Population Health Management (PHM) Advisory Group Meeting

December 5, 2022

Chat Log

12:46:23 From Alex Briscoe To All Panelists:

https://cachildrenstrust.org/about-us/

12:51:11 From Alex Briscoe To Everyone:

Palav!

12:51:35 From Pip Marks FVCA To Everyone:

Good morning everyone!

12:53:00 From Ann-Louise Kuhns To All Panelists:

I'm in my car. Will join at my desk when I get there!

12:53:08 From Kim Lewis To All Panelists:

Hello! Alicia Emanuel from NHeLP here (on behalf of Kim Lewis).

13:00:28 From Alice H - Manatt Events To Everyone:

For both English and Spanish captioning:
https://www.streamtext.net/player?event=83e3d378-c91e-4a1d-9ef6-d670022d9dd5

13:09:15 From Sarah Leff To All Panelists:

NFP is an evidence-based model, not a provider… Does this slide mean to say that the provider of NFP could be the ECM provider?

13:09:22 From Alex Briscoe To Everyone:

The Kids ECM POF is so exciting...and there is a disconnect we are seeing in the field in terms of projecting who is eligible and how many kids will actually get served ...,many of the plans are telling stakeholders 1-3% of kids will receive ECM. This does not match DHCS POF materials. Just #3 (SED/SUD Needs) is at least twice this (6-10%) and probably much higher.

13:10:14 From Monica Soderstrom To Everyone:

This is an excellent example of a NURSE case manager following up on medical access to care. The concern about ECM is that the home visitors are NOT nurses. In fact, we are told that ECM should be non-medical personnel. Has that changed?

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13:12:32 From cayenne bierman To Everyone:

Agree Monica - great question.

13:13:01 From cayenne bierman To Everyone:

Also who will be providing CCM?

13:15:28 From Laurie A. Soman, CRISS/Lucile Packard Children's Hospital To Everyone:

Echo Monica's question-- NFP is great example of intensive intervention program but doesn't seem to match ECM definition.

13:15:34 From Anna Gruver To Everyone:

This NFP vignette is an excellent example of how ECM providers can yield positive results that CalAIM desires. As mentioned above, can the ECM rates support an evidence based model that is staffed by nurse case managers?

13:16:20 From Chris McSorley To Everyone:

How will DHCS determine the responsible entities in COHS counties? The MCMCPs or the counties?

13:18:15 From Doug Major OD To Everyone:

Will the July 2023 Children Roll out include metrics and improved access to vision care, exams and glasses

13:19:50 From Ed Schor To Everyone:

Is there family representation in the ECM process/rollout?

13:20:21 From Chris McSorley To Everyone:

Will incarcerated persons be able to be enrolled into Medi-Cal during and after incarceration so they can receive ECM?

13:20:31 From Rebecca Boyd Anderson To All Panelists:

1. Can the department confirm the age ranges for this ECM POF?

    I. Do college students qualify?

Do former Foster Youth qualify? Up until what age?

13:22:18 From Antoinette Dozier To All Panelists:

Can people self refer if they meet the criteria? Is there a systematic process to ask people if they meet criteria and would like the service?

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13:25:22 From Laurie A. Soman, CRISS/Lucile Packard Children's Hospital To Everyone:

Drs. Giammona and Dhanvanthari, can you please comment on any children/youth you're already serving with ECM (because of linkage with adults) and lessons learned that we should know about in planning for kids?

13:25:26 From Alex Briscoe To Everyone:

+ 1 to Antoinette.

13:25:40 From Ben Meisel To All Panelists:

Very important to initially establish standardization of (1) ECM Training & (2)Determination of High Need Eligibility

There are a few Dept of Pub Health programs (NFP, Home visiting PHNs, Mental Health, Behavioral Health, Transition Aged Youth) that already provide high touch care management and could be in a place to be able to grow their staff to provide. However, CBOs and other agencies (Regional Centers) are in positions to provide ECM providers to the children we serve.

13:26:31 From Nancy N - CCT/Kids&Caregivers To All Panelists:

I have been wondering (wearing my consumer hat- my children former foster youth have CCS/Medicaid and array of other services) how ECM will interface specifically with complex medical case management needs and services? The skills needed for that specific aspect of care is pretty specialized. I have been wondering if financing/staffing for ECM will allow for a range of competencies/costs in the new ECM workforce?

13:26:38 From Antoinette Dozier To All Panelists:

Is there a systemic way to refer regional center or foster youth who qualify?

13:26:49 From Palav Babaria To All Panelists:

@ All Hosts and Panelists--some of you are asking great questions--I encourage you all to post these questions to 'everyone'--not just hosts and panelists for transparency and broader dialogue!

13:26:50 From Ben Meisel To All Panelists:

For high needs CCS cleients…..What we really need is an ECM PROVIDER Training Academy to standardize ECM service delivery by all possible providers (CBOs/Behavioral Health/Mental Health/Juvenile Justice/School Counselors?), help Counties link services and create a way for service providers to communicate with one another.

The UCSF NICH program is the only group I have seen with a model and in a position to help conceive of such an ECM Training Academy…..eventually made available to all organizations/individuals in a position to provide standardized ECM services.

13:26:53 From Ben Meisel To All Panelists:

Barriers to CCS staff providing ECM services include:

- Very few CCS programs provide high touch, face to face services. Need specialized training.
- Small case loads (less than 25—30 clients) necessary to provide high touch care management.
- Expense of PHNs and CCS professional staff to provide ECM
- Unionized schedule
- Slow hiring by County systems
- Lack of a Communication Platform for Social Service and CBOs to communicate about care of specific clients/families.
- Suspicion of government programs by traditionally underserved populations

13:27:17 From Nancy N - CCT/Kids&Caregivers To All Panelists:

+1 Ben!!!

13:27:31 From Julio Arellano To All Panelists:

Can we get the host or panelist contact info?

13:27:45 From Brenda Grealish To Everyone:

Does each Plan on today's panel have their ECM referral process on their website? If so, could the links be sent out to webinar participants? Thanks!

13:27:45 From Julio Arellano To All Panelists:

I have many questions

13:27:51 From Alex Briscoe To Everyone:

What Antoinette posted was "Can people self refer if they meet the criteria? Is there a systematic process to ask people if they meet criteria and would like the service?"

13:29:58 From Mike Odeh To All Panelists:

How are MCPs preparing to have the workforce ready to serve the kids offered ECM once identified? How is the state structuring the IPP along those lines?

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13:30:58 From Erica Mahgerefteh To Everyone:

NFP=?

13:31:05 From Erica Mahgerefteh To Everyone:

thank you!

13:32:52 From Alex Briscoe To Everyone:

How will we insure ECM results in additional services/are and does not supplant existing county investments?

13:34:08 From Rebecca Boyd Anderson To All Panelists:

For ECM providers, what abut using the Case Managers associated with specialty providers?

13:34:18 From Brenda Grealish To Everyone:

Can panelists share their organization's efforts to engage County Probation and Juvenile Courts in discussions to prepare for the Children/Youth POF to streamline connections to ECM?

13:34:27 From Chris Stoner-Mertz, CA Alliance of Child & Family Services To All Panelists:

The CA Alliance of Child and Family Services is bringing together member CBOs to form a network - Full Circle Health Network - to provide ECM and other behavioral health services in partnership with MCPs. Excited to share details with anyone interested.

13:35:19 From Julio Arellano To All Panelists:

Will the same criteria's be part of the qualifying factors for chidren as it is for adults?

13:36:06 From Nancy N - CCT/Kids&Caregivers To All Panelists:

Will ECM have its own assessment process/tools or use data gathered by existing providers/.programs? Wondering about client assessment burden.

13:36:42 From Julio Arellano To All Panelists:

e.g. ER visits, SUD/SMI, reentry etc.

13:37:21 From Alex Briscoe To Everyone:

Same point for Probation as PHD--if ECM contracts are provided to public systems, DHCS must (hate this word but use it carefully here)insure that these systems do more than what they are currently doing.

13:37:55 From Nancy N - CCT/Kids&Caregivers To All Panelists:

Agree on creating metrics to measure that ECM supplements NOT supplants

13:38:02 From Melanie Thomas To Everyone:

It would be great to think about ways to coordinate pregnancy-eligible ECM with child ECM. I've been wondering about how it will work when both the maternal and child members are eligible for ECM. Will the family then have 2 different ECM care managers/programs or is there a better way for us to coordinate on their behalf

13:38:07 From B. Yoshi Laing To All Panelists:

@Erica M, NFP = Nurse Family Partnership from the patient vignette

13:38:22 From Linda Tirabassi-Mathis To Everyone:

What volume of caseload will staff have? It seems even with existing programs within managed care plans both for "CCS aging out" clients and for ECM but have such large caseloads that they have difficulty with connecting with the youth /young adults with special health care needs? Thank you.

13:38:30 From Katherine Haynes To All Panelists:

@ Katie Schlageter - a desire for help with advocacy and navigation was broadly expressed by respondents to a recent study commissioned by CHCF. That desire crossed insurance types.

13:39:17 From Phebe Bell To Everyone:

@AlexBrisco on the flip side, i think there are places (like wraparound programs) where counties are already doing more intensive case management than the ECM model. How do we fit that reality into the picture?

13:39:17 From Cecilie Rose To Everyone:

How are you addressing access to healthcare for people with disabilities? People with disabilities are especially impacted by racial bias. How are you measuring the impacts of disabilities? For example, do you track if offices are physically accessible, if children have access to the durable medical equipment they need, if the disability is documented in the EMR, if they have difficulty getting access to specialists?

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13:39:35 From Angela Meriquez Vázquez To Everyone:

Has DHCS considered adding Long COVID to the ECM populations of focus? Recent CDC Household Pulse data indicates that 1/5 adults who have had COVID-19 have persistent symptoms (which speaking as a Long COVID patient typically requires a team of specialists to assess and manage). The same CDC data indicates that Latinx and LGBTQ+ communities may be most impacted by Long COVID. Further, national analysis indicates Long COVID is keeping 4 million adults and counting from working. https://www.brookings.edu/research/new-data-shows-long-covid-is-keeping-as-many-as-4-million-people-out-of-work/

13:39:45 From Nancy N - CCT/Kids&Caregivers To Everyone:

@ Katie Schlageter - could not agree more on the need for increased support around health navigation, access, and advocacy - its critical and a missing piece…

13:40:18 From Angela Meriquez Vázquez To Everyone:

Children with parents who have Long COVID could be dealing with employment and housing issues. Further, children are at-risk for Long COVID themselves.

13:40:28 From Ed Schor To Everyone:

It will be important for ECM to be a family-focused rather than a patient-focused service since most of the factors creating high risk emanate from family circumstances rather than individual health care needs.

13:40:51 From Doug Major OD To Everyone:

We need a platform to share data between providers like CAIR (Cal Immun Registry) and include the School Nurses in the process. The public is now using this public health approach with the COVID vaccine cards. The school nurses are front line and need to be empowered with data and the ability to share that data to PEDs and Behavior Heatlh in both direction.

13:40:56 From Angela Meriquez Vázquez To Everyone:

+1 Ed

13:40:59 From Nancy N - CCT/Kids&Caregivers To Everyone:

@ Ed Schor - agree there needs to be more intentionality in addressing caregiver needs and role in ECM for children and youth

13:41:03 From Norma Williams To Everyone:

How will this work for WCM CCS counties who do not have any relationships with CCS clients/families, providers, etc.?

13:41:08 From Holly Henry To Everyone:

+! Ed

13:41:53 From Alex Briscoe To Everyone:

@Phebe--We think ECM for the CW POF should be passed through SMHS contracts to expand wrap.

13:41:56 From Pip Marks FVCA To Everyone:

+1 Dr. Schor - thank you!

13:42:01 From Melanie Thomas To Everyone:

+1 Ed, but how does it work? And really wanting that continuity with pregnancy POF

13:42:40 From Mike Odeh To All Panelists:

+1 to Dr. Schor

13:43:04 From Ben Meisel To All Panelists:

Again, CCS is set up well to identify the families with CYSHCN who should be eligible for ECM; however, to provide ECM other agencies and CBOs are better set up to provide those services that can be billed to the MCP. For example, SF County is not able to hire ECM providers without first knowing the budget available. ECM will be billable following the services being provided....a huge barrier for some counties to participate as ECM providers.

13:43:05 From Ann-Louise Kuhns To Everyone:

Agree with what Dr. Jeung is saying...we ask community pediatricians to do so much!

13:43:26 From B. David Nessim To Everyone:

What channels of communication, and how frequently do the ECM staff communicate care plans and information with the PCPs and specialists that are caring for the patients. Is this an efficient and effective process?

13:43:57 From Diane Dooley To All Panelists:

We also need regular communication from case managers regarding services, supports, and concerns

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13:44:32 From Nancy N - CCT/Kids&Caregivers To Everyone:

+1 Joan - appreciate the awareness of the assessment burdens on families and children

13:44:46 From Rebecca Boyd Anderson To Everyone:

I'm a little confused about the continuity of services in Whole Child Counties where the responsibility for case management of CCS kids transitioned to MCPs... how does DHCS envision re-engaging county staff who have been deployed to alternate services Where would the ECM providers come from?

13:44:55 From Hannah Awai To Everyone:

I appreciate and agree with much of what Katie is saying when it comes to Classic, Independent CCS counties. I think the main caution here will be privacy - to what extent are we respectfully allowed to use and share when we gather information from sources like the EMR without explicit permission? Second, I believe access to this information that used to be "easy to come by" is no longer the case in Whole Child Model CCS counties - so in large counties like Orange, ease of access to client information has been inhibited.

13:45:06 From Ben Meisel To All Panelists:

Yes....please help Social Service providers, CBOs, and medical providers to utilize an electronic health messaging platform that can link with EPIC....and enables care management across organizations.   SO IMPORTANT!

13:45:34 From Alex Briscoe To Everyone:

Many of us are hopeful DHCS will set clear expectations to plans about how many children will get ECM services in each POF.

13:45:46 From Ed Schor To Everyone:

Local Title V agencies should play an active role in raising awareness among child health care providers of the availability of ECM services by reaching out directly (face-to-face).

13:48:21 From Dr. Joan Jeung To Everyone:

@Ben: I completely agree- real time, electronic, cross-sector communication is so important to help the different parts of the system work together effectively

13:48:22 From Antoinette Dozier To All Panelists:

It would be great if hospitals/providers could refer qualifying kids to ECM prior to contacting CPS as a prevention service

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13:48:42 From Chris Stoner-Mertz, CA Alliance of Child & Family Services To All Panelists:

+1 John - building the supports and infrastructure for CBOs already doing very similar work is critical

13:53:03 From Alex Briscoe To Everyone:

Adult ECM is coming in at 350-450 PMPM. Will kids be a similar rate?

13:54:38 From Mike Odeh To All Panelists:

What does readiness for service launch look like from the MCP perspective given that ECM as a benefit runs through the plans?

13:55:28 From Ben Meisel To Everyone:

Reposting my comments to EVERYONE

13:55:33 From Ben Meisel To Everyone:

Again, CCS is set up well to identify the families with CYSHCN who should be eligible for ECM; however, to provide ECM other agencies and CBOs are better set up to provide those services that can be billed to the MCP. For example, SF County is not able to hire ECM providers without first knowing the budget available. ECM will be billable following the services being provided....a huge barrier for some counties to participate as ECM providers.

13:55:50 From Ben Meisel To Everyone:

For high needs CCS clients…..What we really need is an ECM PROVIDER Training Academy to standardize ECM service delivery by all possible providers (CBOs/Behavioral Health/Mental Health/Juvenile Justice/School Counselors?), help Counties link services and create a way for service providers to communicate with one another. The UCSF NICH program is the only group I have seen with a model and in a position to help conceive of such an ECM Training Academy…..eventually made available to all organizations/individuals in a position to provide standardized ECM services.

13:56:00 From Ben Meisel To Everyone:

Barriers to CCS staff providing ECM services include: • Very few CCS programs provide high touch, face to face services. Need specialized training. • Small case loads (less than 25—30 clients) necessary to provide high touch care management. • Expense of PHNs and CCS professional staff to provide ECM • Unionized schedule • Slow hiring by County systems • Lack of a Communication Platform for Social Service and CBOs to communicate about care of specific

clients/families. • Suspicion of government programs by traditionally underserved populations

13:56:11 From Ben Meisel To Everyone:

Again, CCS is set up well to identify the families with CYSHCN who should be eligible for ECM; however, to provide ECM other agencies and CBOs are better set up to provide those services that can be billed to the MCP. For example, SF County is not able to hire ECM providers without first knowing the budget available. ECM will be billable following the services being provided....a huge barrier for some counties to participate as ECM providers.

13:57:29 From Dr. Keri Carstairs To All Panelists:

Good question, Alex. What is the expected rate for ECM providers for children? Health care staffing costs and recruiting an ECM workforce is one of the biggest challenges to execution of ECM. Do the rates reflect this?

13:57:41 From Nancy N - CCT/Kids&Caregivers To Everyone:

It also seems like the ECM workforce will be impacted by the number of youth , and populations of focus, who will be included in ECM. Wondering if the Department might share the numbers its projecting for including in the new children/youth ECM benefit.

13:58:22 From Monica Soderstrom To Everyone:

The problem for Butte County is that we have tried to engage several CBOs to become ECM providers for CCS and other youth POF. They are not interested for the most part due to the rates, capacity to bill, etc. It is overwhelming for smaller CBOs.

13:59:17 From Janet Peck To Everyone:

Thank you Katie for your comments, I agree. It is important to realize that the size of the county matters, especially for resources that are available.

13:59:23 From Brenda Grealish To All Panelists:

Reflecting an earlier comment...interesting concept to have certain diagnoses trigger ECM referrals. The Department of State Hospital's Felony Incompetent to Stand Trial Diversion Program targets individuals with Schizophrenia, Schizoaffective and Bipolar Disorder as these are the three highest diagnoses being referred to the State Hospitals from the criminal justice system. Given that many of these diagnoses are first made during young adulthood (particularly for males), ECM is a great opportunity to get ahead of what all-too-often leads to

poor life outcomes and instead place our young people on a better path to help them optimally manage their mental health condition.

14:00:28 From Melanie Thomas To Everyone:

I think there needs to be a way to weave together the ECM care manager role with additional CHW supports/billing and higher reimbursement for both.

14:00:34 From Holly Henry To Everyone:

+! Nancy Netherland

14:00:36 From Antoinette Dozier To All Panelists:

What if anything is being instituted to control for bias that may result in disparities related to referrals to service

14:01:05 From Hannah Awai To Everyone:

Excellent comments @Ben Meisel - Agreed - I think your comments combined with what Kate just said regarding some challenges and concerns represent several other CCS counties throughout the State, especially those whose CCS programs are under-funded to begin with

14:01:05 From Brenda Grealish To All Panelists:

+ 1 to Ben for ECM Provider Academy...applies to reentry providers, too, as they have not traditionally been part of the Medi-Cal MCP delivery system, and yet are the trusted community providers for those who are transitioning from incarcerated settings.

14:01:29 From Chris Stoner-Mertz, CA Alliance of Child & Family Services To All Panelists:

Monica - this is exactly why we are creating a network of providers - we can provide training, capacity building and other supports as well as ensure quality metrics are met. Rates are also an issue, as you mention.

14:01:37 From Tim Ho To Everyone:

Need to drop for another meeting. Thanks, everyone.

14:01:47 From Diane Dooley To All Panelists:

We had embedded PHNs in Contra Costa that were a tremendous asset to pediatricians. They worked with CHWs in partnership to do home visits and short term case management. It was discontinued due to lack of staffing and reimbursement.

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14:02:32 From Ben Meisel To Everyone:

@Joan Yes! So important for most of the ECM to be embedded in organizations that serve the populations of focus. To do this....there must be an ECM Training Academy to standardize ECM and services available to families in each counties. And, there must be an Electronic Communication System between agencies and service providers BEYOND the electronic health record.

14:02:34 From Alex Briscoe To Everyone:

Have to jump as well, thank you panelists and DHCS for your leadership and awesomeness.

14:03:09 From Janet Peck To Everyone:

Home visits would be a valuable resource and will only be valuable if the person visiting has adequate education and resources to properly asses. Training is key, we cannot ask non-medical persons to make medical assessments.

14:03:17 From Monica Soderstrom To Everyone:

Please remember that 18 counties with regional model are also transitioning to new MMCP models in 2024, which is making implementation more complicated for these counties.

14:03:30 From cayenne bierman To Everyone:

Such an important point, Dr. Jeung! We need at least some flexibility at the provider level to serve folks that may not meet criteria in a preventative way. Also, we need to maintain full caseloads to keep a program financially sustainable in order to serve the most acute - and it would make this much more realistic to have at least a little flexibility to enroll folks that do not neccessarily meet the acuity criteria for enrollment.

14:04:15 From Doug Major OD To All Panelists:

Will ECM be available to School Nurses?

14:04:33 From Mike Odeh To All Panelists:

to protect the kids that could fall through the cracks, how can "closed loop referrals" outcomes be utilized to identify kids (e.g., referred to Early Start/regional Center or CCS and found intelgible, but still may have needs)

14:04:35 From Chris McSorley To Everyone:

Allocations to counties cannot be continued to be diminished in light of these proposals.

Chat Log

14:05:50 From Pip Marks FVCA To Everyone:

well said Dr. Jeung!

14:06:49 From Nancy N - CCT/Kids&Caregivers To Everyone:

Love this question about who should provide ECM- that would be a great question to also ask families/caregivers whose kids will get ECM - are their existing points of contact that feel like support that could be scaffolded upon and leveraged through ECM ? PCPs, school counseling, regional centers, etc?

14:06:57 From Veronica Adamson To Everyone:

Agree Dr. Jeung - research shows adoption / burnout improves if clinicians believe that they're efforts will lead to impact (outcomes improvement).

14:07:07 From Diane Dooley To All Panelists:

We also need to decrease the panel size for pediatricians managing children eligible for ECM. The time to case manage and communicate is very burdensome if you're already filling every clinic day with visits.

14:07:11 From Veronica Adamson To Everyone:

*their! ;-)

14:07:23 From Nancy N - CCT/Kids&Caregivers To Everyone:

there

14:07:29 From Ben Meisel To Everyone:

@Joan Yes....it is often families who do not show up or are impossible to reach....these are the families most important to reach? And who is actually having contact with these families? Emergency Room, Nursery/NICU care, Schools, Juvenile Justice, Homeless Health, Food Insecurity, Housing insecurity.

14:07:30 From Monica Soderstrom To Everyone:

DHCS could utilize CHDP staff to help educate PCPs about ECM referrals before that program sunsets.

14:08:38 From Chris McSorley To Everyone:

Monica, perhaps they need to reconsider sunsetting CHDP program in light of all of these concerns.

14:08:53 From Diane Dooley To All Panelists:

The connection should be made so that case managers who follow the mothers continue to follow the infant and family.

14:13:09 From Alani Jackson To Everyone:

How will ECM reach justice involved youth while receiving services in a facility and upon re-entry? Recognizing to Ben Meisel's point, their assistance and supports cover multiple social service areas.

14:13:19 From Rebecca Boyd Anderson To Everyone:

A Few questions abuot overlapping services:

14:13:21 From Rebecca Boyd Anderson To Everyone:

1. ECM for Homeless Children/Youth
    a. If the child is assigned to PHC, but the parents are not, what is the service and billing expectation?
        i. What if the child in the scenario above is an infant?
        ii. What if that child is a Foster Youth with temporary placement and the family plan includes reunification? Does the ECM provider work with the Foster Parents, Biological Parents, Child Welfare agency to address the housing instability?

14:13:38 From Rebecca Boyd Anderson To Everyone:

Question/Scenario 3: ECM for Homeless Children/Youth with CS (Housing Supports)

1. Two parents and child are all assigned to the same health plan. Previously, parent one already received a housing deposit and housing tenancy services in 2022. In the spring of 2023 the housing was lost and now the family is homeless. The child and parents are now enrolled in ECM under the POF criteria.
    a. How should the managed care plan address the new housing navigation, housing deposit needs if the services through CS were already exhausted?

Question/Scenario 4: Community Supports for Homeless Children/Youth (family)

1. Two parents and two kids are all assigned to the same health plan. Do they all/each get a housing deposit (Community Support) to secure a larger bigger space?

14:13:51 From Chris Stoner-Mertz, CA Alliance of Child & Family Services To Everyone:

The CA Alliance of Child and Family Services is bringing together member CBOs to form a network - Full Circle Health Network - to provide ECM and other

behavioral health services in partnership with MCPs. Excited to share details with anyone interested. This can help to support CBOs with capacity building and infrastructure, and also provide the bridge between the MCPs and specialty mental health care.

14:14:48 From Cecilie Rose To All Panelists:

Great discussion! Thank you so much. Can you please keep the public in the loop of other webinars? This has been so helpful. Thank you, again.

14:17:13 From Monica Soderstrom To Everyone:

There is so much rich information in the chat and the Q&As. I hope that DHCS can review and use this for planning and provide feedback to the participants today, along with a summary of the information shared by the panelists. Thank you.

14:19:58 From Dr. Joan Jeung To Everyone:

To Rebecca's point: We need a way to track family-level information as well as individual level information and see what's already in place (or in process) for other family members

14:20:53 From Alice H - Manatt Events To Everyone:

Meeting materials, transcript and recording will be made available at the link that follows: www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

14:21:45 From Dr. Joan Jeung To Everyone:

Also, while there's more standardization of behavioral/developmental screening in pediatric medical homes, there's not much standardization of screening for social determinants of health. Some work would be helpful to have minimum screening requirements for social determinants of health, including factors that would make patients potentially eligible for ECM (e.g., homelessness, recent systems involvement etc)

14:22:04 From Chris Stoner-Mertz, CA Alliance of Child & Family Services To All Panelists:

So sorry that I have to jump off for another meeting. Thanks for the great discussion and presentations.

14:22:12 From Patricia Gish To Everyone:

Will the MCP PHM Readiness Deliverables be publicly available?

14:22:48 From Mike Odeh To All Panelists:

I have the same question as Patricia.

14:22:54 From Elizabeth Stanley-Salazar To All Panelists:

What work is being done and what are the dates for the justice involved pops. Including juveniles

14:23:36 From Dipa Patolia To Everyone:

For the new POF we have robust trainings internally (Population Health, QI, Call Center, CCS Team, cross-functional - Medical Affairs, Provider Engagement etc), trainings for ECM, public website updates, call center routing of self-referrals to RN for assessment, and end to end processes mapped out.

14:24:11 From Erin Slack To Everyone:

How has this additional information been requested by DHCS?

14:24:24 From Elizabeth Stanley-Salazar To All Panelists:

How are the SUD perinatal programs being accessed and how are plans is safe care being utilized

14:24:51 From Anna Hamedani To All Panelists:

we never received feedback on our document. Have they sent all responses back to the hps?

14:24:59 From Will Lightbourne To All Panelists:

Agree with Alani and Elizabeth’s questions re JJ services.

14:26:25 From Ann-Louise Kuhns To Everyone:

Thanks, Palav and team for a very informative meeting. I have to leave to prepare for my next meeting, but please let me know if there is anything else you or the DHCS team need that I can help with.

14:26:31 From Ed Schor To Everyone:

Perhaps future slides could use fewer acronyms?

14:28:19 From Pip Marks FVCA To All Panelists:

thank you Palav and all the amazing panelists - this was so informative. Have to jump off now

14:28:54 From Thanh-Tam Nguyen To Everyone:

Please publish a legend for acronyms - thanks Dr. Schor

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14:29:28 From Helen Lee To Everyone:

May I get a copy of today's presentation slides deck?

14:29:46 From Laurie A. Soman, CRISS/Lucile Packard Children's Hospital To Everyone:

Thanks, Palav and panelists. Very informative session; I appreciate new info and hearing panelists' thoughts on ECM for vulnerable kids and youth.

14:30:51 From Sharon Woda To Everyone:

For acronyms-- noted on the points also refer to Appendix 1 of the PHM Program Guide: https://www.dhcs.ca.gov/CalAIM/Documents/2023-PHM-Program-Guide-a11y.pdf

14:31:16 From Alice H - Manatt Events To Everyone:

Meeting materials, transcript and recording will be made available at the link that follows:
https://www.dhcs.ca.gov/CalAIM/Pages/PopulationHealthManagement.aspx

14:31:36 From Nancy N - CCT/Kids&Caregivers To Everyone:

Thanks for a really great meeting!!!

14:31:43 From Janet Peck To Everyone:

thank you!

14:31:48 From Mike Odeh To Anna Hamedani and All Panelists:

thanks. take care

14:31:48 From Melanie Thomas To Everyone:

Wonderful panel and exciting work. Thanks for the opportunity to participate

14:31:48 From Brenda Grealish To All Panelists:

Thanks, DHCS Team!

14:31:48 From Ben Meisel To All Panelists:

Thank you for this chance to provide input on an incredibly valuable opportunity to implement MASSIVE, effective change through high touch, well coordinated way to identify personal barriers to care for families and to connect them....and provide ongoing help recieving those services.

14:31:51 From DeLellis York To Everyone:

Thank you!