

BOARD OF GOVERNORS

Children’s Health Consultant Advisory Committee

Meeting Minutes – January 21, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, <i>Chair</i>	Toni Frederick, PhD	Maryjane Puffer, BSN, MPA
Linda Aragon, MPH*	Gwendolyn Ross Jordan*	Diana Ramos, MD
Edward Bloch, MD*	Lyndee Knox, PhD	Richard Seidman, MD, MPH
Maria Chandler, MD, MBA	James Kyle, MD	Ilan Shapiro, MD, FAAP*
Rebecca Dudovitz, MD, MS	Nayat Mutafyan*	Diane Tanaka, MD*
Rosina Franco, MD	Hilda Perez	<i>*Absent **Present, but not quorum</i>

Management

Katrina Miller Parrish, MD, FAAP,
Chief Quality and Information Executive, Health Services
Michael Brodsky, MD, *Medical Director, Behavioral Health and Social Services, Behavioral Health*

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	Tara Ficek, MPH, <i>Chair</i> called the meeting to order at 8:37 a.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 9:05 a.m. The Agenda for today’s meeting was approved as submitted.	Approved unanimously. 11 AYES (Chandler, Dudovitz, Ficek, Franco, Frederick, Knox, Kyle, Mutafyan, Puffer, Ramos, Seidman)
APPROVAL OF THE MEETING MINUTES	The minutes of the November 17, 2020 meeting were approved as submitted.	Approved unanimously. 11 AYES
CHAIRPERSON REPORT	Chair Ficek stated that First 5 LA is looking closely at Governor Newsom’s Budget proposal for 2021-2022. The budget was released on January 8. She stated that it is a budget that builds and strengthens. First 5 LA was pleasantly surprised by the budget considering California’s financial condition due to the pandemic. The budget brings	

DRAFT

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	health equity front and center, with an emphasis on resolving health disparities. It includes CalWorks grants and grants for preventive care and telehealth services.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	Richard Seidman, MD, MPH, <i>Chief Medical Officer</i> , reported: <i>(A copy of his written report can be obtained from Board Services.)</i> COVID-19 Update By early January, the World Health Organization (WHO) reported over 83 million cases of COVID-19 worldwide and more than 1.8 million deaths. The numbers of new infections reported are at the highest levels worldwide and in the United States since the beginning of the pandemic with more than 4 million new cases per week worldwide for the fourth week in a row. California and Arizona have the highest rates of new infections in the Country. The healthcare delivery system in Los Angeles, with over 932,000 cases, is being pushed beyond its capacity to provide safe and effective care to everyone who needs it. The Los Angeles County Department of Public Health has asked people to avoid coming to Emergency Rooms for other than truly life threatening medical emergencies. Ambulances have been asked not to transport patients with a low likelihood of survival (trauma and cardiac patients they are not able to resuscitate in the field) to emergency rooms. The three-day average number of COVID patients hospitalized in Los Angeles is now 10 times higher at 7,873 than it was on November 1, 2020 and some hospitals are preparing to declare crisis standards of care, in which patients will be triaged to determine which patients are priorities for limited resources such as ICU beds and ventilators. L.A. Care has documented over 75,000 known cases among L.A. Care members, with nearly 13,000 admissions and over 2,000 deaths. Even as the county is facing the most difficult and challenging times so far in this pandemic, over 130,000 doses have been administered of one of two COVID-19 vaccines approved by the Food and Drug Administration (FDA) for Emergency Use Authorization. Frontline healthcare workers are starting to get their second dose of vaccine. At this time, Los Angeles County is progressing through the various tiers of Phase 1a (healthcare workers and the residents and staff of Long Term Care and Skilled Nursing Facilities) and anticipate moving into Phase 1b by early February, which includes people 75 and older and frontline essential workers in its first tier. People 65 and older and a broader list of essential workers are prioritized in the second tier of Phase 1b before we are able to move on to Phase 1c, anticipated in late March or early	

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	<p>April, which will include people 16 -64 with chronic health conditions and co-morbidities placing them at increased risk for serious disease and death.</p> <p>Fortunately, influenza activity in the county remains relatively low, likely due to all of the precautions in place to reduce the spread of COVID and due to enhanced flu vaccine efforts last fall. L.A. Care collaborated with the Los Angeles County Department of Public Health (DPH), the USC School of Pharmacy, and several community pharmacies to conduct nine mobile flu vaccine clinics, which provided 2,500 members of the community with flu vaccines. Pharmacy staff are currently pursuing the opportunity to leverage these partnerships and experience to assist in the COVID vaccination effort.</p> <p>Member Rebecca Dudovitz, MD, asked if L.A. Care has thought about communication to members in regards to the COVID-19 and safety. She noted that there are many concerns about the uptick since the vaccine was announced. She would like to know about L.A. Care’s communication strategy.</p> <p>Member Seidman stated that L.A. Care is communicating with its members. He pointed that L.A. Care has launched a robo-call campaign, has posted up to date information on its website, updated FAQs and social media platforms. L.A. Care is also reaching out to Dr. Peter Szilagyi, who is an expert on vaccine hesitancy, to assist with communicating vaccine safety to members. L.A. Care is also trying to partner with other organizations that have influencers and celebrities that can help encourage people to get vaccinated when possible.</p> <p>Member Diana Ramos, MD, stated that one of the things they found at Los Angeles Unified School District in terms of influencers was that grandparents were one of the biggest influencers in the family. Specifically, among the African American and Latino populations, it makes a difference to get the grandparents, family, and friends involved. She asked Member Seidman if L.A. Care is tracking women who are pregnant or get pregnant in the interim of the vaccination and how L.A. Care will follow up. Member Seidman responded that L.A. Care currently does not have a communication strategy just for pregnant women, but he thinks it is important and believes it should be added to L.A. Care’s messaging. He noted that the vaccine is recommended to pregnant women and breast-feeding women. There is significant hesitancy by pregnant women in getting immunized, and it will be added to L.A. Care’s messaging.</p>	

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	<p>Member Dudovitz stated that there are many people who are hesitant to be first to get the vaccine. She believes it is necessary to send a message to people telling them that it is safe to get the vaccine and to point out its efficacy. She noted that there are side effects, and she knows firsthand that the muscle and joint aches are real. She stated that there is a hotline at UCLA that walks people through the side effects of the vaccine. Member Seidman thanked Member Dudovitz for her comments and asked if the side effects she is feeling stronger are than those of the flu vaccine. Member Dudovitz confirmed that they are stronger.</p>	
<p>DYADIC CARE/FAMILY THERAPY GUIDANCE IMPLEMENTATION</p> <p>Alex Briscoe, M.A.</p>	<p>Alex Briscoe, M.A., <i>Principal, California Children’s Trust</i>, gave a presentation about Scaling and Sustaining Dyadic Models of Care in Pediatric Primary Care. <i>(A copy of the presentation can be obtained from Board Services.)</i></p> <p>Mr. Briscoe thanked the committee for the invitation to participate in the meeting. He shared the following link with the committee: https://www.acesconnection.com/blog/new-california-preventive-mental-health-coverage-puts-aces-front-and-center</p> <p>He posed the question, “why aren’t providers able to bill Medi-Cal for mental health or other social emotional support services during a well-child visit?”</p> <p>It is known that low-income people have the most frequent activity in the health system for the first three years of a child life; on average 12-15 visits. He believes this is a great opportunity for a demonstration project. Dyadic care includes services that don’t target a child individually, but address the mother and child together. The reason this has not been scaled for over 30 years is due to Medicaid’s reliance on an identified diagnosis-driven patient model of reimbursement. The reason this does not work is because it lacks transparency in spending for Medicaid.</p> <p>Federal Government Funding distributed through Federal departments with funding authorized by Congress</p> <p>State of California Acts as pass through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying Certified Physician Executive (CPE)</p>	

EARLY INTERVENTION SYSTEMS: CURRENT STATE



- Ages 2-4: Early Pre-k Opportunities Limited; Voluntary
- Ages 4-5: Pre-k Opportunities Growing; Voluntary
- Ages 5+: Entry Into K-12 Compulsory Education System

Children’s Health Center (CHC)

- Pediatric Ambulatory Care Hub within the San Francisco Health Network (SFHN)
- Primary Care
- Urgent Care for children throughout SFHN
- Subspecialty Care in partnership with UCSF Benioff Children’s Hospital
- 30,000 annual visits, 13,000 patients birth-24
- Located on ZSFG Campus

CHC is one of four hospital-based primary care clinics that is part of a larger health network of 14 clinics, all with FQHC status, almost exclusively publicly insured patients.

- CHC is the only clinic that exclusively serves children, and we see children aged birth-24. The clinic provides the setting for all pediatric ambulatory care, including primary care, urgent care and a variety of pediatric subspecialty outpatient clinics.
- Like all the clinics within this network and hospital, we are mission driven and the families we serve have high social, medical and behavioral health needs.

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	<p data-bbox="573 250 1115 272">CORE COMPONENTS AND COMMUNITY CONNECTIONS</p>  <p data-bbox="558 800 869 829">Healthy Steps at a Glance</p> <p data-bbox="558 837 1612 935">An evidence-based, interdisciplinary pediatric primary care program that promotes positive parenting and healthy development for babies and toddlers, with an emphasis on serving families living in low-income communities.</p> <p data-bbox="558 979 1146 1044">Strategy 1: Use The Well Child Visit as Primary (Replicate San Francisco’s Health Plan Practice)</p> <ul data-bbox="558 1052 1644 1333" style="list-style-type: none"> - Credentialed non-specialty behavioral health providers may submit, as a billable primary diagnosis, the Z-code for a well-child visit as the primary ICD-10 code attached to any allowable CPT code under the mild to moderate benefit. (Approved Z-codes include, Z00.11, Z00.12). - There is a way to bill a behavioral health visit as a developmental service and no diagnosis. - Many people believe that mental health is a support for healthy development, not a response to pathology. <p data-bbox="558 1352 1224 1385">Strategy 2: Leverage the New Family Therapy Benefit</p> <ul data-bbox="558 1393 1633 1490" style="list-style-type: none"> - Leverage New Family Therapy Benefit that opens Z codes and redefines Medical Necessity criteria. - There is no cap on the number of family therapy visits billed with ICD-10 code Z65.9 	

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	<p>in place of a mental health diagnosis ICD-10 code. However, for children <i>without</i> a specified risk factor who are suspected of having a mental health disorder, no diagnosis is required until after the fifth visit.</p> <ul style="list-style-type: none"> - Benefit accessible by credentialed providers (license eligible) - We want DHCS to add Z13.39 “Encounter for Screening Examination for Other Mental and Behavioral Disorders” to the family therapy benefit as an accepted ICD-10 code in addition to Z65.9. <p>DHCS Family Therapy Benefit</p> <ol style="list-style-type: none"> 1. You can find the Medi-Cal Bulletin article here: https://filessysdev.medi-cal.ca.gov/pubsdoco/bulletins/artfull/gm202006.aspx#a11 2. The full policy, found on pages 4-6 of the <i>Psychological Services</i> section of the provider manual can be accessed via this link: https://filessysdev.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/psychol_a07.doc. 3. The reimbursement rates can be found in the <i>Psychological Services: Billing Codes and Reimbursement Rates</i> section of provider manual via this link: https://filessysdev.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/psycholcd_a07.doc <p>Strategy 3: Create a New Benefit</p> <ul style="list-style-type: none"> - Seek parity for preventative behavioral health services by open code H0025 (behavioral health prevention education service) to be accessible for behavioral health prevention to all infants and young children ages birth to 5 similar to routine encounters for children’s wellness exams are available. Pair H0025 with the diagnosis: Z13.39 “Encounter for Screening Examination for other Mental and Behavioral Disorders” or a similar Z code that does not specify criteria for medical necessity. <p>Member Maryjane Puffer, <i>BSN, MPH</i>, asked about a pilot program for this with one of the existing school-based Wellness Centers. She has data for electronic medical records and they need to ramp up well child care at all sites. She would like to know if they can include a school-based site. She noted that telehealth has proven to be more user friendly for families. Mr. Briscoe responded that the family therapy benefit is applicable to all remote modalities the same way that almost all services are under the 1135 wave. He noted that everyone has questions about the telehealth revolution that has taken place during the pandemic. Historically managed care plans have been major players. The Governor announced a \$400 million incentive program for managed care</p>	

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	<p>organizations to partnership with schools. There will be a new level of partnership. He does not know how the funds will play out.</p>	
<p>FIRST 5 LA IMPACT FRAMEWORK AND PATHWAY TO PROGRESS REPORT Agnieszka Rykaczewska</p>	<p>Agnieszka Rykaczewska, <i>Evaluation & Learning Manager, FIRST 5 LA</i>, presented the First 5 LA Impact Framework and Pathway to Progress Report. <i>(A copy of the presentation can be obtained from Board Services.)</i></p> <p>Pathway for Systems Change North Star: By 2028, all children in Los Angeles County will enter kindergarten ready to succeed in school and life.</p> <p>Results for Children and Families:</p> <ul style="list-style-type: none"> • Families optimize their child’s development • Children receive early developmental supports and services • Children are safe from abuse, neglect, and other trauma • Children have high-quality early care and education experiences <p>Our Strategic Priorities:</p> <ul style="list-style-type: none"> • Strengthen public & community systems • Advance & build community experience • Expand influence & impact with data • Optimize our effectiveness <p>We Want Systems to be:</p> <ul style="list-style-type: none"> • Accessible • Quality • Aligned • Sustainable <p>We Change Systems by:</p> <ul style="list-style-type: none"> • Policy change • Practice change • Will building <p>Report Purposes</p>	

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	<ul style="list-style-type: none"> • Document the conditions of Los Angeles County children and families prior to the launch of the 2020-2028 Strategic Plan • Share the Impact Framework and how we will measure the progress of our Strategic Plan • Encourage the use of indicator data internally and externally • Provide a resource with population and subgroup data <p>Contextual Indicators highlight context of significant disparities in health of Los Angeles County young children:</p> <ul style="list-style-type: none"> • The mortality rate of infants born to Black mothers is nearly three times the mortality rate of infants born to White mothers • The rate of preventable death was four times higher among young Black children than among young Latino and White/Other children. • Infants born to Black mothers had nearly twice the rate of low birth weight as infants born to mothers from all other racial or ethnic groups. • Over the past 16 years, 4-year-old children with Latina mothers have consistently had the lowest rate of healthy weight. <p>As First 5 LA works to improve conditions in four result areas, it informs by the context of Los Angeles County so that it can tailor its strategies to be Los Angeles County specific. The contextual data in the report highlights a context of significant disparities in the health of Los Angeles County’s young children, with Black children in particular negatively affected.</p> <p>Contextual Indicators also highlight a context of significant disparities in maternal health in Los Angeles County:</p> <ul style="list-style-type: none"> • 76% of Black mothers receive prenatal care compared to 88% of White mothers • 87% of Black mothers have postpartum checkups compared to 94% of White mothers • Black and Latina mothers experience higher rates of both prenatal and postpartum depression compared to Asian/Pacific and White mothers <p>Next Steps</p> <ul style="list-style-type: none"> • Utilize data in the report to inform discussions and decisions that impact child and family serving systems 	

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	<ul style="list-style-type: none"> Collaborate to address data access and data limitations <p>Member Puffer noted that Measure RR passed and will allow schools to use more funding to invest in larger systems for wellness. They used data mapping to inform that process in 2008 & 2012 for Wellness Phase 1 & 2. She noted that the Expert Council meets on February 4 and the elements of the mapping and the need will be demonstrated in some form sometime in March or April. She thinks it is important to coordinate the data and information to look at community needs for future funding efforts.</p> <p>Member Perez asked for more details about First 5 LA's home-visiting program and how this is being conducted during the pandemic. Ms. Rykaczewska responded that First 5 LA funds several home visiting program, Welcome Baby, First 5 model, provides funding for other nurse-family partnership and family teachers, all conducted virtually. In terms of impact, anecdotally, the virtual program is serving parent needs at this time.</p>	
ADJOURNMENT	The meeting was adjourned at 10:03 a.m.	

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

APPROVED BY:
 Tara Ficek, *MPH, Chair*: _____
 Date Signed: _____