AGENDA
WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE

DATE: Thursday, December 17, 2020
TIME: Noon – 12:10 p.m.: Call to Order
12:10 – 1:00 p.m.: Meeting of the Committee
PLACE: Pursuant to Governor Newsom's Executive Order N-29-20 to minimize the spread of COVID-19, this will be a teleconference meeting and we will not be offering physical location.

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Meeting Participant:
• Limit the background noise (i.e. shuffling of paper, cell phone calls, etc.)
• Mute your phone when you are not speaking to eliminate background noise.
• If joining after the meeting has started, wait for the conference leader to ask who joined.
• When speaking, please state your name and your organization, followed by your comment and or question.

************************************************************************************************************

1. Call to Order by Chairperson Bishop. 12:00 p.m.
   A. Roll call.
   B. Supplements and deletions to the agenda.
2. **Oral Communications. 12:10 p.m.**
   
   A. Members of the public may address the Committee on items not listed on today’s agenda that are within the jurisdiction of the Committee. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.

   B. If any member of the public wishes to address the Committee on any item that is listed on today’s agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

**Consent Agenda Items:** 12:15 p.m.

3. **Approve WCMCAC meeting minutes of September 17, 2020.**
   
   A. Reference materials: Minutes as above.

   B. Grievance Update S. Sanders

**Regular Agenda Items:** 12:20 p.m.

4. **Old Business**
   
   A. COVID-19 Update D. Bishop, MD

**New Business**

   A. Title V, CCS evaluation, CCS eligibility D. Diallo, MD, M. Stott, RN, J. Mockus RN

5. **Open Discussion**

   A. Committee may discuss any urgent items. All

6. **Adjourn: 12:50 pm**

   The next Whole Child Model Clinical Advisory Committee meeting will take place on Thursday, March 18, 2021 from 12:00 – 1:00 p.m.

   Locations: Via GoToMeeting

   Members of the public interested in attending should call the Alliance at (831) 430-5556 to verify meeting dates and locations prior to the meetings.
Whole Child Model Clinical Advisory Committee

Meeting Minutes
Thursday, September 17, 2020
12:00 p.m. 1:00 p.m.

In Santa Cruz County:
Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:
Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:
Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

Committee Members Present:
Liz Falade, MD Provider Representative
Robert Dimand, MD Provider Representative
Gary Gray, DO Board Representative
John Mark, MD Provider Representative
Patrick Clyne, MD Provider Representative

Committee Members Absent:
Jennie Jet, MD Provider Representative
Amanda Jackson, MD Provider Representative
Karen Dahl, MD Provider Representative
Salem Magarian, MD Provider Representative

Staff Present:
Dale Bishop, MD Chief Medical Officer
Maya Heinert, MD Medical Director
Dianna Diallo, MD Medical Director
Lila Chagolla Regional Operations Director
Mary Brusuelas, RN UM & Complex Case Management Director
Michelle Stott, RN Quality Improvement & Population Health Director
Sarah Sanders Grievance and Quality Manager
Tammy Brass, RN UM Manager - Prior Authorizations
Angelique Milhouse Provider Relations Liaison
Tracy Neves Clerk of the Committee

Hospital Representatives Present:
Sherrie Sager Hospital Representative

1. Call to Order by Chairperson Bishop.

Chairperson Dr. Dale Bishop called the meeting to order at 12:05 p.m.
Roll call was taken.
2. **Oral Communications.**

Chairperson Dr. Dale Bishop opened the floor for any members of the public to address the Committee on items not listed on the agenda.

No members of the public addressed the Committee.

3. **Consent Agenda Items.**

   A. **Approval of WCMCAC Minutes**
      Minutes from the June 18, 2020 meeting were reviewed.

   B. **Grievance Update**
      Grievance presentation reviewed.

   **M/S/A Consent agenda items approved.**

4. **Old Business**

   A. **COVID-19**
      Dr. Bishop noted ongoing COVID provisions are continually changing and the Alliance is still adjusting. Dr. Bishop asked the Committee how they are doing and how the telehealth visits are progressing. Stanford provider noted they are conducting telehealth visits with some in-person visits. There are more telehealth visits as families are reluctant to come in for office visits and due to distance from the office. Many of the telehealth visits are from the Monterey and Salinas areas. Providers noted about 40% of their visits are telehealth. Telehealth is making a big difference for families and saving families from repeat visits.

      Another provider noted the majority of his visits are being provided in-office and his office is conducting COVID testing. Patients with fevers are being scheduled for appointments in the afternoon.

      It was noted, there are technology issues with families in Monterey. Some families are having difficulty with Wi-Fi or computer technology and, therefore, will come into the office. Provider noted they are working on education and providing access to broadband, notebooks, iPads, and Wi-Fi access. It was also noted the assistance provided with transportation has helped families with in-person visits.

      Dr. Bishop noted the county public health office has given direction on testing and calls are happening weekly; this may be helpful for providers. The county will answer questions and emails. Provider noted they are utilizing zoom through My Chart; their office is mostly using zoom and a staff member calls beforehand and follows-up with the member. Only half of telehealth meetings were working initially and now about 95% are successful.

5. **New Business**

   A. **CCS Eligibility & Case Management Program**
Dr. Bishop noted the Alliance is working to improve identification of CCS eligibility. Tammy Brass, RN, noted her team has been working on identifying CCS eligibility and improving the Case Management program. The team is working to increase referral numbers across all counties and is proactively reaching out to members due to COVID, resuming care, and the wildfires. The outreach and telehealth have had positive results and made things easier and removed barriers for members. The Alliance has received positive feedback from its members. The team continues to work on reporting improvements to capture members early and increase referrals. Work is also being conducted with providers and outside facilities.

Dr. Dianna Diallo introduced herself to Committee members and noted the Alliance team is establishing monthly meetings with the counties to increase referrals, and identify gaps to better support our most fragile members. The Joint Operational Committee (JOC) meetings continue with promotion of referrals to CCS within the WCM. Tammy is working on resources for education, and work is being done in conjunction with Provider Services in obtaining additional paneled providers.

It was discussed that identification of all eligible members is important to ensure that members receive care from special care centers when appropriate. Bishop noted in some cases the county may not have all the information it needs to determine eligibility and the Alliance is working on gaps in communication with the Counties. The Alliance will share progress and data on referrals and eligibility in future WCMCAC meetings.

B. Wildfire Outreach
Dr. Maya Heinert introduced herself to Committee members. Dr. Heinert noted wildfire outreach to members began in August, and CCS families were an integral part of the Alliance’s outreach efforts. The following Health Services data was shared with the Committee regarding all recent outreach efforts:

<table>
<thead>
<tr>
<th>Outreach Campaign Name</th>
<th>Start Date</th>
<th>End Date</th>
<th>Member Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>COVID-19</td>
<td>4/1/2020</td>
<td>On-going</td>
<td>8,866</td>
</tr>
<tr>
<td>COVID-19 Resuming Care</td>
<td>7/1/2020</td>
<td>On-going</td>
<td>3,659</td>
</tr>
<tr>
<td>Wildfires: SC &amp; Monterey Counties Tier 1-2</td>
<td>8/20/2020</td>
<td>On-going</td>
<td>508</td>
</tr>
<tr>
<td>Air Quality Hazards: Merced County Tier 3</td>
<td>8/28/2020</td>
<td>On-going</td>
<td>Total 13,132</td>
</tr>
</tbody>
</table>

Targeted outreach was conducted based on risk and to all CCS members particularly children with respiratory conditions. Some of the criteria for targeted outreach included: vulnerable age bands: > 65 years, 0-3 years, chronic diseases, respiratory conditions, cardiovascular conditions, evacuation warning or order, rural or isolated members, no care received within last 6 months, pregnant or post-partum and polypharmacy or denied pharmacy claims.
Many resources were offered to members including emergency information, assistance for prescription medications, mental health hotline, including abusive situation and suicide hotlines, community resources, basic information/education, housing alternatives, case management connection, public health assistance, testing locations, and closed provider alternatives. Much assistance was needed with prescription medications; pharmacies were unaware they could prescribe prescriptions for 5 days in emergency situations.

Tammy noted initial outreach calls began with families that had been evacuated due to the wildfires. Many families needed assistance with housing, one family of five was living in a car for several days and their child was on insulin, the Alliance was able to assist the family with hotel housing and medication.

Another family was going to be displaced due to shelter overcrowding and COVID exposure, and another family had a child with leukemia and that was preparing to evacuate. The care team was able to assist the families with needed resources and continuity of care. Most recently in Merced county, the care team was assisting members in areas with poor air quality, high risks members were identified which included CCS members. A younger member had a lung transplant and the Alliance was able to connect the member with resources. The member outreach was well received. Alliance employees were also affected by the wildfires but remained committed to assisting members. Mary Brusuelas, RN, noted case management has increased with the addition of the pediatric team and relationships were already established with members which made a big difference. WCMCAC members noted they appreciated the Alliance’s outreach to CCS families.

6. Open Discussion
Chairperson Bishop opened the floor for Committee to have open discussion.

No further discussion.

The meeting adjourned at 1:00 p.m.

Respectfully submitted,

Ms. Tracy Neves
Clerk of the Advisory Committee

The Whole Child Model Clinical Advisory Committee is a public meeting.
Whole Child Model Model Grievances

Whole Child Model, Clinical Advisory Committee; WCMCAC

Prepared by: Sarah Sanders, Grievance Manager

12/17/2020
Q3 WCM GRIEVANCES by LOCATION

[Charts showing grievances by member location and by quarter for quarters 2019Q3, 2019Q4, 2020Q1, 2020Q2, and 2020Q3.]

- **2019Q3**: Santa Cruz (5, 14%), Monterey (15, 43%), Merced (15, 43%)
- **2019Q4**: Santa Cruz (2, 9%), Monterey (11, 48%), Merced (10, 43%)
- **2020Q1**: Santa Cruz (1, 5%), Monterey (8, 40%), Merced (11, 55%)
- **2020Q2**: Santa Cruz (3, 14%), Monterey (12, 55%), Merced (7, 32%)
- **2020Q3**: Santa Cruz (4, 15%), Monterey (9, 35%), Merced (13, 50%)
WCM Q3 GRIEVANCES by TYPE
REVIEW and TRENDS:

1. WCM Grievances closely monitored and trended by the Staff Grievance Review Committee (SGRC)

2. WCM Grievances **STABLE**

3. Recurring themes include:
   - Genetic Testing
   - Provider Billing
   - Transportation
**WCM GRIEVANCE CASE REVIEW**

**WCM Case Review #1**
- Parent notified of provider bill from May 2016
- Provider billing error as neither CCS nor CCAH were billed correctly
- Provider escalated concern to remove account from patient responsibility and requested adjustment

**WCM Case Review #2**
- Parent upset due to multiple appointment reschedules
- PS Outreach to clinic and informed of two-fold reasoning; due to delayed NICU scheduling rotations and provider illness
- Offered telehealth alternative and clinic confirmed member was seen during open grievance timeframe

**WCM Case Review #3**
**NMT**
- Parent felt driver drove too fast and difficulty communicating due to language barrier
- Vendor provided feedback to driver and updated member profile with language preference to limit future communication barriers
WCM GRIEVANCE Next Steps

- Monitor Emerging issues
- Aim to intervene quickly to prevent adverse events
- Proactively connect during COVID-19 and environmental impact (wildfire/evacuation/power outages) to support WCM Members
Questions?
TOPICS

• Referrals and Eligibility
• Progress made from 2019
• Title V Needs Assessment
• Next Steps
Referrals and Enrollment are Down across the State:

• Decrease referrals identified by DHCS, CCS AG and Counties.
• Totals are down when compared to County run programs.
• Root cause analysis done by QI department
Problem

- Decrease in referrals and caseloads were noted by DHCS, CCS Advisory Group, and Counties as noted below. This occurred following the CCS transition in July 1, 2018, particularly for Santa Cruz and Monterey counties.
California Children's Services (CCS): Members by County, Month and Year, 2018-2020 YTD

- Monterey
- Merced
- Santa Cruz
Referral Background: Prior to WCM:

- Counties received referrals from PCPs, subspecialists, hospitals and CCAH.
- Counties opened CCS cases for 3 month diagnosis period.
- Duplications from referral sources.
Referrals after WCM

• Providers may not be aware they still need to refer to CCS.
• Minimal duplicate referrals.
• Inconsistencies around opening for diagnostic work-ups and delineation of responsibilities on referral processes
• Decreased trauma/NICU referrals, per Tri-County Quarterly Meeting.
Timeline

Annotated timeline of events:

- **Jun. 2018:** Provider Fax blast (referral)
- **7/1/18:** Go-live, referral change for provider
- **Oct 2018:** DHCS FAQ (provider referral)
- **Nov 2018:** Provider Fax blast (referral)
- **1/1/19:** DHCS clarifies that CCAH refers HRIF for NICU to the County, 7/1/19 DHCS FAQ: MCP responsible for determining HRIF
Methods in place to Increase Referrals:

• Education of providers to resume CCS referrals through JOCs – clinic and hospital (including ED).
• “Quick” reference guide for diagnoses.
• Provider outreach to panel targeted providers.
• Monthly meetings with counties to facilitate the referral and enrollment processes.
• Claims data, Authorization and Pharmacy report reviews to capture diagnoses.
## Alliance Data CCS Referral Count:

Reflects all Alliance direct CCS referrals to the counties

<table>
<thead>
<tr>
<th>County</th>
<th>17/18 referrals (no Alliance data for 7/17, 8/17)</th>
<th>18/19 referrals</th>
<th>19/20 referrals</th>
<th>% change in Alliance CCS referrals to the County</th>
</tr>
</thead>
<tbody>
<tr>
<td>SC</td>
<td>159</td>
<td>240</td>
<td>345</td>
<td>44% increase</td>
</tr>
<tr>
<td>Monterey</td>
<td>737</td>
<td>662</td>
<td>794</td>
<td>20% increase</td>
</tr>
<tr>
<td>Merced</td>
<td>242</td>
<td>389</td>
<td>592</td>
<td>52% increase</td>
</tr>
<tr>
<td>Average: Referrals All Counties</td>
<td>1137</td>
<td>1323</td>
<td>1752</td>
<td>32% increase</td>
</tr>
</tbody>
</table>
Identifying the gaps:

• Outreach to counties in-process. Working on monthly meetings – challenges during this time of Covid.

• Evaluating referral process and our role in supporting those referrals – delineation of roles and responsibilities.
Improvements made from 2019:

- Risk Stratification and ICP process improvement
- Age Out – transitions plans
- Eligibility – progress made, but still work in progress
Title V 2018-2020 Needs Assessment of CCS

UCSF family health outcomes project released the findings of the Title V needs assessment in March of 2020
### Title V Needs Assessment – Demographics:

<table>
<thead>
<tr>
<th>DEMOGRAPHICS</th>
<th>CCAH</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic</td>
<td>78%</td>
<td>56%</td>
</tr>
<tr>
<td>Income Under $35,000</td>
<td>64%</td>
<td>59%</td>
</tr>
<tr>
<td>Income Under $50,000</td>
<td>87%</td>
<td>79%</td>
</tr>
<tr>
<td>Education Completed:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>High School / GED</td>
<td>21%</td>
<td>30%</td>
</tr>
<tr>
<td>Middle School</td>
<td>29%</td>
<td>20%</td>
</tr>
<tr>
<td>Medical Complexity:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8+ Medical Conditions</td>
<td>20%</td>
<td>12%</td>
</tr>
<tr>
<td>7+ Services Needed in Last 12 Months</td>
<td>35%</td>
<td>18%</td>
</tr>
<tr>
<td>5+ Different Specialist in Last 12 Months</td>
<td>10%</td>
<td>9%</td>
</tr>
<tr>
<td>Hospitalization</td>
<td>17%</td>
<td>8%</td>
</tr>
<tr>
<td>Specialty Care</td>
<td>17%</td>
<td>9%</td>
</tr>
</tbody>
</table>
Key Findings from Title V Needs Assessment:

<table>
<thead>
<tr>
<th>ASSESSMENT TOPIC</th>
<th>CCAH</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interpretation Always Needed</td>
<td>57%</td>
<td>49.5%</td>
</tr>
<tr>
<td>Interpretation Always Available</td>
<td>90%</td>
<td>70%</td>
</tr>
<tr>
<td>Access:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Plan Helps Find an Adult Provider</td>
<td>39%</td>
<td>15%</td>
</tr>
<tr>
<td>Able to See Specialist Timely – Always</td>
<td>51%</td>
<td>51%</td>
</tr>
<tr>
<td>Able to See Specialist Timely – Usually</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Do Not Know How to Access Care When Ill</td>
<td>26%</td>
<td>19%</td>
</tr>
<tr>
<td>Delay in Seeing Specialist</td>
<td>27%</td>
<td>20%</td>
</tr>
</tbody>
</table>
### Key Findings from Title V Needs Assessment:

<table>
<thead>
<tr>
<th>ASSESSMENT TOPIC</th>
<th>CCAH</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perception of Services Not Covered:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medication</td>
<td>29%</td>
<td>26%</td>
</tr>
<tr>
<td>DME</td>
<td>17%</td>
<td>21%</td>
</tr>
<tr>
<td>Home Health</td>
<td>13%</td>
<td>4%</td>
</tr>
<tr>
<td>Case Management:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do not know if Case Management is available</td>
<td>21%</td>
<td>23%</td>
</tr>
<tr>
<td>Reported CM comes from County CCS</td>
<td>53%</td>
<td>75%</td>
</tr>
<tr>
<td>Reported CM comes from CCAH</td>
<td>59%</td>
<td>36%</td>
</tr>
<tr>
<td>Could have used help coordinating care</td>
<td>24%</td>
<td>16%</td>
</tr>
<tr>
<td>Were satisfied with help received</td>
<td>54%</td>
<td>33%</td>
</tr>
</tbody>
</table>
Key Findings from Title V Needs Assessment:

<table>
<thead>
<tr>
<th>ASSESSMENT TOPIC</th>
<th>CCAH</th>
<th>STATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family Effort:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20+ hours per week family coordinating care</td>
<td>33%</td>
<td>14%</td>
</tr>
<tr>
<td>20-30 hours per week family provides care for medical condition</td>
<td>20%</td>
<td>7%</td>
</tr>
<tr>
<td>70+ hours per week family provides care for medical condition</td>
<td>14%</td>
<td>19%</td>
</tr>
<tr>
<td>Family needs to decrease work hours or leave job because of child’s health</td>
<td>72%</td>
<td>53%</td>
</tr>
<tr>
<td>Health care provider helps link with support:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>43%</td>
<td>36%</td>
</tr>
<tr>
<td>No</td>
<td>27%</td>
<td>33%</td>
</tr>
<tr>
<td>Not Sure</td>
<td>31%</td>
<td>32%</td>
</tr>
<tr>
<td>Type of social/emotional support would help:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online or Tele-Support Group</td>
<td>20%</td>
<td>19%</td>
</tr>
<tr>
<td>In Person Support Group</td>
<td>40%</td>
<td>23%</td>
</tr>
<tr>
<td>Parent Mentor or Partner</td>
<td>22%</td>
<td>11%</td>
</tr>
</tbody>
</table>
Key Takeaways from the Title V Needs assessment:

Need for improved communication and education around resources

• Enhanced orientation/welcome written information
• WCM page on website as resource
• Workshops targeting larger topics
Next Steps:

• Continue focus on increasing paneled providers and provider education on CCS referral process
• Continue to work with DHCS and counties to identify the gaps and work to close those gaps.
• Target identified responses to the needs assessment
WCMCAC Recommendations:

• Suggestions to increase referrals to CCS program?
• Does your team need training or a refresher on how to make referrals?
• Are there areas, based upon information shared with you from families, that the Alliance or other community resources should improve upon?
• What are the top (3) areas that we should focus on?
Questions?
Happy Thursday!
WHOLE CHILD MODEL CLINICAL ADVISORY COMMITTEE
MEETING CALENDAR FOR 2021

Thursday, March 18       12:00 PM to 1:00 PM
Thursday, June 17        12:00 PM to 1:00 PM
Thursday, September 16   12:00 PM to 1:00 PM
Thursday, December 16    12:00 PM to 1:00 PM

All meetings will be held via GoToMeeting