



**NOTICE OF A
REGULAR JOINT MEETING OF THE
CALOPTIMA HEALTH BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE AND
PROVIDER ADVISORY COMMITTEE**

THURSDAY, FEBRUARY 8, 2024

12:00 P.M.

**CALOPTIMA HEALTH
505 CITY PARKWAY WEST, SUITE 109
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda. To speak on an item, complete a Public Comment Request Form(s) identifying the item(s) and submit to the Clerk. To speak on a matter not appearing on the agenda, but within the subject matter jurisdiction of the Board of Directors' Member Advisory and Provider Advisory Committees, you may do so during Public Comments. Public Comment Request Forms must be submitted prior to the beginning of the Approval of the Minutes portion of the agenda and/or the beginning of Public Comments. When addressing the Committee, it is requested that you state your name for the record. Address the Committee as a whole through the Chair. Comments to individual Committee Members or staff are not permitted. Speakers are limited to three (3) minutes per item.

In compliance with the Americans with Disabilities Act, those requiring accommodations for this meeting should notify the Clerk of the Board's Office at (714) 246-8806, at least 72 hours prior to the meeting.

The Board of Directors' Regular Member Advisory and Provider Advisory Committees joint meeting agenda and supporting materials are available for review at CalOptima Health, 505 City Parkway West, Orange, CA 92868, 8 a.m. – 5:00 p.m., Monday-Friday, and online at www.caloptima.org.

Register to Participate via Zoom at:
https://us06web.zoom.us/webinar/register/WN_pjd4izsmSRKz6jrm8ikfiw **and Join the Meeting.**

Webinar ID: 817 6720 8512

Passcode: 701004 – Webinar instructions are provided below.

1. **CALL TO ORDER**

Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **MINUTES**

A. [Approve Minutes from the December 14, 2023 Joint Meeting of the Member and Provider Advisory Committees](#)

4. **PUBLIC COMMENT**

At this time, members of the public may address the Member and Provider Advisory Committees on matters not appearing on the agenda, but within the subject matter jurisdiction of the Member or Provider Advisory Committees. Speakers will be limited to three (3) minutes.

5. **REPORTS**

- A. Consider Recommendation of Medi-Cal Beneficiaries or Authorized Family Member Representative for the Member Advisory Committee
- B. Consider Recommendation of Member Advisory Committee Vice Chair

6. **INFORMATIONAL ITEMS**

- A. [Orange County Health Care Agency's CARE Act](#)
- B. [Brown Act Review](#)
- C. [School Based Behavioral Health Update](#)

7. **CEO and Management Reports**

- A. [Chief Executive Officer Update](#)
- B. [Chief Operating Officer Update](#)
- C. [Chief Medical Officer Update](#)

8. **COMMITTEE MEMBER UPDATES AND COMMENTS**

9. **ADJOURNMENT**

Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on Thursday, February 8, 2024 at 12:00 p.m. (PST)

To **Register** in advance for this webinar:

https://us06web.zoom.us/webinar/register/WN_pjd4izsmSRKz6jrm8ikfiw

Join from a PC, Mac, iPad, iPhone or Android device

On day of meeting, please click this URL to join:

<https://us06web.zoom.us/j/81767208512?pwd=7c825scfuv4uuMz5slY9qIa5FGi3u3.1>

Passcode: **701004**

Or One tap mobile:

+16694449171,,81767208512#,,, *701004# US

+17193594580,,81767208512#,,, *701004# US

Or join by phone:

Dial(for higher quality, dial a number based on your current location):

US: +1 669 444 9171 or +1 719 359 4580 or +1 720 707 2699 or +1 253 205 0468 or +1 253 215 8782 or +1 346 248 7799 or +1 301 715 8592 or +1 305 224 1968 or +1 309 205 3325 or +1 312 626 6799 or +1 360 209 5623 or +1 386 347 5053 or +1 507 473 4847 or +1 564 217 2000 or +1 646 558 8656 or +1 646 931 3860 or +1 689 278 1000

Webinar ID: **817 6720 8512**

Passcode: **701004**

MINUTES

REGULAR JOINT MEETING OF THE CALOPTIMA HEALTH BOARD OF DIRECTORS' MEMBER ADVISORY COMMITTEE, AND PROVIDER ADVISORY COMMITTEE

December 14, 2023

A Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory Committee (MAC) and the Provider Advisory Committee (PAC) was held on Thursday, December 14, 2023 at the CalOptima offices located at 505 City Parkway West, Orange, California.

CALL TO ORDER

PAC Chair Jena Jensen called the meeting to order at 12:09 p.m. and MAC Chair Maura Byron led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Maura Byron, Chair; Linda Adair; Keiko Gamez; Connie Gonzalez; Hai Hoang; Sara Lee; Lee Lombardo; Nicole Mastin; Iliana Soto-Welty; Alyssa Vandenberg

Members Absent: Meredith Chillemi; Josefina Diaz; Sandy Finestone; Christine Tolbert, Vice Chair;

Provider Advisory Committee

Members Present: Jena Jensen, Chair; Junie Lazo-Pearson, Ph.D., Vice Chair; Alpeh Amin, M.D. (12:20 pm); Tina Bloomer, WHNP; Jennie Choi, L.Ac; Gio Corzo; Andrew Inglis, M.D.; John Nishimoto, O.D.; Jacob Sweidan, M.D.

Members Absent: Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D; Alex Rossel; Christy Ward

Others Present: Michael Hunn, Chief Executive Officer, Yunkyung Kim, Chief Operating Officer; Richard Pitts, D.O., Ph.D, Chief Medical Officer; Michael Gomez, Executive Director, Network Operations; Ladan Khamseh, Executive Director, Operations; Javier Sanchez, Executive Director, Medicare; Troy Szabo, Outside Legal Counsel; Sharon Dwiers, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees

MINUTES

Approve the Minutes of the August 10, 2023 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

PAC Action: ***On motion of Dr. Inglis, seconded and carried, the Committee approved the minutes of the August 10, 2023 Regular Joint Meeting (Motion carried 8-0-0; Members Alpesh Amin, M.D.; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D; Alex Rossel; Christy Ward absent)***

Approve the Minutes of the October 12, 2023 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: ***On motion of Iliana Soto-Welty, seconded and carried, the Committee approved the minutes of the October 12, 2023 Regular Joint Meeting (Motion carried 10-0-0; Members Meredith Chillemi; Josefina Diaz; Sandy Finestone; Christine Tolbert, Vice Chair; absent)***

PAC Action: ***On motion of Vice-Chair Dr. Lazo-Pearson, seconded and carried, the Committee approved the minutes of the October 12, 2023 Regular Joint Meeting (Motion carried 8-0-0; Members Alpesh Amin, M.D.; Timothy Korber, M.D.; Patty Mouton; Mary Pham, Pharm.D; Alex Rossel; Christy Ward absent)***

PUBLIC COMMENTS

There were no public comments.

REPORTS

Consider Recommendation of Medi-Cal Beneficiaries or Authorized Family Member Representative for the Member Advisory Committee

The MAC members received information on an applicant for the open Medi-Cal Beneficiaries or Authorized Family Member to fulfill an existing term through 2025.

MAC Action: ***On motion of Connie Gonzalez and seconded the MAC did not achieve a quorum on a roll-call vote. (Motion denied 8-0-2; Members Meredith Chillemi; Josefina Diaz; Sandy Finestone; Christine Tolbert, Vice Chair; absent)***

PAC Chair Jena Jensen arranged the agenda to hear Item 7 Information Items before continuing on with Item 6 CEO and Management Reports and concluded with Committee Member Updates.

INFORMATION ITEMS

Impact of Geriatric Vision Issues

Ashley Deemer, O.D., Associate Professor, Ketchum University presented on Geriatric Vision Issues and noted that there was a growing need for low vision rehabilitation caused by age related eye such as Macular Degeneration, Glaucoma, Diabetic Retinopathy and other Retinal Vascular diseases such as Cataracts. She noted that that the patients had an average age of 77 and 66% were female. Dr. Deemer also presented various case studies and noted that vision deprivation may result in reduced activation in central sensory pathways, which is associated with higher risk of cognitive load and brain structure damage.

Kaiser Transition Update

Kaycee Velarde, Executive Director, Kaiser Permanente presented on the transition of Medi-Cal members in CalOptima Health to Kaiser on January 1, 2024. Ms. Velarde answered several questions from the committees and noted that Kaiser had been working in partnership with CalOptima Health to ensure a smooth transition for those Kaiser members whose Medi-Cal was administered by CalOptima Health.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Report

Michael Hunn, Chief Executive Officer, thanked the MAC and PAC for their help during 2023 and noted that they helped guide the CalOptima Health agenda both transactionally as well as programmatically service wise right down to the feedback they provided on Workforce Development.

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer also discussed the Kaiser transition and noted that Kaiser would also attend the Whole-Child Model Family Advisory Committee where they would discuss the approximately 900 special needs children being impacted by the transition. Ms. Kim thanked the committees for their advice, guidance and support to the CalOptima Health members.

Chief Medical Officer Report

Richard Pitts, D.O., Ph.D., Chief Medical Officer provided a thank you update from the many letters received from CalOptima Health members. He also thanked Jacob Sweidan, M.D. of PAC for his dedication and assistance to CalOptima Health in reviewing quality of care credentials every fourth Thursday of the month with other staff and physicians. Dr. Pitts also thanked the committees for all their assistance to CalOptima Health during 2023.

Committee Member Updates

MAC Chair Maura Byron thanked the members for completing their annual compliance courses and noted that at the December 7, 2023 Board meeting, the Board expanded the MAC to 17 seats by adding two additional OneCare Member seats on the committee. She asked the members to please assist in recruitment for these seats and noted that OneCare Members or Authorized Family Members would be eligible to receive a \$50 stipend. Beginning in February, the MAC will start their annual recruitment process with the following seats up for recruitment: Behavioral/Mental Health, Children, Persons with Special Needs and the two OneCare Member or Authorized Family Member seats added by the Board.

PAC Chair Jena also thanked the PAC for getting their compliance courses completed. Chair Jensen also notified the PAC that they would also be undergoing a recruitment starting February 1, 2024 and that the following seats would be available: Behavioral/Mental Health, Allied Health Services, Health Networks and Nurse Representatives. In addition, the PAC still continues to recruit for a physician to fulfill an existing term.

ADJOURNMENT

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 2:05 p.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: Member Advisory Committee and the Provider Advisory Committee on February 8, 2024



CARE-Act



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What is CARE?

Community
Assistance
Recovery &
Empowerment

Care is a “new civil court process”
established to:

- Focus counties and other local governments on serving persons with **untreated schizophrenia spectrum or other psychotic disorders**.
- Provide **behavioral health and other essential resources** and services.
- **Protect self-determination and civil liberties** by providing legal counsel and promoting supported decision making.
- **Intervene sooner** in the lives of those in need to provide support.

Who does this program serve?

- Adults, 18 years or older.
- Diagnosed with a Schizophrenia Spectrum and Other Psychotic Disorders.
- Currently experiencing behaviors & symptoms associated with severe mental illness (SMI).
- Not clinically stabilized in on-going voluntary treatment.
- At least one of the following:
 - Unlikely to survive safely without supervision and condition is substantially deteriorating.
 - Needs Services & supports to prevent relapse or deterioration, leading to grave disability or harm to others.
- Participation in CARE Plan or Agreement is the least restrictive alternative.
- Likely to benefit from participating in a CARE Plan or Agreement.



Who can petition?

Family/Home

- Persons with whom respondent resides.
- Spouse, parent, sibling, adult child, grandparents, or another individual in place of a parent.
- Respondent (i.e. self petition)

Community

- First responder (e.g., firefighter, paramedic, mobile crisis response, homeless outreach worker)
- Director of a Hospital, or designee, in which the respondent is hospitalized.
- Licensed behavioral health professional, or designee treating respondent for mental illness.
- Director of a public /charitable organization providing behavioral health services or whose institution respondent resides.

County

- County behavioral health director, or designee
- Public Guardian or designee.
- Director of adult protective services or designee.

Tribal Jurisdiction

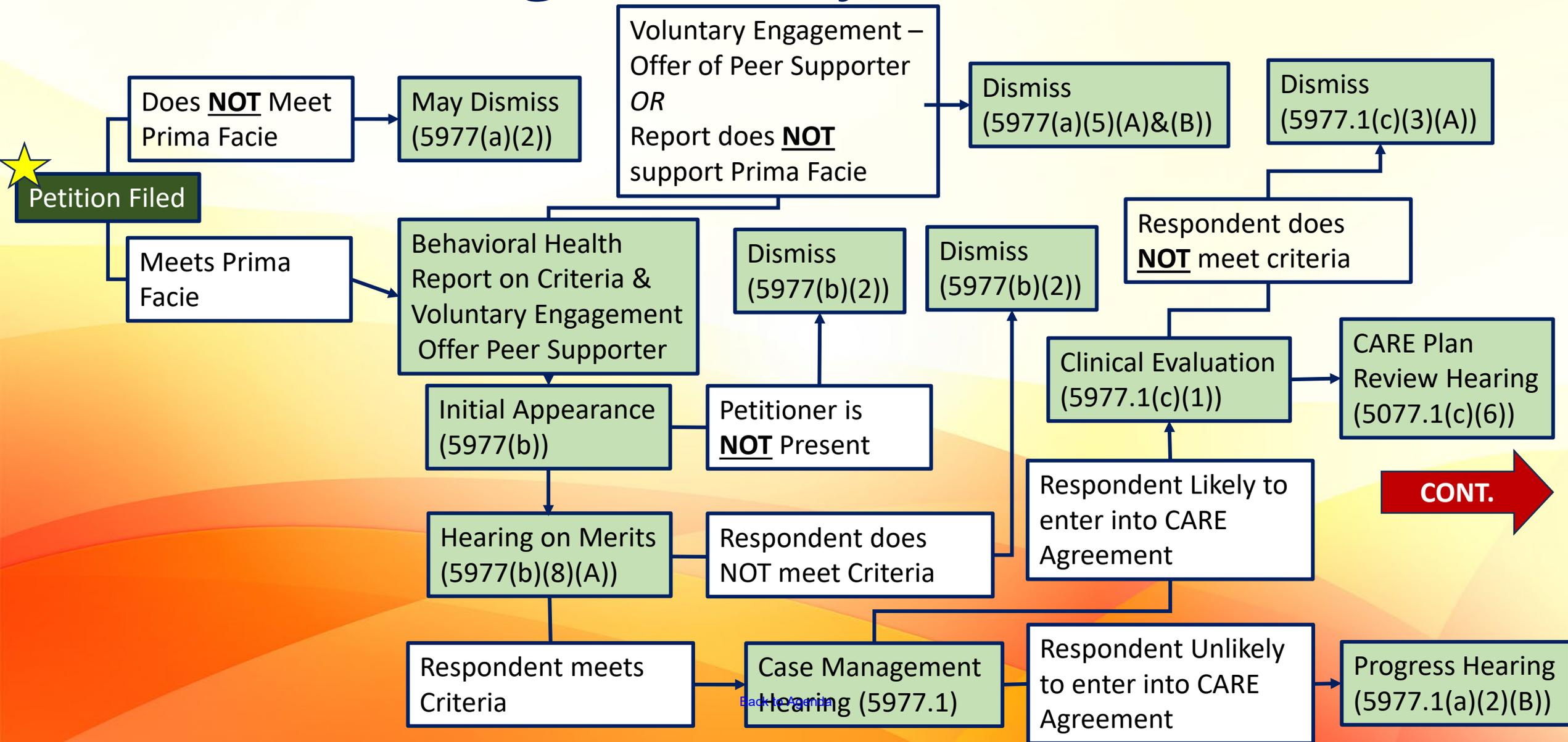
- Director of a California Indian health services program, California tribal behavioral health department, or designee.
- Judge of a tribal court located in CA, or designee.

How to file a petition?

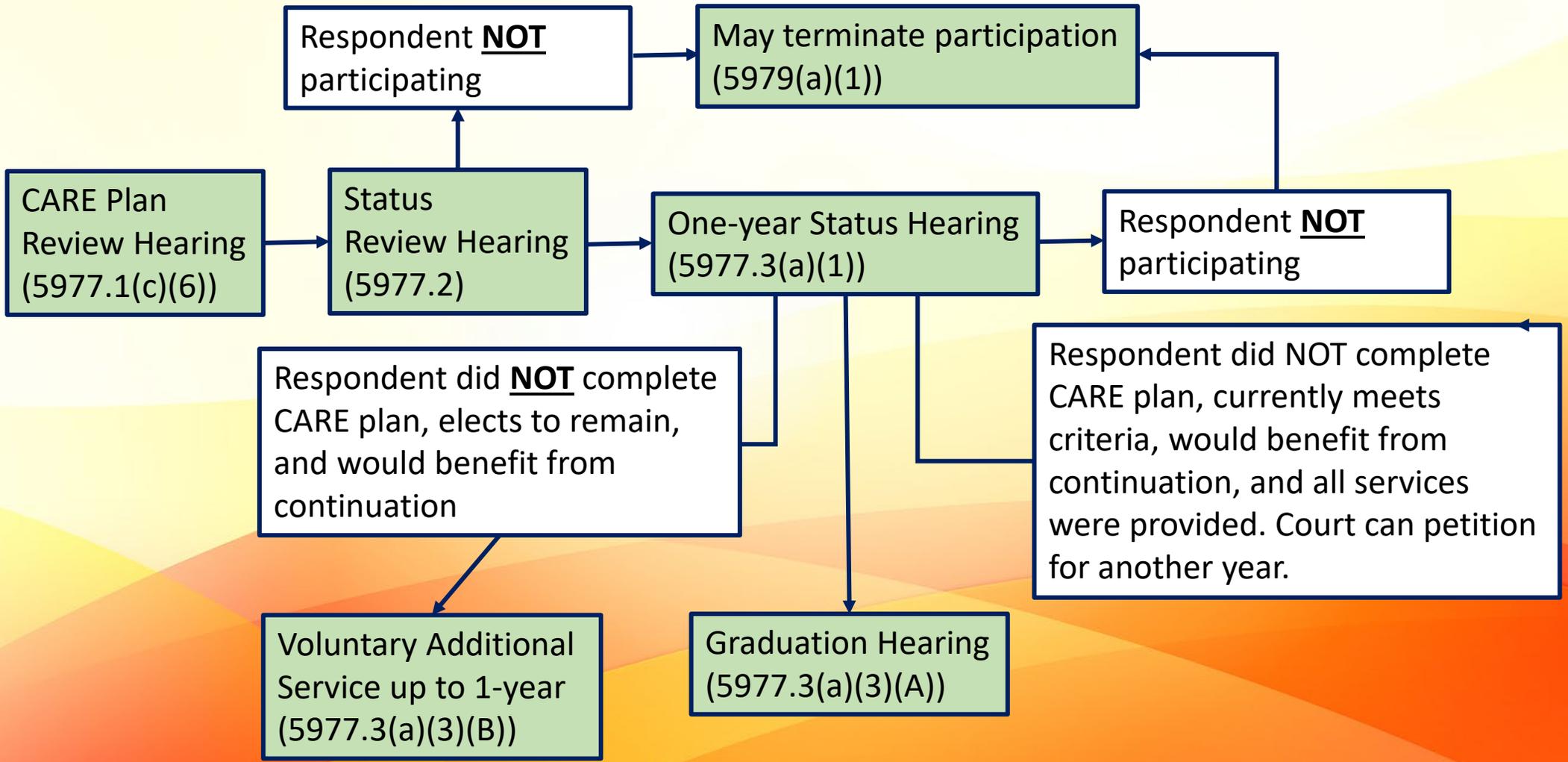


- Complete petition (CARE-100) – remember to fill out **ALL** requested information.
- **Additionally**, provide the required documentation.
 - Completed **Mental Health Declaration (CARE-101)** from licensed behavioral health provider **OR**;
 - Evidence the respondent was detained for a minimum of **TWO** periods of intensive treatment (**WIC 5250 holds**), the most recent episode being within the last **60 days**.

CARE in Orange County



CARE in Orange County *Continued...*



What is in a **CARE Agreement/Plan?**



Behavioral Health Service



Medication Management



Housing Resources



Social Services & Supports



How is **CARE** Act **Different** From AOT?

CARE has a narrow list of mental illness diagnosis which qualifies.

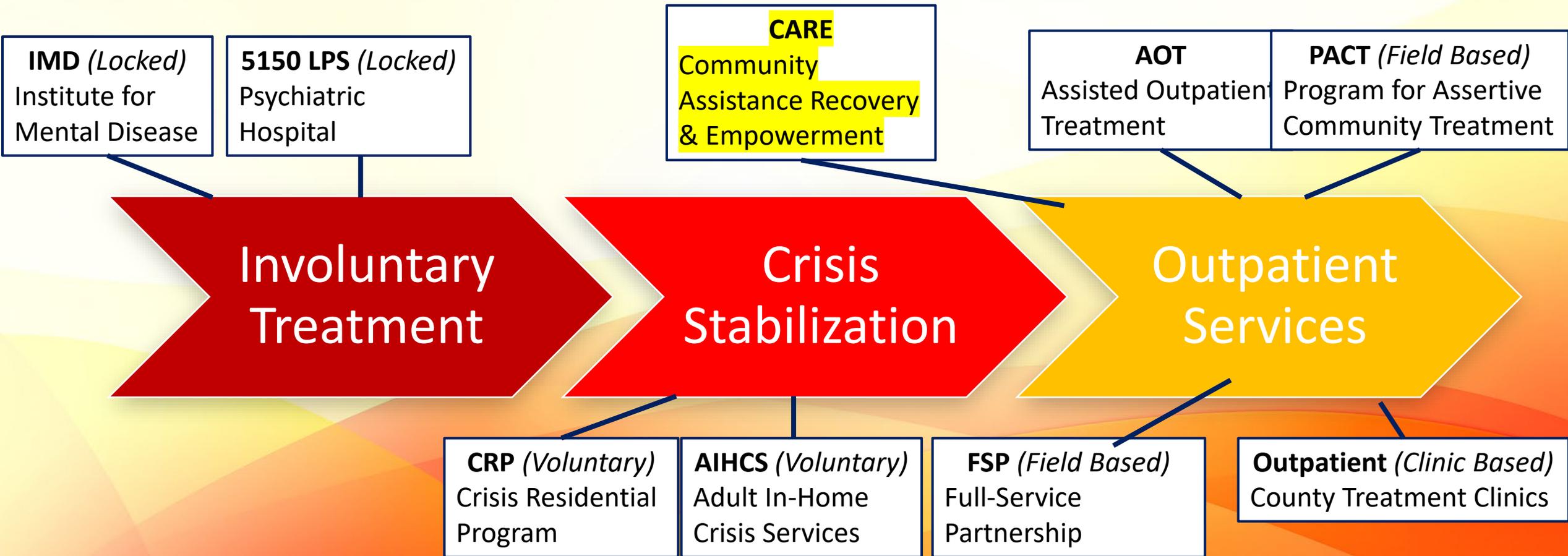
CARE has large list of qualifying petitioners. Care process begins with the Court.

CARE allows for a supporter to assist with treatment team and supportive decision making.

CARE duration is for one year (with a second year granted if necessary).

CARE will be available in every county statewide by 2025 – no matter the insurance plan.

Other **Orange County Programs** Available



 **Links**^{24/7}
855-OC LINKS
(855-625-4657)
Behavioral Health Services Line

 **Navigator.org**



The Ralph M. Brown Act & Conflicts of Interest

February 8, 2024

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Ralph M. Brown Act (Brown Act)

Purpose

- Open meeting law enacted in 1953 in response to growing concerns about local agencies holding secret meetings.
- Intended to (i) make local agency deliberations and decision-making more transparent, and (ii) guarantee the public's right to attend and participate in meetings of local agencies.
- Makes local agencies and their legislative bodies accountable to their constituents (imposes a fiduciary duty).
- Applies to “legislative bodies” of local agencies (*i.e.*, the CalOptima Board and its committees).

Brown Act

Provides:

- Rules for scheduling meetings (regular and special meetings).
- Rules for public posting of agendas.
- Rules for conducting teleconferences.
- Outlines general topics that may be discussed in closed session.
- Provides procedures for public participation.
- Defines “meeting” and prohibits certain communications.

Brown Act

Prohibited Communications (Serial Meetings)

- Prohibited from engaging in a “series of communication of any kind, directly or through intermediaries, to discuss, deliberate, or take action on any item of business that is within the subject matter jurisdiction of the legislative body.”

Brown Act

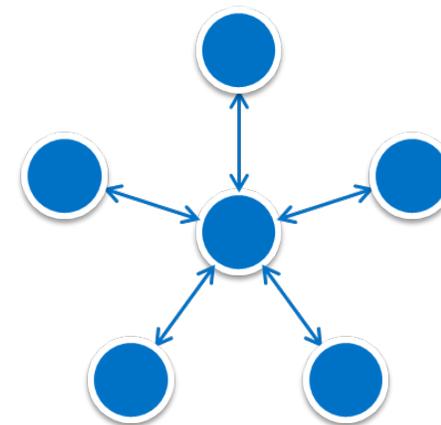
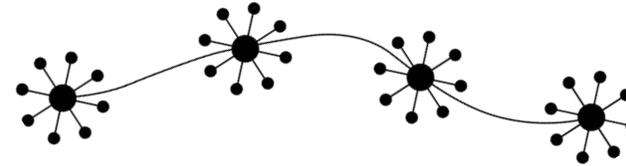
What is a serial meeting?

Daisy Chain

- Chain of communication: Member A contacts member B; member B contacts member C; member C contacts member D, etc.

Hub and Spoke

- Indirect communication using an intermediary: Person A contacts each member individually, and shares with each member the discussions person A had with the other members.



Brown Act

Examples of Serial Meetings

- A series of telephone conversations conducted through an intermediary may constitute a meeting of the legislative body within the scope of the Brown Act. (*Stockton Newspapers, Inc. v. Members of Redevelopment Agency*)
- Email communications among legislative body members to reach a concurrence is a serial meeting, even if the emails are publicly posted afterwards. (Op.Atty.Gen. No. 00-906)
- Mediator who met with smaller group of members of a board facilitated a serial meeting by acting as intermediary during a mediation whereby the governing body gathered facts and information to inform a settlement. (*Page v. MiraCosta Community College Dist.*)

Brown Act

What is Not a Serial Meeting

- Generally, individual communications between a legislative body member and any other person that does not deliberate, discuss, or reach a consensus on a matter before that body.
- Individual communications to answer questions or provide information about matters within the subject matter jurisdiction, so long as that person does not communicate comments or positions of any member to other members.
- Internet/social media communications to answer questions, provide information to the public, or soliciting information from the public – legislative body members must not respond.
- One-way communications for solitary review by members of a board of background materials was not a serial meeting when there was no direct or indirect interaction or communication between or among members of the board.
(*Frazer v. Dixon Unified School District*)

Brown Act

When in Doubt:

- In general, refrain from discussing agenda items with other members of the legislative body outside of a regular or special meeting.
- Be cautious about your email, text, or other types of communications with each other.
- When not in public meeting, be cautious when speaking with members of the public about items within the committee's purview and refrain from asking or allowing the individual to share the opinions of other members of the legislative body.

Questions on the Brown Act?

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Conflicts of Interest

Fiduciary Duty

Welf. & Inst. Code § 14087.59(e)

- Duty to follow state and federal laws, including conflict of interest laws.
- Duty to serve the public interest of CalOptima members.
- Duty to ensure the operational well-being and fiscal solvency of CalOptima.

Conflicts of Interest

Duty to Avoid Conflicts

- Political Reform Act: Prohibits public officials from taking *part in decisions* if it is reasonably foreseeable that the decision would have a material effect on one or more of the official's financial interest, distinguishable from the decision's effect on the public generally.
- Government Code § 1090: Prohibits public officials from *entering into contracts* in their official capacity in which the officials have a financial interest.

Conflicts of Interest

Duty to Avoid Conflicts: Political Reform Act

- A financial interest involves the member's direct interest, or an interest held by an immediate family member or an interest held in:
 - Business entities direct or indirect investment worth \$2,000 or more.
 - Real property direct or indirect interest of \$2,000 or more.
 - Any source of income aggregating \$500 or more received within 12 months prior to the decision.
 - Business entities where the member is a director, officer, partner, trustee, employee, or holds any position of management.
 - Donor or intermediary agent of a donor of a gift worth \$250 or more in aggregate value received or promised within 12 months prior to a decision.

Conflicts of Interest

Duty to Avoid Conflicts: Government Code § 1090

- Prohibits officials from participating in making of contracts where:
 - The decision involved a contract.
 - The official made or participated in making the contract (decision of the whole body is deemed a decision of each member regardless of whether the member participated in the actual decision).
 - The official has a direct or indirect financial interest in the contract – exists if the official may profit in any way or incur financial losses or possibility of financial losses.
 - No exemptions apply (*e.g.*, remote interest, a non-interest, health care contracts exemption, rule of necessity).

Questions?

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CalOptima Health

Student Behavioral Health Incentive Program (SBHIP) Update

February 8, 2024

Carmen Katsarov, LPCC, CCM
Executive Director, Behavioral Health Integration

Our Mission

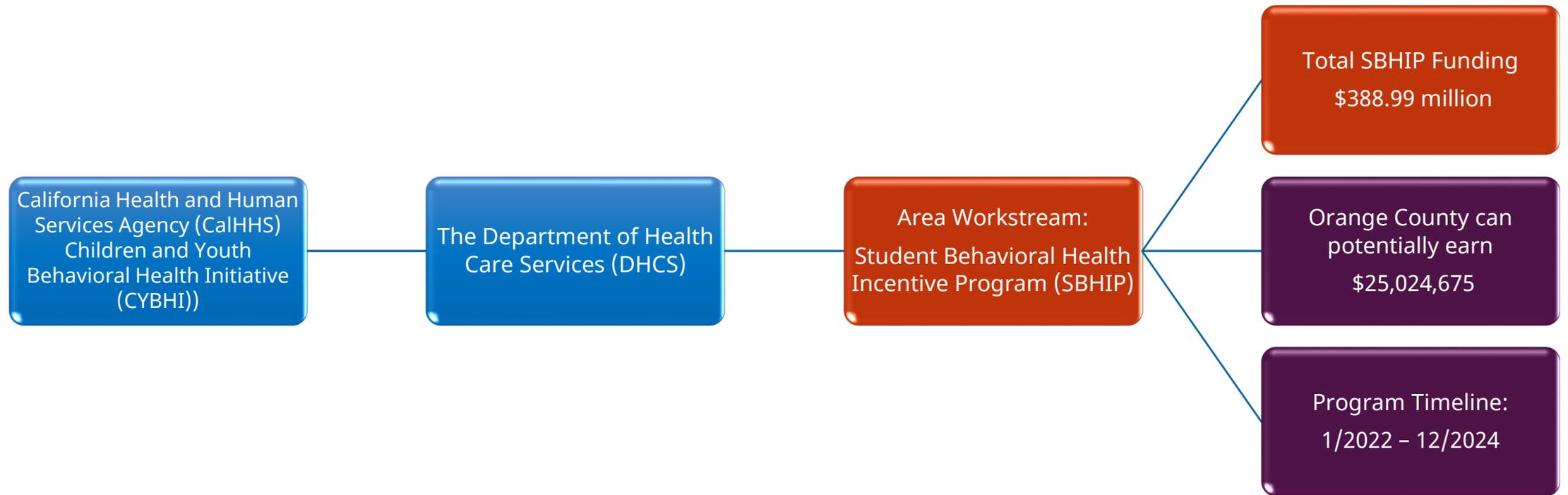
To serve member health with excellence and dignity, respecting the value and needs of each person.

Our Vision

By 2027, remove barriers to health care access for our members, implement same-day treatment authorizations and real-time claims payments for our providers, and annually assess members' social determinants of health.

Student Behavioral Health Initiative (SBHIP)

Student Behavioral Health Incentive Program (SBHIP)

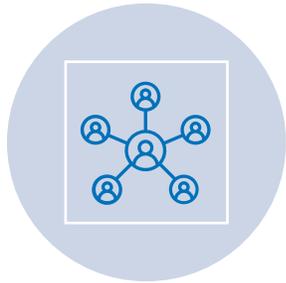


List of CYBHI Strategic and Area Workstreams: <https://cybhi.chhs.ca.gov/strategic-areas/>

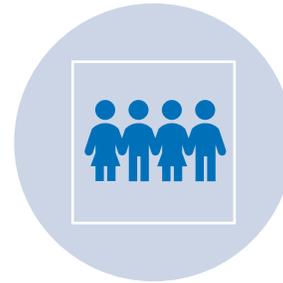
DHCS SBHIP Website: <https://www.dhcs.ca.gov/services/Pages/studentbehavioralhealthincentiveprogram.aspx>

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SBHIP Objectives



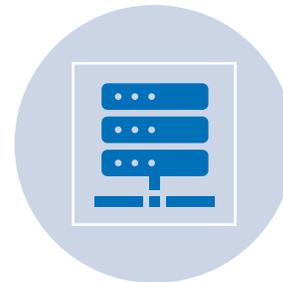
Breakdown silos and improve coordination of child and adolescent behavioral health services for those enrolled in Medi-Cal through increased communication with schools, school-affiliated programs, managed care providers, counties, and mental health providers



Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.



Address health equity gap, inequalities, and disparities in access to behavioral health services.



Increase non-specialty services on or near school campuses.

SBHIP Key Points

Key Points

The program intends to address behavioral health access barriers for Medi-Cal students through targeted interventions to increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for Medi-Cal TK-12 students.

It is anticipated the behavioral health infrastructure investments will ultimately benefit all students, including Medi-Cal and non-Medi-Cal beneficiaries.

DHCS' goal for SBHIP is that the infrastructure and partnerships developed through the program will be sustained after the end of the three-year program implementation.

SBHIP Selected Targeted Interventions*

- Orange County (OC) public school districts completed a Needs Assessment, and the following areas were identified:
 - Screenings, identification of needs, and referral resources
 - Continued work needed for the “whole” system of care
 - Increased Behavioral Health workforce/staff
 - Staff training, professional development, and evidence-based behavioral health curriculum
 - Sustainable foundation for billing



*Orange County must implement a minimum of 4 Targeted Interventions
Refer to Appendix: List of 14 Targeted Interventions [Back to Agenda](#)

CalOptima Health's SBHIP Partners and their Offerings

Orange County Department of Education (OCDE) & Orange County Public School Districts

- * Increase the Behavioral Health staffing
 - * Contracting and billing
 - * Technology infrastructure
- * Enhance screening and referral process

CHOC

- * Build 10 new WellSpaces
- * Mental Health Services for the deaf and hard of hearing students
- * Mental Health Crisis Clinic for direct linkage from school to CHOC
- * Emergency Department/Intensive Care School Transition Coordinator
- * Autism Comprehensive Care Program

Western Youth Services (WYS)

- * Develop a Behavioral Health Curriculum for the school districts
- * Train school districts on core clinical competencies, early intervention strategies, including screening tools
- * Provide consultative support services post-training

Hazel Health

- * Implementing a Behavioral Health Telehealth platform for public school districts' students to receive access to Behavioral Health counseling services

Orange County Health Care Agency (OCHCA)

- * Coordination of care for Specialty Mental Health Services

Ultimately, these services are expected to benefit all students, Medi-Cal and non-Medi-Cal beneficiaries; however, their availability will vary depending on district and school.

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SBHIP Progress Update

SBHIP Partner	Progress Update
OCDE & the 29 Public School Districts	<ul style="list-style-type: none">• CalOptima Health signed a Memorandum of Understanding with OCDE (representing all 29 districts)• Formed new partnerships within their school districts to increase access to behavioral health care, e.g. Be Well OC, Wellness and Prevention Center, CHOC, WYS, Laguna Beach Family Resource Center• Continue reevaluating staffing needs, IT infrastructure such as evaluating their electronic health record systems, screening tools, and referral processes.
CHOC	<ul style="list-style-type: none">• Ten (10) school sites have been selected for a WellSpace• Creating curriculum and criteria for the Autism Comprehensive Care Program• Developing direct linkage workflows for the Mental Health Crisis Clinic's services• Hired a psychologist who is deaf and hard of hearing for the Mental Health Services for students who are deaf and hard of hearing• Recruiting for a School Transition Coordinator
WYS	<ul style="list-style-type: none">• Created and distributed an assessment survey to all school districts to ensure the training curriculum aligns with their needs• Acquired a new Learning Management System as part of the behavioral health curriculum development• Continue to recruit pertaining to the trainer positions

SBHIP Progress Update (cont.)

SBHIP Partner	Progress Update
Hazel Health	<ul style="list-style-type: none">• Signed MOU with 17 out of 29 school districts; on track to provide services January 2024• CalOptima finalized a Provider Service Contract with Hazel, effective January 2024• Continue to work with the remaining school districts to support timely launches• Planning to distribute utilization reports to CalOptima Health and participating school districts
OC Health Care Agency	<ul style="list-style-type: none">• Continues to attend collaborative sessions and provides guidance about Specialty Mental Health coordination of care

SBHIP Deliverables*

Deliverable	Due Date	Status
CalOptima Health and partners select targeted interventions	December 31, 2022	Completed
CalOptima Health submits the completed assessment package to DHCS.	December 31, 2022	Completed
CalOptima Health submits targeted intervention project plans	December 31, 2022	Completed
CalOptima Health submits Bi-Quarterly Report	June 30, 2023	Completed
CalOptima Health submits Bi-Quarterly Report	December 31, 2023	Completed
CalOptima Health submits Bi-Quarterly Report	June 30, 2024	Pending
CalOptima Health submits Project Outcome Report	December 31, 2024	Pending
SBHIP implementation concludes	December 31, 2024	Pending

*Orange County allocated funding of \$25,024,675 is tied to the deliverables and must receive DHCS approval before the incentive is issued.

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What's next....

- CalOptima Health will -
 - Continue collaborating with the SBHIP Partners through December 2024
 - Update MAC and PAC Committees later in 2024
- Need more information -
 - Questions for CalOptima Health regarding SBHIP, send an email to SBHIP@caloptima.org

California Launches Free Digital Behavioral Health Platforms for Children and Families

- On January 16, 2024, [DHCS launched the Behavioral Health Virtual Services Platform](#), two free behavioral health services applications for all families with kids, teens, and young adults ages 0-25.
 - 1) BrightLife Kids - for parents or caregivers and kids ages 0 -12.
 - 2) Soluna - for teens and young adults ages 13-25.
- Families with multiple children whose ages span 0-25 can use both platforms to meet their unique needs.
- Each app will also offer coaching services in English and Spanish and telephone-based coaching in all Medi-Cal threshold languages.

Appendix: 14 Targeted Interventions

The list of 14 Targeted Interventions is intended to define broad parameters for acceptable behavioral health interventions.

Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment

- Increase behavioral health telehealth services in schools, including app-based solutions, virtual care solutions, and by investing in telehealth infrastructure within the community health worker or peer model

Behavioral Health Wellness (BHW) Programs

- Develop the infrastructure for, or pilot BHW programs, to expand greater prevention and early intervention practices in schools

Behavior Health Screenings and Referrals

- Enhance Adverse Childhood Experiences and other age and developmentally appropriate behavioral health screenings to be performed on or near school campuses, and build out referral processes in schools

Suicide Prevention Strategies

- Implement a school suicide prevention strategy and/or expand/improve upon existing LEA suicide prevention policy obligations.

Substance Use Disorder

- Increase access to SUD prevention, early intervention, and treatment, including expanding the capacity for providers to conduct SUD activities on or near school campuses.

Building Stronger Partnerships to Increase Access to Medi-Cal Services

- Build stronger partnerships between schools, MCPs, and county behavioral health plans so students have greater access to Medi-Cal covered services.

Culturally Appropriate and Targeted Populations

- Implement culturally appropriate and community defined interventions and systems to support initial and continuous linkage to behavioral health services in schools.

Appendix: 14 Targeted Interventions

The list of 14 Targeted Interventions is intended to define broad parameters for acceptable behavioral health interventions.

Behavioral Health Public Dashboards and Reporting

- Improve performance and outcomes-based accountability for behavioral health access and quality measures through local student behavioral health dashboards, or public reporting.

Technical Assistance Support for Contracts

- Medi-Cal managed care plans execute contracts with county behavioral health departments and/or schools to provide preventive, early intervention, and behavioral health services.

Expand Behavioral Health Workforce

- Expand the school-based workforce (including building infrastructure and capacity for) by using community health workers and/or peers to expand the surveillance and early intervention of behavioral health issues in school-aged kids.

Care Teams

- Care teams that can conduct outreach, engagement, and home visits, as well as provide linkage to social services (community or public) to address non-clinical needs identified in behavioral health interventions.

IT Enhancements for Behavioral Health Services

- Implement information technology and systems for cross-system management, policy evaluation, referral, coordination, data exchange, and/or billing of health services between the school, MCP and county behavioral health department.

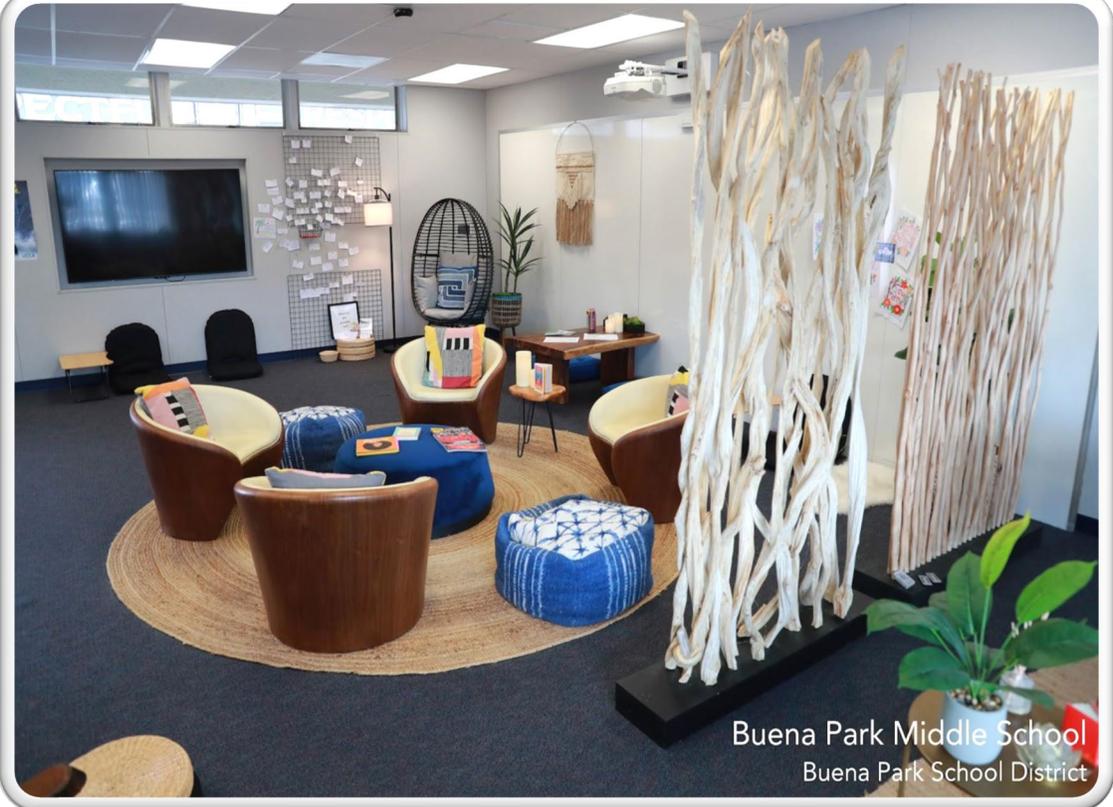
Pregnant Students and Teens Parents

- Increase prenatal and postpartum access to mental health and SUD screening and treatment for teen parents.

Parenting and Family Services

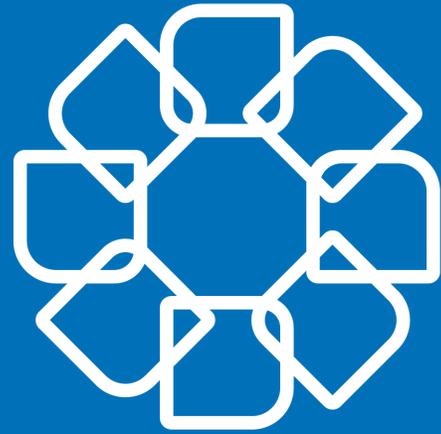
- Providing evidence-based parenting and family services for families of students, including, but not limited to, those that have a minimum of “promising” or “supported” rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare.

Appendix: WellSpace



Appendix: Websites

- DHCS SBHIP website:
 - <https://www.dhcs.ca.gov/services/Pages/studentbehavioralheathincentiveprogram.aspx>
- CYBHI Strategic Workstream Areas
 - website: <https://cybhi.chhs.ca.gov/strategic-area/behavioral-health-infrastructure/>



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CalOptima Health

MEMORANDUM

DATE: January 26, 2024

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — February 1, 2024, Board of Directors Meeting

COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; and Whole-Child Model Family Advisory Committee

A. New Members Join Through Medi-Cal Expansion

As of January 1, a new law in California allows adults ages 26 through 49 to qualify for Medi-Cal regardless of immigration status. This latest expansion of Medi-Cal means that all Californians now have access to coverage; prior expansions extended coverage to undocumented children, young adults and people over 50. Individuals whose immigration status previously limited their access to full Medi-Cal were automatically transitioned from what's known as restricted Medi-Cal, which only covered them in emergencies. CalOptima Health's Customer Service department reports a steady influx of calls from our 48,430 newly enrolled Medi-Cal members. Our team is helping them with provider and health network selection and answering a variety of questions. Of the total number of new members, 38,180 (representing the majority at 79%) selected Spanish as their language preference. This will help inform our communications strategy of in-language outreach to potential new members in the community.

B. New Member Representative Joins Board

In December, the Orange County Board of Supervisors (BOS) appointed Maura Byron as CalOptima Health's newest Board member holding the Member Representative seat, which was vacated due to the resignation of Nancy Shivers, for an unexpired term ending August 3, 2024. Ms. Byron is the Executive Director of Family Support Network, an organization that provides resources and advocacy services for families of children with special needs so they may reach their full potential. In addition, her daughter is a current CalOptima Health member. Ms. Byron previously served as Chair of the CalOptima Health Member Advisory Committee.

C. Prime Healthcare's Hospital Contract Notice of Termination

On Friday, January 5, CalOptima Health sent out a Provider Alert (eNewsletter) to notify providers that CalOptima Health has issued a Notice to Terminate, without cause, our Medi-Cal and OneCare contracts with the following hospitals, effective February 5, 2024: Prime Healthcare Garden Grove, LLC dba Garden Grove Hospital Medical Center, Prime Healthcare Huntington Beach dba Huntington Beach Hospital, Prime Healthcare La Palma, LLC dba La Palma Intercommunity Hospital and Prime Healthcare Anaheim, LLC dba West Anaheim Medical Center.

Although these listed facilities will no longer be contracted at CalOptima Health plan rates they will receive payments for services at the state fee schedule for Medi-Cal. Of note is that this does not limit any access for any member for either emergency care, as protected under federal EMTALA rules, or other out-patient medical care. Per Department of Health Care Services (DHCS) requirements, members were sent notices as of January 5, 2024, after DHCS reviewed the letters and transition plan. If CalOptima Health providers have existing authorizations for services, we will work with them to coordinate and make sure that all medically necessary treatments for members are completed. CalOptima Health members will still have access to these Prime Healthcare hospitals for emergency room services and CalOptima Health maintains an adequate network of providers per state regulations.

Moreover, and to assure our members and providers, we have complied with all health plan Access, Notice, and Transition Requirements with our regulator, DHCS. We have reached out to our impacted provider and hospital partners to ensure Access and Transition care for our members. We have assigned designated Medical Directors for care coordination. We are working with our local city governments and community partners on Notice and Transition for the unhoused. CalOptima Health members had only ~50 elective inpatient visits over the past 12-months over the four Prime facilities, and they will be easily absorbed by our current network. We are not required and do not contract with all hospitals in Orange County. We are fortunate to have well-established networks of physicians, hospitals, clinics, skilled facilities, and other network providers and rely on their expertise in providing high quality managed care to our members.

D. Kelly Bruno-Nelson Appointed to Orange County Commission to End Homelessness

On January 23, the Orange County BOS unanimously appointed Kelly Bruno-Nelson, MSW, Executive Director, Medi-Cal/CalAIM, to the Orange County Commission to End Homelessness (Commission) for a two-year term, through January 22, 2026. At the recommendation of CalOptima Health, the BOS previously approved an amendment to the Commission Bylaws to add a voting member seat for a Medi-Cal Managed Care Health Plan Representative. Please see the press release [here](#).

E. New Medical Management Platform Goes Live

CalOptima Health's new clinical documentation platform, known as Jiva, will go live on February 1. Jiva is expected to significantly enhance CalOptima Health's service to members through case management, utilization review, Grievance and Appeals Resolution Services and more.

F. MCO Tax Received Federal Approval

The Centers for Medicare & Medicaid Services (CMS) has approved the implementation of California's Managed Care Organization (MCO) tax, which was renewed as part of the FY 2023–24 Enacted State Budget, retroactively effective from April 1, 2023, through December 31, 2026. However, while the MCO tax met the standards for automatic approval, CMS cautioned that it appears to violate the spirit of the applicable federal regulations governing the drawdown of federal matching funds. Therefore, CMS will engage in a future rulemaking process that may impact the continuation of this and/or any future MCO taxes, such as the proposed November 2024 state ballot initiative that would permanently extend the MCO tax.

G. Governor Releases FY 2024–25 Proposed State Budget

On January 10, Gov. Gavin Newsom released his FY 2024–25 Proposed State Budget. With total spending at \$291.5 billion (\$208.7 billion General Fund [GF]), the governor estimates a \$37.9 billion deficit — approximately half the projected \$68 billion deficit previously reported by the Legislative

Analyst's Office. The governor attributes the shortfall to stock market (capital gains) revenue declines as well as last year's delay in income tax collection deadlines due to extreme weather conditions. To address the deficit and achieve a balanced budget, the governor proposes a combination of reserve withdrawals, loans, fund shifts, spending delays and some reductions. Since most reductions are in non-health care sectors, no significant negative impacts are expected for CalOptima Health at this time.

Specifically, the proposed Medi-Cal budget is \$161.1 billion (\$36.7 billion GF) with a projected average enrollment of 13.7 million beneficiaries — a decrease of 6.79% from the previous FY due to ongoing Medi-Cal redeterminations. In addition, the proposed budget includes the following provisions that may impact CalOptima Health members, providers and stakeholders:

- Fully funds all current and scheduled California Advancing and Innovating Medi-Cal (CalAIM) initiatives, including Transitional Rent services no sooner than January 1, 2026.
- Fully funds the recent expansion of full Medi-Cal eligibility to ages 26–49, regardless of immigration status, and the elimination of Medi-Cal asset limits, both effective January 1, 2024.
- Amends the MCO tax to increase revenues by an additional \$1.5 billion to support the Medi-Cal program and maintain a balanced budget. Nearly all previously committed MCO tax investments remain fully funded.
- Adds a “trigger” to the phased-in minimum wage schedule for health care workers, recently enacted by Senate Bill 525, in order to condition annual increases on healthy budget levels.
- Reduces Proposition 56 supplemental payments for “physician services” by \$193.4 million, but fully funds all other Proposition 56 supplemental payments. However, since the affected providers will also receive targeted rate increases from MCO tax revenues, this proposal is only expected to minimize those increases.
- Reverts \$14.9 million in unexpended funds for the Clinic Workforce Stabilization & Retention Payment Program.
- Delays some funding for Behavioral Health Bridge Housing and the Behavioral Health Continuum Infrastructure Program from FY 2024–25 to FY 2025–26.
- Despite budget pullbacks, adds “wellness coaches” as a new Medi-Cal covered benefit, effective January 1, 2025, through the Children & Youth Behavioral Health Initiative (CYBHI).

Gov. Newsom's administration will continue to release further details in the coming weeks. In addition, the State Legislature will hold committee hearings to review the governor's proposals as well as consider its own proposals. Gov. Newsom will then release a revised budget proposal (May Revise) by May 14, which considers updated revenue projections. Finally, the governor and Legislature must negotiate and enact a final budget by July 1. Staff will work closely with legislators and stakeholders to advance CalOptima Health's priorities throughout the budget process.

H. New County Programs Approved for Vulnerable Populations

CalOptima Health welcomes the addition of two more programs to combat homelessness. Staff will work with county officials to ensure benefits are closely coordinated with CalOptima Health's CalAIM services, including Enhanced Care Management and Community Supports.

- **Homelessness Prevention and Stabilization Pilot Program:** The BOS unanimously approved a new Homelessness Prevention and Stabilization Pilot Program, introduced by Supervisor Vicente Sarmiento, which will combine homelessness prevention and robust case management aimed at promoting housing stability. Specifically, the program will provide short-term (no longer than 12 months) financial intervention to Orange County individuals and families at risk of homelessness or experiencing a housing crisis to cure rental arrears and past due utility bills, vehicle repairs, and

insurance payments as well as fund forward rent and/or utility bills based on financial need. At the same time, robust case management will focus on developing a financial stability plan and supportive services plan to identify community-based programs and resources that support the household in achieving long-term housing stability.

- **Emergency Rental Assistance Pilot Program:** The BOS unanimously approved Supervisor Doug Chaffee’s Emergency Rental Assistance Pilot Program for residents of the Fourth District. Administered by the Friendly Center, which is based in Orange and Buena Park, the program will provide short-term rental assistance and wraparound services to prevent residents from losing tenancy as well as transition unhoused or temporarily housed residents into permanent housing. Funded through Fourth District discretionary funds, this program is separate from the countywide program described above.

I. CalOptima Health Leaders Volunteers for Point In Time Count

CalOptima Health’s leaders were among community members who volunteered for the recent Point In Time (PIT) Count — a count and survey of people experiencing homelessness on a given night. The PIT Count provides vital information that helps Orange County and the Orange County Continuum of Care better understand homelessness in the community and guides the local response to homelessness.

J. Grant Applications for HHIP Projects Due Feb. 22

CalOptima Health released our Housing and Homelessness Incentive Program (HHIP) Round 3 Notice of Funding Opportunity (NOFO) and application on our [website](#). The NOFO will fund equity grants, transitional housing and systems change projects, and closes on Thursday, February 22. Separately, in December 2023, CalOptima Health submitted our final report to DHCS about our HHIP work. We have participated in HHIP since it launched in April 2022 and expect to earn a total of \$74.33 million of the available \$83.78 million incentive dollars.

K. Workforce Development Initiative to Fund \$10 Million in Grants

CalOptima Health has released the first Notice of Funding Opportunity (NOFO) of the Board-approved Workforce Development program. In this round, up to \$10 million in grants are available to educational institutions offering programs that will increase the pipeline of future health care workers, including students going into the high-need areas of nursing, primary care (non-physician) and behavioral health. This funding is part of a five-year, \$50 million Provider Workforce Development Strategic Initiative. Please see the press release [here](#).

L. CalOptima Health Awards Community Health Worker Academy Capacity-Building Grants

To support the implementation of the Community Health Worker (CHW) Medi-Cal benefit in Orange County, CalOptima Health invited organizations to apply for Incentive Payment Program (IPP) CHW Academy Capacity-Building Grants. Organizations applied for up to \$100,000 in capacity-building support, along with entrance into the six-month CHW Academy, which will prepare organizations to become contracted providers of CHW services for CalOptima Health. Up to 15 organizations will receive funding from April 2024 to March 2025.

M. CHOC and Rady Children’s Hospital to Merge

Rady Children’s Hospital and Children’s Hospital of Orange County (CHOC) announced their intent to merge, pending regulatory approval from the state attorney general. A joint statement indicates that the two organizations believe that becoming one will help train and recruit talent and expand access to

pediatric care throughout Southern California and promote research. The two organizations will become Rady's Children's Health. At this time, there are no changes to our contract with CHOC or our members' access to services.

N. Optum Integration Project Completed

On January 1, 2024, Optum Care Network, Arta and Talbert consolidated their members and providers and are now known as Optum. Optum and CalOptima Health collaborated closely on this transition to ensure no disruption to members' care.

O. Annual Report to the Community Highlights Accomplishments

CalOptima Health mailed our annual Report to the Community to 1,000 stakeholders and community partners. The 48-page report highlights the impacts and accomplishments of the past year, working with the Board and our partners to achieve results and transform the delivery of care to our members. Special sections cover Access to Care, Community, Support Services, Preventive Care, Food and Housing, and Mental Well-Being. Readers can scan QR codes throughout to watch inspiring member videos, our brand campaign commercial and media coverage. Please see the report on our website [here](#).

P. State Legislators Film Public Service Announcements on Medi-Cal Renewal

Recently, CalOptima Health partnered with several state legislators to produce public service announcements (PSAs) to help share the news about Medi-Cal renewal. We anticipate that the elected officials will feature the PSAs on their social media platforms to inform their constituents about necessary steps to renew their Medi-Cal coverage. So far, we have produced PSAs with introductions from [Senator Tom Umberg](#), [Assemblywoman Laurie Davies](#), [Assemblywoman Cottie Petrie-Norris](#), [Assemblywoman Sharon Quirk-Silva](#) and [Assemblyman Tri Ta](#).

Q. CalOptima Health Gains Media Coverage

Reflecting our ongoing innovation and program development, CalOptima Health received recent positive and valuable media coverage, including the following:

- On November 28, the [Orange County Register](#) ran a story on our grants for the construction of permanent housing units.
- On November 29, the [Los Angeles Times/Daily Pilot](#) published an opinion piece by Becks Heyhoe, executive director of United to End Homelessness, Orange County United Way, on the issue of homelessness and lauded CalOptima Health's Street Medicine Program.
- On December 6, [Fierce Healthcare](#) covered news about CalOptima Health's naloxone distribution efforts.
- On December 22, CEO Michael Hunn was listed in the [Orange County Register](#) among Orange County's 125 Most Influential People for 2023.
- On January 6, the [Los Angeles Times/Daily Pilot](#) ran an article on our Street Medicine Program expansion in Costa Mesa. The article includes an interview with Executive Director of Medi-Cal/CalAIM Kelly Bruno-Nelson.
- On January 10, the [Orange County Register](#) ran an article on CalOptima Health's first phase of grants in the \$50 million, five-year Provider Workforce Development Initiative.



Fast Facts

February 2024

Mission: To serve member health with excellence and dignity, respecting the value and needs of each person.

Membership Data* (as of December 31, 2023)

Total CalOptima Health Membership 954,214	Program	Members
	Medi-Cal	936,174
	OneCare (HMO D-SNP)	17,593
	Program of All-InclusiveCare for the Elderly(PACE)	447
*Based on unaudited financial report and includes prior period adjustment		

Operating Budget (for six months ended December 31, 2023)

	YTD Actual	YTD Budget	Difference
Revenues	\$2,368,868,998	\$2,088,838,607	\$280,030,391
Medical Expenses	\$2,183,823,010	\$1,954,368,555	(\$229,454,455)
Administrative Expenses	\$109,061,671	\$124,195,589	\$15,133,918
Operating Margin	\$75,984,318	\$10,274,463	\$65,709,855
Medical Loss Ratio (MLR)	92.2%	93.6 %	(1.4%)
Administrative Loss Ratio (ALR)	4.6%	5.9%	1.3%

Note: Totals may not add due to rounding

Reserve Summary (as of December 31, 2023)

	Amount (in millions)
Board Designated Reserves	\$629.3*
Capital Assets (Net of depreciation)	\$94.3
Resources Committed by the Board	\$606.9
Resources Unallocated/Unassigned	\$478.9*
Total Net Assets	\$1,809.3

*Total of Board-designated reserves and unallocated resources can support approximately 95 days of CalOptima Health's current operations.

Total Annual Budgeted Revenue

\$4 Billion

NOTE: CalOptima Health receives its funding from state and federal revenues only. CalOptima Health does not receive any of its funding from the County of Orange.

[Back to Agenda](#)

CalOptima Health Fast Facts

February 2024

Personnel Summary (as of January 13, 2024, pay period)

	Filled	Open	Vacancy % Medical	Vacancy % Administrative	Vacancy % Combined
Staff	1,304.5	91.4	46.63%	53.37%	6.54%
Supervisor	76	6	66.67%	33.33%	7.32%
Manager	112	10	40%	60%	8.20%
Director	61	4.5	44.44%	55.56%	6.87%
Executive	20	2	---	100%	9.09%
Total FTE Count	1,573.5	113.9	43.81%	56.19%	6.75%

FTE count based on position control reconciliation and includes both medical and administrative positions.

Provider Network Data (as of December 31, 2023)

	Number of Providers
Primary Care Providers	1,247
Specialists	9,153
Pharmacies	553
Acute and Rehab Hospitals	43
Community Health Centers	52
Long-Term Care Facilities	107

Treatment Authorizations (as of November 30, 2023)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	9.84 hours
Prior Authorization – Urgent	72 hours	21.16 hours
Prior Authorization – Routine	5 days	2.20 days

Average turnaround time for routine and urgent authorization requests for CalOptima Health Community Network.

Member Demographics (as of December 31, 2023)

Member Age		Language Preference		Medi-Cal Aid Category	
0 to 5	8%	English	58%	Temporary Assistance for Needy Families	39%
6 to 18	25%	Spanish	27%	Expansion	37%
19 to 44	34%	Vietnamese	9%	Optional Targeted Low-Income Children	8%
45 to 64	20%	Other	2%	Seniors	10%
65 +	13%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		



2023 Year of Discovery

- **December 2022:** the CalOptima Health Board of Directors approved \$50.1 million dollars, from IGT funds, over five years to fund a Comprehensive Community Cancer Screening and Supports program.
- **January – March 2023:** PHM staff facilitated brainstorming sessions with key external and internal stakeholders to **assess barriers and opportunities for program development**. Stakeholders included, the *American Cancer Society, the Orange County Cancer Coalition, the Coalition of Orange County Community Health Centers, City of Hope, UCI Chao Family Comprehensive Cancer Center, Cancer Kinship, Vital Access Care Foundation, and Federally Qualified Health Centers*.
- **April 2023:** PHM staff collaborated with the Coalition of Orange County Community Health Centers to **survey** contracted community health centers to **assess capacity** for mammography screenings and access to on-site mammography equipment.
- **May - September 2023:** PHM implemented a **mammogram pilot** with City of Hope for CCN members who were overdue for a breast cancer screening.
 - Health Educators reached out to 400 CCN members who were overdue for a mammogram screening with the goal to have at least 50 completed mammograms.
 - Through the pilot we have identified the need to increase the awareness of cancer screening and improve member education on the need to be screened for cancers.
- **November 2023:** the CalOptima Health Board approved the Comprehensive Cancer Screening **Awareness and Education Campaign** for \$5.3 million over four years to develop and launch a multimedia, multilingual campaign to ensure a unified and clear message is spread across all residents of Orange County, including CalOptima Health members.
 - The campaign discovery phase launched early January 2024 with internal and external stakeholder input collected through early February.
- **December 2023:** PHM Staff launched the Cancer Screening and Support [website](#), starting with the English version and all remaining languages expected to be completed by end of February 2024. Website facilitates member access to cancer screening recommendations and guidance.
 - Extensive literary search

2024 Year of Action COBAR Item #16

Cancer Screening and Support

Get Informed

When it comes to cancer, knowledge is a powerful tool



We're here to help you

We know cancer can be scary. If you have questions about screenings, are waiting for test results or are getting treatment, CalOptima Health has tools and information to help you make decisions for your care. Learn more at these links:

Should I be screened?

- Screening guidelines
- Benefits of early detection
- Screening health rewards

How do I get screened?

- Screening process
- What to expect
- Benefits and coverage

I received my results. What's next?

Steps you can take based on your results:

- I don't have cancer
- I need more testing
- I have cancer

Members can also call CalOptima Health Customer Service toll-free at 1-888-587-8088 (TTY 711), Monday through Friday, from 8 a.m. to 5:30 p.m. We have staff who speak your language.

We're dedicated to making a difference

In 2023, CalOptima Health partnered with leaders in the fight against cancer to launch the Comprehensive Community Cancer Screening and Support Program. Together, we're working toward a shared goal of decreasing late-stage breast, cervical, colorectal and lung cancer diagnoses.

We're doing this by making sure all Medi-Cal members have equitable access to high-quality care. Learn more at the link below.

About the Program

Preventing, detecting and treating cancer with excellence and dignity

Our Commitment:

In 2023, CalOptima Health launched the Comprehensive Community Cancer Screening and Support program with the goal of lowering late-stage breast, cervical, colorectal and lung cancer diagnoses in Orange County. To reach this goal, CalOptima Health has partnered with leaders in the fight against cancer to make sure all CalOptima Health members have equitable access to high-quality care by:

- **Raising cancer awareness and engagement mainly among high-risk members and county residents**
- **Increasing member options to access cancer screenings and treatment centers**
- **Improving member experience throughout their cancer care journey**

“Equitable access to quality cancer care for Medi-Cal members is non-negotiable, and Orange County is fortunate to have outstanding resources for cancer prevention and treatment,” said Michael Hunn, CalOptima Health Chief Executive Officer. “CalOptima Health is leveraging key cancer centers and activating community opinion leaders to the point where cancer detection is part of our community’s daily discussions.”

Cancer Facts About CalOptima Health Members:

In early 2023, 3,718 CalOptima Health members were newly diagnosed with cancer. Of these, 1,426 are these types of cancer:

- **522 breast cancer**
- **89 cervical cancer**
- **412 colorectal cancer**
- **403 lung cancer**

About 3 in 5 eligible CalOptima Health members have not been screened for cervical, breast or colorectal cancer. Increasing cancer screenings is key for the early detection and treatment of cancer. It can also help raise life expectancy, quality of life and lower health care costs.

Building the Program:

In December 2022, the Comprehensive Community Cancer Screening and Support program was funded through CalOptima Health's share of Intergovernmental Transfer (IGT) funding of \$50.1 million over 5 years. With these funds, CalOptima Health aims to improve cancer awareness, screening access and treatment experience for members through the largest prevention program investment in our health plan history.

In early 2023, CalOptima Health staff facilitated brainstorming sessions with key stakeholders to assess barriers and opportunities for program development. CalOptima Health also surveyed contracted community health centers to learn about their mammography screening capacity and on-site mammography equipment access.

In May 2023, CalOptima Health partnered with City of Hope in Orange County. These efforts leveraged many key member benefits to ease barriers to cancer screenings such as:

- **Using trained health educators for direct outreach to members**
- **Scheduling transportation to screening centers**
- **Communicating with providers when members needed more diagnostic screening services**

In 2024, CalOptima Health plans to start a comprehensive awareness and education campaign that will focus on members, community and providers. CalOptima Health will also explore funding opportunities to support local organizations that aim to increase access to cancer screenings and improve the cancer treatment experience.