



Medi-Cal Children's Health Advisory Panel (MCHAP) Hybrid Meeting

September 15, 2022

Webinar Tips

- » Please use **either** a computer **or** phone for audio connection.
- » Please mute your line when not speaking.
- » For questions or comments, email:
MCHAP@dhcs.ca.gov.

Director's Update

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COVID-19 Public Health Emergency (PHE) Operational Unwinding Plan

- » On August 22, 2022, DHCS updated the [Medi-Cal COVID-19 PHE Operational Unwinding Plan](#). The two primary purposes of this document are to:
 - 1) Describe DHCS' approach to unwinding or making permanent temporary flexibilities implemented across the Medi-Cal program during the PHE.
 - 2) Describe DHCS' approach to resuming normal Medi-Cal eligibility operations following the end of the PHE.

- » The U.S. Department of Health and Human Services (HHS) has committed to providing at least a 60-day notice prior to the official end date of the PHE. HHS has not yet provided such notice.

COVID-19 PHE Operational Unwinding Plan

- » On May 23, the Centers for Medicare & Medicaid Services (CMS) launched a beneficiary-facing webpage that focuses on connecting Medicaid beneficiaries to their state Medicaid agency to update their contact information and to prepare to renew their eligibility for coverage. CMS added a “Prepare Now” button on their [landing page](#), which automatically directs beneficiaries to a new “Renew Your Medicaid and CHIP” coverage page.
- » Also on May 23, DHCS launched its own [beneficiary-facing page \(“Keep Your Medi-Cal”\)](#). DHCS’ webpage includes helpful information for Medi-Cal beneficiaries, including county contact information and links to [Covered California](#), [BenefitsCal](#), and [MyBenefitsCalWIN](#) so beneficiaries can ensure their account has current contact information.

DHCS Coverage Ambassadors

- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for beneficiaries
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS Coverage Ambassadors (Continued)

- » **Phase One: Encourage Beneficiaries to Update Contact Information.**
 - » **Already launched.**
 - » Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, and website banners.
- » **Phase Two: Watch for renewal packets in the mail. Remember to update your contact information.**
 - » **Launch 60 days prior to COVID-19 PHE termination.**
 - » Remind beneficiaries to watch for renewal packets in the mail and to update contact information with their county office if they have not already done so.

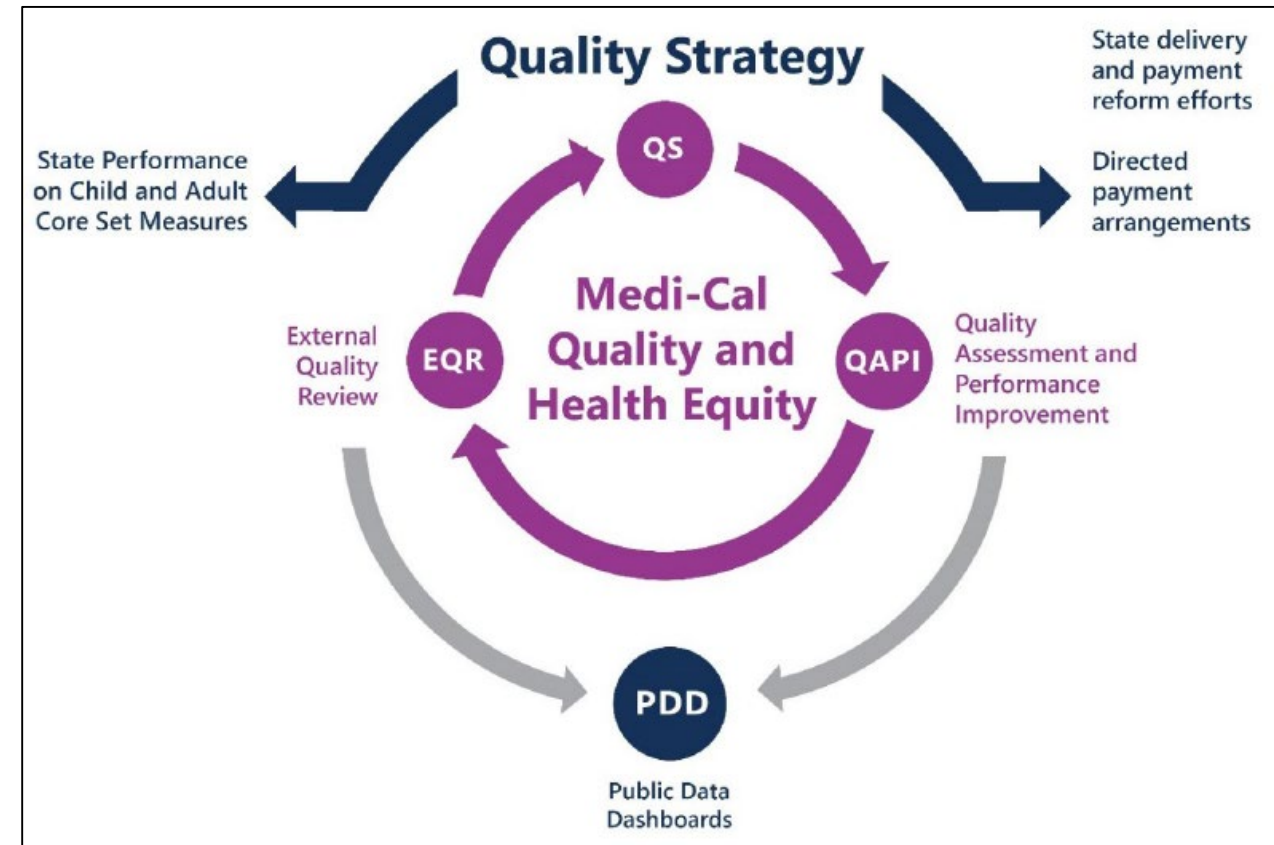
Children's Quality Outcomes: Where are we now?



Update on children's quality outcomes: Background and process

Data Sources:

- » DHCS-reported Centers for Medicare & Medicaid Services (CMS) Core Set measures (mandatory in 2024)
- » DHCS Dashboards
- » External Quality Review Organization (EQRO)-validated Managed Care Accountability Sets (MCAS) measures
 - » EQRO Technical Report
 - » Health Disparities Report
 - » Preventive Services Report



- www.dhcs.ca.gov/services/Documents/Formatted-Combined-CQS-2-4-22.pdf
Figure 17: DHCS Continuous Quality Improvement Cycle

Childhood Immunization Status (Combo 10)

CIS-10 Rates by Race/Ethnicity

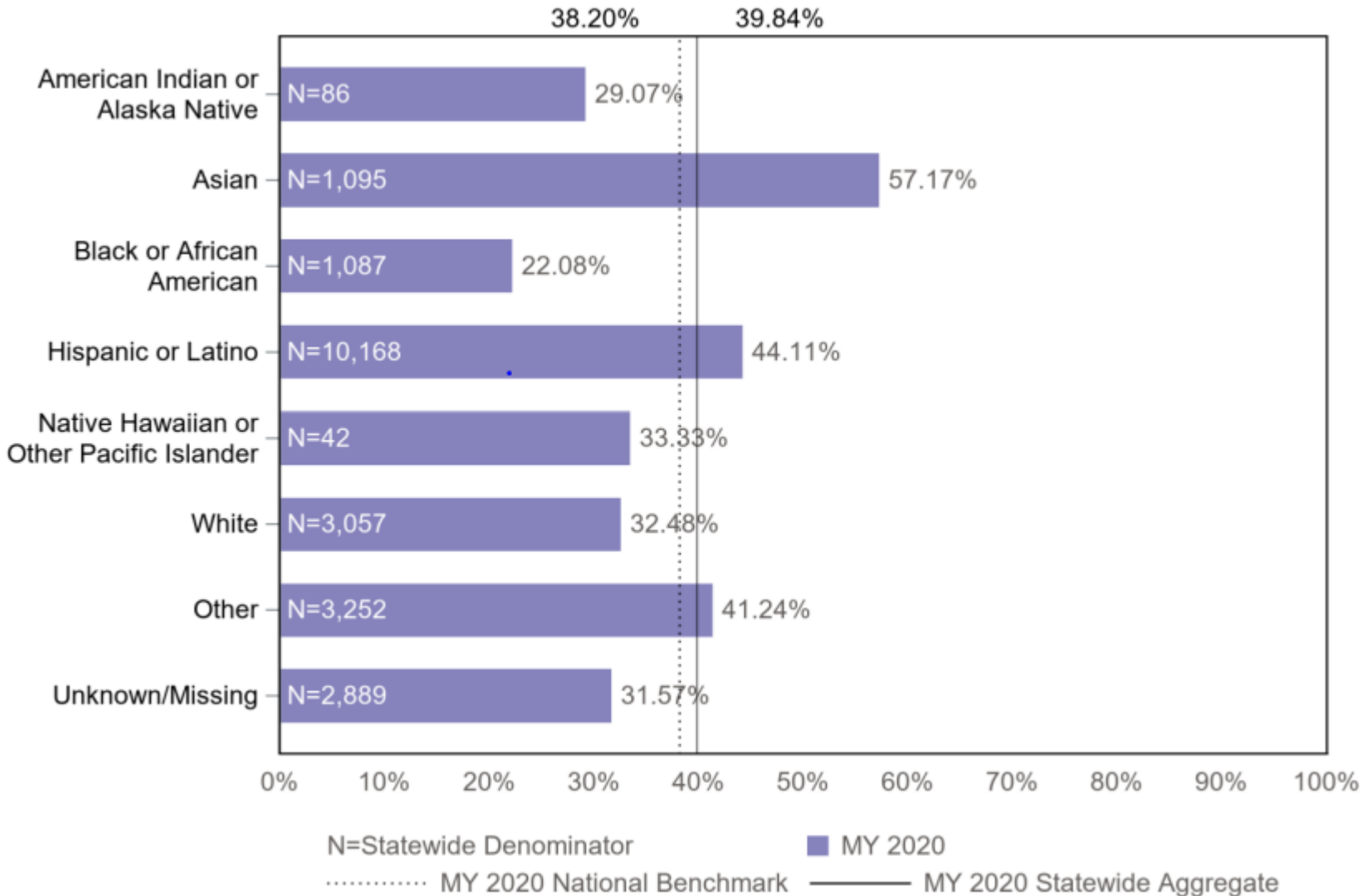


Figure 3.20—Childhood Immunization Status—Combination 10 (CIS-10)—Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (<https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf>)

Child & Adolescent Well-Care Visits (WCV)

WCV Rates by Race/Ethnicity

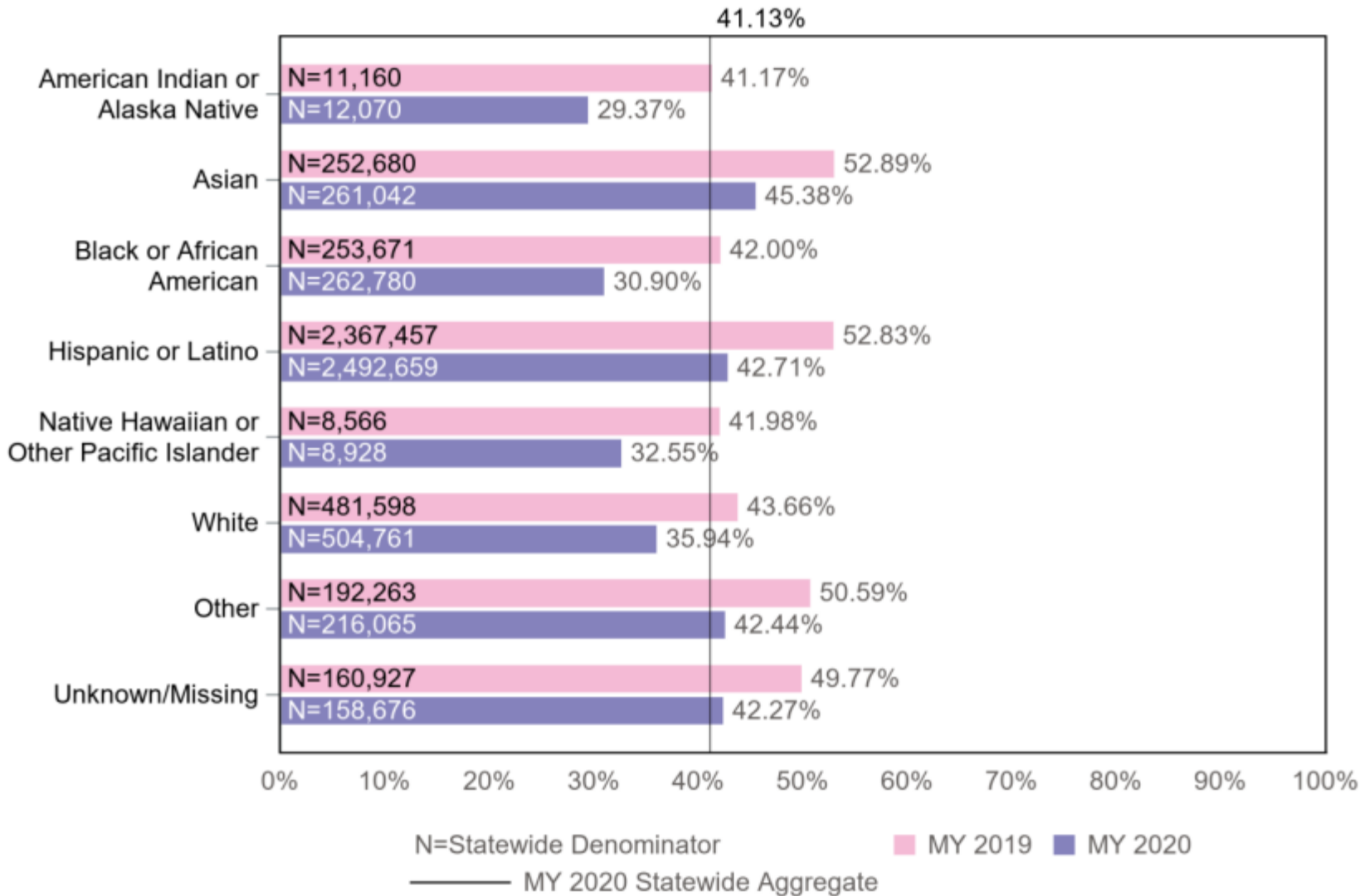


Figure 3.13—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (<https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf>)

Developmental Screening (DEV)

DEV Rates by Race/Ethnicity

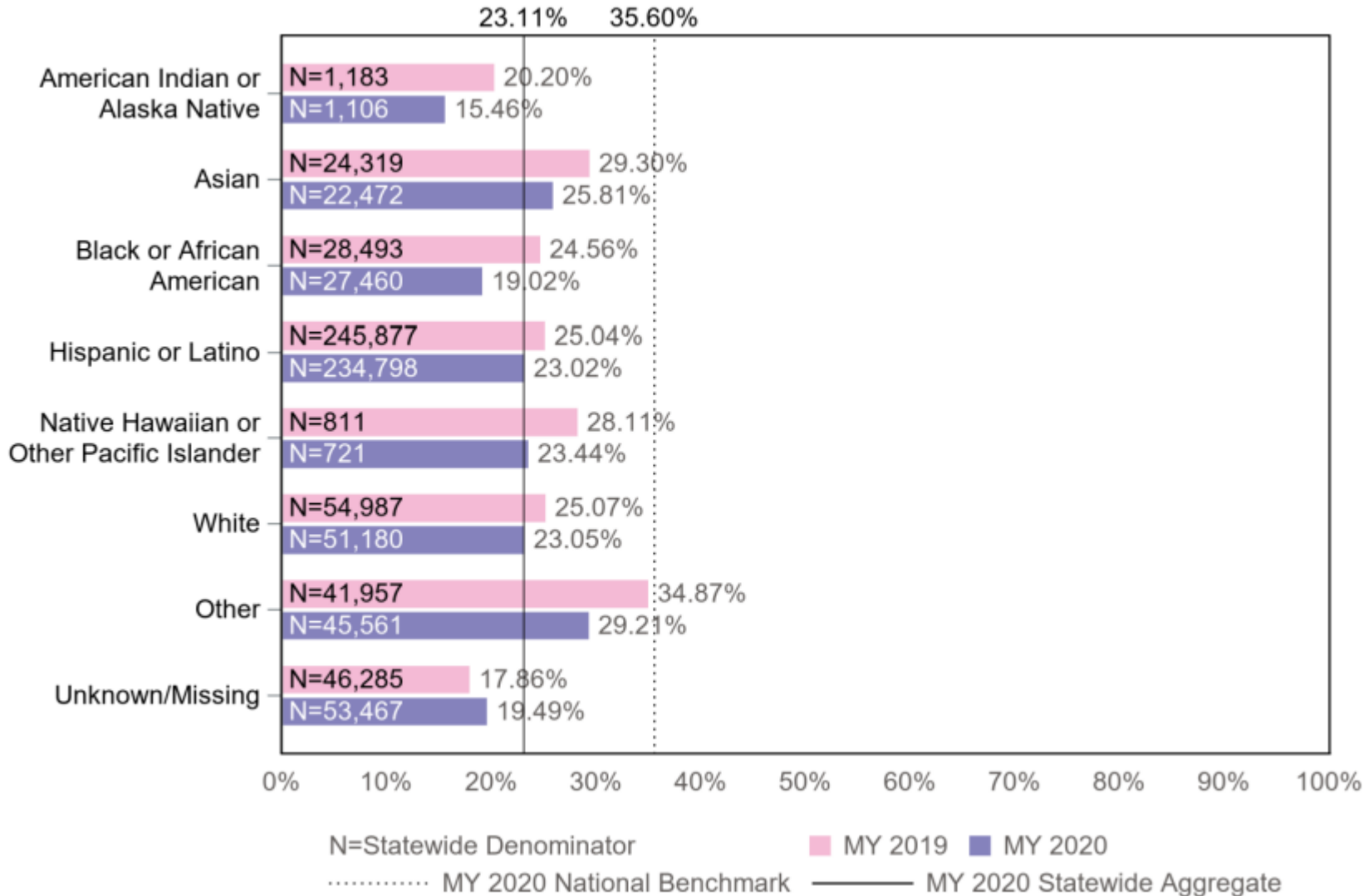


Figure 3.31—Developmental Screening in the First Three Years of Life—Total (DEV)— Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (<https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf>)

Blood Lead Screening (BLS-2)

BLS-2 Rates by Race/Ethnicity

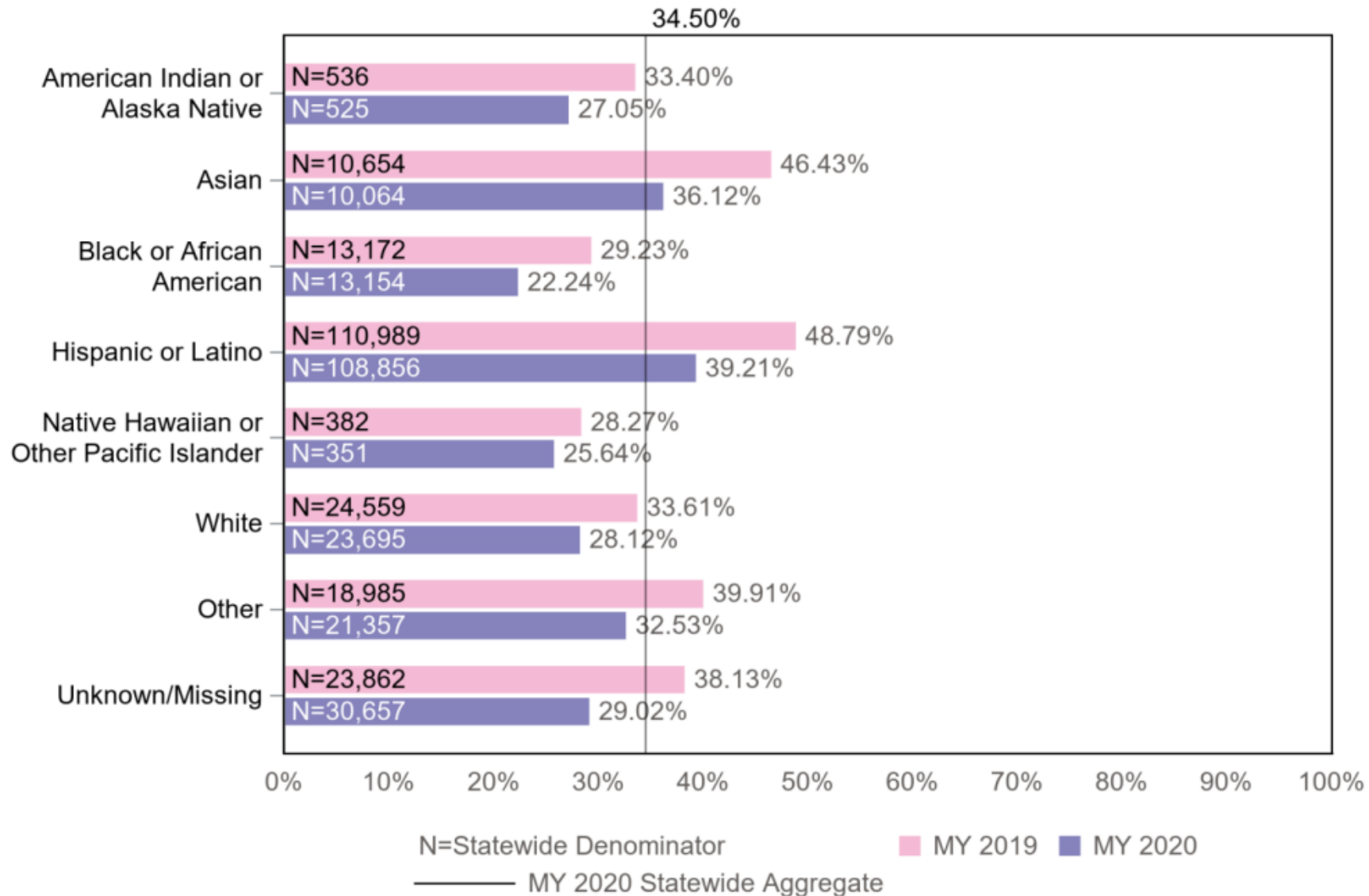


Figure 3.99—Blood Lead Screening—Test at 24 Months of Age (BLS-2)—Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (<https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf>)

Dental Fluoride Varnish (DFV)

DFV Rates by Race/Ethnicity

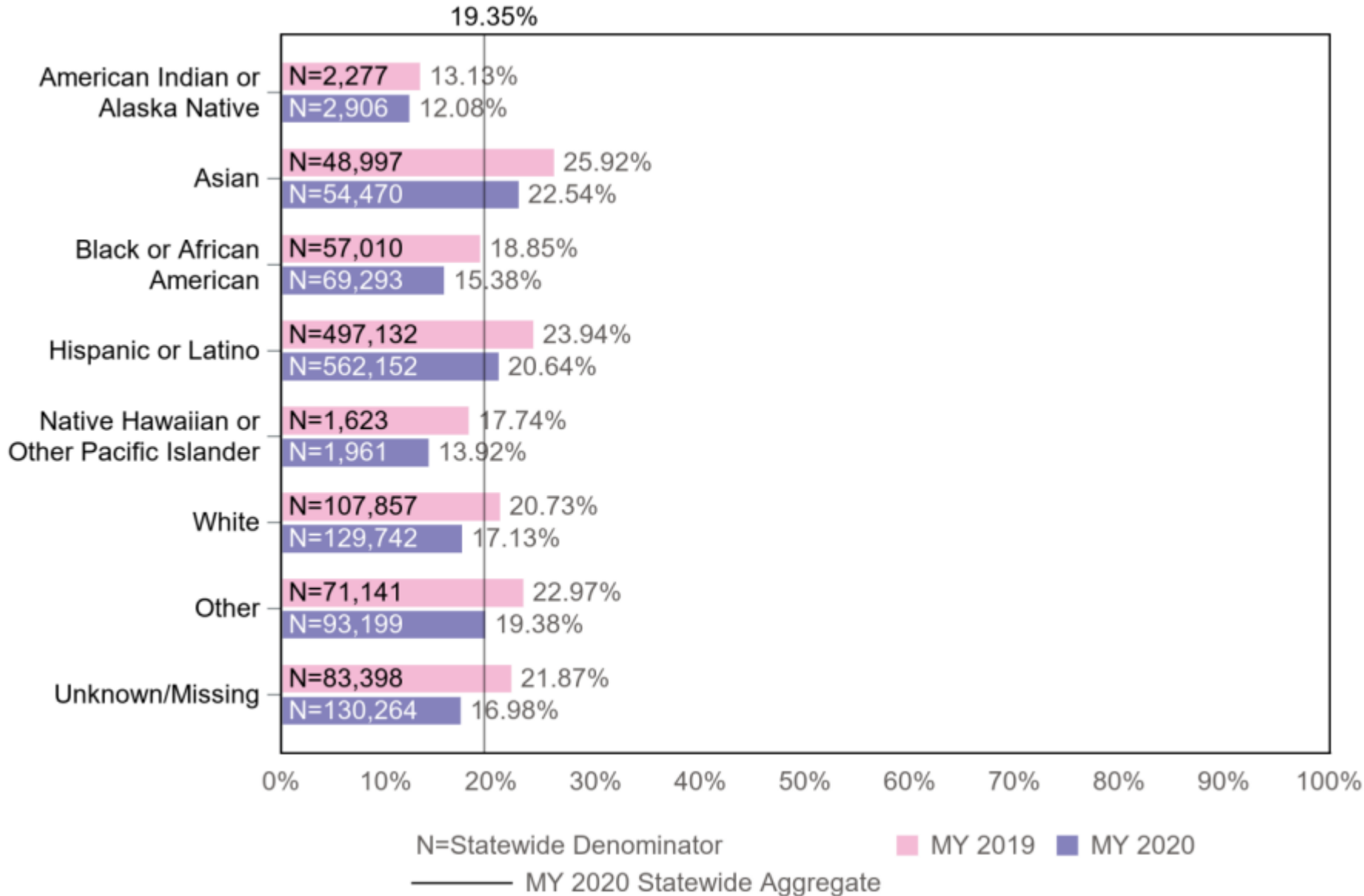
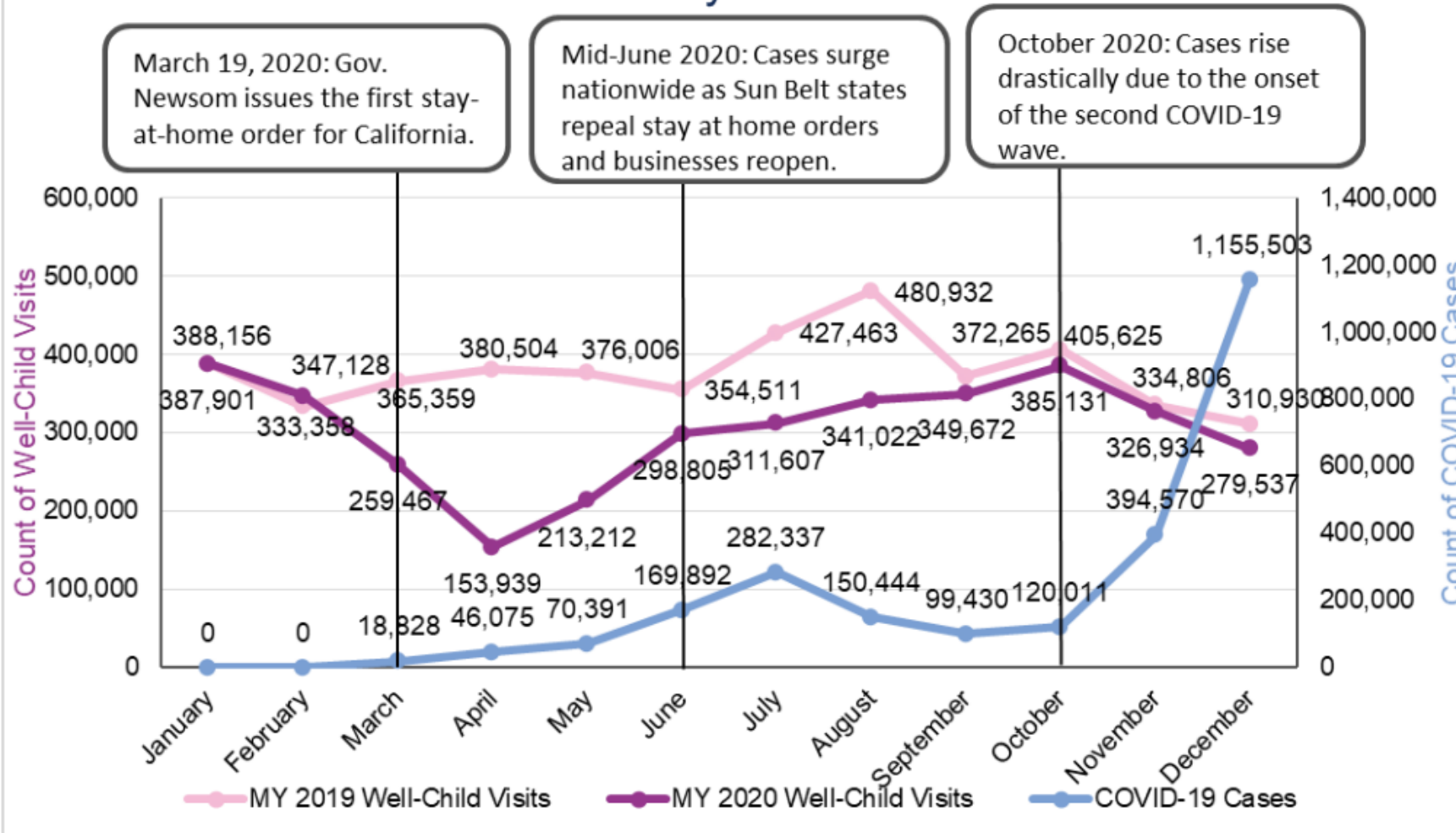


Figure 3.80—Dental Fluoride Varnish (DFV)—Statewide Racial/Ethnic Results ; DHCS 2020-2021 Preventive Services Report (https://www.dhcs.ca.gov/Documents/MCQ_MD/2020-21-Preventive-Services-Report-0603.pdf)

What was the impact of COVID-19?

Well-Child Visits COVID-19 Analysis



- » Services have resumed, but not caught up
- » Disproportionate impact on certain racial/ethnic groups
- » Mirror national trends
- » Continued impact in 2021

Figure 3.13—Child and Adolescent Well-Care Visits—Total (WCV)—Statewide Racial/Ethnic Results; DHCS 2020-2021 Preventive Services Report (<https://www.dhcs.ca.gov/Documents/MCQMD/2020-21-Preventive-Services-Report-0603.pdf>)

Specific Measures

Infant, child, and adolescent well-child visits
Childhood and adolescent vaccinations

Prenatal and postpartum visits
C-section rates

Prenatal and postpartum depression screening
Adolescent depression screening and follow up

Follow up after ED visit for substance use disorder (SUD) within 30 days
Depression screening and follow up for adults
Initiation and engagement of alcohol and SUD treatment

Infant, child, and adolescent well-child visits
Childhood and adolescent vaccinations
Blood lead & developmental screening
Chlamydia screening for adolescents

BOLD GOALS: 50x2025

STATE LEVEL



Close racial/ethnic disparities in well-child visits and immunizations by 50%



Close maternity care disparity for Black and Native American persons by 50%



Improve maternal and adolescent depression screening by 50%

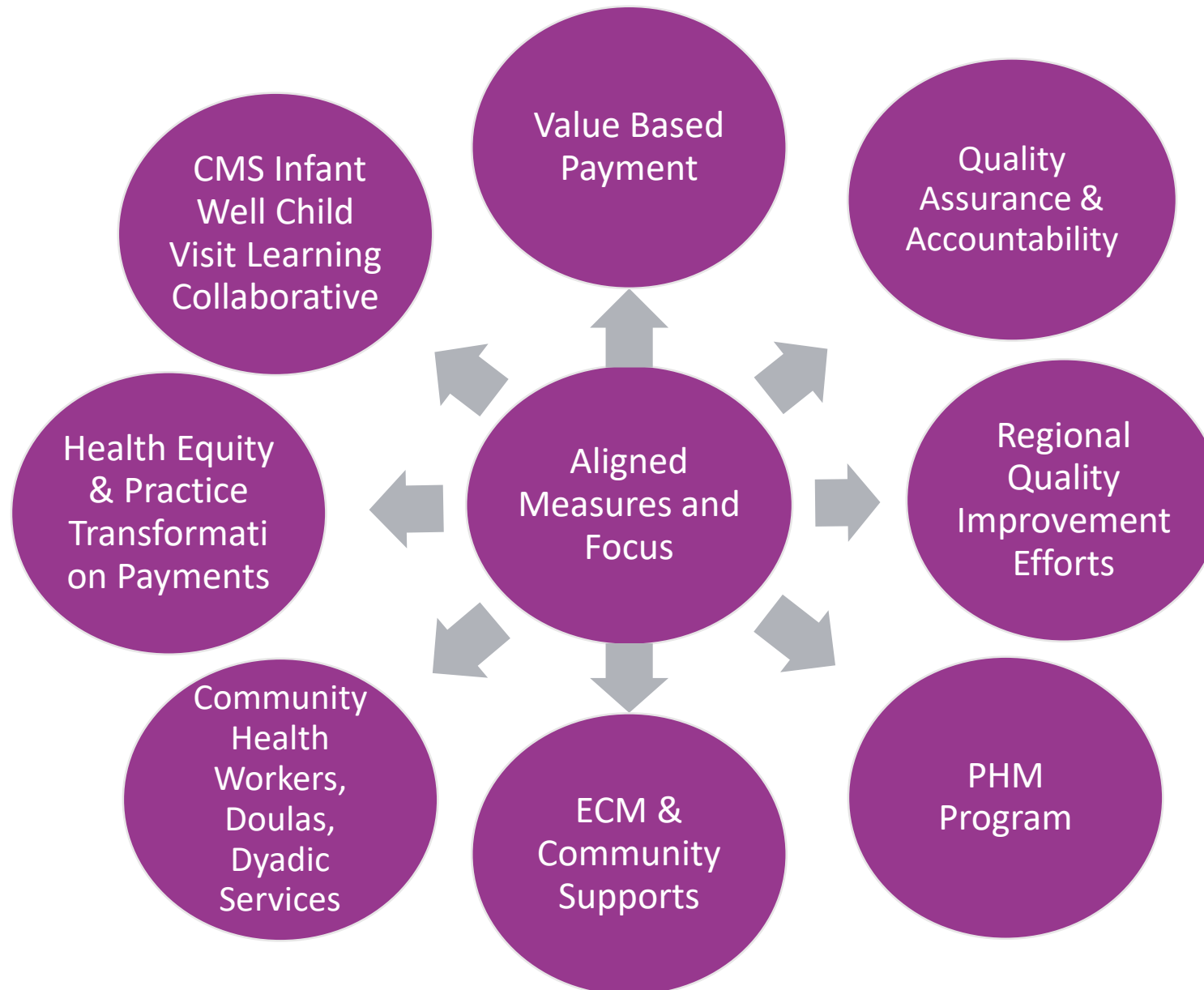


Improve follow up for mental health and substance use disorder by 50%



Ensure all health plans exceed the 50th percentile for all children's preventive care measures

Building a multi-pronged strategy to improve children's health outcomes



ACEs Aware Update

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ACEs Aware Initiative

First-in-the nation effort to promote early detection and intervention to mitigate the health and societal impacts of ACEs and toxic stress.



- » Launched in December 2019 as part of Governor Gavin Newsom's California For All initiative
- » Funded through DHCS
- » Collaborative effort between DHCS and the Office of the California Surgeon General (CA-OSG)
- » In October 2021, DHCS contracted with the newly created UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN) to continue the implementation of ACEs Aware initiative.

ACEs Aware Initiative



Reduce Adverse Childhood Experiences (ACEs) and toxic stress by half in one generation by:

- » Developing, promoting, and sustaining evidence-based methods to screen for ACEs, treat the impacts of toxic stress and trauma, and help patients heal.
- » Bringing communities together in new and innovative ways to address one of the most harmful, persistent, and expensive health challenges facing our state and nation.
- » Leveraging academic and community resources to transform clinical practice through quality improvement, training, and technical assistance.

ACEs Aware Goals and Objectives



Raising Awareness

Train and expand awareness among Medi-Cal providers on ACE screening and response



Practice Change

Support implementation of ACE screening and response for Medi-Cal providers



Network of Care

Support development of a trauma-informed network of care

Reduce ACEs and toxic stress by half in one generation

ACE Training and Screening in California



- » The ACEs Aware initiative offers Medi-Cal providers training, screening tools, clinical protocols, and payment for screening children and adults for ACEs.
- » As of January 2020, eligible Medi-Cal providers can receive a \$29 reimbursement for each ACE screening of an eligible Medi-Cal beneficiary.

Training: Becoming ACEs Aware in California



Becoming ACEs Aware in California is a free, two-hour online training that educates clinicians and their teams on how to provide trauma-informed care, screen for ACEs and assess the risk of toxic stress, and use clinical protocols to develop a treatment plan to prevent and mitigate toxic stress.

Visit training.acesaware.org for more information.

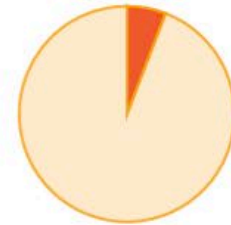
By the Numbers



Medi-Cal Claims for ACE Screenings

Medi-Cal clinicians
conducted
987,500
ACE screenings

Of the **793,000**
unique Medi-Cal
beneficiaries
screened for ACEs, **6%**
had ACE scores of **4 or more****



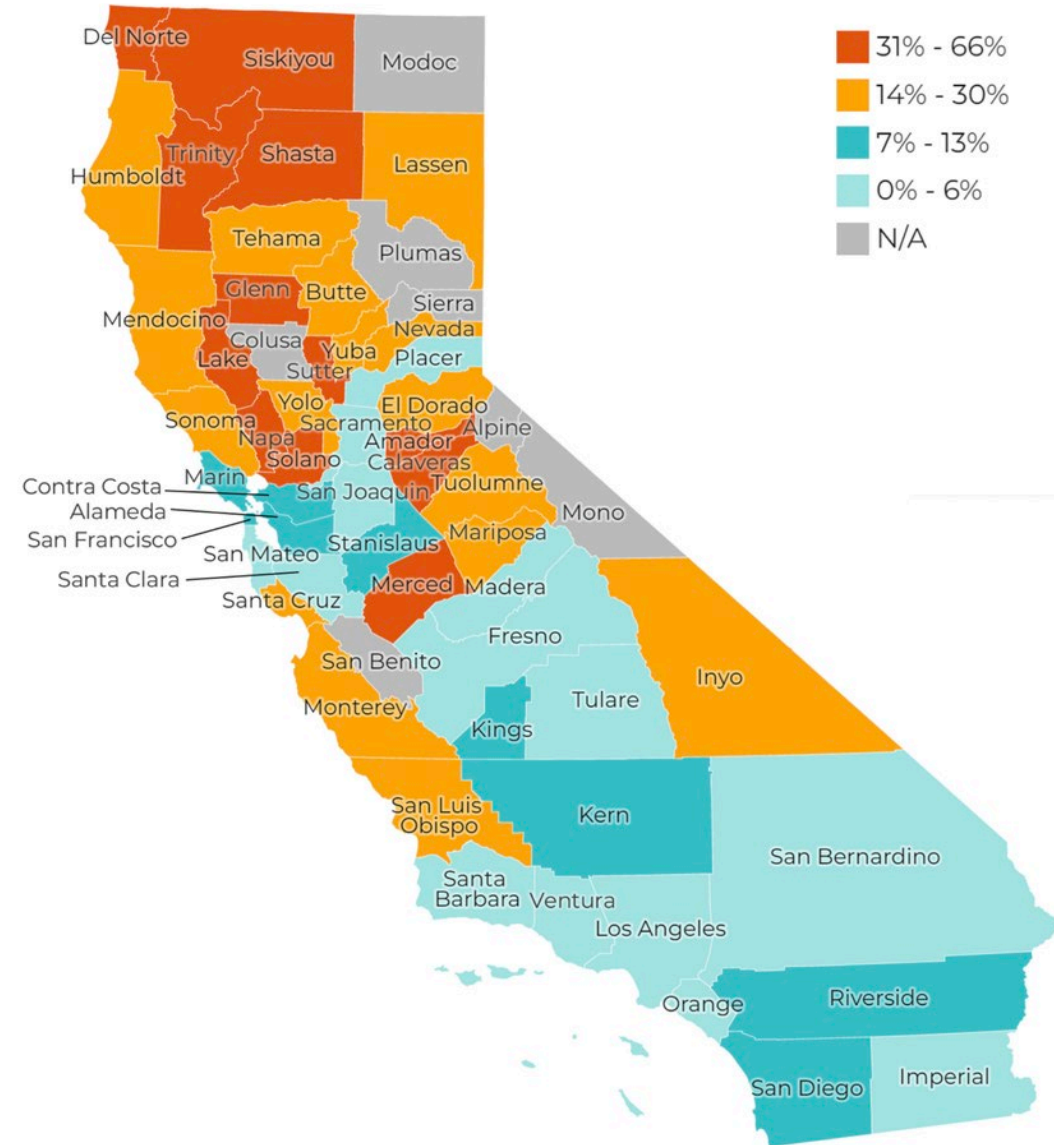
Data from: January 1, 2020, to September 30, 2021

By the Numbers



By the Numbers

Percentage of Patients Screened Who Disclosed an ACE Score of 4 or More, Based on Medi-Cal Claims Data, by County



Source: [July 2022](#) Data Report

UCAAN Leadership



Dr. Edward Machtinger
Co-Principal Investigator
UCSF Professor of Medicine



Dr. Shannon Thyne
Co-Principal Investigator
UCLA Chief of Pediatrics



Emily Williams
Chief Executive Officer

UCAAN: Advancing ACEs Aware



- » In October 2021, DHCS contracted with UCAAN to implement the ACEs Aware initiative, with oversight provided by DHCS and CA-OSG.
- » UCAAN is a multi-campus initiative that leverages the substantial interdisciplinary resources of the University of California, Los Angeles (UCLA) and the University of California, San Francisco (UCSF) campuses.

Four Values Inform UCAAN's Work



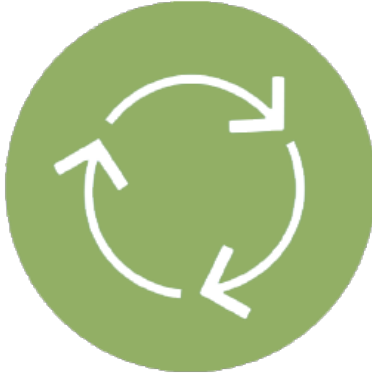
**WHOLE PERSON
& WHOLE FAMILY
WELLNESS**



**HEALTH
EQUITY**



**COMMUNITY
ENGAGEMENT**



**ALIGNMENT
OF SYSTEMS**

Academic Anchoring at the University of California



UCAAN develops, promotes, and sustains evidence-informed responses to prevent and help all patients heal from the impacts of trauma and toxic stress through investments in the following areas:

- » **Implementation Science:** Build upon the evidence base for ACE science and translate what we learn into clinical and community practices.
- » **Education and Training:** Transform clinical practice and build a sustainable evidence-informed workforce to advance health equity.
- » **Community Health:** Strengthen the capacity of health care teams in diverse clinical settings to collaborate with community partners to prevent and respond to trauma and toxic stress.

Academic Pilot Projects Overview

Goal

- » To advance clinical practice, education, and training in ACE screening, toxic stress treatment, and the prevention and treatment of ACE-Associated Health Conditions.

Campuses:

- » UCLA and UCSF

Priority Topics:

- » Examine ACE screening and toxic stress response interventions and outcomes of ACE-Associated Health Conditions or ACE-Associated Health Inequities.
- » Academically scale, refine, and disseminate tools, products, and workflows developed through prior work at ACEs Aware and the California ACEs Learning and Quality Improvement Collaborative (CALQIC).

ACEs Aware ACEs Aware Community Grants has distributed

More than \$45 million in grants has been distributed across California since 2020.

Grants to Support:

- » Provider Engagement
- » Provider Training
- » Communications
- » Network of Care Planning
- » Network of Care Implementation

Round 3 Grants to Support:

- » Partnership, Service, and Workforce Development (PRACTICE)

ACEs Aware Grants by the Numbers

83

Provider Engagement Grants
to share lessons learned and best practices tailored to practice settings, geographies, providers, and patient populations

31

Provider Training Grants
to educate Medi-Cal providers about incorporating ACE screening into their clinical practice

36

Communications Grants
to share information about training and increase initiative awareness

26

Network of Care Planning Grants
to execute trauma-informed networks of care in 23 counties

8

Network of Care Implementation Grants
to develop trauma-informed networks of care in eight counties

Preventing and Responding to ACE-Associated Health Conditions and Toxic Stress in Clinics through Community Engagement (PRACTICE) Goals

Partnerships

- » Strengthen partnerships to screen for ACEs in order to identify clinical risk for and respond to toxic stress.

Services Development

- » Develop sustainable, practical, community-informed, evidence-based services that target toxic stress physiology and ACE-Associated Health Conditions, and support the prevention of ACEs and toxic stress.

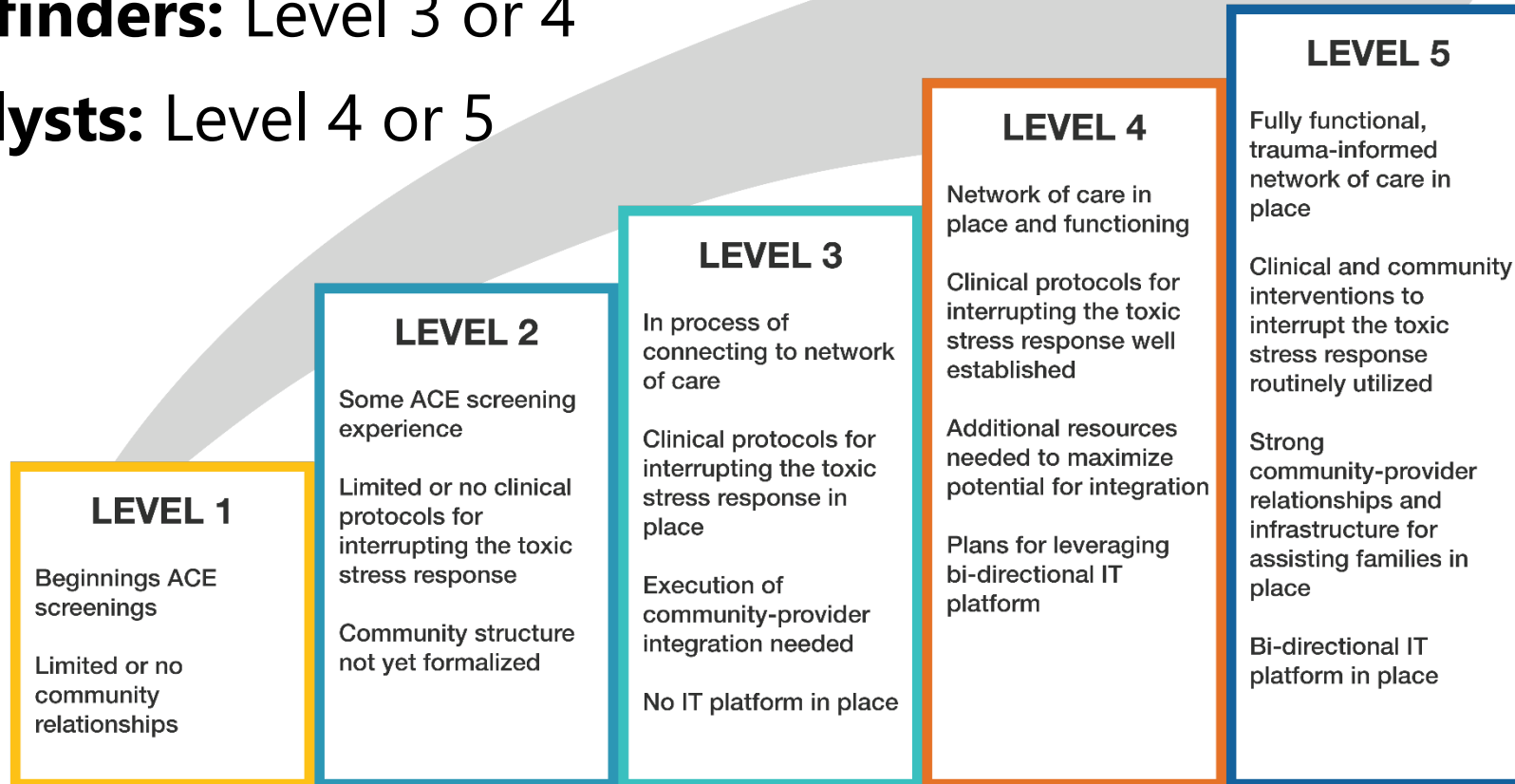
Workforce Development

- » Build a sustainable workforce to support ACE screening, toxic stress response, and prevention of ACEs, toxic stress, and ACE-Associated Health Conditions.

PRACTICE Cohorts

» **Pathfinders:** Level 3 or 4

» **Catalysts:** Level 4 or 5



Mitigating Toxic Stress: Trauma-Informed Networks of Care
Continuum of Integration

PRACTICE Cohorts

Pathfinders

- » ACE screening, incorporating trauma-informed practices into care and forming community partnerships.
- » Level 3 or 4 in the ACEs Aware Trauma-Informed Networks of Care Continuum of Integration.

Catalysts

- ACE screening, toxic stress response, and trauma-informed care practices integrated into operations.
- Existing strong collaboration and partnerships with CBOs that support service integration and linkages.
- Level 4 or 5 in the ACEs Aware Trauma-Informed Networks of Care Continuum of Integration.

Questions?

Break – 10 Minutes

Family First Prevention Services Act (FFPSA) Update: Roadmap to Comprehensive Prevention Planning

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For Today

- » Brief recap of California Family's First Prevention Services (FFPS) Program based on state and federal law.
- » Share California's vision and proposed implementation of FFPSA using a more comprehensive prevention planning approach.
- » Understand the importance of the state and federal investments for infrastructure, capacity building, and service delivery.
- » Supports to counties, webinars, training for implementation.
- » Understand potential connections.
- » Next steps – current status.

FFPSA Part 1 of 2018 - Recap

- » The FFPSA was passed and signed into law (P.L. 115-123) as part of the Bipartisan Budget Act on February 9, 2018.
- » New option for states and Tribes to claim Title IV-E entitlement funds for evidence-based prevention and trauma-informed services for children and youth who are deemed candidates (at imminent risk for entry into foster care).
- » Evidence-based interventions funded by Title IV-E must be selected from the Title IV-E Prevention Clearinghouse, fall within one of the following categories, and be included in California's Five-Year State Prevention Plan.
 - In-home parent skill-based programs
 - Mental health services, and
 - Substance abuse prevention and treatment services
- » The legislation is intended to reduce entries into care by funding prevention services and interventions to mitigate imminent-risk factors and maintain a child and youth's placement in-home.

California Assembly Bill (AB)153

- » The state Budget Act of 2021 included funding to support prevention planning or service activities consistent for Title IV-E prevention services established by Part 1 of FFPSA.
- » AB153:
 - » State investments will develop a Comprehensive Prevention Planning, which includes primary, secondary, and tertiary intervention strategies and services to support the ability for parents and families to provide safe, stable, and nurturing environments for their children. It requires a cross-sector collaborative approach to include Tribes and the voices of those disproportionately impacted by child and family welfare systems.

California's Vision For a Comprehensive Prevention Services Program (Child and Family Services Division)

- » To support families to provide safe, stable, nurturing relationships and environments for their children and youth.

How will California's vision be achieved?

- » By implementing a comprehensive continuum of services supported by a framework for prevention that includes **primary, secondary, and tertiary strategies**, grounded in principles of fairness and equity.
- » By expanding and strengthening primary prevention activities and early interventions to promote overall health and well-being of children, youth, families and communities.
- » Engaging communities to identify community-driven needs.
- » Requiring that service delivery is rooted in frameworks of equity.
- » Increase the capacity for true integration between systems, to build a child and family well-being system.
- » Providing holistic models of care, integrating a whole child, whole family, and whole community approach.

Utilizing a Lens of Diversity, Equity, and Inclusion

- » Prescribe that family experiences and perceptions are a key data source for driving program design.
- » Promote and support delivery of services beyond well-supported evidence-based practices (EBPs).
- » Create governance structures which support equity and cultural responsiveness.
- » Cultivate and maintain meaningful relationships with Tribes.
- » Address systemic barriers for families of color.
- » Adapt the Integrated Core Practice Model to reflect authentic engagement and partnership.
- » Create a community pathway to deliver prevention services further up stream.

California's FFPS Program

- » Leverages current prevention efforts to reach a broader audience and reach families sooner.
- » Built from a comprehensive plan that includes culturally appropriate and responsive services that are tailored to meet the needs of local families who are disproportionately represented in the child welfare system.
- » Rooted in a cross-sector collaborative approach.
- » Meets the federal requirements of FFPSA Part 1 and goes beyond to deliver services across the prevention continuum.
- » Access to a Community Pathway approach to service delivery for early community-based services.

FFPS aligns federal and state requirements

- » A competent, well-trained professional workforce: a trauma-informed workforce that engages with children and families to deliver voluntary FFPSA services.
- » Trauma-informed services: engagement that mitigates future trauma.
- » Continuous Quality Improvement: monitoring the effectiveness of services and re-assessing to select strategies to improve services and measurable outcomes.
- » Candidates who are at imminent risk of foster care and their families are eligible; pregnant and parenting youth.
- » Access to Title IV-E Services delivered in compliance with the Indian Child Welfare Act.

FFPS aligns federal and state requirements (Continued)

- » Access to ten Well-Supported EBP included in state's Five-Year Prevention Plan.
- » Opportunity to include other primary, secondary, and tertiary programs and those services that are culturally responsive to meet local community needs.
- » Model fidelity monitoring of the EBP(s) as rated in the Title IV-E Prevention Services Clearinghouse.
- » Documentation and Data Reporting:
 - » Candidacy determination, prevention plans, required child-level data, services, and program outcomes.
- » Title IV-E as Payer of Last Resort

Local Coordination of Behavioral Health and Child Welfare

- » Comprehensive Prevention Planning requires early engagement in cross-sector planning and collaboration. Engagement of county MHPs in the FFPS Program opt-in decision process is essential for cross-sector planning and collaboration.
- » Agencies must pay special attention to the role of the Mental Health Plan (MHP) specifically as it relates to care coordination for Medi-Cal eligible beneficiaries when a behavioral health service is indicated.
- » Consultation with the MHP is required before the FFPS LOI and the local CPP is submitted.
- » The MHP's input regarding the Title IV-E agency's selection of EBPs for the FFPS Program is necessary when the EBPs include services that are administered by the local behavioral health agency

Local Coordination of Behavioral Health and Child Welfare (Continued)

- » Counties or tribes with IV-E agreements that elect to provide FFPS Program prevention services must establish a joint written protocol based on the CDSS and DHCS model joint written protocol pursuant to WIC §16588(f)(2).
- » The protocol will be used to determine which system program is responsible for payment, in part or whole, for a prevention service provided on behalf of an eligible child.
- » Child welfare agency, probation department, behavioral health agency, and other appropriate entities must use the protocol to determine and coordinate who will be responsible to pay for the prevention services.

Potential Prevention Cross Systems - Connections

- » DHCS CalAIM – mental health services to be provided to children found to be at imminent risk of Child Welfare involvement, Enhanced Care Management
- » Public Health Initiatives – (The Essentials Initiative) Addressing the Social Determinants of Health
- » Medical Homes – Whole family – Whole Child Approaches
- » Mental Health Services Act – Early Intervention and Prevention and Innovation Approaches
- » Regional Centers – Home and Community-Based Waivers Services for foster youth with complex needs

Current Status

- » CA 5 Year Prevention Plan:
 - » ACF submission – End of September 2022
- » 49 Counties have opted in
- » Past and Upcoming Supports:
 - » Reimagining Child Welfare Series through Equity Lens Series
 - » Training and Technical Assistance
 - » Learning Series led by Casey Family Programs
 - » Finalizing Toolkit , Web Page, Implementation Guide
 - » Prevention Funding Guide
 - » Payor of last resort' Joint Protocol Workgroup (8 weeks beginning 9/7)

Q&A

Contact Information

- » <https://www.cdss.ca.gov/inforesources/ffpsa>
- » Contact for FFPSA Prevention Services (Part I)
questions: ffpsapreventionservices@dss.ca.gov
- » <https://www.caltrin.org/>
- » <https://strategiesca.org/>

Child Health and Disability Prevention (CHDP) Program Sunset

Purpose and Timeline

- » DHCS will sunset the CHDP Program effective July 1, 2024.
- » The CHDP sunset preserves:
 - » Presumptive eligibility enrollment activities currently offered through the CHDP Gateway.
 - » Activities under the CHDP-Childhood Lead Poisoning Prevention Program (CLPP).
 - » The Health Care Program for Children in Foster Care (HCPCFC).
- » DHCS will launch the Children's Presumptive Eligibility Program to replace the CHDP Gateway. It will increase the number of children presumptive eligibility providers to include all Medi-Cal providers.
- » By 2023, the majority of children and youth under age 21 will be enrolled in a Medi-Cal managed care plan (MCP), through which they will receive all medically necessary services.
- » Sunsetting the CHDP Program aligns with the Department's goal under CalAIM to reduce administrative complexities. It will also enhance coordination of care and increase standardization of care across Medi-Cal by consolidating care responsibilities for children/youth under the care of Medi-Cal MCPs.

Senate Bill (SB) 184

- » SB 184 authorized DHCS to sunset the CHDP Program, effective July 1, 2024.
- » DHCS will engage in a robust stakeholder engagement process.
- » The first stakeholder engagement meeting will be held virtually on September 22, 2022, from 10 a.m. to 11 a.m.

Stakeholder Engagement Process

- » The stakeholder engagement process includes representatives of:
 - » California Department of Social Services
 - » California Department of Public Health
 - » County Health Executives Association of California
 - » County Welfare Directors Association of California
 - » California Dental Association
 - » American Academy of Pediatrics California
 - » Service Employees International Union
 - » Medi-Cal MCPs and Local Health Plans
 - » MCP Associations
 - » Children's Advocates

September Stakeholder Engagement Meeting

- » CHDP Transition Overview
- » Meeting Frequency
- » Transition Planning
- » Public Comment

Questions?

Member Updates and Follow Up

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Public Comment

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Upcoming Meeting and Next Steps

