 - CRMC was selected by the Centers of Disease Control and Prevention (CDC) as one of 3 programs to be showcased for innovative uses of telehealth to prevent and manage cardiovascular disease. Results from this analysis will be presented to a national audience. Additionally, CRMC was also included in CDC's Field Note publication that highlights successful and innovative programs.

Clinical Pharmacy Pilot Program (Ambulatory Care):

- Clinical pharmacist participates as part of the healthcare team once weekly at various FQHCs to improve medication use and safety for L.A. Care members with uncontrolled diabetes and/or uncontrolled hypertension.
- Current clinics:
 - Wilmington Community Clinic (started 9/2022)
 - APLA (started 12/2022)
 - Harbor Community Health Center (contract pending)
- Medication Therapy Problems Identified (across all patient visits): 204
*Medication Therapy Problem Framework as endorsed by the Pharmacy Quality Alliance (PQA)

Community Health

Behavioral Health

On 2/21/23 DHCS awarded L.A. Care \$20.7 million under the auspices of its School Behavioral Health Incentive Program. The funds will be allocated to enhance behavioral health training, workforce capacity, and IT infrastructure in partnership with Health Net and the Los Angeles County Office of Education.

Elevating the Safety Net (ESN) Incentive Payment Program (IPP):

- As of 1/20/23, we received 65 of 67 reports from ECM/CS providers, who were funded in round 1 of IPP funding, with updates on progress towards completing their milestones.
 - 14 of these reports are final reports from providers who completed their milestones as of 12/31/22.
 - Milestones include investments in systems upgrades, ECM/CS staff recruitment, hiring and development and enhancements to quality reporting capabilities. These investments align with DHCS priorities for infrastructure and capacity building.
 - Providers who did not submit a final report will have an opportunity to complete their milestones by 6/30/23.
- Our IPP unit received approval from our Finance team to process the IPP incentive application for DHS who will receive over \$4.3 million from L.A. Care to upgrade their systems (CHAMP and Office of Diversion and Reentry), hire frontline and back office staff and offer training opportunities.
- We are making progress in finalizing draft IPP incentive amendments for Plan Partners to disburse a combined total of nearly \$10.8 million. Plan Partners will invest the incentive funding in systems upgrades, consulting services, internal staff hiring and quality reporting capabilities.
- On 1/17/23, we submitted feedback to DHS on their \$5.15 million CS administration proposal. The feedback is pending review and agreement from DHS on the proposed metrics for performance, documentation and reporting.
- Submitted feedback/comments to DHCS on two reporting templates
 - Template 2B – covering performance metrics from July 1, 2022 – December 31, 2022
 - Template 3-5 – covering performance metrics from January 1, 2023 through June 30, 2024.

ESN initiatives:

- Executed the grant agreement with UCLA for a new cohort of 4 scholars in 2023.
- Working on obtaining the second and final signature from Charles R. Drew University to execute the grant agreement for a new cohort of 4 scholars in 2023.
- Under the Provider Loan Repayment Program, we have \$2 million available to award new physicians thorough the end of FY 2022-23. There are 10 providers currently on the waitlist and under review.
- 301 new In-Home Support Services (IHHS) workers completed their training in January bringing our total to 5,601 ever trained.

HHSS Data and Operations Unit:

- As of February 22, 2023, over 10,900 members enrolled in HHSS
- SNI staff sent our HHSS Providers their January Claims Needed Report. This report will help HHSS providers be more compliant and timely in submission of HHSS claims
- SNI staff worked with DHS, IT, and UpHealth to reauthorize 5,696 former Whole Person Care individuals for 6 additional months of HHSS, for a total authorization of 18 months
- SNI staff are working with DHS, IT, and UpHealth to build out a bulk upload process to receive outstanding Housing Assessments (HAs) and Individualized Housing Support Plans (IHSPs)

DHS Operations Unit:

QI Workgroup -

- The QI Collaborative Workgroup meeting with DHS is scheduled for March 14, 2023.
- QI Related Reports & Information Submitted to DHS
 - All QI related items will be captured in a tracking log. For example: Performance Opportunity Reports (PORs), VIIP Performance Reports, CG-CAPHS, etc.
- HEDIS
 - DHS requested OON Data for their Quality Incentive Program (QIP).
 - Working with IT to automate the report for HIV & HVL measures. The QPM unit will pull the report for the three remaining measures: COL, HbA1c (HBD), SPC
 - MCAS New Measures to be reviewed with DHS at upcoming meeting.
- VIIP + P4P
 - DHS Submitted Final VIIP + P4P Action Plan on 1/26/2023

UM/ Medical Management Workgroup -

- DHS & Decompression:
 - Dr. Kagan will work on making introductions between DHS Transfer Center key staff and Alta, Mission, and Avanti hospital systems.
- DHS Transfer Center & Inpatient Repatriation
 - L.A. Care UM/DHS Transfer Center Team continue to meet on a bi-monthly basis. This meeting was held on January 31, 2023.
- Transition of Care:
 - Through bi-weekly discussions, L.A. Care has verbalized the need for DHS to support Specialty appointments for members to support select scenarios, specialties, and diagnoses:
 - Inpatient Discharge
 - Outpatient Redirection
 - Case Management Escalation

QI – PQI -

- The PQI quarterly meeting with DHS took place on January 31, 2023. The following items were discussed:
- DHS PQI Report Review
 - PQI Annual Report Review Period FY 2021-2022 (Q4 2021 – Q3 2022)
 - 27% of the PQIs reviewed by L.A. Care had substantiated Service concerns.

- DHS facilities with the most PQIs: Mid-Valley, Olive View, MLK Jr. Outpatient Center.
 - Compared to the general volume of patients that DHS serves, the volume of PQIs is relatively low. However, the purpose of sharing PQI reports with DHS is to demonstrate patterns or trends across their facilities and among staff or providers. It is a tool that DHS can leverage to take actionable and specific steps aimed to address service or care concerns for members.
 - Report Review Q4 2022
 - Out of the 105 PQIs that were received, 7% were substantiated as Care issues, while 23% were substantiated as Service issues.
 - The L.A. Care reports currently capture the dates that the PQIs were closed, not the Dates of Incident. L.A. Care PQR unit to capture the Date of Incident moving forward.
 - PQI Volume
 - In the past, a single year might have approximately 243 PQIs identified; however, most recently, in a single quarter, 135 PQIs were identified. The increase in captured cases do not necessarily reflect an increase in PQIs, but rather increased staff support on the L.A. Care side that have been able to process a greater volume of cases from the A&G grievance backlog. The L.A. Care PQR unit expects the trend to continue through the middle of 2023 while the backlog is addressed, at which point PQIs should level off.
 - PQI Closure Letter
 - L.A. Care PQR unit requested a PQI Closure Letter from DHS. The PQI called to question the reason why DHS scheduled the member's OON post-discharge appointment 1-2 months after discharge rather than within the standard 3 days.
 - The DHS G&A Unit inquired about L.A. Care's process for notifying DHS of OON hospital admissions and discharges.
 - L.A. Care regularly sends DHS contacts the eConnect report which includes admissions, discharge and transfer information. The list of DHS recipients was provided to the DHS G&A unit to assist them with the drafting of the PQI Closure Letter.

DHS Reports -

The following reports were submitted to DHS:

- eConnect (ADT) Report
 - Description: This report contains real-time notification on patients' admit, discharge, and transfer (ADT) information whenever they are admitted to inpatient or the ED.
 - Submitted on January 10, 2023 and January 25, 2023
- Hospital Delivery/Pregnancy Data
 - Description: This report contains a list of DHS-assigned members that gave birth both within and outside of the DHS network.
 - Submitted on January 9, 2023, January 11, 2023, January 18, 2023, and January 27, 2023
- LIHP/CF/ME Membership Report
 - Description: This is a running report that contains DHS membership segmented by aid codes [i.e. LIHP (Low Income Health Program), CF (Cal Fresh), and ME (Medical Expansion)].

- Submitted on February 3, 2023
- MCLA Active Pregnant Members Report
 - Description: This report contains a list of current pregnant DHS-assigned members and their due dates.
 - Submitted on January 4, 2023

Care Management

Enhanced Care Management (ECM)

Noah Ng has been promoted to the Director of Enhanced Care Management (ECM) position and will oversee the existing staff newly reorganized to CM from the Safety Net Initiatives department. Noah's focus for the first 60 days will be to conduct a full assessment of people's roles, technology, and processes against the December 2022 revision of the DHCS ECM Policy Guide.

Transitional Care Services (TCS)

CM team began implementing the program on a limited basis in February 2023 for members in Direct Network and is currently using Care Managers with plans to incorporate Community Health Workers (CHWs) into the model by Q2. CM collaborated with the UM team to access daily reports of members admitted and discharged to supplement the limited data available through the Health Information Exchanges. In addition, risk stratification algorithms in iPro is in the process of being revised to delineate all risk levels and provide a new indicator for DHCS High Risk in accordance with updated DHCS Population Health Policy Guide from December 2022. Due to the new populations of focus and the broad TCS requirements, CM is pending RRB approval for additional staff.

PHM

The DHCS Policy Guide establishes new high-risk sub-populations who require assessment, care coordination, and TCS. These new sub-populations include Children with Special Health Care Needs, high-risk Seniors & Persons with Disabilities, and members needing Long Term Services & Supports. Revisions to risk stratification algorithms in iPro have been proposed to identify members within the various categories. The requirements significantly increase the scope and volume of work by CM, ECM, as well as delegated PPGs, which will necessitate substantial increases in staffing in order to achieve compliance.

General CM

- Ongoing collaboration with the UM team has increased referrals of high and complex members to CM, including but not limited to members who need major organ transplant, California Children's Service (CCS) eligible/enrolled, and members needing Private Duty Nursing.
- Cal-MediConnect to DSNP transition – several operational and regulatory reports pending completion by IT with no clear ETA.
- CCS (DHCS Audit focus area)
 - Historically and currently, very few CCS members are in CCM and none with Medi-Cal as secondary coverage. Additional staff and processes need to be developed in order to meet contractual requirements.
 - MOU with county CCS agency is from 1999 and needs updating to clarify each party's requirements, including the expectations for a dedicated CCS Liaison position.

- Very high employee engagement scores, no low performing items to monitor/improve at the department level.

Utilization Management

Timeliness Corrective Action Plans (from June 2021 regulatory disclosure and 2021 DHCS Audit)

- Compliance Scorecard measures – 54/67 measures at 95% and above for compliance turn-around times for Q42022
- For the 13/67 under 95%, all are for notifications which are subjected to continued root cause analysis and process improvements. The frequency of the letter manifests to the fulfillment vendor for twice a day mailings.
- Toney Consulting agreement extended to Sept 2023 to supplement staffing.
- Completion of operational monitoring report by IT is needed as a more comprehensive oversight tool, particularly relating to the improvement of notification timeliness

Direct Network

- All UM work transitioned from Optum Health as of mid-December 2022. Even in the final months of the engagement, Optum’s performance did not meet thresholds and has been referred to Sanction Committee.
- Compliance has created a subset scorecard to monitor timely decisions and notifications, the first three months (November-January scores) were submitted to DMHC in February.

UM Quality Program (DHCS Audit focus area)

- Developing and implementing audit tools and protocols
 - Emphasis on accuracy and consistency of decision making by nurses and physicians, approvals and adverse decisions
 - Focused audits based on audit/corrective action areas and identified gaps (e.g. Continuity of Care, letter readability, private duty nursing, Physician Certification Forms)
- Additional positions in recruitment for trainers and auditors
- Reporting to Utilization Management Committee
 - Annual program description/evaluation
 - IRR reports for nurses and physicians
 - Quality metrics/oversight
- Staff education via bi-weekly training sessions with all staff who participate in UM functions (includes MDs, MLTSS, BH), recent topics have included Continuity of Care, CCS, reporting potential quality of care issues

Hospital agitation/abrasion

- Provider Disputes Resolution (PDR, originates from Claims)
 - Backlog resolved as of 12/31/23, UM PDR queues are monitored closely to ensure timely processing is maintained

- Creation of dedicated PDR team to support ongoing compliance and assist with litigation/arbitration cases; four positions filled (two start 3/13/23), one in recruitment. Toney Consulting agreement extended to Sept 2023 to supplement staffing.
- Participation in cross-functional team assessing root causes and solutions to reduce PDR volume
- Reestablishing Admit Team for post-stabilization requests (audit focus area)
 - nine positions filled, two in recruitment
 - Revising processes and documentation to improve compliance and enable reporting and oversight
- Adding a dedicated discharge planning team to accelerate processing of authorizations needed for discharge and provide more resources for members who are difficult to place due to complex medical-psycho-social situations

UM Other

- DSNP – Several letters not configured within SyntraNet and done via manual work around, ETAs stretch out to end of April
- New Director Patricia Isom, RN starts 3/13/23 which will allow UM to restructure to separate outpatient and inpatient teams and provide focused oversight on productivity, quality and focused process improvements

Managed Long Term Services & Supports (MLTSS)

Community Based Adult Services (CBAS)

- Total census coming down from its COVID high point, but still high after official transition from COVID TAS protocol to Emergency Remote Service (ERS); some centers prohibited from enrollment due to capacity issues
- MLTSS team continues to meet regularly with other health plans to discuss ERS utilization and practice concerns and relay them to DHCS and CDA
- Team continues to work on reducing volume of eligibility assessment work done by vendor

Skilled Nursing Facility

- Long Term Care (LTC) to Community reassignment, QI and Finance workgroups
 - Data collection and monitoring of discharges to community and timely PCP reassignment to avoid PQIs as a result of access to care issues
 - Ongoing process of monthly reconciliation of new and former LTC for re/assignment to appropriate PPG (community versus LTC)
- Partnership with IP UM and Difficult Placement Team (DPT) to divert Congregate Living HealthCare Facility (CLHF) transitions (non-covered benefit)
- Medicare risk area due to conflicting guidance given by Compliance consultants

CalAIM

Current Community Supports (CS) Managed, volume of referrals very low

- Personal Care and Home Services (effective July 1, 2022)
- Respite (effective July 1, 2022)

- Environmental Accessibility Adaptation (EAA)/Home Modifications (effective January 1, 2023)

Palliative Care

- Palliative Care SB 1004 benefit is for Medi-Cal only (excludes partial and full duals)
- RRB for Palliative Care – CalAIM Manager backfill scheduled for 3/13/2023
 - Focus to expand and grow Palliative Care program upon manager’s hire
 - Current average monthly referrals: 33
 - Current average monthly census: 124

Student Behavioral Health Incentive Program (SBHIP)



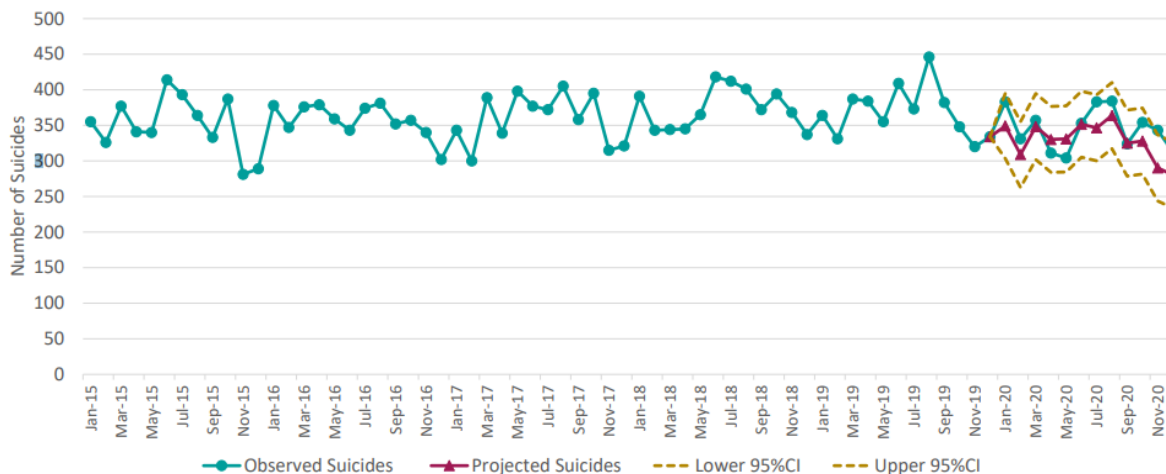
L.A. Care
HEALTH PLAN®

For All of L.A.

Presented by: Dr. Brodsky
Senior Medical Director, Community Health, Behavioral Health
March 21, 2023

Some good news...

Monthly Observed and Projected Suicide Deaths in California, 2015 - 2020



Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

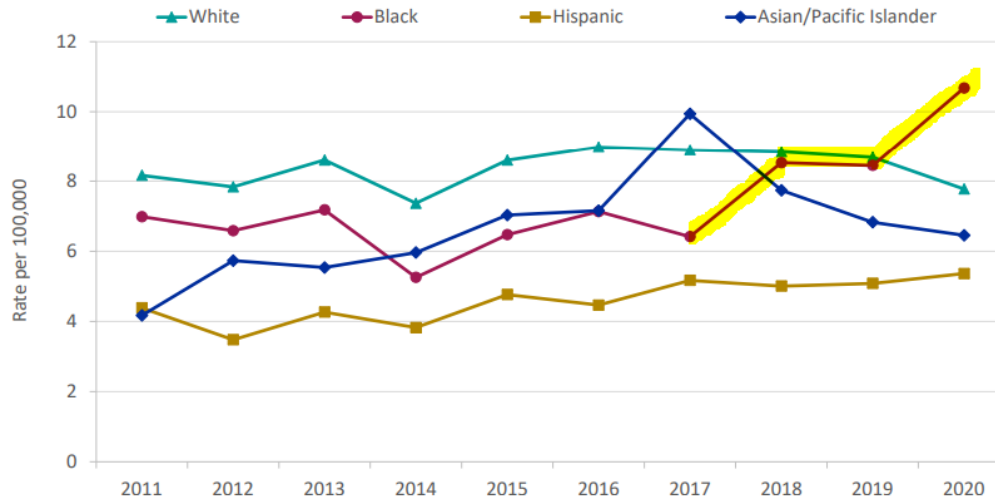
Center for Healthy Communities
Injury and Violence Prevention Branch

Source:

https://www.cdpH.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideAndSelfHarmTrendDataPPT_ADA.pdf

...and some bad news.

Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in California, 2011-2020



Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)



Center for Healthy Communities
Injury and Violence Prevention Branch

Source:

https://www.cdph.ca.gov/Programs/CCDPHP/DCDIC/SACB/CDPH%20Document%20Library/Suicide%20Prevention%20Program/SuicideAndSelfHarmTrendDataPPT_ADA.pdf

California Children & Youth Behavioral Health Initiative CYBHI (2021-2026)

Focus Areas:



Behavioral Health Ecosystem Infrastructure

Transform behavioral health infrastructure to ensure equitable access and ensure there is no wrong door for children, youth, and families.



Workforce Training and Capacity

Create a diverse workforce reflective of California by expanding workforce recruitment and training, and increasing capacity for prevention, treatment and recovery across points of access and care.



Coverage Architecture

Expand coverage and access to critical behavioral health services for ALL children and youth.



Public Awareness

Raise awareness and engage communities and families to increase behavioral health literacy using culturally- and linguistically-appropriate campaigns.

Source:

<https://www.chhs.ca.gov/wp-content/uploads/2022/10/CYBHI-101-Deck-September-2022.pdf>

California Children & Youth Behavioral Health Initiative CYBHI (2021-2026)

Work Streams:

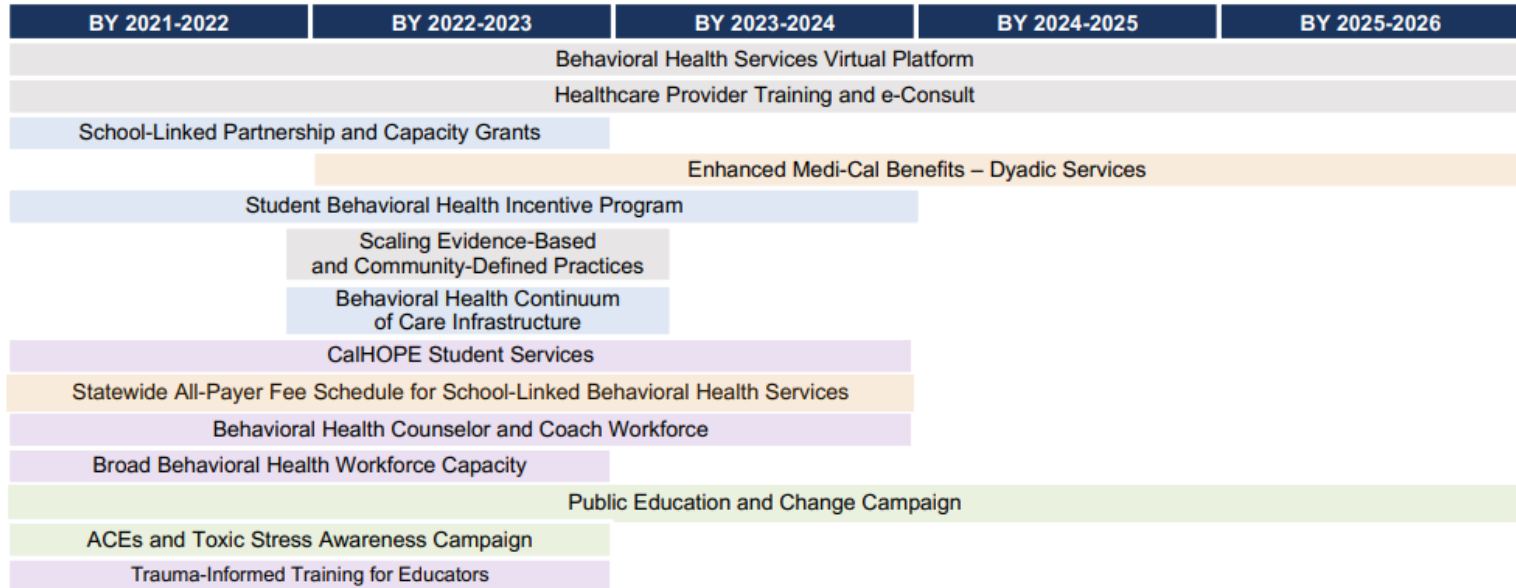
Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Wellness Coach Workforce (HCAI)	Trauma-informed Training for Educators (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Early Talents (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					Parent Support Video Series (DHCS)
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

Source:

<https://www.chhs.ca.gov/wp-content/uploads/2022/10/CYBHI-101-Deck-September-2022.pdf>

California Children & Youth Behavioral Health Initiative CYBHI (2021-2026)

Combined Work Streams Timelines:



Source:

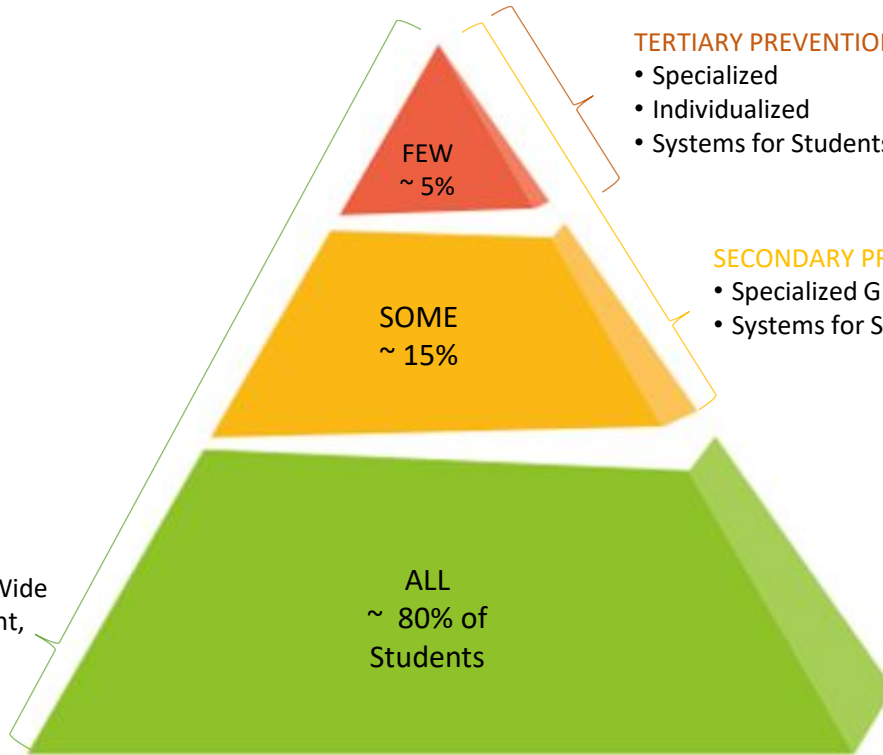
<https://www.chhs.ca.gov/wp-content/uploads/2022/10/CYBHI-101-Deck-September-2022.pdf>

School Behavioral Health Programs: Current State

CONTINUUM OF
SCHOOL-WIDE
POSITIVE
BEHAVIOR
INTERVENTIONS
AND SUPPORTS

PRIMARY PREVENTION

- School/ Classroom- Wide Systems for All Student, Staff, & Settings



TERTIARY PREVENTION

- Specialized
- Individualized
- Systems for Students with High-Risk Behavior

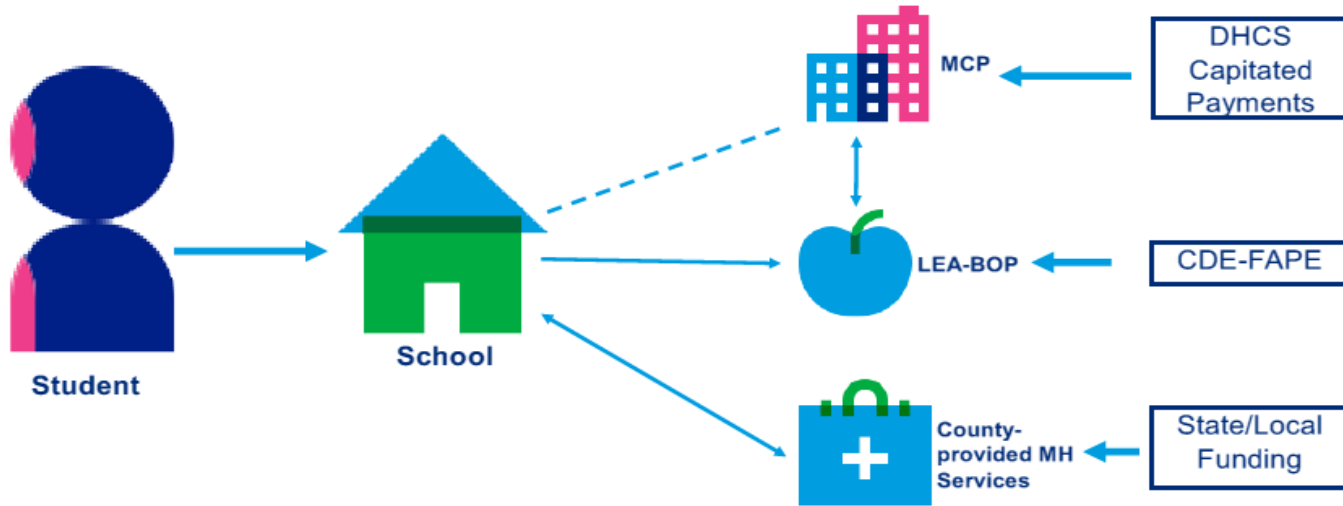
SECONDARY PREVENTION

- Specialized Group
- Systems for Students with At-Risk Behavior

Source: Lerner M, "School Mental Health," Medi-Cal Children's Health Advisory Panel (2016).

Current Funding Streams in Medi-Cal

LEA, MCPs, and MHPs all cover a specific subset of EPSDT services, so they must partner if they aim to offer a comprehensive suite of EPSDT services to Medi-Cal -enrolled students.

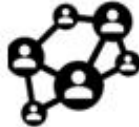


DHCS Student Behavioral Health Incentive Program (SBHIP) Duration and Sustainability



SBHIP Design Period (August 2021–December 2021)

- Stakeholder engagement and education
- Develop metrics, interventions, and goals
- Determine payment structure to MCPs
- Develop structures for implementation (oversight and governance)



SBHIP Implementation Period (January 2022–December 2024)

- MCP Needs Assessment/gap analysis with technical assistance
- Continued stakeholder education
- MCPs design and implement interventions in coordination with COEs, LEAs, County BH Departments, and BH providers
- MCPs receive payments based on metrics achieved



Post-SBHIP (January 2025 and beyond)

- BH infrastructure in schools are strengthened, benefiting both Medi-Cal and non Medi-Cal students
- More MCPs, COEs, County BH Departments, and LEAs have contracts to support Medi-Cal payment for BH services in schools
- Relationships between MCPs, LEAs, and county BH are strengthened to support coordination of services

LAC SBHIP Milestones (2021- Present)

- ❑ LAC SBHIP Steering Committee formed: MCPs, LACOE, DMH
- ❑ School District Student Wellbeing survey administered to 80 LEAs. (73 Completed)
- ❑ Community feedback gathered through Focus Groups and Listening Sessions with various LAC School Community Stakeholders, including leadership, staff, students, and families
- ❑ Data Collection Strategy & Comprehensive Student Behavioral Health Needs Assessment completed in partnership with 14 LEAs & submitted to the State
- ❑ 4 LA County Project Plans developed based on needs assessment & submitted to the State
- ❑ All Project Plans approved as of February 21, 2023

LAC SBHIP Targeted Intervention

Telehealth Infrastructure (Early Implementation):



- Tele-mental health services for students through our partnership with Hazel Health
- Technical assistance and support for documentation, contracting and billing systems for districts

Behavioral Health Wellness Programs:



- Develop infrastructure and expand greater prevention and early intervention practices in school settings.
- Increase dedicated spaces to support behavioral health services including individual and group counseling
- Increase school and district staff receiving behavioral health and wellness training.

Behavioral Health Workforce Development:



- Increase behavioral health personnel and interns to provide counseling and behavioral health support.
- Peer-to-Peer support
- Curriculum and Career Pathway Development

IT Enhancements for Behavioral Health Services



- Increase the number of districts across the county using the California Healthy Kids Survey (CHKS) with behavioral health modules
- Enhancement of LACOE's Countywide Data Visualization Tool to incorporate behavioral health indicators

Los Angeles County SBHIP Funding

SBHIP Components	DHCS Approval Status	L.A. Care Funding Request	Funding Awarded to date	DHCS Performance Metrics	Participating LEA's (school districts)
BH Assessment of school districts	Approved	\$1,589,497	\$1,589,497 Fully Funded	<ul style="list-style-type: none"> - (Countywide) stakeholder meetings - Data Collection Strategy - Needs Assessments for each district - LEA and community resource map - LEA BH referral processes 	13 Unified School Districts: Antelope Valley, Azusa, Baldwin Park, Compton, Inglewood, Los Angeles (LAUSD), Norwalk-La Mirada, Lynwood, Montebello, Paramount, Pomona, Santa Monica-Malibu, plus the L.A. County Office of Education (LACOE) school district
Intervention #1: Telehealth	Approved	\$16,976,686	\$10,186,011.60 (60% total)	<ul style="list-style-type: none"> 1) increase the number of students participating in Hazel HEART telehealth program 2) increase the number of handoffs for longer-term mental health services. 	4 LEA's participating in pilot: <ol style="list-style-type: none"> 1. Antelope Valley Union High School District (AVUHSD), 2. Compton Unified School District (CUSD), 3. Los Angeles Unified School District (LAUSD), 4. Norwalk-La Mirada Unified School District (NLMUSD)
Intervention #2: Behavioral Health Wellness	Submitted 12/15/22 Approved 2/21/23	\$14,635,074	\$7,317,537 (50% total)	<ul style="list-style-type: none"> 1) Increase the number of dedicated spaces to support behavioral health services including individual and group counseling 2) Increase school and district staff receiving behavioral health and wellness training. 	6 LEAs participating in phase 1/pilot: <ol style="list-style-type: none"> 1. Antelope Valley Union High School District (AVUHSD) 2. Bassett Unified School District (BUSD) 3. Inglewood Unified School District (IUSD) 4. Montebello Unified School District (MUSD) 5. Norwalk-La Mirada Unified School District (NLMUSD) 6. Santa Monica Malibu Unified School District (SMMUSD)
Intervention #3: Workforce Development	Submitted 12/15/22 Approved 2/21/23	\$14,635,074	\$7,317,537 (50% total)	<ul style="list-style-type: none"> 1) Increase the number of interns providing counseling and behavioral health supports in schools 2) The number of partnerships between MCPs and districts and/or district-linked partners 	4 LEAs participating in the phase 1/pilot: <ol style="list-style-type: none"> 1. Azusa Unified School District (AUSD), 2. Inglewood Unified School District (IUSD), 3. Los Angeles County Office of Education (LACOE), 4. Lynwood Unified School District (LUSD)
Intervention #4: IT Enhancements	Submitted 12/15/22 Approved 2/21/23	\$12,293,462	\$6,146,731 (50% total)	<ul style="list-style-type: none"> 1) Enhancement of LACOE's Countywide Data Visualization Tool to incorporate behavioral health indicators 2) Increase the number of districts across the county using the California Healthy Kids Survey (CHKS) with behavioral health modules 	4 LEAs are participating in phase one: <ol style="list-style-type: none"> 1. Baldwin Park Unified School District (BPUSD) 2. Los Angeles County Office of Education (LACOE) 3. Paramount Unified School District (PUSD) 4. Pomona Unified School District (PUSD)

Questions

Thank You