



AGENDA

**Children’s Health Consultant Advisory Committee Meeting
Board of Governors**

Tuesday, March 16, 2021, 8:30 a.m.

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

California Governor issued Executive Order N-25-20, N-29-20, which among other provisions amends the Ralph M. Brown Act and Executive Order N 33-20, ordering all residents to stay in their homes, except for specific essential functions. Accordingly, members of the public should now listen to this meeting via teleconference or videoconference as follows:

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

<https://lacare.webex.com/lacare/onstage/g.php?MTID=e884e937d7c9d2df513b69cacf466e83d>

To join the meeting via teleconference please dial:

+1-415-655-0002

Meeting Number:

187 284 8385

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

The text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the Agenda item to which your comment relates.

Comments received by voicemail, email or text by 8:30 am on March 16, 2021 will be provided in writing to the members of the committee. Public comments submitted will be read for 3 minutes.

Once the meeting has started, voicemails, emails and texts for public comment should be submitted before the item is called by the meeting Chair. If you wish to submit public comment on an Agenda item, you must submit it at any time prior to the time the Chair announces the item and asks for public comment. The Chair will announce when public comment period is over.

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 January 19, 2021 meeting minutes P.3 *Chair*
- 4. Chairperson Report *Chair.*
- 5. Chief Medical Officer Report P.13 Richard Seidman, MD, MPH
Chief Medical Officer

DRAFT

6. Prop 56: Value-Based Pay Program Update P.17

Katrina Miller-Parrish, MD, FAAFP,
*Chief Quality and Information Executive,
Health Services*

7. Children's Well-Being Scorecard P.19

Fatima D. Clark, MSW,
*Senior Policy and Outreach Associate,
Health and The Children's Movement,
Children Now!*

ADJOURNMENT

The next meeting is scheduled on May 18, 2021 at 8:30 a.m.

Please keep public comments to three minutes or less.

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

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

THE PUBLIC MAY ADDRESS THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY FILLING OUT A "REQUEST TO ADDRESS" FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING WILL BE DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON OTHER L.A. CARE MATTERS DURING PUBLIC COMMENT.

NOTE: THE CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY EVERY TWO MONTHS AT 8:30 A.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7th Street – 10th Floor, Los Angeles, CA 90017.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

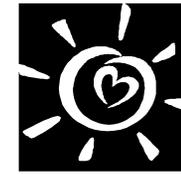
Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 694-1250. 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 – 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	

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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.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p data-bbox="573 250 1115 272">CORE COMPONENTS AND COMMUNITY CONNECTIONS</p>  <p data-bbox="556 800 871 828">Healthy Steps at a Glance</p> <p data-bbox="556 836 1612 933">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="556 979 1144 1044">Strategy 1: Use The Well Child Visit as Primary (Replicate San Francisco’s Health Plan Practice)</p> <ul data-bbox="556 1052 1644 1336" 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="556 1352 1224 1385">Strategy 2: Leverage the New Family Therapy Benefit</p> <ul data-bbox="556 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>	

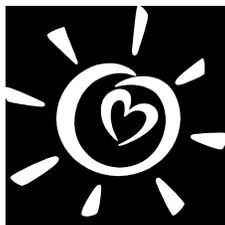
AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>organizations to partnership with schools. There will be a new level of partnership. He does not know how the funds will play out.</p>	
<p>FIRST 5 LA IMPACT FRAMEWORK AND PATHWAY TO PROGRESS REPORT Agnieszka Rykaczewska</p>	<p>Agnieszka 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>	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<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: _____



L.A. Care
HEALTH PLAN

CMO Report – March/April 2021

COVID-19

By early March 2021, there were more than 113 million cases and 2.5 million deaths from COVID-19 worldwide. The surge peaked in January, and after a 6-week decline in the number of cases, there was a 7% increase believed to be driven by a combination of increased transmission due to re-openings, to circulating variants of concern, and reduced compliance and fatigue with basic public health measures. Vaccination efforts ramp up unevenly throughout the world and the emergence of variants of concern are being studied closely.

The United States has seen a similar drop in cases and deaths, which is beginning to level off causing concern about the potential for another surge as has occurred in other places throughout the world. California and Los Angeles are seeing a sustained reduction in cases and deaths and, despite the many challenges with the vaccine effort, are keeping pace with the national pace which has succeeded in vaccinating nearly 60 million people (18% of the eligible population have received at least one dose of vaccine).

Cases in Los Angeles have dropped from more than 15,000 per day down to 1,000 -2,000 and hospitalizations, which pushed our delivery system to the edge, have now dropped from more than 8,000 per day to less than 1,500. L.A. Care has identified nearly 120,000 cases, 20,000 hospitalizations, and 3,600 deaths (16% of LA County total) among our members. The approval of the Johnson and Johnson single dose vaccine on February 27th marks another significant milestone in the course of the pandemic, expected to significantly increase vaccine supplies locally and throughout the United States and worldwide.

March 16th will mark the one-year anniversary when the majority of L.A. Care staff began working remotely, and we continue to do so today. Even while working remotely, L.A. Care staff continue to support our members enrolled in our Care Management and Disease Management Programs, Medication Therapy Management, and are taking advantage of a host of virtual classes now offered through our Community Resource Centers. Utilization of Community Link, our online Community Resource Platform, Nurse Advice Line and telehealth services has increased and remained higher than prior to the pandemic and our provider network has widely adopted telehealth for appropriate visits as routine.

L.A. Care has developed a robust COVID-19 communication plan which was shared at L.A. Care's Technical Advisory Committee in January. The plan includes the creation and maintenance of a COVID-19 resource page on L.A. Care's website and the development of frequently asked questions (FAQs) documents made available to our Call Center staff and shared with our Nurse Advice Line vendor. In addition to these activities including updated information available to members to help them find and schedule appointments for COVID-19 vaccinations, L.A. Care is conducting outreach efforts to members,

and is collaborating with vaccine providers by doing targeted outreach to L.A. Care members to increase the rate of vaccine administration among our members.

In addition to these efforts, L.A. Care is working with Blue Shield Promise Health Plan, our Plan and Community Resource Center partner to offer COVID-19 clinic events at each of our eight Community Resource Centers (CRCs). Vaccine supply allowing, the events will begin in late March, but may be delayed as needed if our Pharmacy partner is not able to secure sufficient vaccine. The schedule will also be adjusted if our Pharmacy partner is able to secure the Johnson and Johnson vaccine for these events, necessitating only one dose, rather than the two doses required for both the Pfizer and Moderna vaccines. Our goal is to administer 1,000 vaccines per day at each of these events to our members and to eligible members of the communities surrounding our CRCs. We will offer both drive-through and walk-up options, and will require appointments to manage the demand and increase access and transportation options to and from the clinics. L.A. Care does provide transportation as a Plan benefit to assist members with walk-up appointments for COVID-19 vaccine.

California Advancing and Innovating Medi-Cal (CalAIM)

Work is ramping up across the organization with the launch of a cross functional team to manage preparation for the implementation of CalAIM deliverables by January 1, 2022. A significant part of the effort is focused on the transition from our existing Health Homes Program (HHP) and the LA County administered Whole Person Care Program into a combined set of benefits call Enhanced Care Management (ECM) and In Lieu of Services (ILOS).

L.A. Care has provided comments to the Local Health Plans of California and the California Association of Health Plans and to the Department of Health Care Services (DHCS) regarding the State's proposed budget and payment methodology. Staff are currently reviewing recommendations for the development of the provider network and ILOS options we will offer as part of the program.

Persons Experiencing Homelessness (PEH)

L.A. Care is continuing its work to support PEH on several different fronts. In February, L.A. Care's Board approved a motion to support the Housing for a Healthy CA program in collaboration with the Los Angeles County Department of Health Services (DHS) to house 250 individuals. L.A. Care staff are working closely with County Housing for Health staff reviewing referrals for the first placements covered by this new source of funding.

Housing for Health and Brilliant Corners grant program – As of January 2021, a total of 288 households are actively enrolled in the grant and 263 of those have secured housing, and 208 of those housed (79%) are L.A. Care members. The total number of households ever housed via this grant is 325. All enrolled participants have also been connected to services through the Housing for Health (HFH) Division at the DHS.

Health Homes Program (HHP) Capacity Building – L.A. Care's Safety Net Initiatives (SNI) department continues to work with Deborah Maddis, our HHP Homeless/Housing Navigation Services Consultant, on coaching. She has met with 10 Community Based Care Management Entities and presented an HHP webinar on homeless engagement strategies on January 8th. L.A. Care was recently recognized by DHCS for the improvement in the number of members receiving housing services.

Center for Health Care Strategies Homeless Learning Community– SNI presented with the Los Angeles Homeless Services Agency on our Project Room Key (PRK) partnership during the Covid-19 pandemic. With specific focus on our PRK member data-match to facilitate care coordination and referrals into Health Homes

when appropriate and the development of a non-medical transportation quick reference guide with our provider network management team.

Health System Funders for Housing Justice Kickoff– SNI and Community Benefits participated in the first meeting of this learning community with funders and health system leaders, including: United Healthcare, Common Spirit, Sutter Health, Kaiser, Optum, and Cedars-Sinai among others. This national group will develop strategies to support the most promising best practices in homelessness and health partnerships, with strong California representation.

Quality and Equity

The annual Quality Improvement Program Evaluation and Work Plan will be presented to the Board Compliance and Quality Committee in March. These two documents, summarizing our quality improvement efforts and accomplishments over the past year and laying out our work plan for the current year are required by our regulators and by the National Committee for Quality Assurance (NCQA). In preparation for the annual data submission to NCQA, we are wrapping up our annual member experience surveys for all lines of business and are busy with our annual audit of our Healthcare Effectiveness Data and Information Set (HEDIS) processes and with collecting as much clinical data as possible to optimize our scores.

Equity

- Drs. Seidman and Kyle held COVID-19 vaccination webinar with L.A. Care RCAC and ECAC members led by Community Outreach and Engagement.
- In coordination with the Member Equity Council, on 12/30/2020 the Customer Solutions Center (CSC) launched food resource assistance as a recorded option for members to be connected to a live agent for more information/assistance with food resources.
- In support of L.A. Care's Diversity, Inclusivity and Equity efforts, the Cultural & Linguistic Services team in partnership with the Human Resources Department will host a series of cultural responsive trainings for employees in April. The four-part series will focus on health disparities related to asthma, diabetes, infant mortality among African Americans and others. This lunchtime session will include viewing of Unnatural Causes, a documentary video produced by California Newsreel and broadcasted by PBS, followed by a presentation of a panel comprised of representatives from Health Education Services, Pharmacy Department and Quality Improvement Team. The goal of the training session is to bring awareness of systemic racism and inequities and to share existing L.A. Care interventions that are designed to address them. The training will also encourage employees to assess their role and impact to close care and service gaps as a result of these discussions. All employees will be invited to attend but only 1,000 are able to participate through WebEx.
- In order to address health disparities at the practitioner's level, L.A. Care is collaborating with Health Net to co-sponsor an implicit bias training with CME credits. A two-session educational series will be facilitated by Bryant T. Marks, Ph.D., the founder and Chief Equity Officer at the National Training Institute on Race and Equity. Dr. Marks has provided diversity, equity, and inclusion and implicit bias trainings for over 18 years to police chiefs and thousands of patrol officers, K-12 educators, local and federal government personnel and health plan employees. The WebEx sessions are scheduled for March 9th and 17th, and also on March 16th and 24th. Provider education on implicit bias training is part of this year's L.A. Care strategic effort.

Quality

- Well Child Quality Improvement Project – The L.A. Care Quality team is working with Bartz-Altadonna Health Center to schedule Well-Child visits for members who are missing their well-baby visits. Bartz-Altadonna is able to book, schedule and conduct reminder calls. The second quarterly submission was submitted to the Department of Health Services (DHCS) in late February.
- L.A. Care has now fully executed a grant with First 5 LA to improve screening for developmental delay and behavioral health issues in children. Grant deliverables include hosting classes and events reaching 1,000 or more parents and members of the community, hosting continuing medical education programs to train at least 300 providers, providing practice transformation support to 10 high volume pediatric practices, and exploring opportunities at the health plan level to increase the number of children with access to primary care where they receive appropriate screening using validated screening tools to identify and appropriately manage and refer to services and support for children with identified developmental delay and behavioral health issues.
- Additional practice transformation and support efforts include eManagement, now implemented with 95 providers serving 75,000 MCLA members. eManagement provides a HIPAA secure platform to facilitate screening for anxiety, depression and substance use disorders with access to physician to physician asynchronous online consultation between the PCP and a psychiatrist. Even during the pandemic, L.A. Care's Transform LA team is virtually coaching 13 engaged practices in L.A. Care's Direct Network with 71 providers, serving 31,600 L.A. Care members.
- In an effort to encourage preventive self-management for those who have asthma or diabetes or are diagnosed with a high risk pregnancy, the Health Education Department launched new educational programs for all direct line of business members in February 2021. The new program directs members to My Health in Motion (MyHIM), the health and wellness platform, which contains hundreds of educational materials and videos and other tools such as a daily meal tracker, exercise log, online self-pace workshops and a calendar of health education classes. This one stop location also has links to the Community Link, and Los Angeles County's Home Visitation Program. In addition to MyHIM, members are encouraged to chat in the secure member portal or call the Nurse Advice Line for medical advice. The intent of these opt-in Health Education Programs is to promote health management and reduce any member abrasion because of numerous outreach calls.

Pharmacy Update

L.A. Care's Pharmacy Department continues its participation in the California Right Meds Collaborative (CRMC). We have partnered with nine community pharmacies to date and are evaluating additional pharmacies to expand the program. More than 150 members have been engaged in the program leading to the identification of more than 350 opportunities to improve medication regimens. The average hemoglobin A1c (HgbA1c) reduction of engaged diabetic members was 1.5%. L.A. Care also offers Clinical Pharmacy services to three federally qualified health centers. L.A. Care's Ambulatory Care Pharmacist has helped more than 100 members and identified many opportunities to improve their medication regimen leading to an average HgbA1c reduction between 2% to nearly 4%. Reductions in A1c have been shown to reduce the risk of heart disease and stroke in diabetic patients.



**Prop 56: Value-Based Pay Program for Pediatric Measures Update
March 16, 2021**

On November 8, 2016, California voters approved the California Healthcare, Research and Prevention Tobacco Tax Act (commonly known as Proposition 56) to increase the excise tax on cigarettes and tobacco products to help fund health care expenditures. The funding appropriated for Proposition 56 by the Department of Health Care Services (DHCS) specifies the issuance of supplemental payments to Managed Care Plans for Eligible Network Providers performing qualifying Value-Based Payment (VBP) Program services. L.A. Care will release supplemental funding to contracted PPGs with the expectation that the contracted PPGs release a communication to Eligible Network Providers detailing the payment process, including a Prop. 56 Payment Summary, and that said payment will be released to Eligible Network Providers based on the criteria below.

Payment Criteria

The Proposition 56 payments are based on **Dates of Service (DOS) July 1, 2019 to June 30, 2020 (Fiscal Year 1) and DOS July 1, 2020 to September 30, 2020 (Fiscal Year 2, Quarter 1) for clean claims or “Accepted” Encounters Received by September 30, 2020 – Payment #1.** L.A. Care defines “Accepted” Encounter data as encounter data received by L.A. Care (clean data after edit process) submitted timely, formatted properly, and coded accurately in compliance with national standards. Please reference [All Plan Letter \(APL 20-014\)](#) for further specifications regarding encounter submission.

For a summary list of Proposition 56 VBP codes and descriptions, please refer to the VBP Program Technical Specifications, which can be found here:

<https://www.dhcs.ca.gov/provgovpart/Documents/VBP-Specifications-9.30.20.pdf>.

Prop 56 Program	Payments	# Unique Providers	DOS beg	DOS end
VBP	\$ 461,350.00	780	8/1/2019	6/30/2020
Developmental Screenings	\$ 37,730.20	58	1/3/2020	2/8/2021
ACES Screenings	\$ 37,352.00	39	1/2/2020	2/5/2021
Overall	\$ 536,232.20	872		

VBP Measures

Early Childhood

Well Child Visits in First 15 Months of Life
Well Child Visits in 3rd – 6th Years of Life
All Childhood Vaccines for Two Year Olds
Blood Lead Screening ²
Dental Fluoride Varnish

Chronic Disease

Controlling High Blood Pressure
Diabetes Care
Control of Persistent Asthma
Tobacco Use Screening

Behavioral Health

Screening for Clinical Depression
Management of Depression Medication
Screening for Unhealthy Alcohol Use

2021 Children's Health Policy Updates

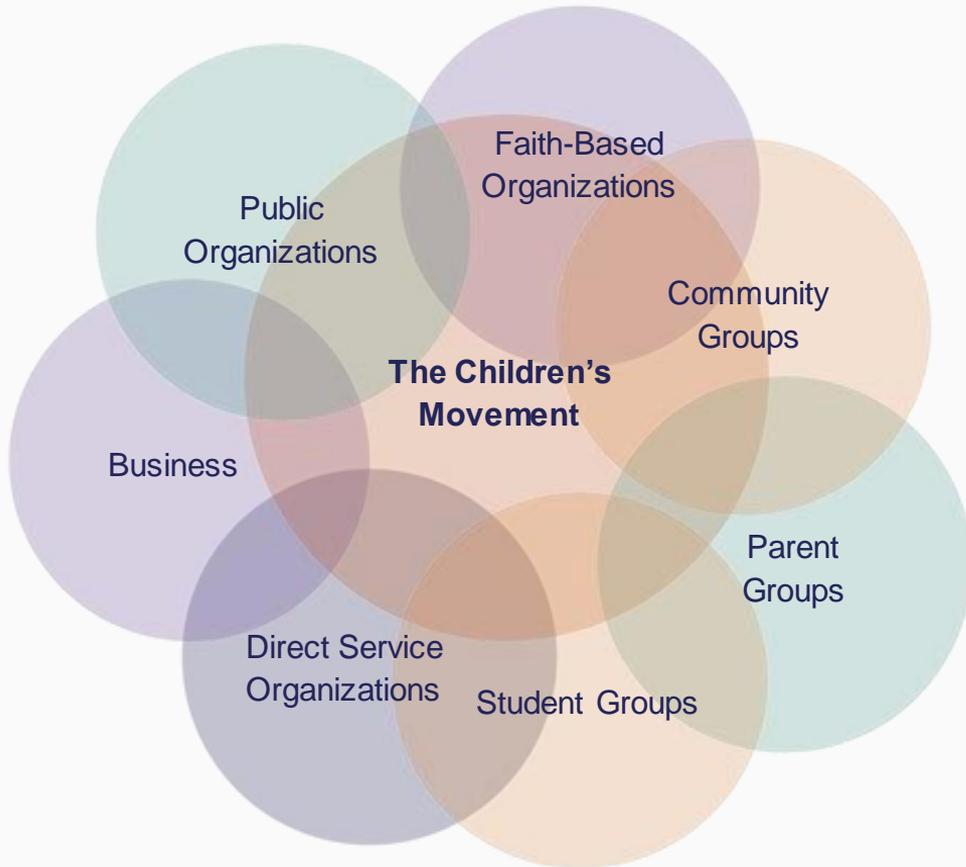
FATIMA CLARK, MSW
SENIOR POLICY AND OUTREACH ASSOCIATE
FCLARK@CHILDRENNOW.ORG

Whole-Child Approach

A whole-child approach to systems change is necessary to address each child's unique needs from prenatal to age 26.



The Children's Movement of California



Children Now leads [The Children's Movement™](https://www.childrennow.org/thechildrensmovement) to connect 4,100 and growing diverse groups to speak at the right time with one voice on behalf of kids.

Join The Children's Movement™
www.childrennow.org/thechildrensmovement/

2020-21 California County Scorecard of Children's Well-Being

A comprehensive picture of children's health, education, and welfare in every one of California's 58 counties.



education



health



child welfare



early childhood



<https://scorecard.childrennow.org/>

Deeper dive – health

Indicator	CA Average 2018-19	CA Average 2020-21	LA County Average 2020-21
Children who had health insurance	95%	96%	96%
Pregnant women who received prenatal care beginning the first trimester	84%	84%	85%
Newborns who were exclusively breastfed while in the hospital	70%	70%	64%
Newborns who were not low birthweight	93%	93%	85%
Children with Medi-Cal who had an annual preventive check-up	--	41%	42%
Kindergarteners with up-to-date immunizations	95%	95%	95%
Children, ages birth-to-5 and who are in low-income families, who visited a dentist in the last year	26%	39%	42%
13-year-olds who were vaccinated for Human Papillomavirus (HPV)	--	28%	30%

2021 Priorities and Opportunities

Protect and prevent cuts to children's health services. Eliminate the suspension of Prop. 56 payments that support children's health services, like well-child visits, developmental screenings, pediatric specialty care, and trauma screenings.

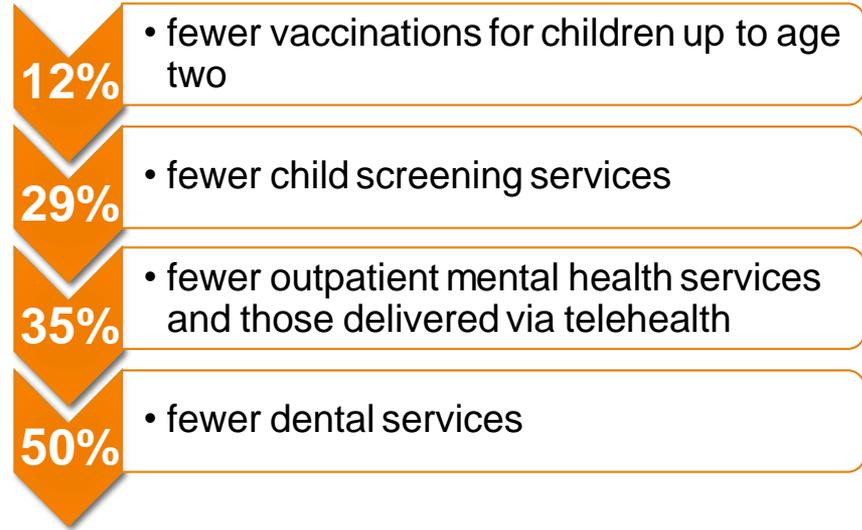
Redesign Medi-Cal to improve quality of care for children. Institute reforms that ensure compliance with existing contractual requirements, align payments and incentives with measurable outcomes and performance, and proactively eliminate disparities in children's health outcomes via CalAIM, Medi-Cal Managed Care Reprourement, and Medi-Cal Dental ASO Procurement.

Expand mental health services for students and youth. Increase funding for the school-county partnerships program to ensure kids receive the mental health care they need by supporting more local partnerships that increase access to mental health services for students through schools.

[SB 682 \(Rubio\)](#): would require the State to establish a plan to reduce racial disparities in five childhood chronic disease areas: asthma, depression, dental carries, diabetes, and vaping-related diseases. Among other requirements, the plan must include cross-sector and interagency agreements, as well as establishing clear accountability for meeting target reductions.

Preventing and Protecting Cuts to Children's Health Services

National decline in children's preventive care (Mar-July 2020, compared to Mar-July 2019) ...

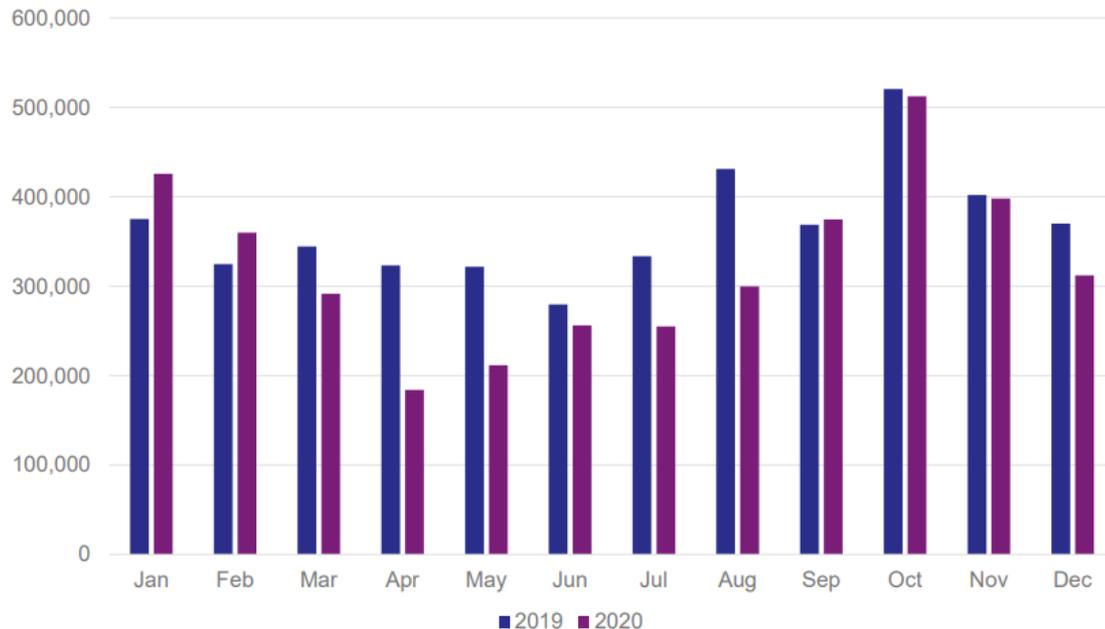


...data shared by DHCS show similar trends for children in Medi-Cal...



Vaccine for Children

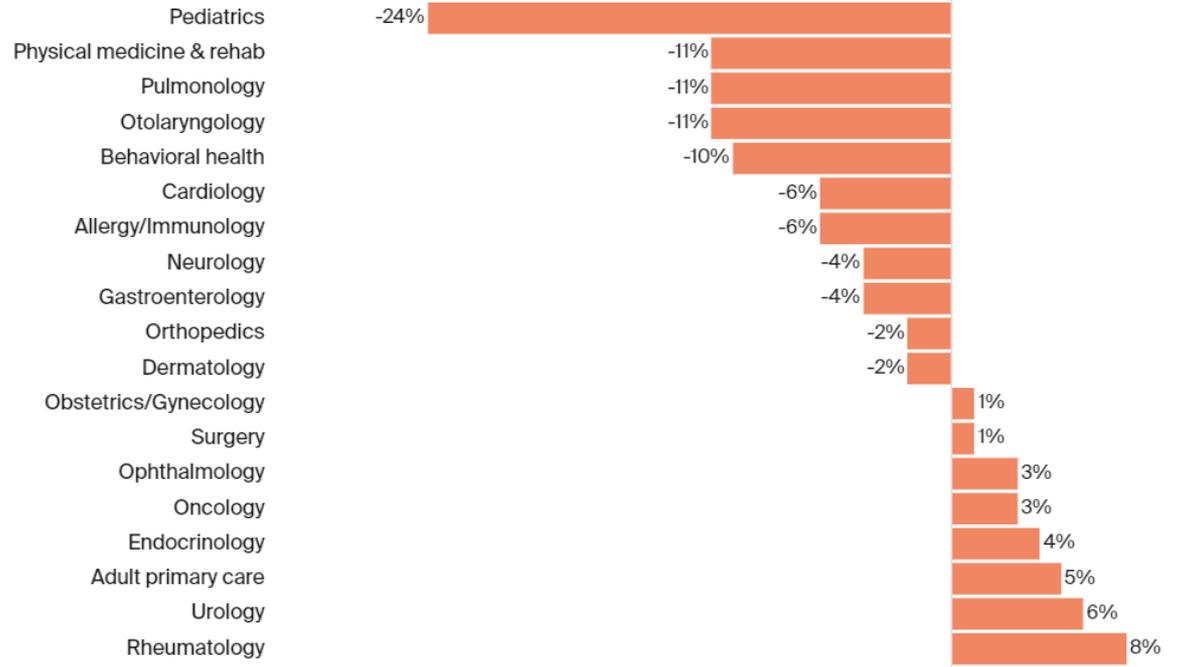
Total Vaccine Doses for 0-18 Year Olds



**Preventing and
Protecting Cuts
to Children's
Health Services**

Preventing and Protecting Cuts to Children's Health Services

Percent change in visits from baseline, by specialty



Key Findings

Statewide, kids aren't getting basic pediatrician-recommended care



70%

of two-year olds in Medi-Cal managed care received all their pediatrician-recommended immunization



38%

of thirteen-year olds in Medi-Cal managed care received all their recommended immunizations



75%

of young children ages 3-6 in Medi-Cal managed care received a well-child check-up – the essential primary care visits for children



36%

of infants and toddlers in Medi-Cal managed care received pediatrician-recommended developmental screenings



62%

of Medi-Cal managed care enrollees ages 5-64 with asthma were dispensed appropriate asthma control medications

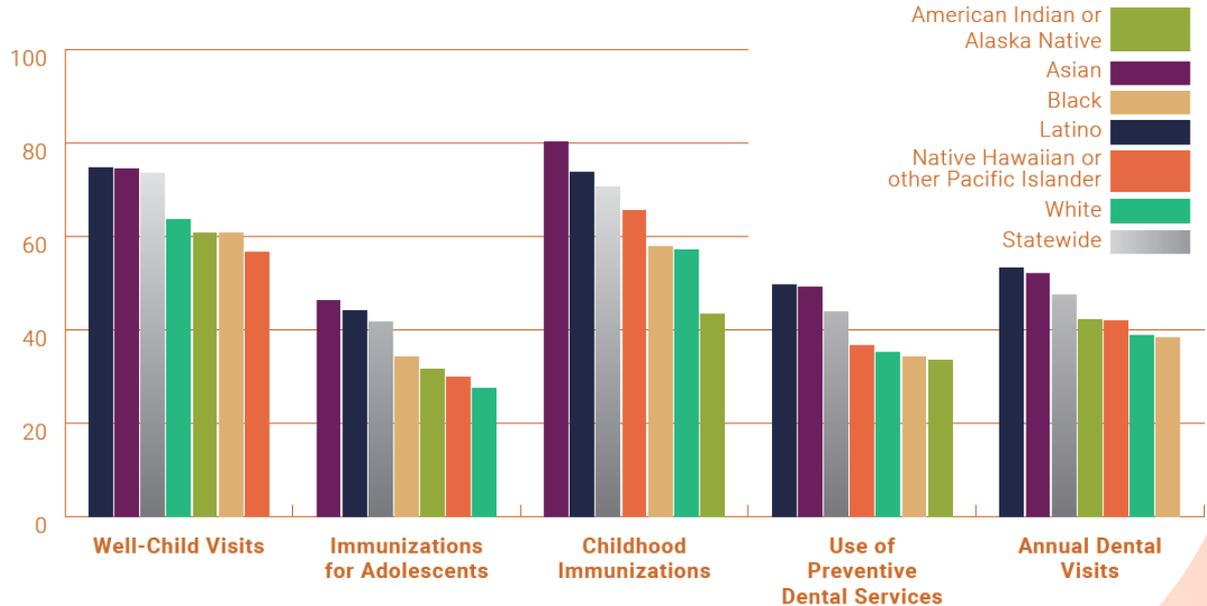


77%

of Medi-Cal managed care families said they could get needed care for children from their health plan

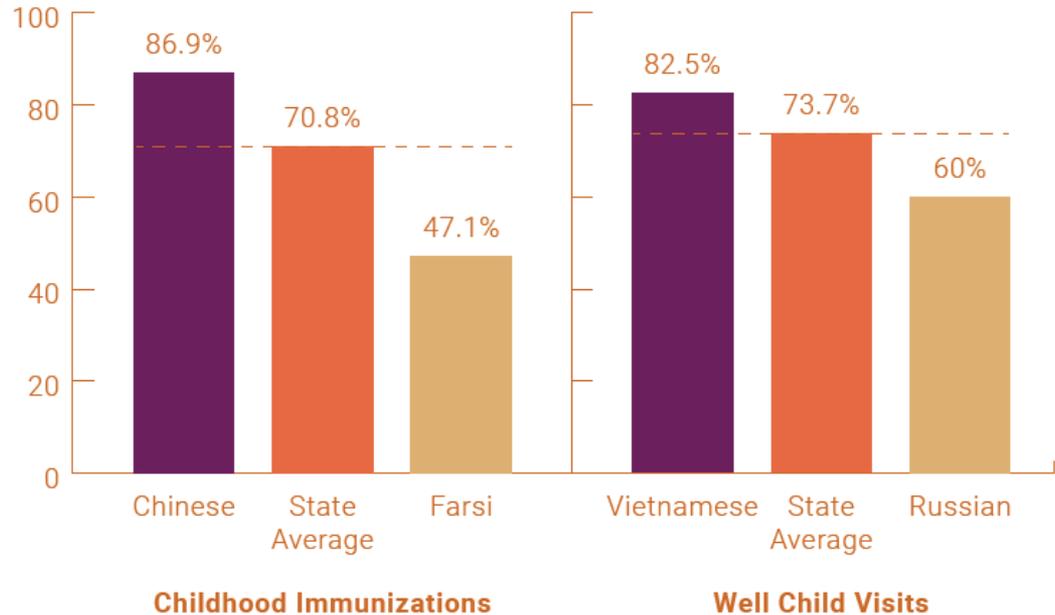
Redesign Medi-Cal to improve quality of care for children

Figure 2: Disparities in Children's Preventive Care Utilization by Race/Ethnicity³



Redesign Medi-Cal to improve quality of care for children

Figure 3: Widest Disparities in Children's Preventive Care by Language³



Expand mental health services for students and youth

Disconnection from school and peers, plus the challenges and unpredictability of distance learning, add new and additional stressors

Mental health needs are increasing according to parents, students, and ER visits

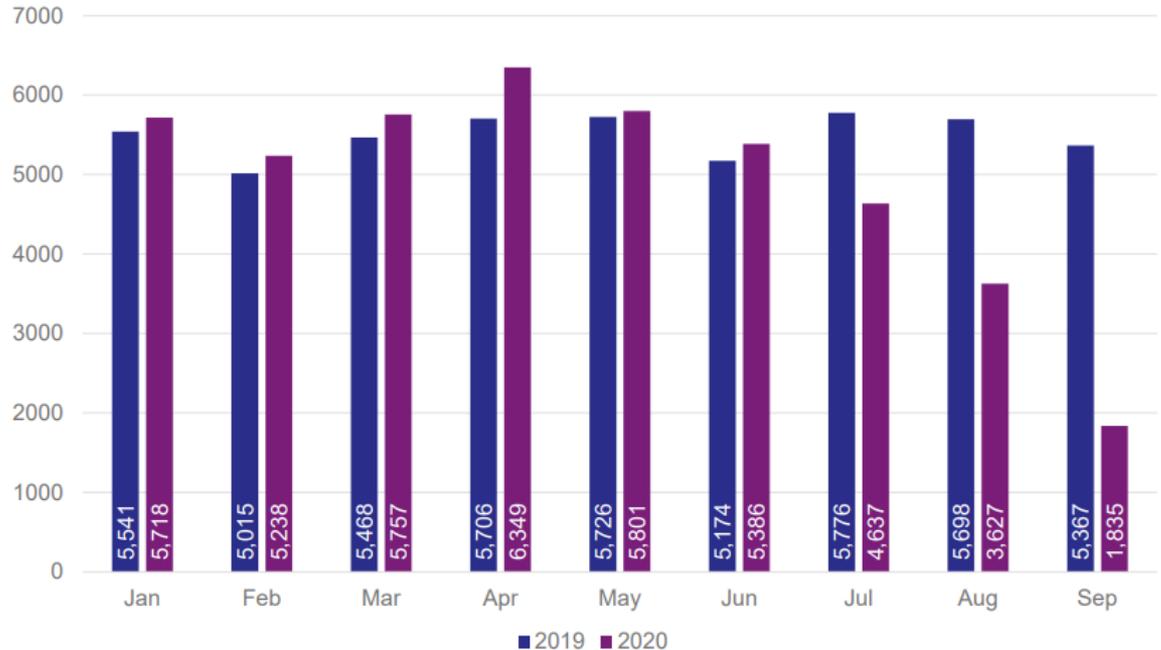
- 14% of parents report worsening behavioral health for their children
- Almost half of California's students report needing mental health support, including 32% of students who were not receiving services before the pandemic but feel they may now need services
- Proportion of emergency department visits related to mental health increased dramatically:
 - Up 24 percent for children aged 5-11
 - Up 31 percent among adolescents aged 12-17

Sources: Youth Liberty Squad and ACLU of SoCal, "Summary of Student Mental Health Survey Results", (2020) <https://www.schoolcounselor-ca.org/Files/Student%20Wellness%20Survey%20Summary%2005-08-20.pdf>; S. Patrick, et al., "Well-being of Parents and Children During the COVID-19 Pandemic: A National Survey," (October 2020), *Pediatrics* <https://pediatrics.aappublications.org/content/pediatrics/146/4/e2020016824.full.pdf>; and Leeb RT, et al., "Mental Health-Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic—United States, January 1–October 17, 2020". *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3externalicon>



Specialty Mental Health Visits

Visits per 100,000 beneficiaries 21 years and older



Preliminary Data as of 01/2021

Expand mental health services for students and youth

SB 682 (Rubio) Childhood chronic health conditions: racial disparities.

Requires the State to
Develop & Implement
A Plan for
Eliminating Racial
Disparities
in Childhood Chronic
Disease in California

Childhood Chronic Condition	Desired Outcomes
Pediatric Asthma	<ul style="list-style-type: none"> • Reduction in asthma death rate for Black children • Reduction in asthma ER visits and asthma hospitalizations for Black and Latino children • Reduction in asthma prevalence for children of color • Reduction in number of Black and brown children who experience secondhand smoke exposure
Childhood Diabetes	<ul style="list-style-type: none"> • Reduction in diabetes deaths among Black children • Reduction in diabetes hospitalizations for Black children • Reduction in diabetes and pre-diabetes diagnoses among children of color • Reduction in rates of overweight/obesity among youth of color
Youth Depression	<ul style="list-style-type: none"> • Reduction in unidentified need in Black and brown youth • Increase in school attendance for Black and brown youth • Increase in "feelings of connectedness" among Black and brown youth • Decrease in suicidality among Black and brown youth
Childhood Dental Caries	<ul style="list-style-type: none"> • Reduction in dental caries among Latino, Black, Asian, and Native American children • Reduction in ED visit for avoidable dental issues for Latino and Black children • Decrease in missed school days for Latino, Black, Asian, and Native American children
Vaping-Related Diseases	<ul style="list-style-type: none"> • Decrease in number of Black and brown youth who use e-cigarette products • Decrease in vaping related advertisements targeted to Black and brown communities

For more information, visit
www.childrennow.org

To join The Children's Movement, visit
www.childrennow.org/thechildrensmovement/

To read our blog, visit
<https://www.childrennow.org/blog/>

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