

A G E N D A

CHILDREN & FAMILIES COMMISSION OF ORANGE COUNTY TECHNICAL ADVISORY COMMITTEE

Wednesday, September 8, 2021

Orange County Transportation Authority Conference Center
550 South Main Street, Orange, CA 92868
(This meeting will be held via Zoom, link listed below)

FRANK DONAVAN, Ed.D.
Committee Chair

SUSAN MCCLINTIC
Committee Vice Chair

PSHYRA JONES
Committee Member

CHRISTINE OLMSTEAD, Ed.D.
Committee Member

DAVID NÚÑEZ, MD
Committee Member

CHRISTINE SNAPPER
Committee Member

VACANT
Committee Member

KIMBERLY GOLL
Committee Member Ex-Officio

The First 5 Orange County Children and Families Commission, Technical Advisory Committee welcomes you to this meeting. This agenda contains a brief general description of each item to be presented. The Technical Advisory Committee encourages your participation. If you wish to speak on an item contained in the agenda, or wish to address the Committee on items not listed on this agenda that are of interest to the public and are within the subject matter jurisdiction, you may do so during the Public Comment period at the close of the meeting.

Except as otherwise provided by law, no action shall be taken on any item not appearing in the agenda. When addressing the Committee, please state your name for the record prior to providing your comments.

****In compliance with the Americans with Disabilities Act, those requiring accommodation for this meeting should notify the First 5 Orange County Children & Families Commission Office 72 hours prior to the meeting at (714) 834-5310 ****

GUIDANCE FOR PUBLIC ACCESS TO REDUCE RISK OF COVID-19: On March 12, 2020 and March 18, 2020, Governor Gavin Newsom enacted Executive Orders N-25-20 and N-29-20 authorizing a local legislative body to hold public meetings via teleconferencing and make public meetings accessible telephonically or electronically to all members of the public to promote social distancing due to the state and local State of Emergency resulting from the threat of Novel Coronavirus (COVID-19). In accordance with Executive Order N-29-20, and in order to ensure the safety of the Committee Members and staff and for the purposes of limiting the risk of COVID-19, in-person public participation at this meeting of the Technical Advisory Committee will not be permitted. This meeting will be held via Zoom. Members of the public can listen to the live meeting by accessing the following:
Please click the link below to join the webinar:

<https://us02web.zoom.us/j/85942126456?pwd=eDVwZFVhYU4QTThVaEd1d0Z5OVFmdz09>

Webinar ID: 859 4212 6456

Passcode: 669825

Or iPhone one-tap : US: +16699009128,,85942126456#,,, *669825#

Or Telephone: US: +1 669 900 9128 or +1 253 215 8782 or +1 346 248 7799 or +1 646 558 8656

The Technical Advisory Committee is accepting public comments to be submitted by emailing them to First5OC@cfcoc.ocgov.com. The comments will be distributed to all of the Committee Members and read into the record. If you wish to comment on a specific agenda item, please identify the item in your email. General public comments will be addressed during the general public comment item on the agenda. In order to ensure that staff has the ability to provide comments to the Committee Members in a timely manner, please submit your comments by 12:00 p.m. on September 7, 2021.

Any member of the public requiring a reasonable accommodation to participate in this meeting should contact First 5 Orange County Children and Families Commission at least 48 hours prior to the meeting at First5OC@cfcoc.ocgov.com or (714) 834-2206.

10:00 A.M.

REGULAR ITEMS: (Items 1 and 2)

1. Receive Technical Advisory Committee recommendations for community outreach on Medi-Cal Premium Waiver
2. Receive presentation on Home Visiting and CalAIM and provide input to help First 5 Orange County be ready to maximize home visiting and Prenatal-to-Three services given anticipated CalAIM benefits

COMMITTEE MEMBER ROUNDTABLE COMMENTS

PUBLIC COMMENTS

ADJOURN

**TAC Agenda Item 1
September 8, 2021**

DATE: August 25, 2021

TO: Technical Advisory Committee Members

FROM: Kimberly Goll, President/CEO 

ACTION: Receive Technical Advisory Committee recommendations for community outreach on Medi-Cal Premium Waiver

First 5 Orange County's Strategic Plan includes a focus on strengthening families by promoting services that support the Protective Factors for children and families. The five Protective Factors are parental resilience, social connections, concrete support in times of need, knowledge of parenting and child development, and social and emotional competence of children.

Children Now has made First 5 Orange County aware of an opportunity to support families with concrete support as it relates to monthly premiums for Medi-Cal health insurance (in Orange County, this is provided through CalOptima). Families and individuals who are covered by Medi-Cal and pay monthly premiums can stop their monthly premium payments by signing up for a COVID 19 premium waiver. Families will not have to pay back premiums that are waived during the public health emergency, and they can get credits for payments they have made since the start of the pandemic in March 2020. Premium credits can help families continue to save money after the public health emergency ends because the credits can be used once premium payments are required again.

The subset of Medi-Cal families that can take advantage of this premium waiver are those families that have transitioned from the former "Healthy Families Program" and are paying premiums as part of the current "Medi-Cal for Families" Program. Premiums range from \$13 per child to \$39 per family per month. According to Children Now and based on state data, at least 40% of eligible families and individuals are still paying premiums when they could be saving that money for other needs. In Orange County, that translates to more than 7,700 families that have not taken advantage of this waiver (as of July 2021).

While the information provided by Children Now to share with families indicates it is a simple process to receive the waiver (calling an 800 number and requesting the waiver with a simple statement: *"I want a COVID premium waiver to stop my monthly premiums and I would like premium credits for payments I made since the start of the pandemic in March 2020."*), one of First 5's consultants worked with a family from one of the Engaged Neighborhoods to test out the process, and they found it difficult to navigate.

First 5 Orange County is seeking TAC members' support to help get the word out to families about this opportunity, as well as how to assist families in navigating the process to sign up for and receive the waiver. Please bring one or two ideas or opportunities to outreach to communities you work with that reach families who would benefit.

Attachment 1 is the Outreach Toolkit provided by Children Now, which needs to be tailored to Orange County's needs. If additional materials should be developed to reach families in their preferred style and method of communication, please also bring those recommendations to this

Technical Advisory Committee Members:

discussion (e.g., printed flyer, newsletter text, PowerPoint slides and speaking points, or modified social posts).

RECOMMENDED ACTION:

Receive Technical Advisory Committee recommendations for community outreach on Medi-Cal Premium Waiver

ATTACHMENTS: Children Now Outreach Toolkit

CONTACT: Lisa Burke

Help Medi-Cal Members Save Money Using COVID-19 Premium Waivers and Credits Outreach Toolkit

Many Californians covered by Medi-Cal pay monthly premiums for their health coverage. For example, some families in Medi-Cal pay premiums ranging from \$13 per child to no more than \$39 per family per month. **Due to COVID-19, Medi-Cal members can stop their monthly premium payments for the duration of the public health emergency (expected through the end of 2021) but they must affirmatively act to waive monthly premium payments.** Some Medi-Cal members living in areas affected by natural disasters automatically received premium waivers, however, those premium waivers recently ended and families must act to keep waiving their monthly premiums.

Medi-Cal members can also receive premium credits for any payments made since March 2020. Premium credits will help Medi-Cal members **continue saving money after the public health emergency ends** by allowing families to apply those credits once Medi-Cal premiums payments are required again. These policies put money directly back into the pockets of Medi-Cal members but too few families are taking advantage of this assistance. State data show that at least 40% of families who currently qualify for premium waiver assistance are not using it (see table below for county specific data as of May 2021).

Help families on Medi-Cal save money by sharing information about the COVID-19 temporary premium waivers and available premium credits. Use the suggested social media posts and sample newsletter language below to get out the word in your networks.

Graphics for social media available here (in Chinese, English, Spanish, and Vietnamese):

<https://www.dropbox.com/sh/qalgfz9xgie326s/AAAwUv0-DVLzr6P2bWHIGAh4a?dl=0>

为您的 Medi-Cal 保费省钱

停止每月支付保费并获源自 2020 年 3 月以来支付的积分。

致电 **1-800-880-5305** 申请 COVID-19 临时保费豁免和积分。

以下是打电话时要说的话的示例：
“我希望获得 COVID 保费豁免以停止我的每月保费，并且我希望自 2020 年 3 月大流行开始以来我支付的款项获得保费抵免。”

打电话给中心的工作时间为周一至周五上午 8 点至晚上 7 点，或周六上午 8 点至中午。提供 TTY/TTD 和语言服务。

参加 250% 工作残疾计划的 Medi-Cal 会员，请致电 1-916-445-9891 或在此处在线填写请求：<http://bit.ly/250WDP>

Save Money on Your Medi-Cal Premiums

Stop monthly your premium payments and get credits for payments made since March 2020.

Call **1-800-880-5305** to request a COVID-19 temporary premium waiver and credits.

Here is an example of what to say when calling:
“I want a COVID premium waiver to stop my monthly premiums and I would like premium credits for payments I made since the start of the pandemic in March 2020.”

Call center hours are Monday through Friday from 8 a.m. to 7 p.m., or Saturday from 8 a.m. to Noon. TTY/TTD, and language services are available.

Medi-Cal members enrolled in the 250% Working Disabled Program, call 1-916-445-9891 or fill out a request online here: <http://bit.ly/250WDP>

Ahorre dinero en sus primas de Medi-Cal

Detenga los pagos de su prima mensual de Medi-Cal y obtenga créditos por pagos hechos desde marzo de 2020.

Llame al **1-800-880-5305** para pedir una exención temporal de primas y créditos debido a COVID-19.

Cuando llames al número, presione '2' para ayuda en español. Esto es un ejemplo de lo que puedes decir
“Quiero una exención de primas debido a COVID para detener mis primas mensuales y quiero créditos por los pagos que hice desde el inicio de la pandemia en marzo de 2020.”

El horario del centro de llamadas es de lunes a viernes de 8 a.m. a 7 p.m., o los sábados de 8 a.m. a mediodía. Hay servicios en otros idiomas y de TTY/TTD.

Si está inscrito en el Programa de Trabajadores Discapacitados (250% Working Disabled Program en inglés) llame al 1-916-445-9891 o puede pedir una exención temporal en línea aquí: <http://bit.ly/250WDP>

Tiết kiệm chi phí bảo hiểm Medi-Cal của bạn.

Ngừng thanh toán chi phí bảo hiểm hàng tháng của bạn và nhận tín dụng cho các khoản thanh toán được thực hiện kể từ tháng 3 năm 2020.

Hãy gọi **1-800-880-5305** để yêu cầu khoản tín dụng và miễn trừ chi phí bảo hiểm tạm thời COVID-19.

Đây là một ví dụ về những gì cần nói khi gọi điện:
“Tôi muốn được miễn phí bảo hiểm COVID để ngừng đóng chi phí bảo hiểm hàng tháng của mình và tôi muốn có các khoản tín dụng cho các khoản thanh toán mà tôi đã thực hiện kể từ khi bắt đầu đại dịch vào tháng 3.”

Giờ gọi điện thoại đến trung tâm là Thứ Hai đến Thứ Sáu, từ 8 giờ sáng đến / giờ tối, hoặc Thứ Bảy từ 8 giờ sáng đến buổi trưa. TTY / TTD và các dịch vụ ngôn ngữ có sẵn.

Các thành viên Medi-Cal đã ghi danh vào Chương trình Người khuyết tật Lao động 250%, hãy gọi 1-916-445-9891 hoặc điền vào mẫu trực tuyến tại đây: <http://bit.ly/250WDP>

Spanish Social Media Content

- ¿SABÍAS QUE las familias cubiertas por # Medi-Cal pueden ahorrar dinero en sus cuotas mensuales cuando solicitan una excepción de primas por COVID-19 de parte de @DHCS_CA? Las familias pueden eliminar los pagos mensuales y obtener créditos por pagos realizados desde marzo de 2020. ¡Pida una excepción de primas AHORA! **ADD SPANISH GRAPHIC**
- Familias en # Medi-Cal: ¡Pídanle a @DHCS_CA que le devuelvan dinero a su bolsillo! Utilice la exención de primas COVID-19 para eliminar sus pagos de primas mensuales hasta fines de 2021 y obtenga créditos de primas por pagos realizados desde marzo de 2020. **ADD SPANISH GRAPHIC**
- ¡El 40% de las familias en # Medi-Cal podrían estar ahorrando dinero en sus pagos mensuales de @DHCS_CA! Debido al COVID, las familias con Medi-Cal pueden ELIMINAR sus primas mensuales hasta fines de 2021 y obtener créditos por los pagos realizados desde marzo de 2020. **ADD SPANISH GRAPHIC**
- Según @kidsdata, 43% de los cuidadores de CA dicen que COVID-19 provoco un efecto negativo en la situación financiera de sus hogares. Pero las primas mensuales de Medi-Cal representan un gasto mensual en el que podrían estar ahorrando. Las familias deben solicitar a @DHCS_CA la suspensión de los pagos de las primas mensuales y obtener créditos por pagos de primas anteriores. **ADD SPANISH GRAPHIC**
- ¿Está cubierto por Medi-Cal y paga primas mensuales? Usted puede ahorrar dinero y suspender sus pagos de primas mensuales. Solicite una exención de primas debido a COVID-19. También puede obtener créditos por cualquier pago de prima que hizo desde marzo de 2020. **ADD SPANISH GRAPHIC**
- Personas embarazadas y cubiertas por Medi-Cal: Ahorre dinero y elimine los pagos de su prima mensual solicitando una exención de primas debido a COVID-19. También puede obtener créditos por cualquier pago de prima que hizo desde marzo de 2020. **ADD SPANISH GRAPHIC**

Chinese Social Media Content

- 您是否知道#Medi-Cal 涵盖的家庭可以通过向@DHCS_CA 申请 COVID-19 保费豁免来节省每月保费？家庭可以停止每月支付保费并获得自 2020 年 3 月以来支付的保费积分。 **ADD CHINESE GRAPHIC**
- #Medi-Cal 上的家庭：请@DHCS_CA 把钱放回你的口袋！使用 COVID-19 保费豁免可在 2021 年底之前停止每月支付保费，并为您自 2020 年 3 月以来支付的款项获得保费积分。 **ADD CHINESE GRAPHIC**
- #Medi-Cal 上 40% 的家庭可以在每月支付 @DHCS_CA 保费时省钱！由于 COVID，Medi-Cal 家庭可以在 2021 年底之前停止每月支付保费，并获得自 2020 年 3 月以来支付的积分。 **ADD CHINESE GRAPHIC**
- 据@kidsdata 称，高达 43% 的加州护理人员报告称，他们的家庭财务状况受到 COVID-19 的负面影响。但是#Medi-Cal 保费是他们可以节省的每月一笔费用。家庭必须要求@DHCS_CA 停止每月支付保费并获得过去支付保费的积分。 **ADD CHINESE GRAPHIC**

- 您是否在 Medi-Cal 承保范围内并每月支付保费？通过申请 COVID-19 保费豁免来节省资金并停止每月支付保费。您还可以获得自 2020 年 3 月以来支付的任何保费的积分。 **ADD CHINESE GRAPHIC**
- Medi-Cal 承保的孕妇：通过申请 COVID-19 保费豁免来节省资金并停止支付每月的保费。您还可以获得自 2020 年 3 月以来支付的任何保费的积分。 **ADD CHINESE GRAPHIC**

Vietnamese Social Media Content

- BẠN CÓ BIẾT rằng các gia đình được # Medi-Cal bao trả có thể tiết kiệm tiền cho chi phí bảo hiểm hàng tháng bằng cách yêu cầu @DHCS_CA miễn phí bảo hiểm COVID-19 không? Các gia đình có thể ngừng thanh toán tiền bảo hiểm hàng tháng và nhận tín dụng đặc biệt cho các khoản thanh toán được thực hiện kể từ tháng 3 năm 2020. **ADD VIETNAMESE GRAPHIC**
- Các gia đình dùng # Medi-Cal: Yêu cầu @DHCS_CA bồi hoàn lại tiền cho bạn! Sử dụng miễn trừ tiền bảo hiểm COVID-19 để ngừng thanh toán bảo hiểm hàng tháng cho đến cuối năm 2021 và nhận tín dụng đặc biệt cho các khoản thanh toán bạn đã thực hiện kể từ tháng 3 năm 2020. **ADD VIETNAMESE GRAPHIC**
- 40% gia đình sử dụng # Medi-Cal có thể tiết kiệm tiền khi thanh toán chi phí bảo hiểm @DHCS_CA hàng tháng! Do COVID, các gia đình sử dụng Medi-Cal có thể NGỪNG thanh toán chi phí bảo hiểm hàng tháng cho đến cuối năm 2021 và nhận tín dụng cho các khoản thanh toán được thực hiện kể từ tháng 3 năm 2020. **ADD VIETNAMESE GRAPHIC**
- Theo @kidsdata, 43% người chăm sóc ở CA đã báo cáo rằng tình hình tài chính của gia đình họ bị ảnh hưởng tiêu cực bởi COVID-19. Nhưng chi phí bảo hiểm # Medi-Cal là một khoản chi hàng tháng mà họ có thể tiết kiệm được. Các gia đình phải yêu cầu @DHCS_CA ngừng thanh toán chi phí bảo hiểm hàng tháng và nhận tín dụng cho các khoản thanh toán bảo hiểm trước đây. **ADD VIETNAMESE GRAPHIC**
- Bạn có được Medi-Cal đài thọ và trả chi phí bảo hiểm hàng tháng không? Tiết kiệm tiền và ngưng các khoản thanh toán bảo hiểm hàng tháng của bạn bằng cách yêu cầu miễn phí bảo hiểm COVID-19. Bạn cũng có thể nhận được tín dụng cho bất kỳ khoản thanh toán nào bạn đã thực hiện kể từ tháng 3 năm 2020. **ADD VIETNAMESE GRAPHIC**
- Người mang thai được Medi-Cal đài thọ: Tiết kiệm tiền và ngưng các khoản thanh toán chi phí bảo hiểm hàng tháng của bạn bằng cách yêu cầu miễn phí bảo hiểm COVID-19. Bạn cũng có thể nhận được tín dụng cho bất kỳ khoản thanh toán nào bạn đã thực hiện kể từ tháng 3 năm 2020. **ADD VIETNAMESE GRAPHIC**

English Social Media Content

- DID YOU KNOW that families covered by #Medi-Cal can save money on their monthly premiums by requesting a COVID-19 premium waiver from @DHCS_CA? Families can stop their monthly premium payments and get premium credits for payments made since March 2020. **ADD ENGLISH GRAPHIC**
- Families on #Medi-Cal: Ask @DHCS_CA to put money back into your pocket! Use the COVID-19 premium waiver to stop monthly premium payments through the end of 2021 and get premium credits for payments you made since March 2020. **ADD ENGLISH GRAPHIC**
- 40% of families on #Medi-Cal could be saving money on monthly @DHCS_CA premium payments! Due to COVID, families on Medi-Cal can STOP monthly premium payments through the end of 2021 and get

credits for payments made since March 2020. **ADD ENGLISH GRAPHIC**

- According to @kidsdata, a whopping 43% of CA caregivers reported that their household's financial situation had been negatively impacted by COVID-19. But #Medi-Cal premiums are one monthly expense they could be saving on. Families must ask @DHCS_CA to stop monthly premium payments and get credits for past premium payments. **ADD ENGLISH GRAPHIC**
- Are you covered by Medi-Cal and pay monthly premiums? Save money and stop your monthly premium payments by requesting a COVID-19 premium waiver. You can also get credits for any premium payments you made since March 2020. **ADD ENGLISH GRAPHIC**
- Pregnant persons covered by Medi-Cal: Save money and stop your monthly premium payments by requesting a COVID-19 premium waiver. You can also get credits for any premium payments you made since March 2020. **ADD ENGLISH GRAPHIC**

English Newsletter Content

Good News: Medi-Cal members can stop monthly premiums and save money through the end of 2021 and after

Due to COVID-19, families and individuals who are currently paying Medi-Cal premiums can save money and stop payments through the end of 2021. Medi-Cal members can also request premium credits for any payments made since March 2020. Premium credits will help families keep saving money after the public health emergency ends by allowing individuals to apply those credits once payments begin again. To start and keep saving money on Medi-Cal premiums, call the Department of Health Care Services using one of the phone numbers below. REMINDER: Medi-Cal coverage cannot be terminated during the public health emergency, even if a family does not pay their monthly premiums. Share this information with people in your community!

Medi-Cal members: Call 1-800-880-5305 to request a COVID-19 premium waiver and premium credits for payments made since March 2020. Call center hours are Monday through Friday from 8 a.m. to 7 p.m., or Saturday from 8 a.m. to Noon. TTY/TTD and language services are available.

Medi-Cal members in the 250% Working Disabled Program: Call 1-916-445-9891, fax 1-916-440-5676, or request a waiver and credits online here: <http://bit.ly/250WDP>

Here is an example of what to say when calling to request a premium waiver and credits: “I want a COVID premium waiver to stop my monthly premiums and I would like premium credits for payments I made since the start of the pandemic in March 2020.”

The table below shows the number of families and pregnant individuals in each county that have NOT yet waived their premium payments, as of May 2021. Help make sure families and individuals in your county sign up!

County	Total # of OTLICP/MCAIP ¹ Families NOT receiving premium waivers	Total # of CCHIP ² Families NOT receiving premium waivers	Total # of MCAP ³ Families NOT receiving premium waivers
Alameda	9,692		188
Alpine	*		0
Amador	206		*
Butte	1,272		32
Calaveras	223		*
Colusa	515		*
Contra Costa	6,601		126
Del Norte	58		*
El Dorado	1,010		*
Fresno	2,964		157
Glenn	420		*
Humboldt	935		30
Imperial	1,658		66
Inyo	124		*
Kern	7,346		139
Kings	1,241		24
Lake	584		*
Lassen	83		*
Los Angeles	21,874		855
Madera	411		25
Marin	1,441		38
Mariposa	24		*
Mendocino	211		*
Merced	3,705		73
Monterey	1,122		92
Modoc	37		*
Mono	37		*
Napa	318		23
Nevada	212		14
Orange	7,371		370
Placer	1,963		47
Plumas	87		*
Riverside	22,054		373
Sacramento	11,091		323
San Benito	554		*
San Bernardino	4,777		253
San Diego	6,906		439
San Francisco	4,164	1,515	73

¹ OTLICP = Optional Targeted Low Income Children Program serves children and families, MCAIP = Medi-Cal Access Infant Program services infants

² CCHIP = County Children's Health Initiative Program serves children and families

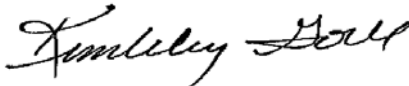
³ MCAP = Medi-Cal Access Program serves pregnant people

County	Total # of OTLICP/MCAIP ¹ Families NOT receiving premium waivers	Total # of CCHIP ² Families NOT receiving premium waivers	Total # of MCAP ³ Families NOT receiving premium waivers
San Joaquin	8,283		159
San Luis Obispo	571		41
San Mateo	1,292	576	67
Santa Barbara	4,754		118
Santa Clara	3,697	1,277	160
Santa Cruz	1,351		38
Shasta	334		55
Sierra	*		0
Siskiyou	39		*
Solano	890		33
Sonoma	870		91
Stanislaus	1,189		84
Sutter	1,113		45
Tehama	582		16
Trinity	77		*
Tulare	4,056		79
Tuolumne	301		*
Ventura	7,381		161
Yolo	392		28
Yuba	677		19

**TAC Agenda Item 2
September 8, 2021**

DATE: August 25, 2021

TO: Technical Advisory Committee Members

FROM: Kimberly Goll, President/CEO 

ACTION: Receive presentation on Home Visiting and CalAIM and provide input to help First 5 Orange County be ready to maximize home visiting and Prenatal-to-Three services given anticipated CalAIM benefits

DISCUSSION:

This agenda item provides important context and seeks TAC member input to help First 5 Orange County be ready to maximize services for pregnant mothers and families with young children given a changing health care landscape.

Christina Altmayer, with Health Management Associates, will share findings from their analysis of the home visiting landscape in Orange County including the needs and conditions of the Prenatal-to-Three population, the current network of services, and how the capacity of available services matches up with children and families' specific needs. Since the TAC's last meeting, the First 5 staff and consultant team have met with several organizations that provide home visiting services. Christina will share the priorities identified by our partners to collectively strengthen the system of care and maximize the use of services that families need and want.

In October 2019, the Department of Health Care Services released California Advancing and Innovating Medi-Cal, referred to as CalAIM, which will significantly impact the future of the Medi-Cal delivery system. CalAIM has three primary goals:

- Identify and manage member risk and need using whole-person care approaches and addressing social determinants of health;
- Move Medi-Cal (CalOptima) to a more consistent and seamless system by reducing complexity and increasing flexibility; and
- Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems and payment reform.

The first CalAIM initiatives impacting CalOptima take effect January 1, 2022 and include an Enhanced Care Management benefit for certain populations, one of which is pregnant and parenting mothers with serious mental illness or substance use disorder. This is an important segment of "high-need" mothers targeted by intensive home visiting programs. As part of her presentation, Christina will discuss how the implementation of CalAIM may change the landscape of home visiting service delivery and increase the need for coordination among agencies.

Following Christina's presentation, Michael Herman, Interim Executive Director for Program Implementation and Business Integration at CalOptima, will share their planning process and timeline for the rollout of CalAIM in Orange County.

With the new CalAIM benefits such as Enhanced Care Management, there should be more care available to the highest risk pregnant and parenting mothers in Orange County. As part of this

Technical Advisory Committee Members:

agenda item, First 5 staff will facilitate TAC discussion of the following questions, and others that arise during the dialogue.

1. How have you/your organization engaged in CalAIM discussions prior to this presentation? How do you see your organization playing a role so that we collectively support families in accessing their Medi-Cal benefits in Orange County?
2. How do we find and effectively reach families once services are in place? How do we encourage highest risk families to take advantage of the enhanced care management services?
3. As First 5 and other partners convene to discuss building an integrated system of home visiting, what is your advice to this group? What are some important lessons learned from similar countywide system building/coordination efforts?

RECOMMENDED ACTION:

Receive presentation on Home Visiting and CalAIM and provide input to help First 5 Orange County be ready to maximize home visiting and Prenatal-to-Three services given anticipated CalAIM benefits

ATTACHMENT:

1. PowerPoint Slides

CONTACT: Lisa Burke

First 5 Orange County

Technical Advisory Committee

September 8, 2021
Agenda Item 2

Attachment 1



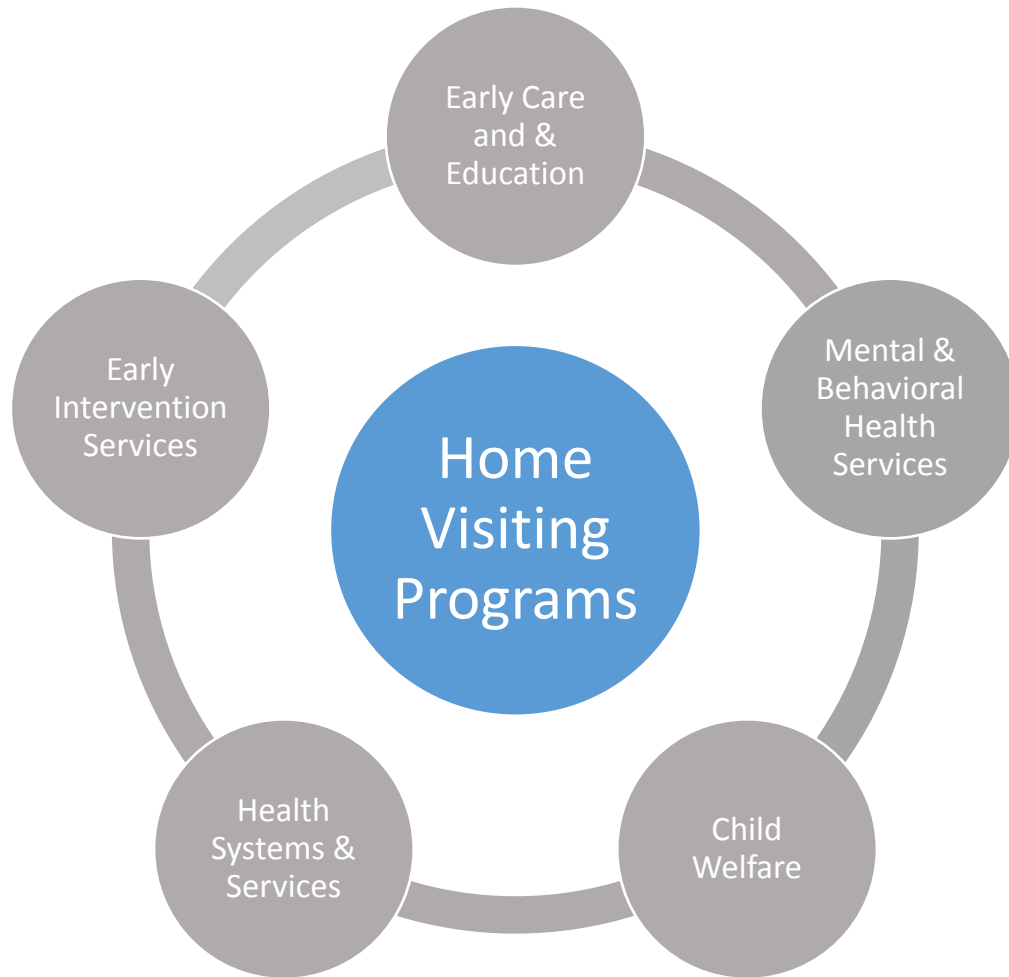
Agenda Item 2

- **Home Visiting System Building and Connections to Medi-Cal System**
 - Update on home visiting system building efforts
 - Overview of Medi-Cal and Medi-Cal managed care systems
 - Introduce CalAIM and connections to home visiting
- **CalOptima's CalAIM Implementation**
 - CalAIM's populations of focus
 - Enhanced Care Management and In-Lieu of Services
 - Timeline for Rollout
- **TAC Discussion and Recommendations**

Christina Altmayer
Health Management Associates

- Our system building approach recognizes home visiting as part of a larger system of care for families with children Prenatal-to-Three

Home visiting is "nested within" and connected to a larger system of family supports



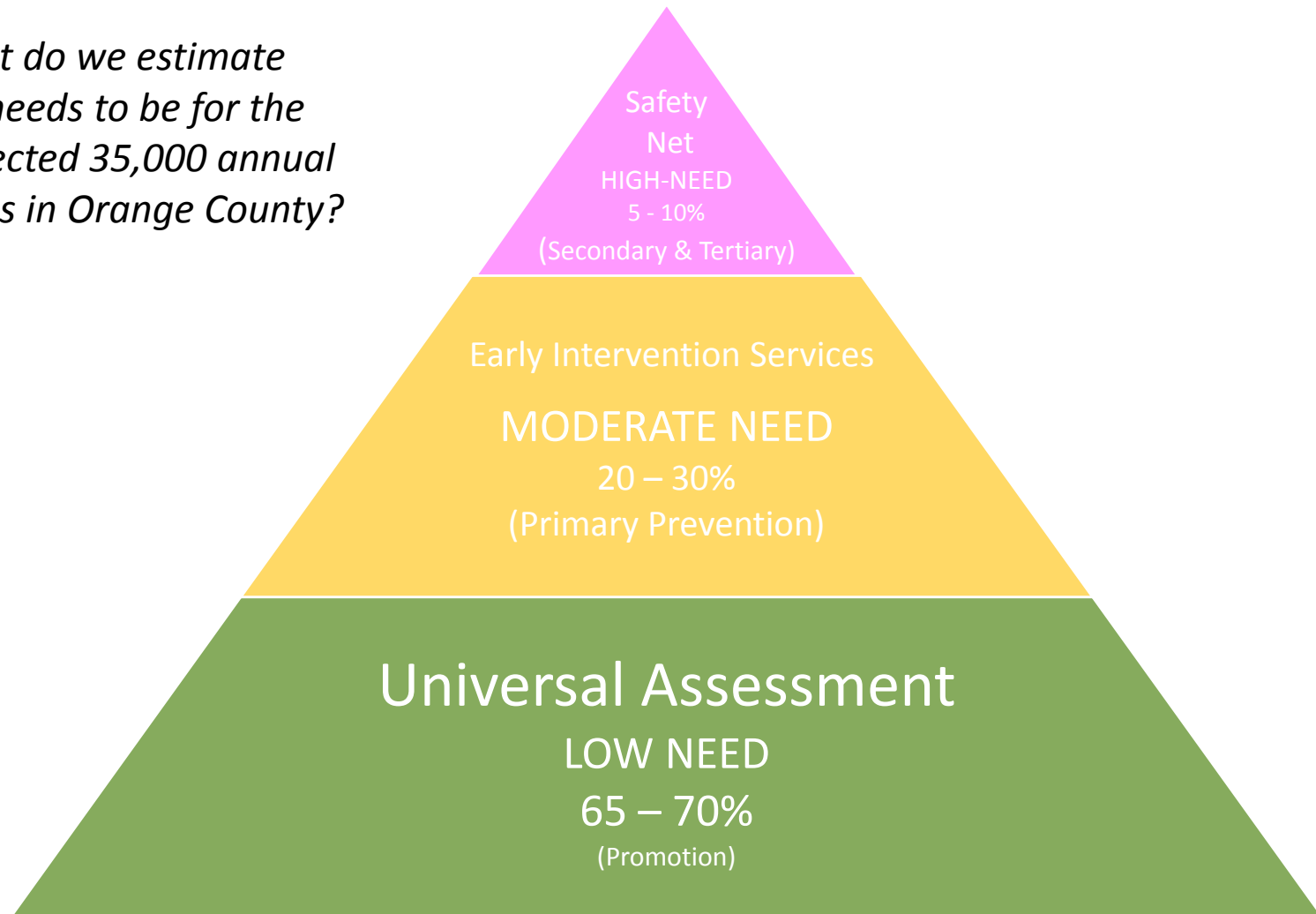
- HMA conducted a preliminary landscape analysis to provide an initial picture of Prenatal-to-Three services in OC to inform our home visiting system building

Addressing:

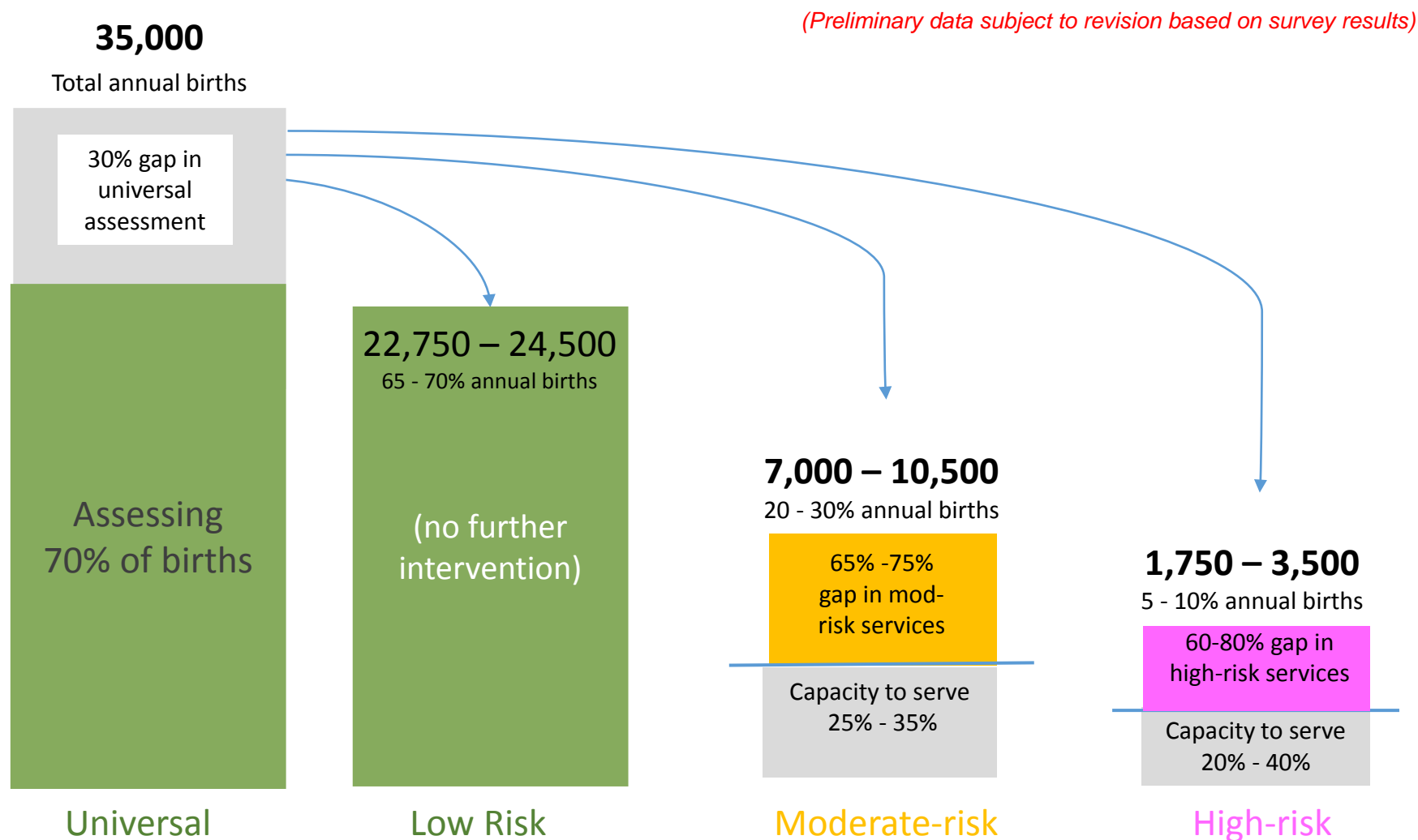
1. What are **needs and conditions** of the Prenatal-to-Three population in OC?
2. What are the **current network of services and supports** for the Prenatal-to-Three population in OC?
3. How well is the current network of services and supports **meeting the needs** of the Prenatal-to-Three population and their families?

- Various risk factors and data sources were used to tier the annual births in OC in terms of low, moderate, and high need

What do we estimate the needs to be for the projected 35,000 annual births in Orange County?

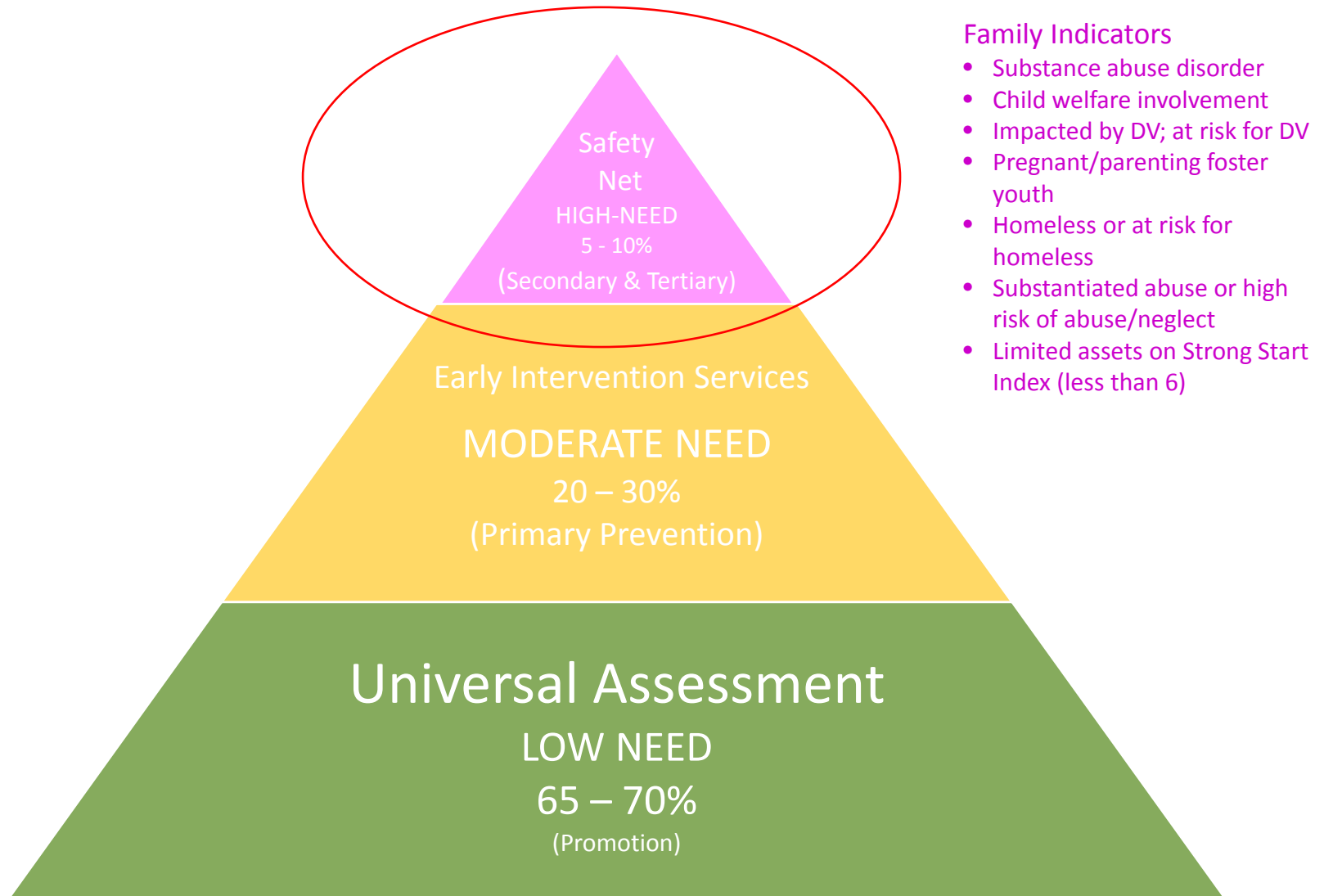


■ Our home visiting system planning work is focused on developing a system, not individual programs, with the capacity to support families based on their needs



*Based on 2019 Data Strong Start Index and First 5 funded/administered programs; presented for illustrative purposes only .
First 5 assesses approximately 68% of all births in OC through the Bridges hospital network.

■ How do we ensure that families are connected to services as early as possible and that most intensive resources are effectively utilized?



■ An integrated system enables highest risk births to receive most intensive supports

+ Example:

+ *Conditions of Children* reported 233 Substance Exposed Infants taken into Protective Custody as a result of testing positive for Substance Exposure Birth in 2018/19

+ Over 50% increase since 2013/14

+ Parallels the four-fold increase in the number of pregnant women and live births exposed to OUD since 1999 (1.5→1.6/1,000 live births)



+ Effective system would connect mother and child with intensive health, social, behavioral/mental supports at birth, including:

+ Provide staff and provider education and TA to encourage screening and referral for evidence-based treatment

+ Identify community care resources for mother and newborns

+ Ensure continuum and transition of care across recovery ecosystem

+ Interventions that are culturally appropriate and responsive to support mother and child engagement in services

■ What we've learned so far...

Findings from Prenatal-to-Three Partner Convenings*

+ An under-enrollment and under-utilization of programs has resulted from multiple factors

- + Lack awareness of resources and how to access them
- + Complex program eligibility
- + Lack of consistent messaging necessary for engagement
- + Lack of funding to support collaboration limits coordination
- + Stigma and fear associated with accessing services
- + Families lost in transition – families not ready to receive services, aren't aware of services, or services not available when families ready to engage.

+ Insufficient low-cost or free programs are available to support family needs

- + Limited services for drug-exposed births
- + Limited programs oriented at fathers

+ More expansive and substantive collaboration is needed

- + Develop common shared vision, goals, shared system outcomes
- + Fiscal plan to sustain, blend and braid funding
- + Strengthen connections between home visiting/family supports and primary health home
- + Build referral pathways between Bridges hospital assessment and growing clinical models (Dulce, Healthy Steps)*

**Convened by First 5 OC in February 2019, See full Appendix for full list of attendees*

- The Home Visiting collaborative planning process is engaging key funders (HCA, SSA, Head Start, First 5 OC) to build integrated system of care

Immediate (first discussion)

- Develop a common vision and outcomes for the home visiting system and family support services
- Identify underserved populations and communities (by geography, demographic, race, ethnicity, etc.)



Mid-term (important, but can wait)

- Develop strategies/infrastructure to support ongoing system coordination
- Increase parent and provider awareness and knowledge of available resources
- Develop strategies to streamline referrals and engagement in home visiting and related supports; engage providers in better coordinating



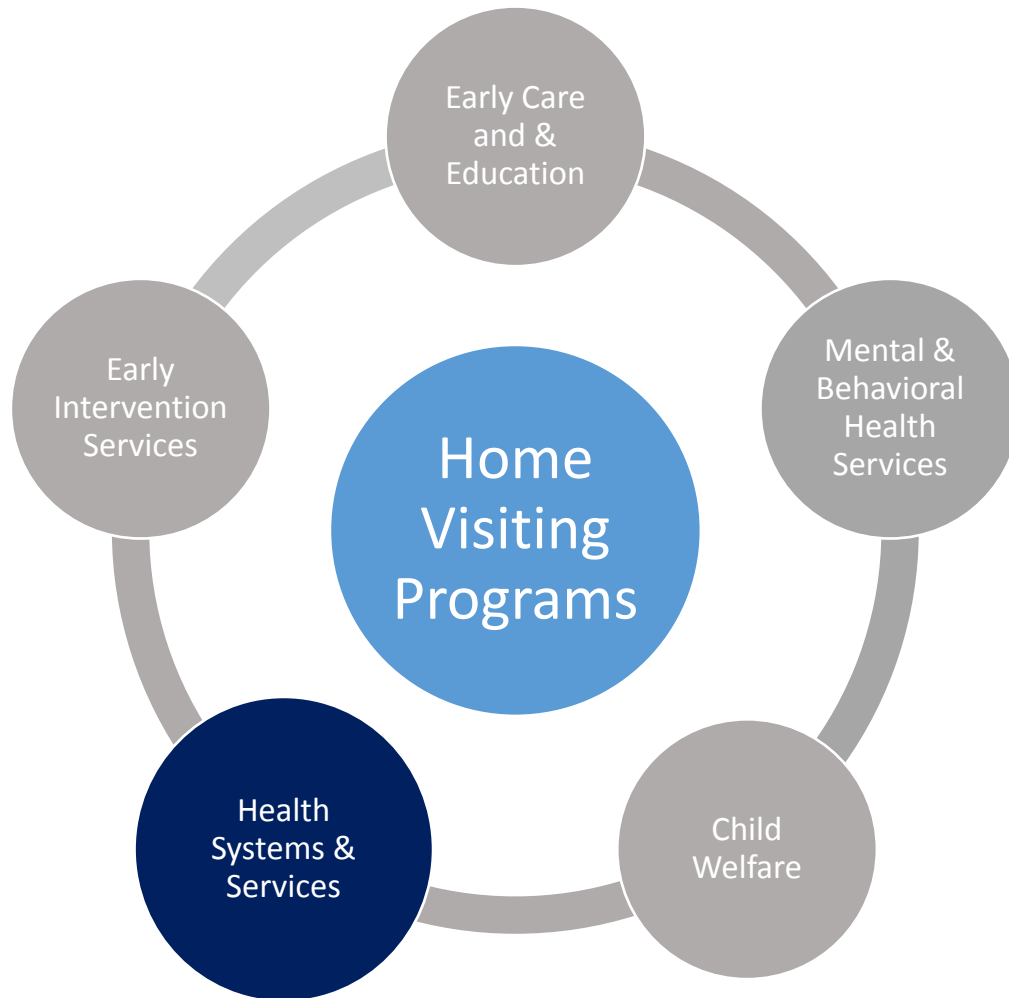
Long-term (priority, but not ready for discussion)

- Develop strategies to reduce barriers
- Develop processes for ongoing system evaluation
- Identify strategies to support program sustainability
- Support ongoing workforce development



QUESTIONS & COMMENTS

■ **Significant changes in the Medi-Cal system are anticipated over the next five years**



Approximately 40% of children in OC receive their health care through the Medi-Cal system

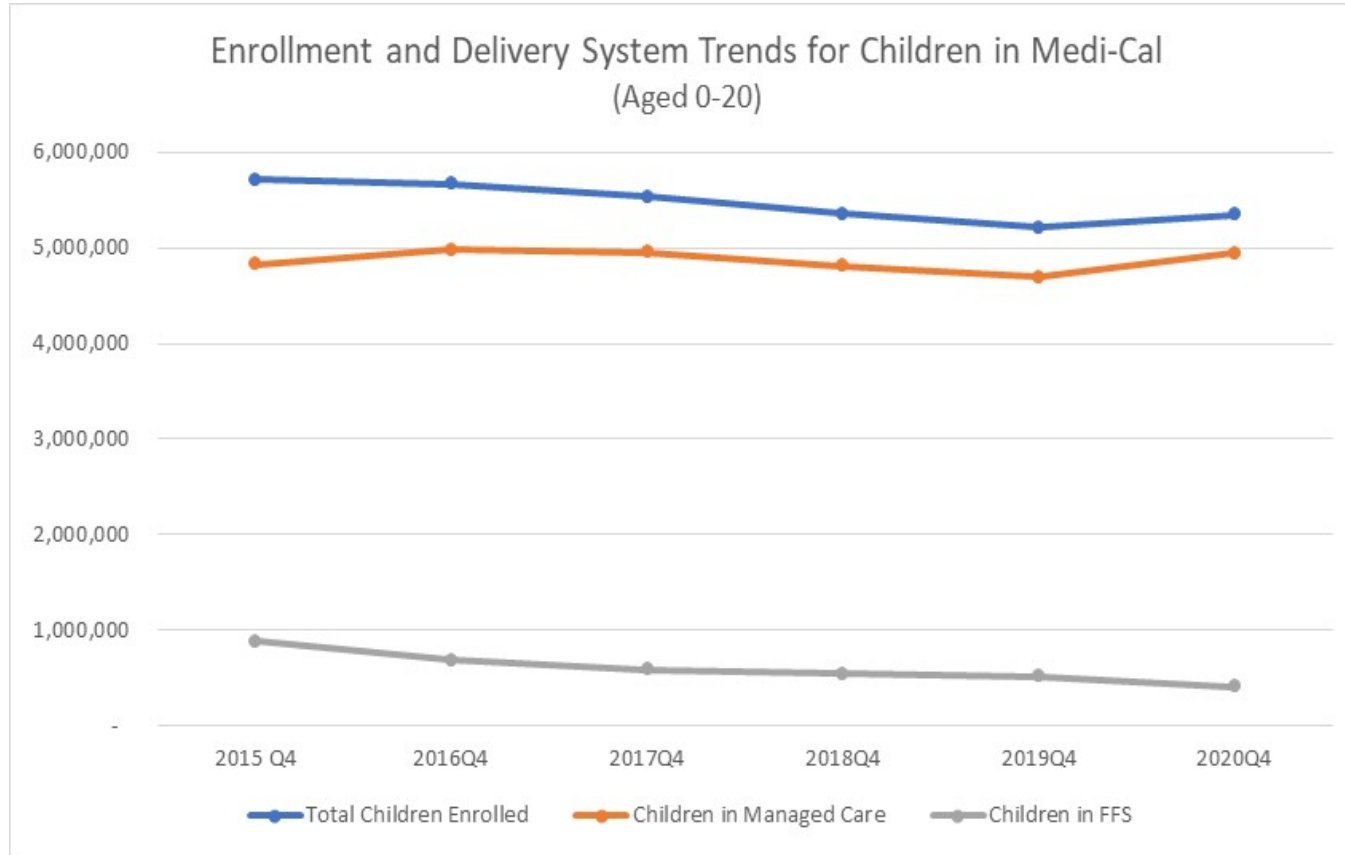
■ What is Medi-Cal?

- + “Medi-Cal” is California’s version of the Medicaid program, the nation’s public health insurance program for low-income individuals and families, people with disabilities and low-income seniors
- + Program beneficiaries are legally entitled to health care coverage.
 - + Unlike Medicare, Medicaid beneficiaries, in general, do not financially contribute to the program. (Some beneficiaries pay share of cost or small premiums.)
- + Funded by federal and state governments
 - + For California, federal government contributes between 50-90% of funds depending on the type of Medi-Cal member
- + Regulated by federal and state agencies
 - + Centers for Medicare and Medicaid Services (CMS)
 - + Department of Health Care Services (DHCS)
 - + Department of Managed Health Care (DMHC)
- + Administered by the State of California within broad federal requirements

■ Medi-Cal's Broad Reach

- + Over 40% of California's and Orange County's children have Medi-Cal
 - + Medi-Cal eligibility is based on household income and other finances, citizenship and immigration status, and enrollment in other public assistance programs. Income requirements for Medi-Cal are tied to the federal poverty guidelines. California has expanded coverage and eligibility beyond federal Medicaid.
 - + Children can qualify independent from their parents and at higher income levels
 - + A child is eligible for Medi-Cal if the family's household income is less than 266 percent of the Federal Poverty Level, or about \$53,600 for a family of three and \$75,650 for a family of five
 - + Through the Affordable Care Act and the corresponding expansion of the eligible Medi-Cal population, children represent a decreasing share of the total Medi-Cal enrollment population, **from a high of 20% in 2013 to a low of 12% percent in 2020.**

Almost all children in California receive healthcare through care through a managed care plan



- + Statewide 51% of children 0-5 are enrolled in Medi-Cal; **90% of 0-5 children are in Medi-Cal managed care**
- + **Significant parts of Medi-Cal fall below (40%) the minimum performance standards set by the State for children's health care (Children Now, 2020)**
- + DHCS proposing to recognize the value of **non-clinical interventions to address social determinants of health and reduce health disparities (CAL AIM)**

Note: FFS - Children in Fee for Services Medi-Cal

Source: California DHCS - Medi-Cal Children's Health Dashboard (March 2021)

Multiple managed care models operate throughout the State; in Orange County CalOptima has responsibility for Medi-Cal delivery



Administers policy:
eligibility, benefits, reporting,
compliance



Contracts with health
plans to deliver
services



+ The State has
policy control
while the
counties have
operational control.

(County Operated Health System)

CalOptima performs better than the Statewide average for almost all maternal and child outcomes

First 5 OC's investments support and align with CalOptima's accountability measures

HEDIS Measure	Statewide Average	CalOptima
Reporting Year 2020		
Prenatal and Postpartum Care—Postpartum Care	77.55%	83.21%
Prenatal and Postpartum Care—Timeliness of Prenatal Care	90.86%	95.13%
Childhood Immunizations (Combo 10)	38.32	44.99%
Children and Adolescents' Access to Primary Care Practitioners—Ages 12–24 Months	93.69	94.29%
Children and Adolescents' Access to Primary Care Practitioners—Ages 25 Months–6 Years	85.75	88.41%
Well-Child Visits in the First 15 Months of Life— Six or More Well-Child Visits	54.62	66.67%
Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life	75.07	79.21%
Developmental Screening in the First Three Years of Life	25.42%	16.35%

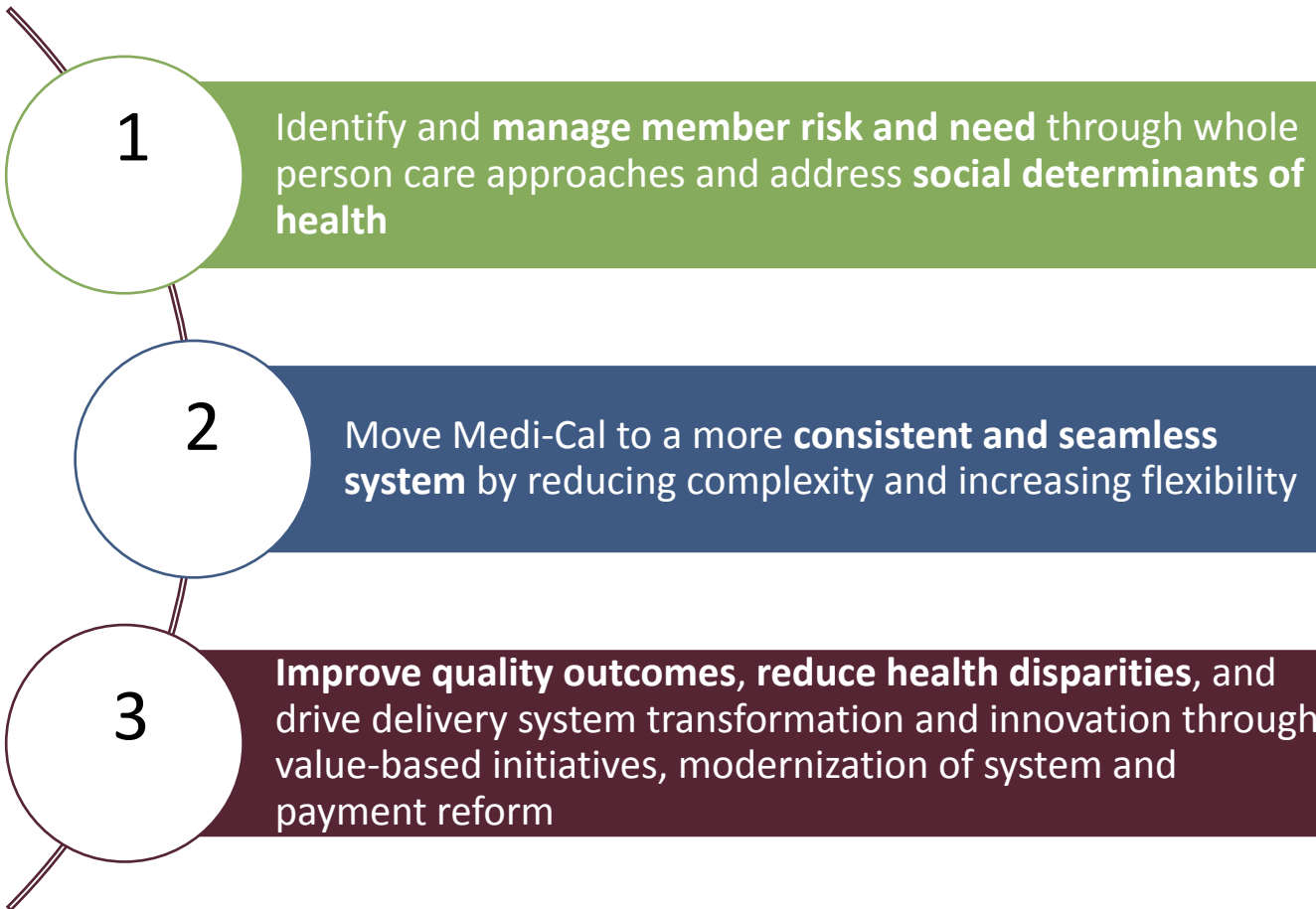
Source:

Medi-Cal Managed Care External Quality Review Technical Report , July 1, 2019–June 30, 2020

Children's Health Domain Reporting Year 2020 Statewide Medi-Cal Managed Care Weighted Average Performance Measure Results

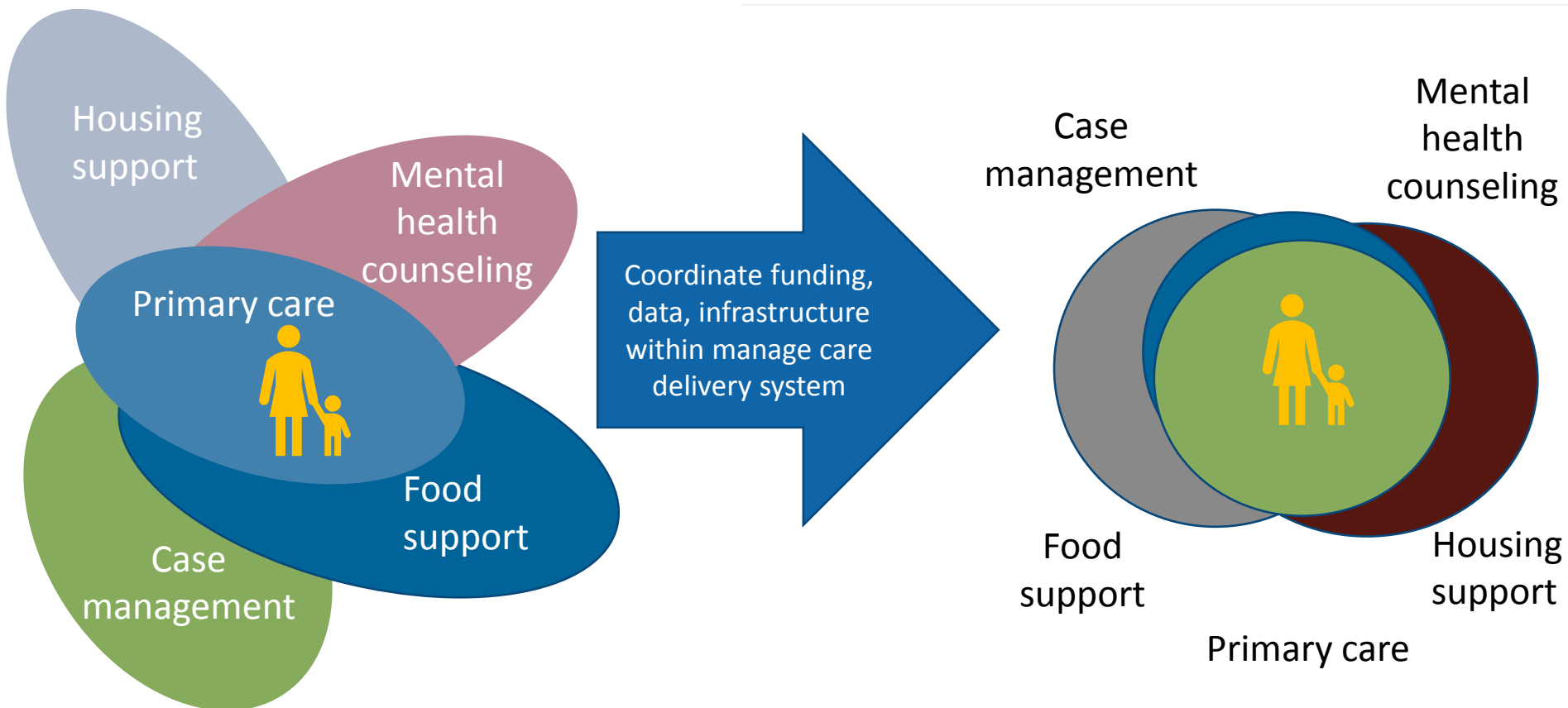
California Advancing and Innovating Medi-Cal (CalAIM): GOALS

Provides a framework for broad-based delivery system, program, and payment reform across the Medi-Cal Program. Three goals:



■ Through CalAIM, CalOptima has increasing responsibilities for highest risk populations, including pregnant women

Over the next five years, managed care organizations (health plans for Medi-Cal beneficiaries) will become the central coordinators of care for the **highest risk populations** and have increased responsibility for all beneficiaries through **population health management**. Plans have increasing responsibility for **managing member risk and needs** including **social determinants of health**.



Mike Herman
CalOptima



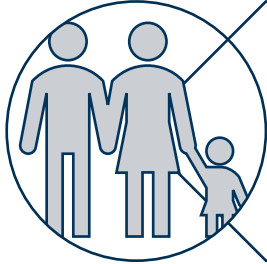
A Public Agency

CalOptima

Better. Together.

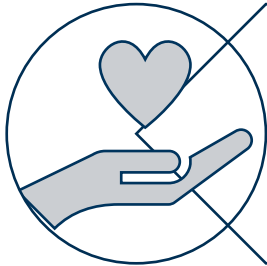
CalAIM

Population of Focus



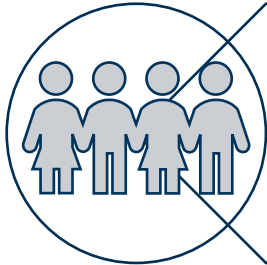
January 1, 2022

- Individuals and families experiencing homelessness
- Adult High Utilizers
- Adults with Serious Mental Illness or Substance Use Disorder



January 1, 2023

- Adults eligible for Long Term Care
- Adult nursing facility residents
- Adults transitioning from incarceration



July 1, 2023

- All children who are high utilizers, SED, CCS, WCM, child welfare, transitioning from incarceration

Enhanced Care Management

- Whole-person collaborative and interdisciplinary approach
 - Addresses clinical and non-clinical needs
 - Improving care coordination
 - Integrated services
 - Facilitating community resources
 - Improving health outcomes
 - Addressing Social Determinants of Health (SDOH)
 - Decreasing inappropriate utilization

January 2022 In-Lieu of Services and Current CalOptima Services

Recuperative Care



- Interim housing
- bed and healthy meals
- Monitoring physical and mental health
- vitals
- assessments
- wound care
- medication
- Short-term assistance
- Coordination of transportation
- Medical stability

Housing Support



- Housing Navigation
- assessment
- search and support plan
- address barriers
- Housing Deposit
- first and last
- utilities, etc.
- Housing Sustaining Services
- intervention
- training
- relationships

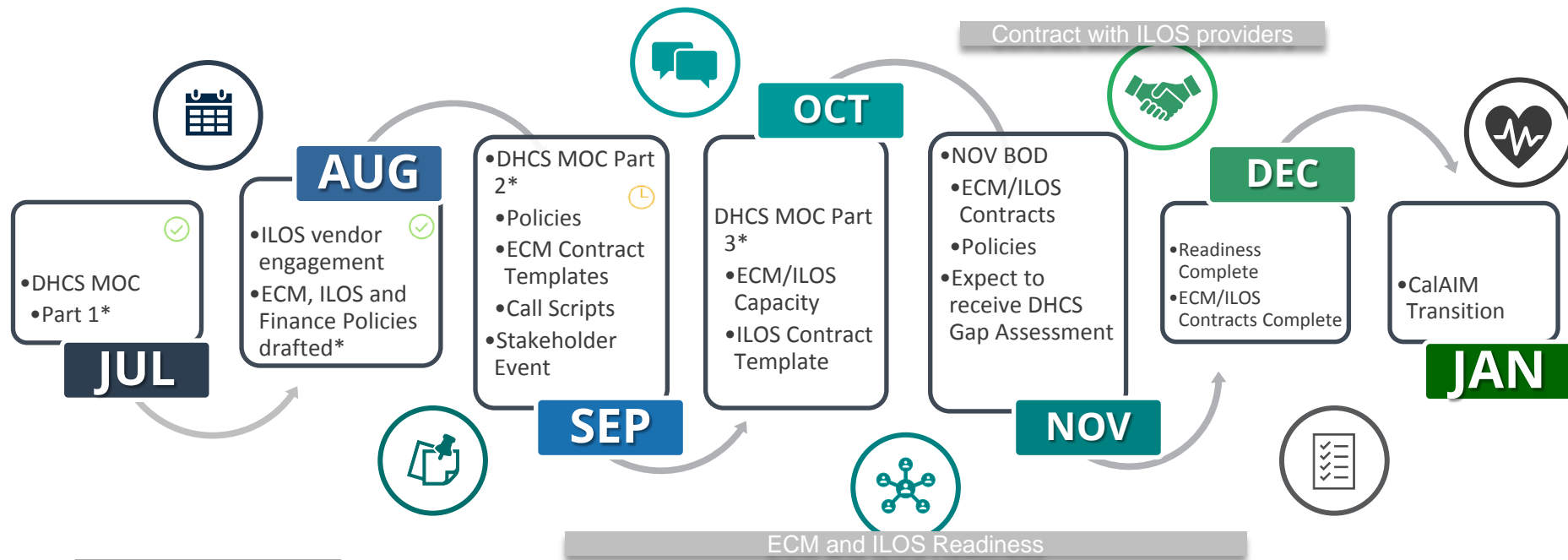
Current Services



- Be Well Sobering Centers (IGT)
- Recuperative care
- Transplants services
- Dual Eligible Special Needs Plan
- MSSP – home assistance
- Long Term Care and Support Services

Plan to contract with the current providers for four In-Lieu of Services.
Consult for future ILOS to be offered

CalOptima CalAIM Timeline for January 1, 2022



BOD: Board of Directors
ECM: Enhanced Care Management
ILOS: In Lieu of Services
MOC: Model of Care
*DHCS Submission

Discussion & Recommendations

TAC Discussion

- How have you/your organizations engaged in the CalAIM discussion prior to this presentation?
- How do you see your organization playing a role to collectively support families in accessing their Medi-Cal benefits in Orange County?
- How do we find and effectively reach families once services are in place?

TAC Discussion

- How do we encourage highest risk families to take advantage of the enhanced care management services?
- As First 5 and other partners convene to discuss building an integrated system of home visiting, what is your advice to this group?
- What are some important lessons learned from similar Countywide system building/coordination efforts?