

BOARD OF GOVERNORS

Technical Advisory Committee

Meeting Minutes – February 16, 2022

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Richard Seidman, MD, MPH, *Chairperson*

John Baackes, CEO

Elaine Batchlor, MD, MPH

Paul Chung, MD, MS

Muntu Davis, MD, MPH*

Hector Flores, MD

Rishi Manchanda, MD, MPH

Santiago Munoz

Elan Shultz

Stephanie Taylor, PhD*

Management

Wendy Schiffer, *Senior Director, Strategic Planning*

Katrina Parrish, *Chief Quality and Information Executive, Health Services*

James Kyle, MD, *Chief of Equity and Quality Medical Director, Quality Improvement*

Michael Brodsky, MD, *Medical Director, Behavioral Health and Social Services, Behavioral Health*

* Absent ***Present (Does not count towards Quorum)

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , called the meeting to order at 10:00 a.m.	
APPROVAL OF MEETING AGENDA	The Agenda for today's meeting was approved as submitted.	Approved Unanimously. 7 AYES (Baackes, Batchlor, Chung, Flores, Manchanda, Munoz, Seidman)
PUBLIC COMMENT	There were no public comments.	
APPROVAL OF MEETING MINUTES	The November 12, 2021 meeting minutes were approved as submitted.	Approved Unanimously. 7 AYES

APPROVED

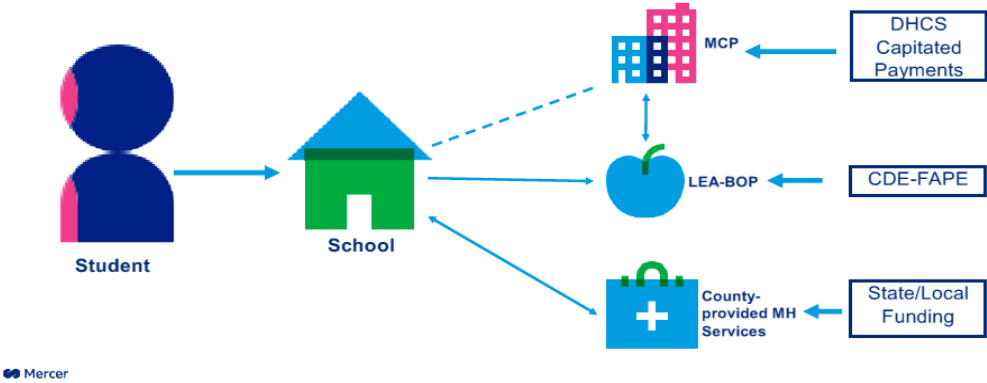
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CHIEF EXECUTIVE OFFICER UPDATE	<p><i>(Member Elan Shultz joined the meeting at 10:10 am.)</i></p> <p>Member John Baackes, <i>Chief Executive Officer</i>, gave the following report:</p> <p>He noted that this is the first Technical Advisory Committee meeting of 2022. The year is off to a busy start. Membership crossed 2.5 million threshold. Added about 16,000 members through Covered California. L.A. Care is the only public health plan participating in the program. Every fourth person in L.A. County is an L.A. Care member.</p> <p>January began with the Medi-Cal prescription drug carve out and it launched with many issues. L.A. Care has not had as many issues as other public plans largely because children's services are handled separately and are not part of L.A. Care's population. Most of the complaints are in regards to children with special needs that can't get their prescription. It has been very difficult. Many predicted it would happen and it's sad to see it come true. Magellen Health said that 100 of their 200 call center staff are out due to COVID-19, but everyone is having that issue as well and are all coping with it.</p> <p>Kaiser negotiated a behind the door deal with Governor Newsom to contract directly with the State for Medi-Cal. Kaiser has been a plan since its inception 35 years ago and are they are directly contracted with Medi-Cal in 5 counties. When they were a plan partner they had limited access. To join Kaiser people had to have prior affiliation with them. People who had Kaiser through paid insurance and lost their job and qualified for Medi-Cal can select Kaiser as their health plan. The contract begins in January 2024. They claim that they can't accept all Medi-Cal recipients. They will have to check credentials. Kaiser directly contracting with the State will affect L.A. Care's quality scores negatively. They also have less members with mental health issues and chronic illnesses.</p> <p>Member Elaine Batchlor, <i>MD</i>, asked what is L.A. Care is opposed to. Most people would imagine that a handful of people joining Kaiser would be a good thing despite it not being equitable. Member Baackes responded that Kaiser will now be a competitor. Kaiser will only allow people to join through their contract. Their quality scores will now be removed from L.A. Care's quality scores. Quality scores may affect L.A. Care's rates and funding. The State has been silent on how they will set rates.</p> <p>Member Hector Flores, <i>MD</i>, said to move beyond the damage or fall out from that is to create a level playing field for everyone. He trusts Kaiser's data, it is pretty robust.</p>	

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	<p>Back in 1994 or 1995 Kaiser went on record and stated that the State is paying unsound rates and they would only do a minimum amount. Private doctors who's practices are made up of 30% or more Medi-Cal patients received a small raise through Prop 56, but they are not Medicare rates. It is necessary to level the playing field and correcting for the disadvantage that the providers in underserved communities have, also make things more transparent. Member Baackes responded that he will be reaching out to him assistance with the coalition movement. L.A. Care has the ability to push back, because they do not have the authority to do this. Particularly in County Operated Health Systems. They have the authority to do this in counties that operate through the Two Plan Model like L.A. County. Legislators in Sacramento stated that it must be approved as a bill as a budget item.</p> <p>Member Elan Shultz asked if the State has offered any rationale for why Kaiser is able to select who it allows in through Medi-Cal? Member Baackes responded that the Department of Health Care Services put out a piece about Kaiser not participating in open procurement like all other plans and limits enrollment, because they have capacity limits as a brick and mortar provider. They have limits on people joining through Medi-Cal but no limits for people joining commercially.</p> <p><i>(Member Shultz left the meeting at 10:30 a.m.)</i></p>	
CHIEF MEDICAL OFFICER REPORT	<p>Member Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the following updates:</p> <p>He wished everyone a Happy New Year and acknowledged that it is Black History month. He spoke about the county's COVID-19 vaccine incentive program. The State made money available at the county and plan level, but also as a member incentive to help improve vaccination numbers. By November 1, more than 60,000 members had received one vaccine. He noted that the number is higher now. L.A. Care made available a \$50 gift card. In addition to the members incentive, L.A. Care has organized a pharmacy incentive program. L.A. Care recruited high volume pharmacies that serve L.A. Care members. L.A. Care also recently issued a press release called Educate + Vaccinate. This is provider incentive program. Providers will receive a list of members that have not been vaccinated and if that practice is able to increase vaccination efforts among its patients they will receive an incentive for doing so.</p> <p>Member Batchlor thanked Member Seidman for his efforts in trying to get members vaccinated.</p>	

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	<p>Member Seidman stated that L.A. Care has staff working on improving member vaccinations. All this is due to the persistent reality that early on we saw a disparity among communities of color. This was also seen during the vaccine rollout. People of color were getting vaccinated at lower rates.</p> <p><i>(Member Rishi Manchanda left the meeting at 10:41am)</i></p>	
STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM	<p>Michael Brodsky, MD, Medical Director, Behavioral Health and Social Services, Behavioral Health, gave a presentation about the Student Behavioral Health Incentive Program <i>(a copy of the presentation can be obtained from Board Services.)</i></p> <p>The Student Behavioral Health Incentive Program is one of the State's incentive program structured as an incentive with a timeline and metrics and dollars available to pass through the health plans to improve behavioral health service delivery and the mental health of students in L.A. County.</p> <p><i>(The slide below is from the California Department of Public Health. It shows the observed and projected suicide deaths in California for all ages.)</i></p> <div data-bbox="552 839 1566 1351"> <p>Monthly Observed and Projected Suicide Deaths in CA, 2015 - 2020</p> <p>Number of Suicides</p> <p>Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)</p> <p>Center for Healthy Communities Injury and Violence Prevention Branch</p> </div>	

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	<p>For calendar year 2019 there were 7,000 incident reports related to suicidal crisis at schools.</p> <p><i>(The slide below shows suicide risks among youth age groups and divided by ethnicity.)</i></p> <div><div><div>Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in CA, 2011-2020</div><table border="1"><thead><tr><th>Year</th><th>White</th><th>Black</th><th>Hispanic</th><th>Asian/Pacific Islander</th></tr></thead><tbody><tr><td>2011</td><td>8.5</td><td>7.5</td><td>4.5</td><td>4.0</td></tr><tr><td>2012</td><td>8.2</td><td>7.0</td><td>3.5</td><td>6.0</td></tr><tr><td>2013</td><td>9.0</td><td>7.5</td><td>4.5</td><td>5.5</td></tr><tr><td>2014</td><td>8.0</td><td>6.0</td><td>4.0</td><td>6.5</td></tr><tr><td>2015</td><td>9.0</td><td>7.5</td><td>5.0</td><td>7.0</td></tr><tr><td>2016</td><td>9.5</td><td>7.5</td><td>4.5</td><td>7.5</td></tr><tr><td>2017</td><td>9.5</td><td>7.5</td><td>5.5</td><td>10.5</td></tr><tr><td>2018</td><td>9.5</td><td>10.5</td><td>5.5</td><td>8.5</td></tr><tr><td>2019</td><td>9.5</td><td>10.0</td><td>5.5</td><td>7.5</td></tr><tr><td>2020</td><td>8.5</td><td>12.5</td><td>5.5</td><td>7.5</td></tr></tbody></table><div><div>CDPH California Department of Public Health</div><div>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)</div><div>Center for Healthy Communities Injury and Violence Prevention Branch</div></div></div></div> <p>In January, the California Health and Human Services (CHHS) released a grand \$4 Billion proposal called the California Youth Behavioral Health Initiative. Our piece of this the Student Behavioral Health Incentive Program is one small piece of the overall iniative. There is a focus on schools, but there are also workforce initiatives not being developed by the Department of Heath Care Services, but by other parts of CHHS. There is a focus on recruiting behavioral health counselors and coaches. Clinicians will be able to access data through E-Consult. There is a request for proposal for a system that will allow students regardless of insruance status to access resources and possibly even referrals to birck and motors provders. L.A. Care is tracking this closely.</p>	Year	White	Black	Hispanic	Asian/Pacific Islander	2011	8.5	7.5	4.5	4.0	2012	8.2	7.0	3.5	6.0	2013	9.0	7.5	4.5	5.5	2014	8.0	6.0	4.0	6.5	2015	9.0	7.5	5.0	7.0	2016	9.5	7.5	4.5	7.5	2017	9.5	7.5	5.5	10.5	2018	9.5	10.5	5.5	8.5	2019	9.5	10.0	5.5	7.5	2020	8.5	12.5	5.5	7.5	
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	<div data-bbox="558 240 1545 792"> <h3>New Ecosystem</h3> <p>The diagram illustrates a 'New Ecosystem' for behavioral health services. It features a central flow: 'Behavioral Health Services Virtual Platform & Provider Network' (top left) leads to 'Schools' (top center), which then leads to 'Behavioral Health Counselors and Coaches' (top right). Below 'Schools', there is a box for 'Medi-Cal' and 'Commercial Health Insurance', which leads to 'E-Consult & Provider Network' (middle right). At the bottom, a large box labeled 'Behavioral Health Services Capacity and Foundation' contains three sub-components: 'Workforce', 'Programs', and 'Facilities'. A blue door icon with a 'WELCOME' mat is positioned to the left of the central flow. The CHHS logo (California Health & Human Services Agency) is at the bottom left of this section.</p> </div> <div data-bbox="558 841 1545 1500"> <h3>CONTINUUM OF SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS</h3> <p>The diagram shows a pyramid representing the 'CONTINUUM OF SCHOOL-WIDE POSITIVE BEHAVIOR INTERVENTIONS AND SUPPORTS'. The pyramid is divided into three horizontal sections: <ul style="list-style-type: none"> Top (Red): Labeled 'FEW' and '~5%', corresponding to 'Tertiary Prevention: Specialized Individualized Systems for Students with High-Risk Behavior'. Middle (Yellow): Labeled 'SOME' and '~15%', corresponding to 'Secondary Prevention: Specialized Group Systems for Students with At-Risk Behavior'. Bottom (Green): Labeled 'ALL' and '~80% of Students', corresponding to 'Primary Prevention: School-/Classroom-Wide Systems for All Students, Staff, & Settings'. </p> </div>	

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	<p>Current Funding Streams in Medi-Cal</p> <p>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.</p>  <p><i>(The full presentation can be obtained from Board Services.)</i></p> <p>Member Flores asked Dr. Brodsky if there is a component that looks at students that are beyond grade 12. When students get to community college they lost in the mix. It would be nice to have a thread that continues to help them. Dr. Brodsky responded that in the \$4 Billion large initiative the range of ages that are covered are 0 to 25.</p>	
ADJOURNMENT	The meeting was adjourned at 12:05 p.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: _____
Richard Seidman, MD, MPH, *Chairperson*

Date Signed