Medi-Cal Children's Health Advisory Panel (MCHAP) member vote breakdown

At the November 1, 2017 MCHAP meeting, panel members were asked to discuss potential topics to explore at MCHAP meetings beginning in 2018. The MCHAP members then selected their top priorities from among topics discussed at the meeting. Members were asked to select up to five topics; the results are listed below:

	Topic	Number of votes
A	Baseline Standard for Comprehensive Care	2
B	School-Based Health Care	5
C	Adolescent Health Care	3
D	Single-Payer/Other Coverage Options	0
E	Addressing Social Determinants of Health Care	4
F	Extending/Transition Care Under SB 75 to Young Adults	3
G	Continuing Discussions into Challenging Areas	2
H	Maintaining Coverage if Funding is Reduced	5
I	Access to Humanistic Models of Care	0
J	Preventing Unintended Pregnancies/Family Planning	2
K	Initial Dental Outcomes and Trends from DTI/Prop. 56	3
L	Perinatal and Infant Oral Health	2
M	Utilization Management	3
N	Opioid Crisis and Children	2
O	Maternal Mortality	0
P	SUD/Behavioral Health Workforce Development	3
Q	Integrated Care Models – Existing and Innovative	4
R	Pediatric-to-Adult Transition Navigation	3
S	Parent/Guardian/Family Communication w/ Providers/DHCS	9
T	Provide Input Sought By DHCS on Specific Issues	5
U	Treatment Authorization Requests – Pharmacy	2
V	Barriers to Information Sharing	2
W	Develop Principles for Whole Person Care	5

Public comment originally submitted as email to the Medi-Cal Children's Health Advisory Panel (MCHAP) mailbox

We support the policy objective of keeping young adults on SB75 coverage after they reach age 19. As a first step toward that goal, and the goal of retaining children in coverage, we encourage the Department to track and report on disenrollment from SB75 coverage. Thank you

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Public comments from the November 1, 2017 MCHAP meeting regarding topics for 2018 discussion

Kristen Golden Testa, The Children's Partnership: We are focusing on some of the topics like the SB 75 eligibility through age 26 and social determinants of health. However, I want to add immigration as a social determinant to health. We should focus on breaking down the barriers in oral and dental health. We would appreciate the Panel's support in a comprehensive examination of Medi-Cal children's access in managed care. We see the data on an aggregate level but not a drill-down on kids specifically beyond the Dashboard. What we've seen so far is the Medi-Cal population overall in managed care, but not a breakdown for just children, and specifically looking at children's access in managed care.

Kelly Hardy, Children Now: In addition to what Kristen Golden Testa mentioned, I just wanted to add the family engagement piece. I would add "customer service" to topic S, "Parent/Guardian/Family Communication with providers and DHCS." We need to make sure that what's being sent to families is understandable, and creating a dialogue about how to best serve children and families in a customer service way helps retain the families. If the families are enrolled and are retained in care, then there could be more attention to utilization. Include the dialogue around customer service to make sure that families feel engaged and important. I also wanted to second the comment on the deep-dive issues. At times, these discussions can lead the Panel off course. I agree with Director Kent's comment about needing practical input from the Panel. I really like that idea of DHCS bringing their problems for the MCHAP to solve. That would be very useful.

Dharia McGrew, California Dental Association: There's big opportunity for this Panel to make concrete suggestions on applicable items to advise the Department. I would urge the Panel to focus on items that aren't necessarily a "deep-dive" into a topic of minutiae, but to ask questions where the Panel can provide policy guidance to the Department, whether it's the dental suggestions from Dr. Reggiardo, or the other suggestions on the list -- topics that are actionable by the Department.