



**NOTICE OF A
REGULAR MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
PROVIDER ADVISORY COMMITTEE**

**THURSDAY, FEBRUARY 11, 2021
8:00 A.M.**

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107-N
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committee may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board's office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:

- 1) Listen to the live audio at +1 (631) 992-3221 - Access Code: 361-281-894 or**
- 2) Participate via Webinar at: rather than attending in person. Webinar instructions are provided below. <https://attendee.gotowebinar.com/register/2021147975604174608>**

I. CALL TO ORDER

Pledge of Allegiance

II. ESTABLISH QUORUM

III. APPROVE MINUTES

- A. Approve Minutes of the November 12, 2020 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC)
- B. Approve Minutes of the December 10, 2020 Special Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and the Whole-Child Model Family Advisory Committee (WCM FAC).

IV. PUBLIC COMMENT

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

V. MANAGEMENT REPORTS

- A. Chief Executive Officer Report
- B. Chief Operating Officer Report
- C. Chief Medical Officer Report

VII. INFORMATION ITEMS

- A. COVID-19 Update
- B. Strategic Plan Update for 2020-2021
- C. Federal and State Legislative Update
- D. CHE Behavioral Health Services: Meeting the Mental Health Service Needs of Persons in the Community and Long-Term Care Settings
- E. California Advancing and Innovating Medi-Cal (CalAIM) Update
- F. Provider Advisory Committee Member Updates

VIII. COMMITTEE MEMBER COMMENTS

IX. ADJOURNMENT

Webinar Instructions

1. Please register for the Provider Advisory Committee Meeting on February 11, 2021 at 8:00 AM PDT at: <https://attendee.gotowebinar.com/register/2021147975604174608>. After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.

Note: This link should not be shared with others; it is unique to you.

Before joining, be sure to [check system requirements](#) to avoid any connection issues.

2. **Choose one of the following audio options:**

TO USE YOUR COMPUTER'S AUDIO:

When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

--OR--

TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: **+1 (631) 992-3221**

Access Code: **361-281-894**

Audio PIN: Shown after joining the webinar.

MINUTES

REGULAR MEETING OF THE CALOPTIMA BOARD OF DIRECTORS' PROVIDER ADVISORY COMMITTEE

November 12, 2020

A Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee (PAC) was held on November 12, 2020, CalOptima, 505 City Parkway West, Orange, California and via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing limitations of the Brown Act.

CALL TO ORDER

PAC Chair Dr. Junie Lazo-Pearson, called the meeting to order at 8:01 a.m. and led the Pledge of Allegiance.

ESTABLISH QUORUM

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Amin Alpesh, M.D.; Anjan Batra, M.D.; Jennifer Birdsall, Ph.D; Tina Bloomer, MHNP (8:30 a.m.); Donald Bruhns; Andrew Inglis, M.D.; Jena Jensen; John Kelly, M.D. (8:20 a.m.); Peter Korchin; Teri Miranti; Alexander Rossel; Loc Tran, PharmD.; Christy Ward

Members Absent:

Others Present: Richard Sanchez, Interim Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; David Ramirez, M.D., Chief Medical Officer; Gary Crockett, Chief Counsel; Emily Fonda, M.D., Deputy Chief Medical Director; Candice Gomez, Executive Director, Program Implementation; Michelle Laughlin, Executive Director, Network Operations; Belinda Abeyta, Executive Director, Operations; TC Roady, Director Regulatory Affairs; Cheryl Simmons, Staff to the Advisory Committees; Praveena Lal, Administrative Assistant, Customer Service

MINUTES

Approve the Minutes of the September 10, 2020 Regular Meeting of the CalOptima Board of Directors' Provider Advisory Committee.

Action: On motion of Member Ward, seconded and carried, the Committee approved the minutes of the September 10, 2020 regular meeting. (Motion carried 13-0-0; Members Bloomer and Kelly absent)

Approve the Minutes of the October 8, 2020 Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee.

Action: On motion of Member Tran, seconded and carried, the Committee approved the minutes of the October 8, 2020 Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee, OneCare Connect Member Advisory Committee, Provider Advisory Committee and the Whole-Child Model Family Advisory Committee. (Motion carried 13-0-0; Members Bloomer and Kelly absent)

PUBLIC COMMENTS

There were no public comments.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Richard Sanchez, Interim Chief Executive Officer (CEO) notified the committee that Board Member who served as the Member/Family Member Representative on the Board had resigned. Mr. Sanchez noted that the Orange County Health Care Agency was undertaking a special recruitment to fill the seat and asked the PAC to help promote the recruitment in the community they serve.

Chief Operating Officer Update

Ladan Khamseh, Chief Operating Officer (COO) informed the PAC that approximately 1,000 members received through the mail, information on their possible eligibility for the Qualified Medicare Beneficiary (QMB) program so that they could claim Part A Medicare benefits. Ms. Khamseh also provided an update on the current status of the Medi-Cal Rx program and noted that Magellan Health Care has begun to send the 90 and 60-day notices to members and that CalOptima was responsible for the final 30-day notice. Ms. Khamseh also notified the PAC members about the Virtual Care Innovation Network grant funding which may be available to providers and noted that CalOptima providers had been sent information on the grant funding.

Chief Medical Officer Update

David Ramirez, M.D., Chief Medical Officer, shared with the committee that CalOptima had received a quality award from the Department of Health Care Services (DHCS) for being the only Medi-Cal plan in the state to perform above percentile benchmark in all the quality measures for Reporting Year 2020. Dr. Ramirez thanked the providers for their assistance in achieving this honorable award. Dr. Ramirez also provided a brief update on Medi-Cal Rx and noted that the All Plan Letter (APL) had been released and as expected, there were no significant changes. He also discussed the Orange County Coronavirus Taskforce and provided an update on the promising vaccine development results that were recently announced. Dr. Ramirez noted that the taskforce would be reviewing ways to promote the vaccine to CalOptima members and others in the community.

Chief Financial Officer Update

Nancy Huang, Chief Financial Officer (CFO), presented a quarterly financial update to the PAC for the quarter ending September 2020. In addition, Ms. Huang reviewed the enrollment summary for health networks by Medi-Cal, OneCare Connect and OneCare lines of business.

INFORMATION ITEMS

Program of All-Inclusive Care for the Elderly (PACE) Update

Elizabeth Lee, Director, PACE, presented on the PACE program and updated the PAC on how members are being helped and cared for during the pandemic. She noted that PACE had rolled out the new CalOptima PACE Without Walls telehealth model program branding and PACE infomercial video to highlight this concept to prospective members in preparation for the overlap of PACE programs in 2021.

OneCare Connect Transition Planning

Ravina Hui, Director, Program Implementation notified the PAC that the Centers for Medicare and Medi-Cal (CMS) had notified CalOptima that the Cal MediConnect program, known as CalOptima's OneCare Connect program would end on December 1, 2022. Ms. Hui noted that existing OneCare Connect members would have the option of being moved to CalOptima's OneCare program as one of the options.

Federal & State Legislative Update

Jackie Mark, Sr. Policy Advisor provided an update on several legislative items of interest to the committee and noted that the State Legislature will begin the planning process for the 2021-2022 budget on December 7, 2020.

PAC Member Updates

Chair Lazo-Pearson thanked the PAC members for completing their compliance courses. She also reminded them that the next meeting would be a special joint meeting with the other Board Advisory Committees at 8:00 a.m. on December 10, 2020.

ADJOURNMENT

Hearing no further business, Chair Lazo-Pearson adjourned the meeting at 9:02 a.m.

/s/ Cheryl Simmons

Cheryl Simmons

Staff to the Advisory Committees

Approved: February 11, 2021

MINUTES

**SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS'
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT
CAL MEDICONNECT PLAN (MEDICARE-MEDICAID PLAN)
MEMBER ADVISORY COMMITTEE,
PROVIDER ADVISORY COMMITTEE AND
WHOLE CHILD MODEL FAMILY ADVISORY COMMITTEE**

December 10, 2020

A Joint Meeting of the CalOptima Board of Directors' Member Advisory Committee (MAC), OneCare Connect Member Advisory Committee (OCC MAC), Provider Advisory Committee (PAC) and Whole-Child Model Advisory Committee (WCM FAC) was held on Thursday, December 10, 2020 via teleconference (Go-to-Webinar) in light of the COVID-19 public health emergency and consistent with Governor Newsom's executive orders EO-N-25-20 and EO-N-29-20, which temporarily relax the teleconferencing limitations of the Brown Act.

CALL TO ORDER

PAC Chair Dr. Lazo-Pearson called the meeting to order at 8:05 a.m., and OCC MAC Chair Patty Mouton led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Christine Tolbert, Chair; Maura Byron; Sandy Finestone; Connie Gonzalez; Jacqueline Gonzalez; Hai Hoang; Sally Molnar; Patty Mouton; Kate Polezhaev; Sr. Mary Terese Sweeney; Steve Thronson; Mallory Vega

Members Absent: Melisa Nicholson; Pamela Pimentel, Vice Chair;

OneCare Connect Member Advisory Committee

Members Present: Patty Mouton, Chair; Meredith Chillemi; Gio Corzo; Josefina Diaz; Eleni Hailemariam, M.D. (non-voting); Sandy Finestone; Sara Lee; Mario Parada; Donald Stukes

Members Absent: Jyothi Atluri (non-voting); Keiko Gamez, Vice Chair; Donald Stukes

Provider Advisory Committee

Members Present: Junie Lazo-Pearson, Ph.D., Chair; John Nishimoto, O.D., Vice Chair; Alpesh Amin, M.D.; Anjan Batra, M.D.; Jennifer Birdsall, Tina Bloomer; Donald Bruhns, Dr. Inglis, Jena Jensen; John Kelly, M.D.; Teri Miranti; Alex Rossel; Loc Tran, Pharm.D.; Christy Ward

Members Absent: John Kelly, M.D.; Peter Korchin; Alexander Rossel

Whole-Child Model Family Advisory Committee

Members Present: Kristen Rogers, Chair; Brenda Deeley, Vice Chair; Maura Byron; Malissa Watson

Members Absent: Cathleen Collins; Sandra Cortez-Schultz; Jacque Knudsen; Kathleen Lear; Monica Maier
WCM FAC did not achieve a quorum.

Others Present: Richard Sanchez, Chief Executive Officer; Ladan Khamseh, Chief Operating Officer; Emily Fonda, M.D., Interim Chief Medical Officer; Gary Crockett, Chief Counsel; Belinda Abeyta, Executive Director, Operations; Candice Gomez, Executive Director, Program Implementation; Betsy Ha, Executive Director, Quality and Population Health Management; Tracy Hitzeman, Executive Director Clinical Operations; Michelle Laughlin, Executive Director, Network Operations; Rachel Selleck, Executive Director, Public Affairs; Thanh-Tam Nguyen, M.D., Medical Director, Medical Management; Albert Cardenas, Director, Customer Service; Cheryl Simmons, Staff to the Advisory Committees; Praveena Lal, Administrative Assistant, Customer Service

PUBLIC COMMENT

There were no requests for public comment.

CEO AND MANAGEMENT REPORTS

Chief Executive Officer Update

Richard Sanchez, Chief Executive Officer, welcomed the members of the Board Advisory Committees. Mr. Sanchez reported that the Department of Health Care Services had postponed the Medi-Cal Rx program until April 1, 2021 and noted that it could be extended beyond that date. He also provided a brief update on the COVID pandemic and noted how the case counts were increasing but shared the good news on the availability of the new vaccine. Mr. Sanchez also introduced Rachel Selleck as the new Executive Director of Public Affairs.

Chief Medical Officer Update

Emily Fonda, M.D., Interim Chief Medical Officer gave a status update on COVID-19 for Orange County where the number of cases were still substantial. She discussed the significance of the vaccine and how important and necessary it is to prevent illness, deaths and any long term health consequences as experienced by many people. She shared that a high vaccine uptake at 70% or greater could help end the pandemic and noted that California is planning to distribute and administer vaccines as quickly as possible when the emergency use is finalized.

INFORMATION ITEMS

Trends in Early Diagnosis of Autism Spectrum Disorder

Jonathan T. Megerian M.D., Thompson Autism Center, Michael Weiss, M.D., CHOC Health Alliance and Charles Golden, M.D., CHOC presented on screening, diagnosis, and treatment trends in pediatric autism.

Trends in Adolescent Mental Health

Chelsea O'Haire, Director of Education & Training at The Center for Autism & Neurodevelopmental Disorders, UC Irvine, School of Medicine presented on trends in adolescent diagnoses of autism spectrum disorder as it continues to increase around the country.

Compassionate Care and Applied Behavior Analysis Treatment During the Pandemic

Junelyn Lazo-Pearson, Ph.D., Chief Clinical Officer, Advanced Behavioral Health presented on providing treatment specific to applied behavioral analysis during the pandemic.

Trauma Informed Care and Adverse Childhood Experiences (ACEs) Aware Update

Betsy Ha, Executive Director, Quality and Population Health Management presented and provided an update on ACES and trauma informed care framework and CalOptima's role in working with community partners to implement training, reimbursement while also addressing COVID-19 trauma related to the ACES.

COMMITTEE MEMBER UPDATES

MAC Chair Tolbert welcomed Jacqueline Gonzalez as the new Recipients of CalWORKs Representative and announced that the next regular MAC meeting was scheduled for February 11, 2021 at 2:30 PM. Chair Tolbert also reminded everyone on all the committees to please complete their compliance courses if they had not already done so.

OCC MAC Chair Mouton reminded the OCC MAC members that the next OCC MAC meeting was scheduled for February 25, 2021 at 3:00 PM. She also announced that there would be another special joint meeting on March 11, 2021 with a time to be determined.

PAC Chair Lazo-Pearson announced that the next PAC meeting was scheduled for February 11, 2021 at 8:00 AM. She also told the PAC that she would be reaching out to the members about presenting at various PAC meetings.

WCM FAC Chair Rogers announced that WCM FAC would hold their next regular meeting on February 23, 2021 at 9:30 AM.

CalOptima Board of Directors' Minutes
of the Special Joint Meeting of the
Member Advisory Committee,
OneCare Connect Member Advisory Committee,
Provider Advisory Committee and the
Whole-Child Model Family Advisory Committee
December 10, 2020
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ADJOURNMENT

There being no further business before the Committees WCM FAC Chair Kristen Rogers adjourned the meeting at 10:35 a.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: Provider Advisory Committee on February 11, 2021

Approved: Member Advisory Committee on February 11, 2021

MINUTES

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CALOPTIMA BOARD OF DIRECTORS'
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PUBLIC COMMENT

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ADJOURNMENT

There being no further business before the Committees WCM FAC Chair Kristen Rogers adjourned the meeting at 10:35 a.m.

Cheryl Simmons
Staff to the Advisory Committees

MEMORANDUM

DATE: January 27, 2021

TO: CalOptima Board of Directors

FROM: Richard Sanchez, Interim CEO

SUBJECT: CEO Report — February 4, Board of Directors Meeting

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

Biden Administration Will Bring Changes to Federal Health Care Priorities

On January 20, President Joe Biden and Vice President Kamala Harris were inaugurated. President Biden's top priority is COVID-19 response and vaccine distribution, with a goal of administering 100 million vaccines within his first 100 days in office. Shortly after being sworn in, he took executive action to rejoin the World Health Organization, restore the Obama-era White House global health security office, and mandate the use of masks on all federal properties and by all federal employees. The new Administration also released an outline of a \$1.9 trillion COVID-19 relief plan, which would require approval by Congress. Elements include \$20 billion for a national vaccination program, \$50 billion for testing, \$30 billion for medical supplies and personal protective equipment, and \$350 billion for state and local governments. Related to Medicaid, the president wants to increase the Medicaid Federal Medicaid Assistance Percentage to 100% for vaccine administration fees, strengthen and expand the Affordable Care Act, and address racial and ethnic health care disparities. Democrats' new majority in the Senate may put other health care policies within reach, such as the creation of a public option or Medicare early buy-in plan. I will keep your Board informed of key federal health policy changes going forward.

Proposed State Budget Increases Medi-Cal Funding, Reintroduces Plans for Innovation

On January 8, 2021, Gov. Gavin Newsom released the proposed Fiscal Year 2021–22 State Budget. As California continues to respond to the public health emergency, Gov. Newsom's proposed budget expands upon existing health care programs while reintroducing proposals that were delayed due to last year's budget restraints and the COVID-19 pandemic. Among other health care actions, the proposed budget includes \$122.2 billion in Medi-Cal spending (a 6% increase from the prior year), extends funding for Medi-Cal optional benefits until 2022 and reintroduces the California Advancing and Innovating Medi-Cal (CalAIM) proposal. California has until July 1, 2021, to enact a state budget. Following my report is CalOptima's analysis of the proposed budget.

CalAIM Proposal Relaunched, Enhances Care Coordination for High-Risk Members

Concurrent with the release of Gov. Newsom's FY 2021–22 proposed budget, the Department of Health Care Services (DHCS) released a revised CalAIM proposal. CalAIM is a multiyear initiative to improve Medi-Cal beneficiaries' quality of life and health outcomes by implementing delivery system, program and payment reforms. The proposal was initially released in late 2019 but put on hold due to the pandemic. The new proposal revitalizes the Enhanced Care Management and In Lieu of Services initiatives and calls for implementation on

January 1, 2022. CalAIM's relaunch also brings the restart of state-sponsored workgroups this month, with a plan to finalize requirements in the spring. CalOptima will participate in the state's stakeholder-feedback process and has begun local coordination efforts by meeting with the Orange County Health Care Agency (HCA) on January 22. Soon, CalOptima will also engage our advisory groups, health networks, provider associations, community collaboratives and others to ensure awareness of the significant elements in CalAIM. A white paper summarizing CalAIM initiatives follows my report.

Be Well OC Campus in Orange Ready to Serve With Integrated Mental Health System

On January 13, CalOptima was proud to be part of an outstanding virtual ribbon cutting event for the Be Well OC campus in Orange. Representing CalOptima as a contributing partner to the campus, I was included among the speakers asked to highlight the benefits of the transformed and integrated mental health care system. My message emphasized the value of Be Well's seamless continuum of care and the availability of enhanced Medi-Cal services for CalOptima members. Starting on January 25, members have access to sobering stations to recover safely from substance use and receive additional services or referrals. On February 1, Be Well's crisis stabilization unit will be operational to support members experiencing an acute mental health crisis. View the recorded event [here](#).

COVID-19 Vaccination Efforts Focus on Collaboration, Communication

CalOptima's activity has shifted to raising vaccine awareness and speeding distribution. Below are summaries of selected efforts surrounding vaccination response.

- *Vaccine Equity Pilot Program:* On January 26, the Board of Supervisors approved a COVID-19 Vaccine Equity Pilot Program to support CalOptima, our health networks and community clinics in serving targeted Medi-Cal members with co-morbidities over the age of 65. The program will add resources at vaccination sites specific for these members and promote availability of the vaccine through targeted outreach. The goal is to reach up to 96,000 CalOptima members.
- *Program of All-Inclusive Care for the Elderly (PACE) Vaccination Clinic:* In a collaborative effort between PACE, HCA, Mercy Pharmacy Group and Othena, CalOptima held the first of four COVID-19 vaccine clinics at the Garden Grove PACE center on Saturday, January 23. Vaccines were administered to 172 PACE participants and 54 staff. The next clinic is January 28, and the third and fourth clinics are in late February to administer the second dose. The event was a success, with many participants and the family members who transported them expressing emotions of joy and relief.
- *Long-Term Care Vaccination:* CalOptima's Long-Term Care nurses conduct biweekly phone calls with contracted nursing facilities and have recently added vaccination data collection to their check-ins. Data from late January, from 52 of 70 facilities reporting, indicates that more than 2,600 CalOptima nursing home members have been vaccinated thus far.
- *Vaccine Hesitancy Survey:* In response to the directive at your Board's Special Meeting on January 7, CalOptima will conduct a vaccine hesitancy survey of our members. The Population Health Management team will collaborate with HCA staff to leverage the HCA vaccine hesitancy survey results and identify unanswered questions to include in the CalOptima survey. We will design appropriate or alternative survey methodology that will lead to actionable plans to address the root causes of vaccine hesitancy, focusing on CalOptima's hard-to-reach and most vulnerable populations.

- *Vaccination Advertising Campaign:* Launching in February, CalOptima's vaccination ad campaign has been approved by the state and shared with the County for coordination. The first part of the campaign emphasizes placement in local newspapers, including English, Spanish and Vietnamese language papers. Starting in March, ads for billboards, transit shelters, Spanish radio and social media will be added. The campaign will run through the end of June, and across that period, we will introduce new ad designs to keep the campaign fresh. Further, we are working closely with the County to leverage our media buy.
- *Media Coverage:* The Board-approved \$35.4 million program to offer two \$25 incentives for members to receive the vaccine drew significant media coverage on January 20. The Orange County Register ran an article on the front page, and KABC's 3 p.m. and 6 p.m. news also mentioned the incentives in a larger story about vaccination sites. See the link [here](#).

Medi-Cal Enrollment Awareness Material Shared Broadly in the Community

Considering the pandemic's economic impact on individuals, CalOptima's Community Relations team is reaching out to organizations that serve potential members. This month, the team connected with more than 80 community-based groups, collaboratives, shelters and affordable housing developers to raise awareness about the Medi-Cal eligibility and application process and supply electronic educational material in CalOptima's threshold languages of English, Spanish, Vietnamese, Korean, Farsi, Arabic and Chinese. Nearly 40 of the organizations have already requested printed copies of the materials, posted information their websites and social media platforms, or shared information with their clients.

Medi-Cal Rx Transition Still Anticipated for April 1

On January 6, DHCS held a webinar to provide an update regarding the transition to Medi-Cal Rx. DHCS staff stated that go-live remains April 1, and the state distributed a member notice in late December with that implementation date. Magellan discussed its launch of Transitional Support Services (TSS), with responsibilities that include operating a customer service support center, expanding web portal functionality and providing managed care plan training with Magellan clinical liaisons. CalOptima will meet twice with the clinical liaison team this month. Between now and April 1, the TSS call center will respond to questions about Medi-Cal Rx, web functionality, and training and education, but will not assist with questions about member eligibility, authorizations or claims. Separate yet relevant to Medi-Cal Rx, Centene Corp. announced January 4 that it is acquiring Magellan.

CalOptima Completes Employee Engagement Survey Data Collection

To share their feedback, 1,085 employees (77%) completed The Pulse Employee Engagement Survey this month. Next, the survey vendor will compile and analyze the results by approximately March, and CalOptima leaders will use the findings to identify opportunities to strengthen engagement. A prior employee survey was conducted in July 2019 and resulted in several enhancements, including an Employee Engagement Team, a peer recognition program and education on strategic goal setting.



A Public Agency

CalOptima

Better. Together.

Population Health COVID-19 Vaccine and Member Outreach Strategy

Member Advisory Committee and Provider Advisory Committee
February 11, 2021

Emily Fonda, MD, MMM, CHCQM
Interim Chief Medical Officer

[Back to Agenda](#)

CalOptima Population Analysis by COVID-19 Risk Factors

All Total Members

806,334

All High Risk Conditions

200,978

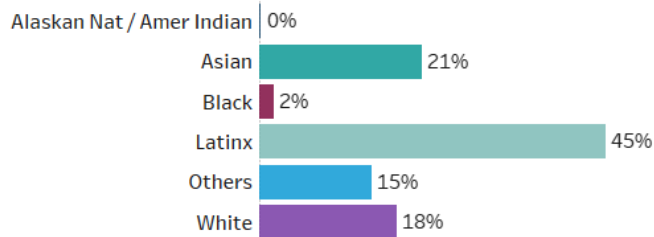
All Experiencing Homelessness

12,130

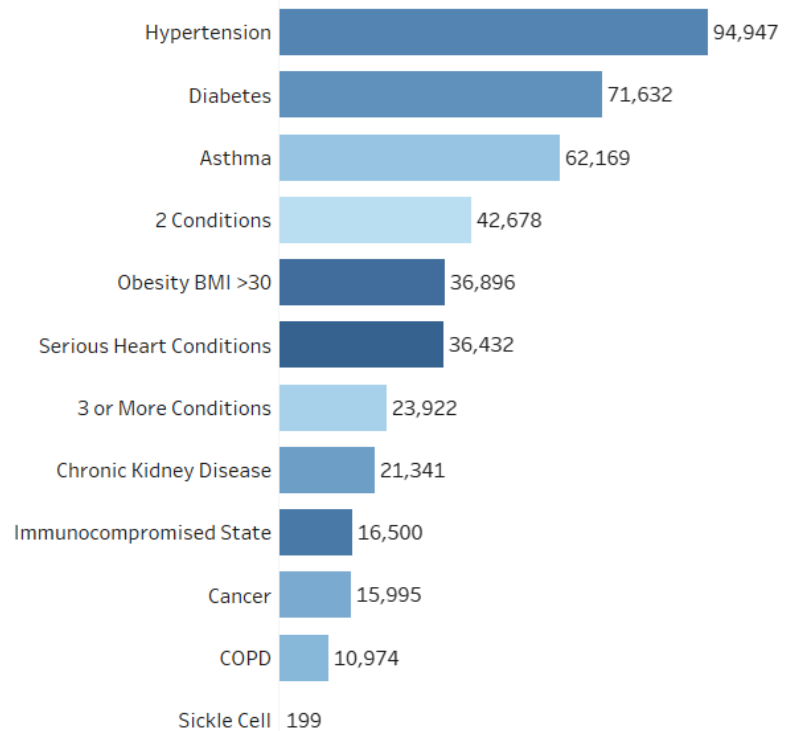
All LTC Residents

4,148

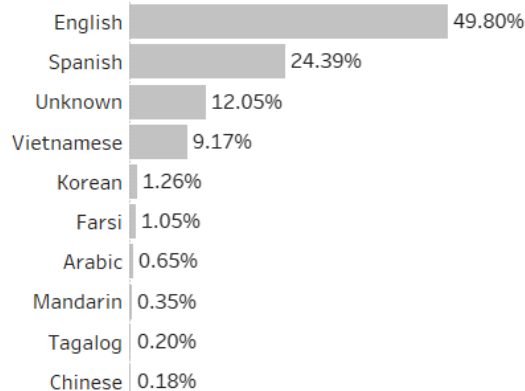
Member Counts by Ethnicity: All



Member Counts by High Risk Condition: All



Member Counts: Top Ten Languages: All



Chronic Conditions in "2 Conditions" and "3 or More Conditions" include Asthma, Chronic Obstructive Pulmonary Disease (COPD), Chronic Kidney Disease (CKD), Congestive Heart Failure (CHF), Diabetes and Hypertension (HTN)

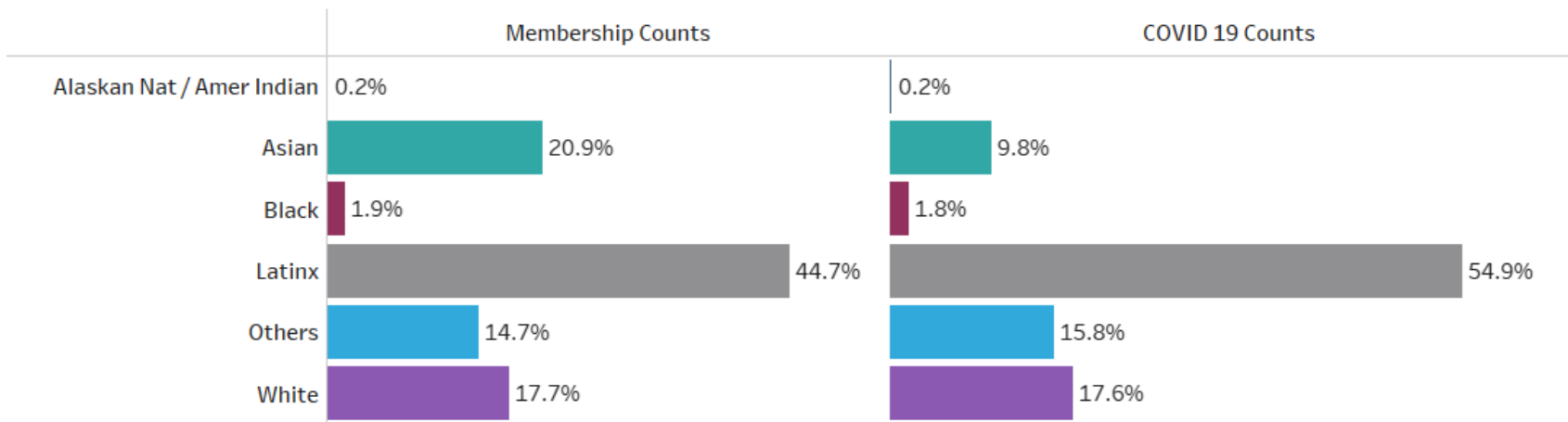
Data pulled on December 28, 2020, Data Source: CalOptima Enterprise Analytics; [Back to Agenda](#) [Condition Prevalence](#); Time Frame: December 20, 2019–November 20, 2020; EA_EQ_Member Detail; Time Frame: December 2020; Programs: All



CalOptima Members COVID-19 Data: December 2020

- Latinx account for 54.9% of coronavirus cases and make up 44.7% of the CalOptima's membership
- Blacks account for 1.8% of cases and make up 1.9% of the membership

CalOptima Members COVID 19 Data
By Race and Ethnicity
December 2020



COVID 19 cases coded in Claims and Encounters received through 12/18/20
CalOptima Enterprise Analytics [Back to Agenda](#)

Ongoing COVID-19 Efforts

- Orange County Nursing Home Program
 - Intensive infection protection training began June 1, 2020 in collaboration with the HCA and conducted by UCI epidemiology team in anticipation of the fall COVID-19 resurgence
- Post-Acute Infection Prevention Quality Incentive Initiated October 2019
 - Supports the substitution of regular liquid soap with chlorhexidine soap (antibacterial, anti-viral, anti-fungal for 24 hours) in nursing homes
 - Ongoing program in 27 facilities with plans for expansion

Ongoing COVID-19 Efforts (cont.)

- Virtual Urgent Care Pilot

- Virtual urgent care visits, including after-hour access for all CalOptima members regardless of network assignment for behavioral health (BH) conditions/non-BH care for CCN
- Telehealth coverage for BH — also provided by vendor Bright Heart with limited number of providers
- Goals — to assist with access and availability issues and offload provider offices with limited capacity during the pandemic

OC Nursing Home COVID-19 Prevention Program Extension and Expansion

- Original grant covered the development of an online toolkit for nursing homes and implementation training for the protection of nursing facility staff and patients and for environmental infection prevention
 - 1,984 views @UCIhealth.org/stopcovid
 - Over 150 hours of consultative training
- Results → 185 resident cases avoided; 110 staff cases have been avoided using matched controls
 - Saved 32–35 lives among those due to 17–19% mortality among CalOptima LTC members)

OC Nursing Home COVID-19 Prevention Program Extension and Expansion (cont.)

- \$1.2 million approved by CalOptima Board of Directors on January 7, 2021, for Extension and Expansion
- Urgent expansion will address multiple levels of concern
 - Early estimates of COVID-19 vaccine uptake by nursing facility staff are approximately only 15–30%, reportedly due to misinformation and magnified by frequent staff turnover
 - Informational bilingual webinars for staff to dispel rumors and address vaccine hesitancy
 - Staff helpline for vaccine questions by phone or text
 - Laminated breakroom educational materials for all 67 contracted OC nursing homes

COVID-19 Vaccination Outreach and Member Incentive

○ Initiative Description

- Outreach to members via mail, texting and phone calls
- Host vaccination events in hard-to-reach communities in collaboration with HCA and health networks
- Partner with community-based organizations (e.g., food pantries) to bring additional resources to the event
- Leverage CalOptima non-medical transport to bring members to/from vaccination events
- Member quality incentives of \$25 non-monetary gift cards for each vaccine, subject to regulatory approval
 - \$35 million approved by the BOD on January 7, 2021

○ Target Member Population

- All members

Homeless Health Initiative Vaccination Intervention and Member Incentive Strategy

- One-year Homeless Health Initiative (HHI) — up to \$400,000 for non-monetary member incentives to promote COVID-19 vaccination while addressing social determinants of health (SDoH)
 - A \$25 quick service restaurant gift card per vaccination for members receiving the COVID-19 vaccines
 - Non-monetary incentives in an amount not to exceed \$50
- Collaborate with community partners serving the homeless to support vaccination at shelters, recuperative care sites and other hot spots
 - Orange County Health Care Agency and Coalition of Community Clinics-Clinical Field Teams
- Start planning collaboratively with Coalition of Community Clinics in January 2021

COVID-19 Vaccine Outreach Plan

- Begin at proposed phase 1b* front line essential workers and persons aged 65 years and older
- Conduct targeted outreach via text messaging campaign or alternative modality to these members letting them know that
 - They are now eligible to be vaccinated
 - Advise members where to be vaccinated
 - Location of free vaccination TBD in collaboration with HCA
 - Address root causes of members who may be hesitant to get vaccinated for further outreach with specific messaging.
 - Conduct CalOptima-specific vaccine hesitancy survey.
- Timeline: February–December 2021

* The Advisory Committee on Immunization Practice (ACIP) proposed Phase 1b as including front line essential workers and those persons aged ≥ 75 years
<https://www.cdc.gov/vaccines/covid-19/implementation-strategies.html>

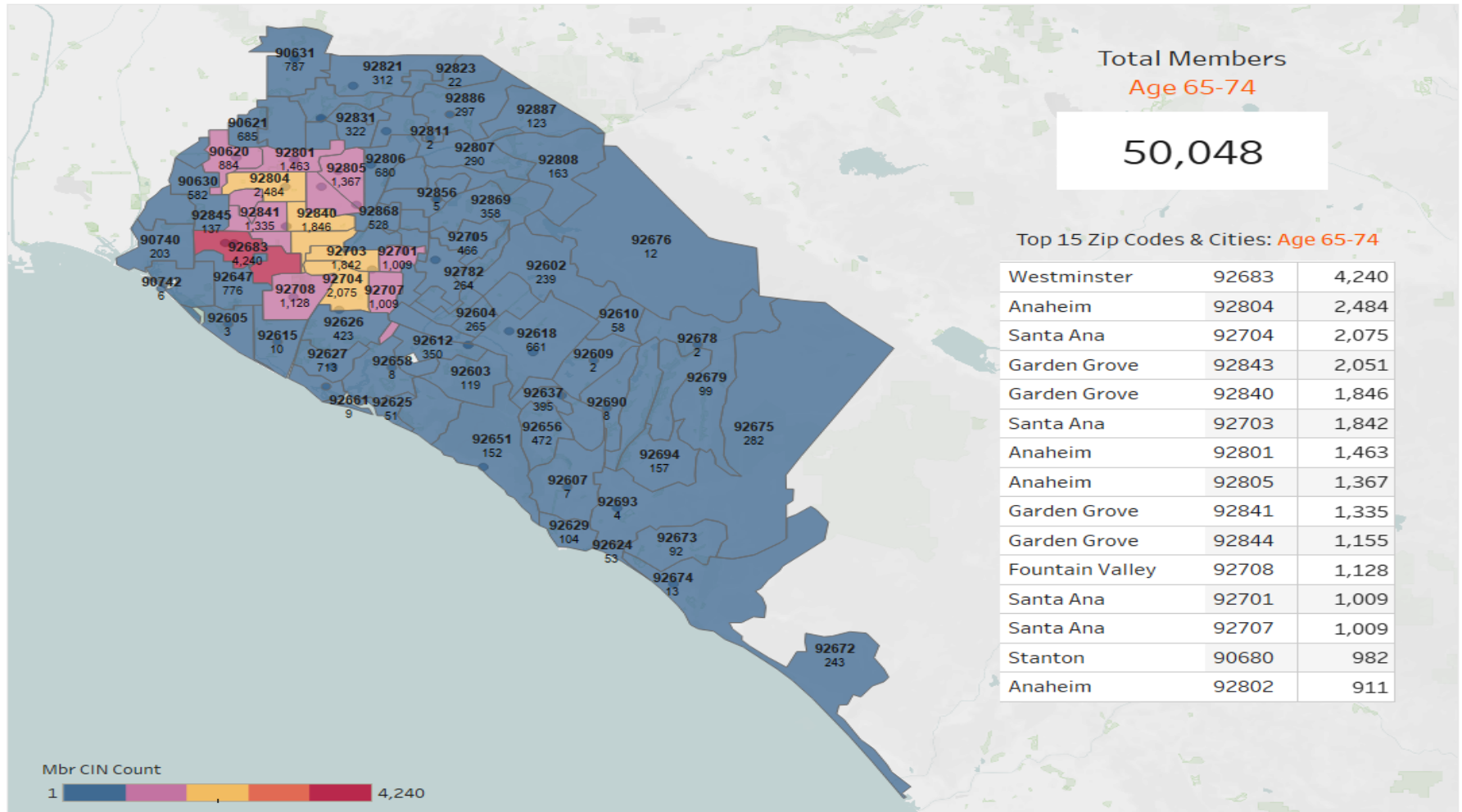
COVID-19 Communications Strategy

- Awareness campaign
 - Through print, outdoor, radio, digital and social media
- Collateral materials
 - Member frequently asked questions (FAQs), member newsletters, PHM mailings, provider FAQs, provider updates, community updates
 - Direct mail, website, member portal, social media and virtual events
- Community outreach
 - Partnerships, panel discussions and town halls
- Media pitching
 - Newspapers, TV, radio and op-ed

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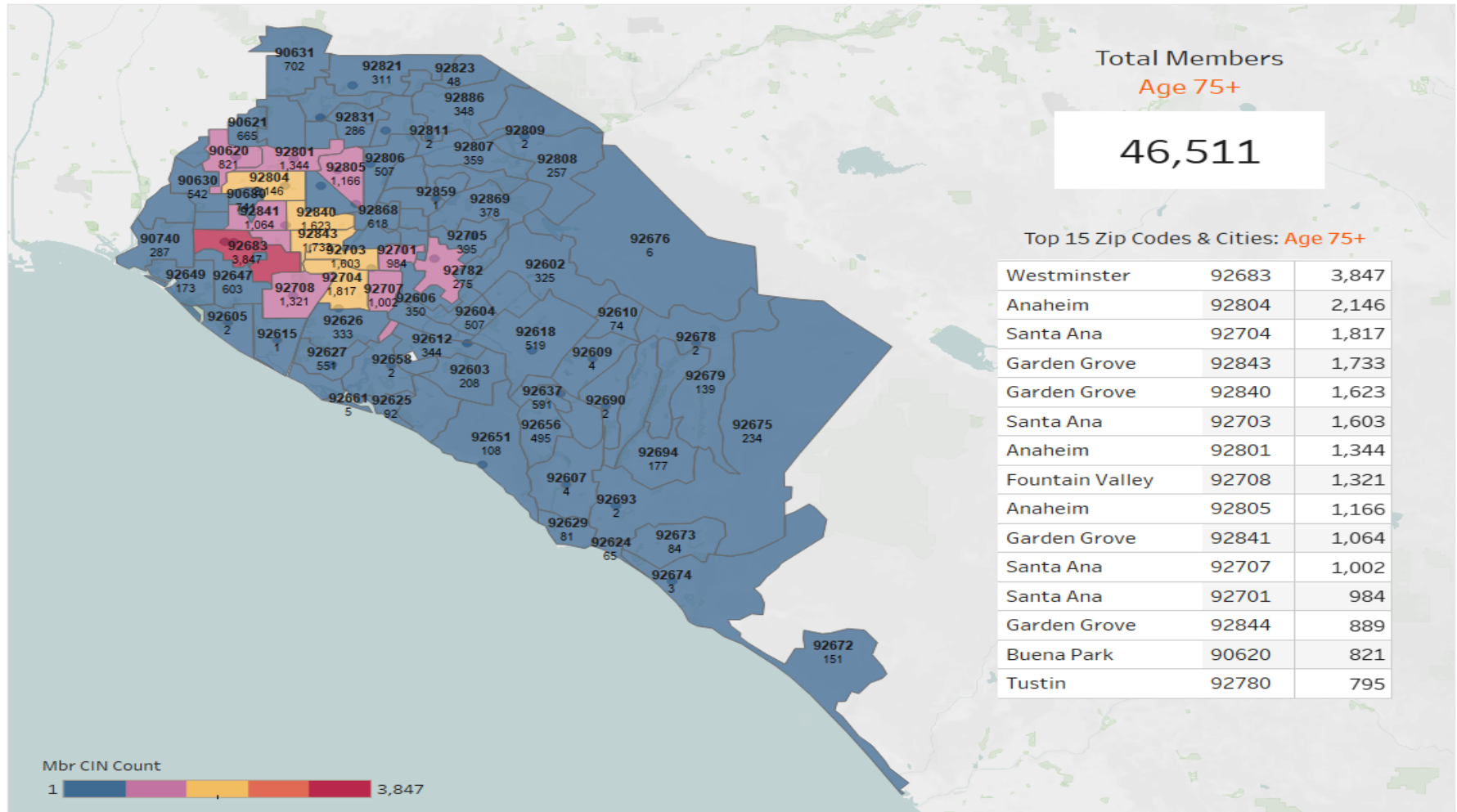


Members Ages 65–74 by City and Top ZIP Codes



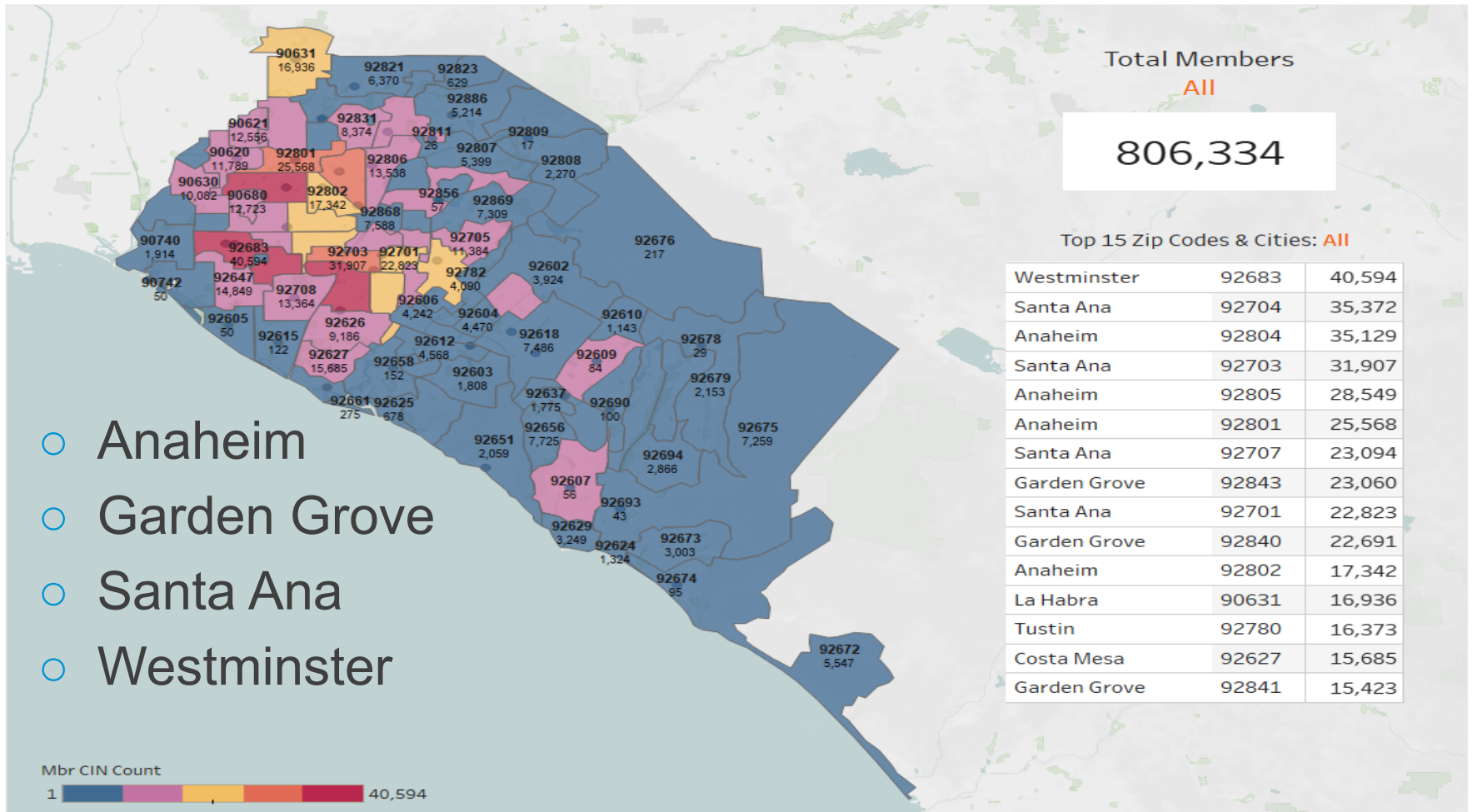
Data pulled on December 29, 2020. Data Source: CalOptima Enterprise Analytics; EA_MemberCurrentMonth; Time Frame: December 2020, Programs: All

Members Age 75+ by City and Top ZIP Codes



Data pulled on December 29, 2020. Data Source: CalOptima Enterprise Analytics EA_MemberCurrentMonth; Time Frame: December 2020, Programs: All

Recommendation for Targeted Vaccine Events



- Anaheim
- Garden Grove
- Santa Ana
- Westminster

Data pulled on December 29, 2020. Data Source: CalOptima Enterprise Analytics; EA_MemberCurrentMonth; Time Frame: December 2020; Programs: All

Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



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CalOptima

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CalOptima 2020–2022 Strategic Plan Review Session

Provider Advisory Committee
Member Advisory Committee
February 11, 2021

Strategic Plan Planning, Development Process and Implementation Overview

Rachel Selleck, Executive Director Public Affairs

Debra Kegel, Director Strategic Development

Planning and Development Process Overview (April–December 2019)

Interviewed CalOptima Board, Executive Staff, and Advisory Committee Chairs and Vice Chairs

Conducted Strategic Planning Session with CalOptima Board of Directors

Completed Environmental Scan

Identified Themes and Priorities

Developed First Draft of 2020–2022 Strategic Plan

Facilitated Meetings with Advisory Committees and Health Networks

Presented Draft Strategic Plan to CalOptima Board of Directors

Integrated Final Input and Comments

Presented Final 2020–2022 Strategic Plan to CalOptima Board of Directors

Strategic Priorities and Objectives



Innovate & Be Proactive

- Anticipate Likely CMS And DHCS Priorities
- Identify and Collaborate on Local Priorities and Needs
- Leverage New Federal and State Programs and Services to Improve Access and Quality of Care for Members
- Seek Opportunities to Further Integrate Care for Members



Expand CalOptima's Member-Centric Focus

- Focus on Population Health
- Strengthen Provider Network and Access to Care
- Enhance Member Experience and Customer Service



Strengthen Community Partnerships

- Increase Collaboration with Providers and Community Stakeholders to Improve Care
- Utilize Strong Advisory Committee Participation to Inform Additional Community Engagement Strategies



Increase Value and Improve Care Delivery

- Evaluate and Implement Value-Based Purchasing Strategies that Drive Quality
- Deploy Innovative Delivery Models to Address Social Determinants of Health and Homelessness
- Maintain Focus on Providing High-Quality Care Provided to Members



Enhance Operational Excellence and Efficiency

- Maintain Strong Culture of Compliance
- Preserve CalOptima's Financial Stability
- Invest in Infrastructure and Efficient Processes
- Engage Workforce and Identify Development Opportunities

Strategic Planning Discussion

○ Strategic Priorities



○ Strategic Initiatives Categories

- Behavioral Health
- Clinical Operations
- Community Engagement
- COVID-19 Response
- Employee Support
- Health Equity*
- Member Access
- Organizational Operations
- Quality Improvement
- Service Delivery Model*
- Social Determinants of Health

* Added 2/4/21 per Board of Directors

Looking Forward





- Continue leveraging flexibilities under the 2020–2022 Strategic Plan to address
 - COVID-19 pandemic and aftermath
 - New federal administrative and legislative agendas
 - Next fiscal year state budget and initiatives
 - California Advancing and Innovating Medi-Cal (CalAIM)
 - Racial and ethnic health care disparities
- Per direction of Board at February 4, 2021 meeting
 - Staff will engage advisory committees regarding proposed goals in the following categories
 - Behavioral Health
 - Health Equity
 - Service Delivery Model
 - Social Determinants of Health

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Our Mission




To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Behavioral Health	Behavioral Health Ad Hoc Workgroup Coordination	Expand collaborative opportunities and build a synergistic relationship among the Coalition of Orange County Community Health Centers, their member community health centers and CalOptima to promote health equity of the most vulnerable populations in Orange County, specific to mental health and substance use disorder treatment services.	Increase Value and Improve Care Delivery	6/19/2020	 Ongoing
Behavioral Health	Behavioral Health Integration (BHI) Redesign	Develop, document and improve departmental processes for BHI due to transition of care services for OneCare and OneCare Connect from Magellan to CalOptima as of January 1, 2020, and assist with redesign of BHI department organization and internal team processes to improve member experience.	Increase Value and Improve Care Delivery	7/1/2019	 Ongoing
Clinical Operations	Enhance Real-Time Monitoring	Implement formalized real-time and near real-time monitoring processes with standards development for tracking, trending, feedback and remediation of utilization management activities.	Enhance Operational Excellence and Efficiency	5/1/2020	 Ongoing
Clinical Operations	Medi-Cal Pharmacy Benefit Carve-Out	Carve out Medi-Cal pharmacy benefits to Medi-Cal Fee for Service, effective April 1, 2021. Excluded from the carve-out are OneCare, OneCare Connect, Program of All-Inclusive Care for the Elderly (PACE) and physician-administered drugs.	Enhance Operational Excellence and Efficiency	12/1/2019	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed







	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Clinical Operations	Pediatric Integrated Care Survey	Pilot the implementation of a family-reported survey instrument, developed by Boston Children’s Hospital, that measures family experience of care integration in a subset of the Whole Child Model (WCM) population. Both CalOptima and CHOC Health Alliance are participants in the initiative, which will inform quality improvement and interventions to improve integration of services for WCM members.	Expand CalOptima’s Member-Centric Focus	2/1/2021	 Not Yet Started
Clinical Operations	Pharmacy Benefit Management (PBM)	Negotiate contract with current PBM for dates of service starting January 1, 2022, or pursue a Request for Proposal (RFP) depending on outcome of contract negotiations. Initiative would ensure quality and efficient administration of pharmacy benefit for members in our Medicare programs. Note: Contract with MedImpact was extended through 2024.	Enhance Operational Excellence and Efficiency	11/1/2020	 Complete 12/31/2020
Community Engagement	CalOptima Collaboration in the Community	Provide targeted outreach and education projects/activities to (1) increase engagement and collaboration with providers and community stakeholders; and (2) engage our advisory committees and other community stakeholders to identify members’ needs, community health issues, priorities and opportunities.	Strengthen Community Partnerships	1/1/2020	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed







Strategic Priority Initiatives

	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Community Engagement	Quarterly Safety Net Meetings	Provide a platform for CalOptima and the Coalition of Orange County Community Health Centers to convene on a quarterly basis with a shared strategic agenda to identify opportunities for both organizations to partner and provide value to ongoing health care initiatives.	Strengthen Community Partnerships	4/17/2020	 Ongoing
Community Engagement	Vietnamese Leadership Collaborative	Identify key stakeholders serving the Vietnamese community and launch the Vietnamese Leadership Collaborative to lead and address health care issues impacting our Vietnamese membership.	Strengthen Community Partnerships	3/1/2021	 Not Yet Started
COVID-19 Response	Community Stakeholder Outreach and Engagement During COVID-19 Pandemic	Provide targeted outreach activities/projects to (1) serve as a reliable source of resource information to community stakeholders; (2) share information about CalOptima and Medi-Cal through virtual platforms; and (3) support community stakeholder sponsored events with information materials and branded items.	Strengthen Community Partnerships	3/1/2020	 Ongoing
COVID-19 Response	COVID-19 Pandemic Response	Respond efficiently and proactively to our staff, providers, community partners and others during the pandemic, and adjust as necessary to the resulting regulatory changes from our federal, state and local partners.	Enhance Operational Excellence and Efficiency	3/1/2020	 Ongoing




* CalOptima will seek Board of Directors and/or regulatory approval, as needed



	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
COVID-19 Response	Orange County COVID-19 Nursing Home Prevention Program	Engage nursing homes to undergo intensive COVID-19 infection prevention training to provide greater depth and assurance of infection prevention, develop a toolkit and implement training to improve the infection prevention readiness for COVID-19 surge across OC nursing homes.	Innovate and Be Proactive	5/28/2020	 Ongoing
COVID-19 Response	PACE Virtual Care	Provide a technology platform for PACE providers and clinicians to connect virtually with PACE participants to meet current COVID-19 physical distancing requirements.	Increase Value and Improve Care Delivery	5/7/2020	 Complete 11/24/2020
Employee Support	Emergency Mass Notification System	Provide CalOptima a vehicle to help protect, alert and communicate with CalOptima employees at times of need and/or during emergencies.	Enhance Operational Excellence and Efficiency	4/19/2020	 Ongoing
Employee Support	HR Learning Management System and eLearning Content RFP and Implementation	Implement a new learning management system for CalOptima University employee training, development and education programs. Contracted vendor on target for implementation mid-2021.	Enhance Operational Excellence and Efficiency	7/1/2019	 Ongoing




* CalOptima will seek Board of Directors and/or regulatory approval, as needed



	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Member Access	Long-Term Care at Home (LTCH)	Provide members with greater access to skilled care at home and facilitate transition from the hospital and skilled nursing facility to home, subject to DHCS approval of its proposed LTCH initiative. Note: LTSS collaborated with DHCS and managed care plan stakeholders to assess the program design and provide structure feedback. On August 26, 2020, DHCS terminated the development of the LTCH program based on the inability to reach agreement with the Administration on a design process.	Expand CalOptima's Member-Centric Focus	5/22/2020	 Closed 8/26/2020
Member Access	Preventive Care Outreach (Outbound Call Campaign per All Plan Letter 19-010)	Contact all Medi-Cal beneficiaries under age 21 who have not used, or who have underutilized, preventive care services available under the Early and Periodic Screening, Diagnostic and Treatment (EPSDT) services, and encourage these beneficiaries to use EPSDT services.	Expand CalOptima's Member-Centric Focus	5/1/2020	 Ongoing
Member Access	Private Duty Nursing (PDN) - Case Management Responsibilities for Medi-Cal Eligible Members	Ensure Medi-Cal eligible members under the age of 21 know their right to PDN benefits, which fall under the EPSDT services. Note: Notices were sent to families with members under 21.	Expand CalOptima's Member-Centric Focus	1/1/2020	 Complete 11/30/2020

* CalOptima will seek Board of Directors and/or regulatory approval, as needed






	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Organizational Operations	Communications Support	Provide supportive communication strategies, messaging and materials for various strategic initiatives identified by other departments.	Innovate and Be Proactive	1/1/2020	 Ongoing
Organizational Operations	DHCS Health Network Certification	Monitor and certify CalOptima's subcontracted networks pursuant to regulatory standards and requirements set forth by DHCS, including time and distance standards, timely access, mandatory provider types and provider to member ratios. CalOptima is in the process of identifying network deficiencies, reviewing results with networks and updating policy accordingly. Note: In March 2022, CalOptima will submit documentation verifying that its networks have met the adequacy standards per DHCS guidance.	Increase Value and Improve Care Delivery	10/1/2019	 Ongoing
Organizational Operations	Directed Payments	Operationalize DHCS' Directed Payments programs (Physician Services, Hyde, Developmental Screening Services, Adverse Childhood Experiences Screening, Value-Based Payment and Family Planning Services) to incentivize specific providers for specific services using Proposition 56 (Tobacco tax) funds.	Increase Value and Improve Care Delivery	7/1/2018	 Ongoing




* CalOptima will seek Board of Directors and/or regulatory approval, as needed



Strategic Priority Initiatives




	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Organizational Operations	E-Signature Change Healthcare/Adobe	Improve efficiencies for providers and CalOptima through Adobe e-signature functionality for provider contracts produced by CalOptima's Contracting Department.	Enhance Operational Excellence and Efficiency	12/2/2019	 Complete 7/31/2020
Organizational Operations	Intergovernmental Transfer (IGT) Drawdown Process	Work with DHCS and participating governmental entities to facilitate the transfer of public funds in order to access the highest federally allowable reimbursement rate for Orange County. IGT funds are part of CalOptima's operating income/expenses and must be used for Medi-Cal covered services for the Medi-Cal population.	Increase Value and Improve Care Delivery	7/1/2020	 Ongoing
Organizational Operations	Non-Contracted Ground Emergency Medical Transportation (GEMT)	Provide additional funding to non-contracted GEMT providers that service Medi-Cal beneficiaries to support quality improvement efforts through the Quality Assurance Fee.	Increase Value and Improve Care Delivery	7/1/2018	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed

	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Organizational Operations	OneCare Network Build for 2023	Build a OneCare provider network to support continuity and access to care for members participating in OneCare Connect who are expected to transition to OneCare in 2023. As a plan under the Cal MediConnect demonstration project, OneCare Connect is due to sunset at the end of 2022, at which time it is anticipated that existing OneCare Connect members will transition to OneCare. Board authority will be requested as needed.	Increase Value and Improve Care Delivery	9/1/2021	 Not Yet Started
Organizational Operations	Organizational Support for Regulatory Guidance Implementation	Facilitate multidepartment activities related to new regulatory requirements to support compliance and organizational policy and process alignment, while ensuring uninterrupted member care. Examples include: Cost Avoidance and Post-Payment Recovery for Other Health Coverage (OHC) (All Plan Letter 20-010); CMS Part C and D Final Rule Requirements (OneCare, OneCare Connect and PACE); D-SNP (OneCare) Contract Year 2021 Provisions; and Medi-Cal Contract Amendment Implementation.	Enhance Operational Excellence and Efficiency	1/1/2020	 Ongoing
Organizational Operations	PACE Encounters	Develop end-to-end process for PACE encounters. This process begins with capture of center-based services and ends with validation and monitoring. This will ensure that all encounters are submitted and reported accurately to support CMS risk adjustment for Medicare payments.	Enhance Operational Excellence and Efficiency	1/4/2021	 Not Yet Started




* CalOptima will seek Board of Directors and/or regulatory approval, as needed



	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Organizational Operations	Provider Experience Value Stream Enhancement	Facilitate improvement of interdepartmental processes that impact the provider experience and satisfaction including onboarding, letters of agreement, contract uploads and agreement updates, quality monitoring, and provider dispute resolutions.	Enhance Operational Excellence and Efficiency	6/1/2019	 Ongoing
Organizational Operations	Provider Trust Exclusion Monitoring	Streamline the required exclusion monitoring review process and implement a workflow that will reduce likelihood of Medicare and Medi-Cal fraud and meet regulatory compliance.	Enhance Operational Excellence and Efficiency	7/1/2019	 Ongoing
Organizational Operations	RFP for Provider Data Management Solution System	Issue an RFP to select a vendor, upon Board approval, to produce an integrated provider/partner data system that will merge existing systems used by CalOptima. These systems include Facets, McKesson, Cactus and Guiding Care, among others. The new system will collect data, spot discrepancies, assist in reconciling and validating the data and share it with other systems to which CalOptima exports. The end goal is a single provider data management platform that will be the internal source of truth for all CalOptima provider data with full interoperability.	Innovate and Be Proactive	9/1/2020	 Ongoing



* CalOptima will seek Board of Directors and/or regulatory approval, as needed



	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Quality Improvement	Office Ally Electronic Health Record (EHR) Implementation	Build repository of member EHR data from Office Ally providers to close member data gaps for population health management, reduce provider abrasion by requesting fewer medical records for quality related review (HEDIS, PQIs), and assist with turnaround time for Utilization Management denials.	Increase Value and Improve Care Delivery	11/4/2019	 Ongoing
Quality Improvement	Post-Acute Infection Prevention Quality Initiative (PIPQI)	Reduce the spread of multi-drug resistant organisms in long-term care facilities and hospital admissions/readmissions through the administration of topical products to reduce bacteria on the body that can produce harmful infections.	Innovate and Be Proactive	10/1/2019	 Ongoing
Quality Improvement	Virtual Care Strategy	Improve member access and convenience by (1) supporting use of virtual visits during COVID-19 and beyond; (2) contracting with specialty providers with a virtual care focus for CCN members; (3) contracting with a vendor offering virtual visits including after-hours access for acute non-emergency medical conditions and behavioral health conditions; (4) contracting with a vendor offering eConsults for CCN members and PCPs through CalOptima-contracted specialists; and (5) establishing member texting.	Innovate and Be Proactive	5/7/2020	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed





	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Social Determinants of Health	Homeless Health Initiative: Clinical Field Team (CFT) Pilot	Meet the immediate urgent care needs of individuals experiencing homelessness throughout the county wherever they may be located. These on-call urgent care services are provided by contracted community health centers that serve members and others regardless of insurance status. By the end of the pilot, establish a sustainable program to continue these services.	Innovate and Be Proactive	4/1/2019	 Ongoing
Social Determinants of Health	Homeless Health Initiative: Homeless Response Team (HRT)	Provide a dedicated team of case managers and care coordinators to administer the CFT pilot. HRT responsibilities include staffing the call line; making dispatches to contracted providers; scheduling, reporting and coordinating with community organizations, providers and health networks; developing relationships with homeless service providers; and engaging members and homeless service providers in the community.	Innovate and Be Proactive	4/1/2019	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed




Strategic Priority Initiatives

	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Social Determinants of Health	Homeless Health Stakeholder Engagement	Facilitate Homeless Health Stakeholder Engagement Strategy sessions to solicit input on outreach, engagement strategies and best practices from key homeless advocates and stakeholders who have an established presence in the community.	Innovate and Be Proactive	12/1/2020	 Ongoing
Social Determinants of Health	In Lieu of Services – Recuperative Care Request	Develop a business case for implementation of recuperative care as an in lieu of service when no longer available under the Whole Person Care pilot. This will include collaboration with the county to leverage WPC experience and the prior DHCS CalAIM proposal. CalOptima will seek authorization from the Board of Directors prior to a formal application to DHCS to authorize recuperative care as an in lieu of service.	Innovate and Be Proactive	10/1/2020	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed



	Projects*	Purpose	Primary Strategic Priority	Planned Start Date	Status
Social Determinants of Health	Intergovernmental Transfer (IGT) Community Grants	Provide oversight and report grant activity progress and achieved outcomes made toward the grants' goals and objectives. The CalOptima Board of Directors authorized the allocation of IGT funds toward community grants. Twelve community grants were awarded in the following categories: Adult Dental Services, Children's Dental Services, Children's Mental Health Services, Food Distribution Services for Children and Families, Primary Care Services and Social Determinants of Health, and Increase Access to Medication-Assisted Treatment.	Innovate and Be Proactive	10/1/2019	 Ongoing

* CalOptima will seek Board of Directors and/or regulatory approval, as needed



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Legislative Update

Provider Advisory Committee
February 11, 2021

Rachel Selleck, MPP, Executive Director, Public Affairs

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Federal Legislative Update

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Federal Update

- January 20: President Joe Biden and Vice President Kamala Harris were inaugurated
 - President Biden's top COVID-19 priorities:
 - COVID-19 response and vaccine distribution
 - 100 million vaccines within his first 100 days in office
 - Proposed \$1.9 trillion COVID-19 relief plan:
 - National vaccination program
 - Testing
 - Medical supplies and personal protective equipment
 - Funding for state and local governments

Federal Update (cont.)

- Proposed Medicaid priorities:
 - Increase the Medicaid Federal Medicaid Assistance Percentage to 100% for vaccine administration fees
 - Strengthen and expand the Affordable Care Act
 - Address racial and ethnic health care disparities

State Legislative Update

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2021 State Legislation

- State legislation
 - Due to the increase in positive COVID-19 cases, the State Legislature delayed the start of the new session to January 11
- Bills of interest
 - Assembly Bill 4 (Arambula): Medi-Cal eligibility expansion
 - Assembly Bill 32 (Aguiar-Curry): Telehealth flexibilities
 - Senate Bill 56 (Durazo): Medi-Cal eligibility expansion to older adults

Proposed State Budget

- January 8: Proposed State Budget for Fiscal Year (FY) 2021–22 released
 - \$227 billion, including \$164.5 billion General Fund (GF)
- Medi-Cal budget
 - \$122.2 billion, including \$28.4 billion GF
 - Funding for optional benefits maintained for FY 2021–22

Proposed State Budget (cont.)

- COVID-19: \$4.4 billion one-time funding
 - Expands hospital capacity, vaccine distribution, contact tracing and testing, and secures personal protective equipment

- California Advancing and Innovating Medi-Cal (CalAIM): \$1.1 billion
 - Enhanced Care Management
 - In Lieu of Services
 - Population Health Management
 - Full Integration
 - If approved within the State Budget, CalAIM will be implemented in multiple phases, beginning no sooner than January 1, 2022

Proposed State Budget (cont.)

- Behavioral Health for Youth: \$400 million one-time funding
 - Incentive plan to increase the number of students receiving preventive and early intervention behavioral health services
- Telehealth: \$94.8 million
 - Expands and makes permanent certain telehealth flexibilities authorized during the COVID-19 pandemic
- Homelessness: \$1.75 billion one-time funding
 - Purchases additional motels, develops short-term community mental health facilities, and purchases or preserves housing dedicated to seniors

Local Special Election

Local Special Election

- Orange County Board of Supervisors, District 2
 - Costa Mesa, Cypress, Huntington Beach, La Palma, Los Alamitos, Newport Beach, Seal Beach, Stanton, the unincorporated area of Rossmoor, and portions of Buena Park and Fountain Valley
- Election Day: Tuesday, March 9, 2021
- More information: www.ocvote.com

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2021–22 Legislative Tracking Matrix

COVID-19 (CORONAVIRUS)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 93 Garcia	Prioritization of Food Supply Industry Workers: Would prioritize workers in the food supply industry, such as field workers and grocery workers, for rapid testing and vaccination programs in response to pandemics, including COVID-19.	12/07/2020 Introduced	CalOptima: Watch

BEHAVIORAL HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 77 Petrie-Norris	Jarrold's Law: States the intent of the author to introduce legislation that would require the California Department of Health Care Services (DHCS) to administer a licensing process for inpatient and outpatient substance use disorder treatment programs that are not otherwise required to be licensed under current law.	12/07/2020 Introduced	CalOptima: Watch
SB 106 Umberg	Mental Health Services Act (MHSA) Focus Populations: States the intent of the author to introduce legislation that would update the MHSA to further address individuals with mental illness who are also experiencing homelessness or are involved in the criminal justice system. Updates to the MHSA would also address early intervention efforts for youth experiencing a mental illness.	01/05/2021 Introduced	CalOptima: Watch

COVERED BENEFITS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 114 Maienschein	Rapid Whole Genome Sequencing: Would add rapid Whole Genome Sequencing as a covered Medi-Cal benefit. The benefit would include individual sequencing, trio sequencing for parents and their baby, and ultra-rapid sequencing.	12/17/2020 Introduced	CalOptima: Watch

ELIGIBILITY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 4 Arambula	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals of all ages regardless of their immigration status. The Legislative Analyst's Office previously projected this expansion would cost approximately \$900 million General Fund (GF) in 2019-2020 and \$3.2 billion GF each year thereafter, including the costs of In-Home Supportive Services.	12/07/2020 Introduced	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 112 Holden	Inmate Eligibility Extension: Would delay the termination date of Medi-Cal eligibility for non-juvenile inmates from one (1) year of elapsed incarceration to three (3) years of elapsed incarceration. For juvenile inmates, Medi-Cal eligibility would not be terminated until three (3) years after their status as a juvenile has ended. While Medi-Cal benefits and payments would still be suspended throughout incarceration, as required by federal law, this bill would allow inmates to remain Medi-Cal eligible for a longer period before termination. The lengthened eligibility period would allow more inmates to immediately reinstate their benefits upon release, rather than initiate the standard re-determination process.	12/17/2020 Introduced	CalOptima: Watch
SB 56 Durazo	Medi-Cal Eligibility Expansion: Would extend eligibility for full-scope Medi-Cal to eligible individuals ages 65 years or older, regardless of their immigration status. The Assembly Appropriations Committee projects this expansion would cost approximately \$134 million each year (\$100 million GF, \$21 million federal funds) for approximately 25,000 undocumented seniors. The financial costs for In-Home Supportive Services is estimated to cost \$13 million GF.	12/07/2020 Introduced	CalOptima: Watch

HOMELESSNESS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 71 Rivas, Luz	Statewide Homelessness Solutions Program: States the intent of the author to introduce legislation that would create a comprehensive, statewide homelessness solutions program. The program would facilitate collaboration across all levels of government and create additional flexibilities to accelerate the transition of homeless individuals into permanent housing. Would also create the Bring California Home Fund in the State Treasury to provide at least \$2.4 million annually to fund the statewide homelessness solutions program, subject to appropriation by the Legislature. Funds must be derived from specific adjustments in the personal income tax and/or corporate income tax structures.	12/07/2020 Introduced	CalOptima: Watch

POPULATION HEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 17 Pan	Racism as a Public Health Crisis: Would require the California Department of Public Health (CDPH) to collaborate with the Office of Health Equity, Health in All Policies Program, and other departments and stakeholders to address racism as a public health crisis.	12/07/2020 Introduced	CalOptima: Watch

2021–22 Legislative Tracking Matrix (continued)

PHARMACY

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 97 Nazarian	Insulin Affordability: States the intent of the author to introduce legislation that would make insulin more affordable for Californians.	12/08/2020 Introduced	CalOptima: Watch

PROVIDERS

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 40 Hurtado	California Medicine Scholars Program: Would require California's Office of Statewide Health Planning and Development (OSHPD) to establish the California Medicine Scholars Program (CMSP) as a five-year pilot program, effective January 1, 2023. In order to address the shortage of primary care physicians and the growing health disparities in underserved communities, the CMSP would serve as a pipeline for community college students to pursue premedical training and enter medical school. The CMSP would be administered by a contracted entity through four regional hubs, each comprised of a four-year university, medical school, community colleges, and local organizations.	12/17/2020 Introduced	CalOptima: Watch

SUBSTANCE USE

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
SB 75 Bates	Southern California Fentanyl Task Force: Would establish the Southern California Fentanyl Task Force, under the direction of the Attorney General, to identify strategies to combat the fentanyl crisis. The task force would be comprised of representatives from the California Department of Justice (DOJ), California Highway Patrol (CHP) and each County within Southern California. Would require the task force to hold its first meeting by July 1, 2022, and issue a report of its findings and recommendations to the Legislature and DOJ by January 1, 2025.	12/15/2020 Introduced	CalOptima: Watch

TELEHEALTH

Bill Number (Author)	Bill Summary	Bill Status	Position/Notes*
AB 32 Aguiar-Curry	<p>Telehealth Payment Parity and Flexibilities: Would expand current law to require Medi-Cal managed care plans, including County Organized Health Systems (COHS), to reimburse its contracted providers for telehealth services at the same rate as equivalent in-person health services. This requirement would also apply to any delegated entities of a Medi-Cal managed care plan, such as contracted health networks.</p> <p>Would allow providers to determine eligibility and enroll patients into Medi-Cal programs through audio-visual or audio-only telehealth services. Additionally, would require DHCS to indefinitely continue all telehealth flexibilities implemented during the COVID-19 pandemic. DHCS would be required to establish an advisory group to guide the development a long-term Medi-Cal telehealth policy.</p>	12/07/2020 Introduced	CalOptima: Watch

*Information in this document is subject to change as bills are still going through the stages of the legislative process.

CAHP: California Association of Health Plans

CalPACE: California PACE Association

LHPC: Local Health Plans of California

NPA: National PACE Association

Last Updated: January 13, 2020

2021 Federal Legislative Dates

January 3	117th Congress, 1st Session convenes
March 29–April 9	Spring recess
August 2–27	Summer recess for House
August 9–September 10	Summer recess for Senate
December 10	1st Session adjourns

2021 State Legislative Dates*

**Due to COVID-19, 2021 State Legislative dates have been modified*

January 11	Legislature reconvenes
February 19	Last day for legislation to be introduced
March 25–April 4	Spring recess
April 30	Last day for policy committees to hear and report to fiscal committees any fiscal bills introduced in their house
May 7	Last day for policy committees to hear and report to the floor any non-fiscal bills introduced in their house
May 21	Last day for fiscal committees to hear and report to the floor any bills introduced in their house
June 1–4	Floor session only
June 4	Last day for each house to pass bills introduced in that house
June 15	Budget bill must be passed by midnight
July 14	Last day for policy committees to hear and report bills to fiscal committees or the floor
July 16–August 15	Summer recess
August 27	Last day for fiscal committees to report bills to the floor
August 30–September 10	Floor session only
September 3	Last day to amend bills on the floor
September 10	Last day for bills to be passed; final recess begins upon adjournment
October 10	Last day for Governor to sign or veto bills passed by the Legislature

Sources: 2021 State Legislative Deadlines, California State Assembly: <http://assembly.ca.gov/legislatedeadlines>

About CalOptima

CalOptima, a county organized health system (COHS), is the single plan providing guaranteed access to Medi-Cal for all eligible individuals in Orange County and is responsible for almost all medical acute services, including custodial long-term care. CalOptima is governed by a locally appointed Board of Directors, which represents the diverse interests that impact Medi-Cal.



CHE BEHAVIORAL

— HEALTH SERVICES —

Jennifer Birdsall, Ph.D.

Chief Clinical Officer
Licensed Clinical Psychologist

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CHE Behavioral Health Services is a multispecialty clinical group dedicated to increasing access to behavioral health services and to reducing stigma associated with mental health conditions.

CHE provides both **psychology** and **psychiatry** services in multiple settings including skilled nursing facilities (SNFs) and other long-term care (LTC) locations and via outpatient telehealth.

Who Are We?

Key Statistics

>650

Employed
Clinicians

11

States
Served

Approx.
1,000

Contracted
Facilities
Nationwide

56k

Telehealth
Visits⁽²⁾

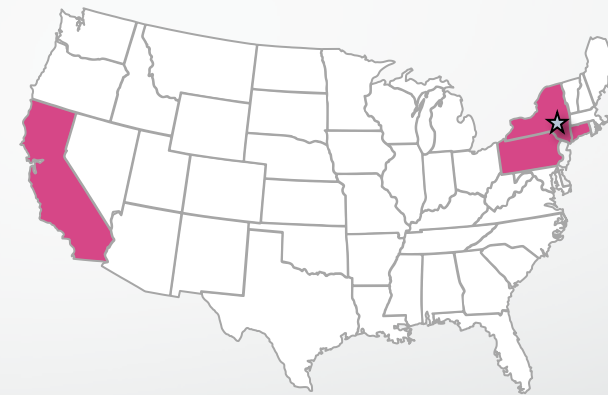
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Outpatient
Satisfaction

Geographic Expansion Since 2018

Existing States New States Future States ☆ CHE Physical Locations

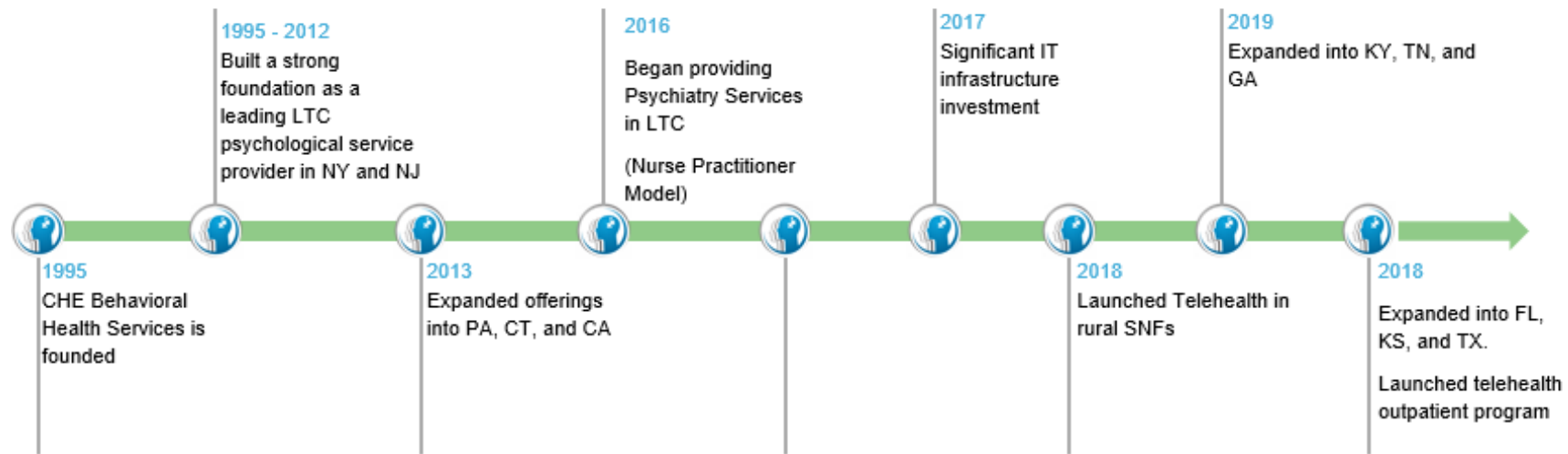
2018



2020



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CHE's 25+ Year History

- Formed in 1995
- Developed focused specialty in long-term care and skilled nursing facilities
- 2013 – Expanded to California
- 2020 – Began outpatient telehealth services
- In California:
 - Contracted with 350+ SNFs
 - 150 PT/FT behavioral health providers
 - Psychologists
 - Nurse practitioners
 - LCSWs (Part B only)

Behavioral Health Services in Long-Term Care

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50% of nursing home residents suffer from behavioral health conditions

Disorder	Q4 '11	Q2 '17	Change
Depression	48.9%	48.4%	(0.5%)
Anxiety	23.9%	29.9%	6.0%
Psychotic Disorder	10.2%	8.8%	(1.4%)
Schizophrenia	6.5%	8.5%	2.0%
Bipolar Disorder	4.2%	5.4%	1.2%
Post-traumatic Stress Disorder	0.3%	0.7%	0.4%

- 50%+ incidence
- Acuity increasing over time

Centers for Medicare & Medicaid Services. *MDS 3.0 frequency report* as reported by SAMHSA and at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/Minimum-Data-Set-3-0-Public-Reports/Minimum-Data-Set-3-0-Frequency-Report.htm>

Depression Prevalence in Common Medical Conditions

Medical Condition	Prevalence of Depression
Parkinson's disease	40%
Multiple sclerosis	40%
Heart attack (MI)	65%
Stroke (CVA)	30%
Cancer	25%
Diabetes	25%
Amputation	23.5%
Coronary artery disease (without heart attack)	20%
Patients on dialysis (for kidney disease)	33-50%



Behavioral illnesses triple medical costs

Condition	No Behavioral Health Disorder	With Mental Illness and/or Addiction	Impact
Asthma/COPD	\$8,000	\$24,598	3.07x
Congestive Heart Failure	\$9,488	\$24,927	2.63x
Coronary Heart Disease	\$8,788	\$24,443	2.78x
Diabetes	\$9,498	\$36,730	3.87x
Hypertension	\$15,691	\$35,840	2.28x

- 50%+ incidence
- 3x medical costs

Source: Center for Health Care Strategies, December 2010



CMS Behavioral Health Regulations in SNFs

Phase II (2017) and III (2019) of the New Rules of Participation

A Guide to Behavioral Health Regulations

F-740: Behavioral Health Services
Facilities must provide necessary behavioral health care and services, including treatment of mental health disorders.

F-742: Treatment Services for Mental and Psycho-social Concerns
The facility must ensure that a resident who displays or is diagnosed with a mental disorder or psychosocial adjustment difficulty, or who has a history of trauma and/or PTSD, receives appropriate treatment and services.

F-743: No Pattern of Behavioral Difficulties Unless Unavoidable
A resident whose assessment did not reveal or who does not have a diagnosis of a mental or psychosocial adjustment difficulty or a documented history of trauma and/or PTSD does not display a pattern of decreased social interaction and/or increased withdrawn, angry, or depressive behaviors, unless the resident's clinical condition demonstrated that development of such a pattern was unavoidable.

F-741: Sufficient/Competent Staff to Support Behavioral Health Needs
The facility must have sufficient staff who provide direct services to residents with the appropriate competencies and skill set to care for residents with mental and psychosocial disorders, as well as residents with a history of trauma and/or post-traumatic stress disorder.

F-744: Treatment Services for Dementia (previously F-309)
A resident, who displays or is diagnosed with dementia, receives the appropriate treatment and services to attain or maintain his or her highest practicable physical, mental, and psychosocial well-being, including nonpharmacological interventions to treat the behavioral and psychiatric symptoms of dementia (BPSD).

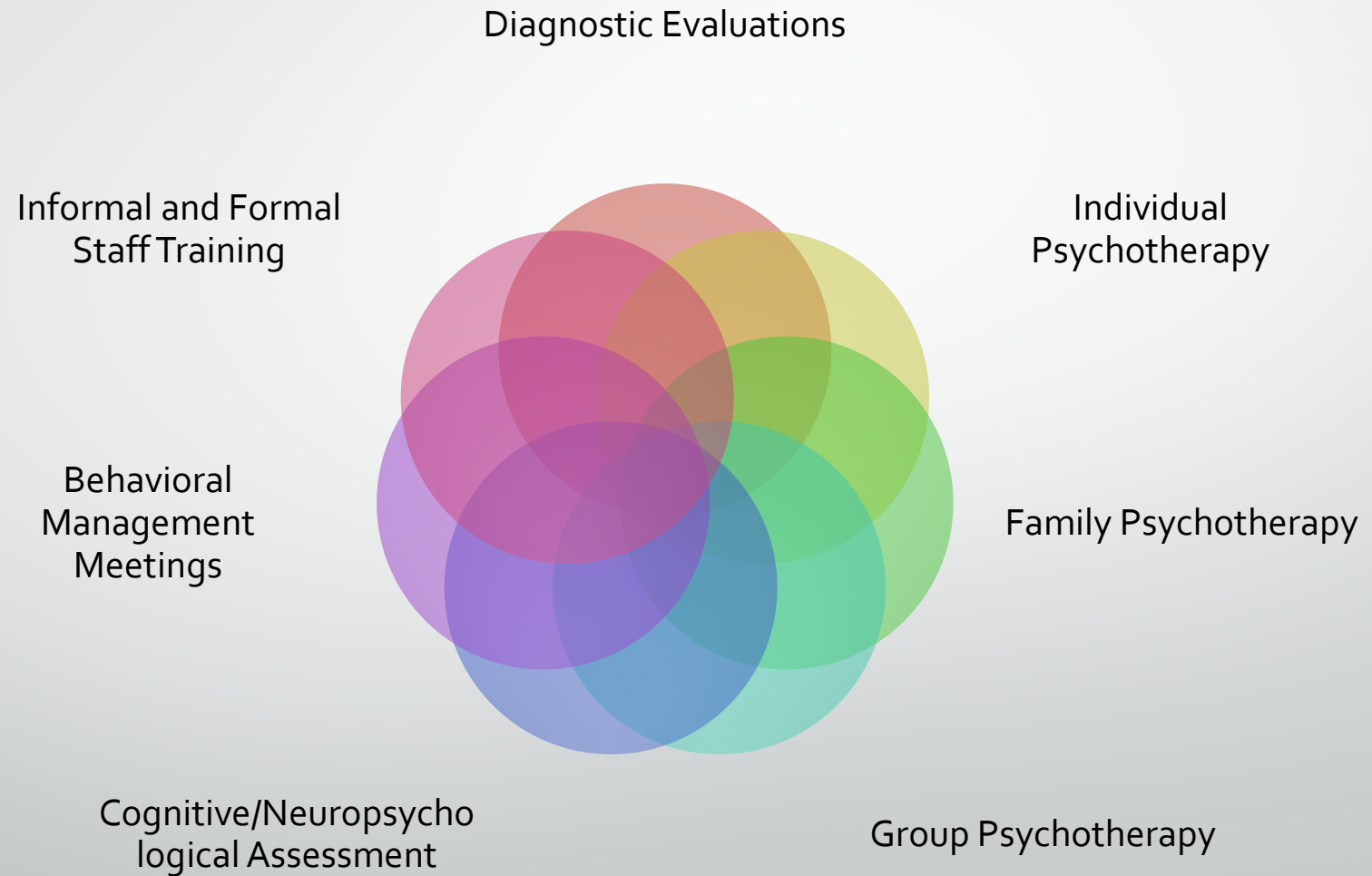
F-745: Provision of Medically Related Social Services
The facility must provide medically related social services, which includes meeting the treatment needs of residents who are grieving from loss, coping with stressful events, and need emotional support.

F-758: Free from Unnecessary Psychotropic Medications/PRN Use (previously F-329)
The facility must ensure that residents are not given psychotropic drugs unless the medication is necessary to treat a specific condition as diagnosed and documented in the clinical record, and that behavioral, non-pharmacological interventions are used prior to and/or in addition to psychotropic medications.

F-699: Trauma Informed Care (ROP Phase 3: November 28, 2019)
The facility must ensure that residents who are trauma survivors receive culturally competent, trauma-informed care to eliminate or mitigate triggers that may cause re-traumatization of the resident.

F-949: In-Service /Behavioral Health Training
Provided by CHE for facility staff at all levels, covering a variety of topics ranging from: managing specific difficult behaviors among residents to communication/team building, and stress management.

Comprehensive Behavioral Health Services



Focus on Provider Expertise

Training

- Ongoing training and professional development (CEUs)

Consultation

- 1:1 & peer group consultation with clinical supervisors and mentors

Quality Assurance

- Ongoing review of documentation and service utilization

Client Benefits of Behavioral Health Services in LTC

Decreased psychiatric symptoms and emotional distress

Improved coping skills and positive adjustment

Improved quality of life

Improved treatment compliance

Improved functioning

Improved readiness and preparedness for discharge

Reduced falls and increased compliance with individualized mobility plans

Reduced rehospitalizations/readmissions

Reduction in challenging behaviors

Facility/Care Team Benefits of Behavioral Health Services in LTC

Improved person-centered care culture and care practices

Improved use of individualized, nonpharmacological interventions as first line treatment for behavioral and psychological symptoms

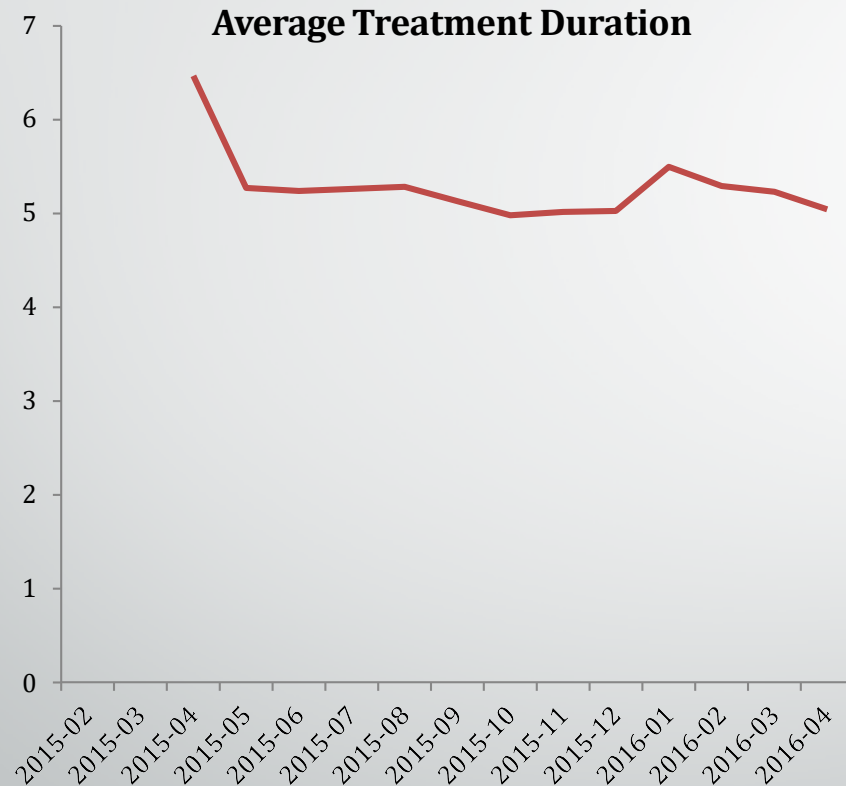
Improved regulatory compliance, including with new CMS Behavioral Health and Trauma Informed Care regulatory series (November 2017 & 2019)

Improved staff support and education

Reduced staff burnout (which can lead to better staff retention)

Support for Plan of Corrections when appropriate (e.g., specific staff training)

CHE Average Psychology Service Treatment Durations



Treatment Duration

- Patients receive an average of 6 treatments before being discharged by psychology
- Psychologists are required to complete a UTP (Updated Treatment Plan) for patients that are seen for more than a short time

CalOptima 2020 Data

Total CalOptima Member Visits in 2020: 423

Individual Patients Seen: 68

Average number of visits per patient: 6

CPT Code	Count
90791 (Diagnostic Evaluation)	59
90832 (Individual Psychotherapy 16-37 min.)	84 (24%)
90834 (Individual Psychotherapy 38-52 min.)	248 (69%)
90837 (Individual Psychotherapy 53+ min.)	24 (7%)



Outpatient Teletherapy Services

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Increased Need for Behavioral Health Services

- One in five U.S. adults live with a mental illness and more than half of adults in the US will experience a mental illness during their lifetime
- Growing awareness of the importance of mental health among the US population with 87% of American adults acknowledging that mental illness requires appropriate treatment
- Mental illness and addiction contribute to significantly higher medical costs, approximately 3x higher
- Mental health issues are the most common cause of hospitalization in the US for people under the age of 45⁽¹⁾

U.S. Adults Have an Alarming Annual Prevalence of Behavioral Health Issue

Disorder	Annual Prevalence	Estimated Population
Anxiety Disorders	19.1%	48M
Major Depressive Episode	7.2%	18M
PTSD	3.6%	9M
Bipolar Disorder	2.8%	7M
Borderline Personality Disorder	1.4%	4M
Obsessive Compulsive Disorder	1.2%	3M

Sources: CMS, U.S. Census Bureau, American Health Care Association, CDC, Avalere, MedPAC, IBIS World, World Health Organization, Substance Abuse and Mental Health Services, American Mental Health Counselors Association, KFF

(1) Excluding hospitalizations related to pregnancy or birth

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Covid-19 Pandemic Mental Health Impact: What are Common Covid-19 Stressors?

- Fear of contracting the virus and getting sick (27.5 million cases in the USA to date)
- Reading or hearing about the severity and contagiousness of COVID-19
- Fear for the physical safety of loved ones
- Uncertainty about length of quarantine and social-distancing requirements
- Changes to social routines, such as spending time with friends and loved ones
- Boredom and isolation
- Cancellation of planned or scheduled activities, celebrations or trips
- Fear about running out of essential supplies
- Death of loved ones, friends, or acquaintances (over 470,000 deaths to date)
- Inability to engage in normal traditions when there is a death
- Changes in care providers
- Worry about loss of income (for those employed)



Who is at an Increased Risk for Significant Mental Health Symptoms? (CDC)

- People who are at higher risk for severe illness from Covid-19
 - Older adults or people of any age with certain underlying medical conditions
- People who have disabilities
- Caregivers of loved ones
- People who have preexisting mental health conditions
- People who use substances or have a substance use disorder
- People who are socially isolated from others, including people who live alone
- People in some racial and ethnic minority groups
- People who do not have access to information in their primary language
- People who live in congregate (group) settings
- People experiencing homelessness
- Frontline healthcare workers and first responders
- Essential workers
- People who have lost their jobs or had other major changes to their employment

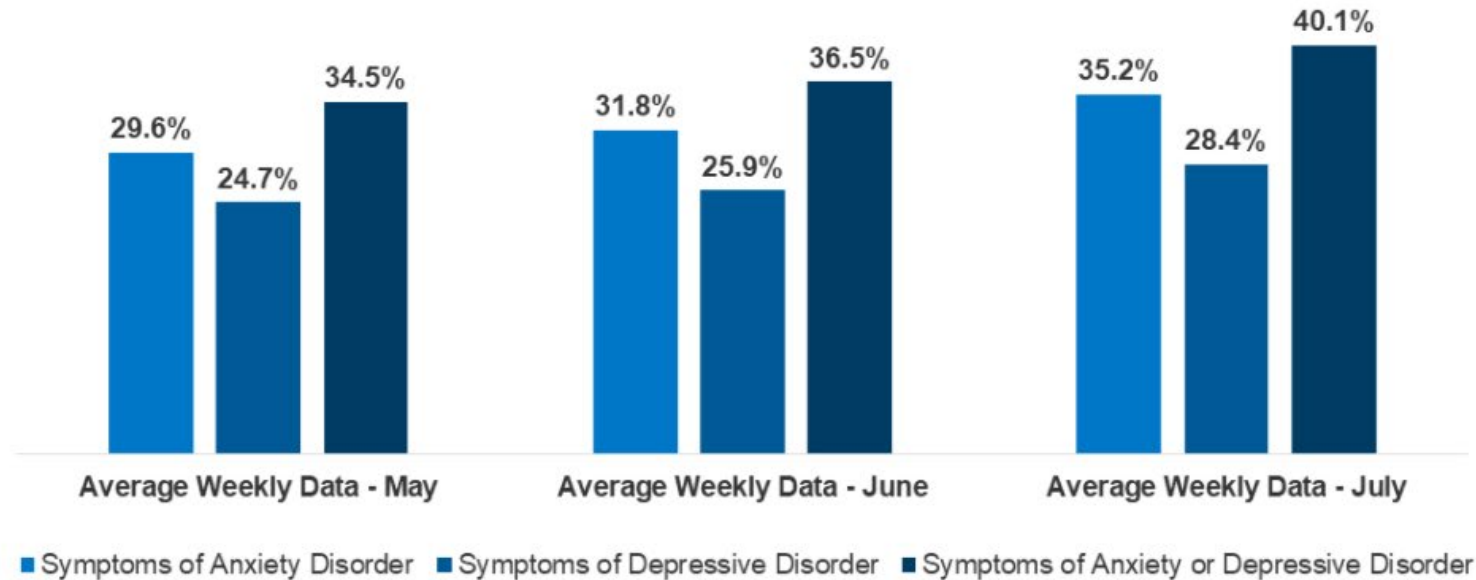


The U.S. National Pandemic Emotional Impact Report (Harvard Medical School & UNC, Chapel Hill)

- ▶ 55% of respondents reported that their life had been more stressful over the past month.
- ▶ Nearly all the people surveyed (over 90%) had been directly affected emotionally in some way by the pandemic at a moderate or greater level of impact
- ▶ Half of all survey respondents endorsed eight or more different types of pandemic-related emotional impact assessed as having been experienced at least moderately in the past 4 weeks.
 - ▶ More worry about the health and safety of family members or friends (66% of respondents)
 - ▶ Feeling more frustrated about not being able to do what they usually enjoy doing (58%)
 - ▶ More worry about their own personal health or safety (57%)
 - ▶ More worry about possible breakdown of society (56%)
 - ▶ More worry about own finances (53%)
 - ▶ Being more bored (53%)
 - ▶ Being more anxious or ill at ease (51%)

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic, May-July 2020



NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data presented for "symptoms of anxiety or depressive disorder" also includes adults with symptoms of both anxiety and depressive disorder. Data presented for May is the average of the following weeks of data: May 7-12, May 14-19, May 21-26, May 28- June 2; for June, data is the average of June 4-9, June 11-16, June 18-23, and June 25-30; for July, data is the average of July 2-7, July 9-14, and July 16-21 (last week of published data).

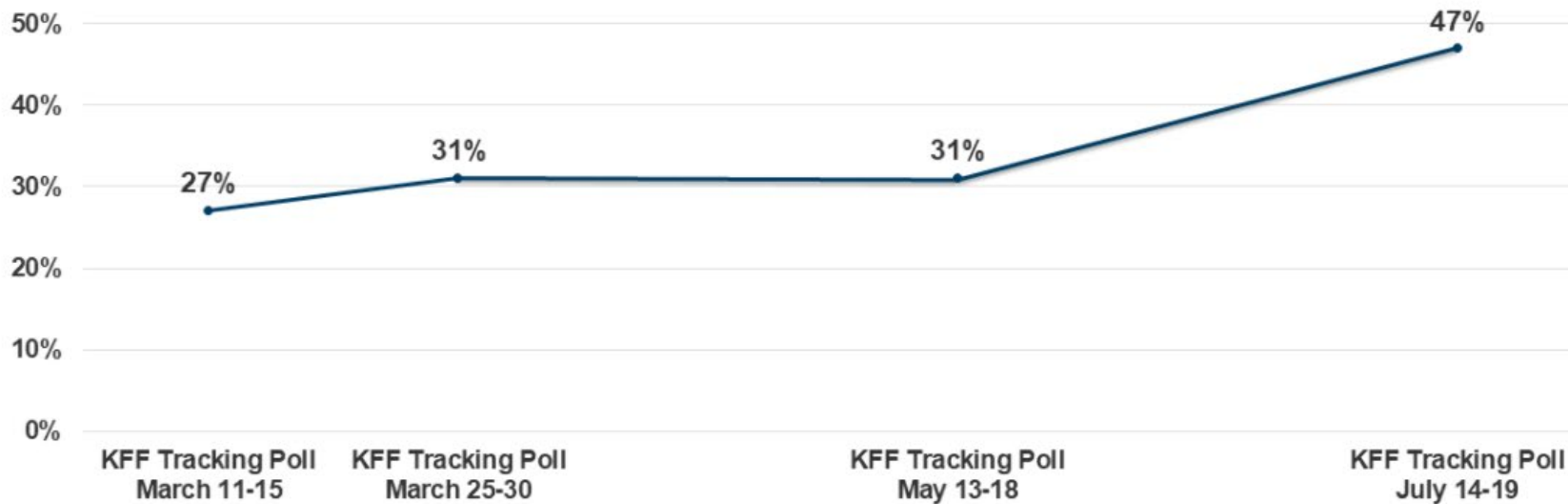
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.



Figure 1: Average Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic, May-July 2020

Figure 4

Percent of Older Adults (Ages 65 and Up) Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health



SOURCE: KFF Tracking Poll (conducted March 11-15, March 25-30, May 13-18, and July 14-19, 2020).



Figure 4: Percent of Older Adults (Ages 65 and Up) Who Say Worry or Stress Related to the Coronavirus Has Had a Negative Impact on Their Mental Health



Mental Health Impact of Covid-19

- ▶ Many studies have found during the pandemic and associated quarantine, higher prevalence of subjects with:
 - ▶ Psychological symptoms and emotional disturbance
 - ▶ Depression
 - ▶ Anxiety and fear
 - ▶ Stress
 - ▶ Mood alterations and irritability
 - ▶ Anger
 - ▶ Insomnia
 - ▶ Post-traumatic stress symptoms
 - ▶ Emotional exhaustion and numbness
 - ▶ Confusion
 - ▶ Grief

Schedule Now

CHE is committed to matching you with a provider best suited to your needs.

Our process:

1. An initial 15-minute phone call with a CHE scheduler to determine your needs and preferences.
2. Matching and scheduling you with a CHE licensed mental health professional for your first video therapy session.

To schedule by Phone: Call [888-515-3834](tel:888-515-3834)

To schedule Online: Answer the questions below:

New Patient

Existing Patient

New Patients: Where would you like to make an appointment?

Select a state...



Client Testimonials: Outpatient Telehealth Services

"My doctor has made me feel very comfortable from our very first session and I am so glad to have found a therapist like her, very helpful and I look forward to my next session. Thank you"

"This has been the best therapy I have ever received and it has changed my life in the midst of a pandemic"

"First of all I could burst into tears I'm so thankful CHE so excellent and Hope so excellent too!!!!"

"My doctor has helped me immensely during this stressful time in my life. She has helped me to better process things that I have going on and to help me feel better about myself as a person. I would highly recommend her to anyone."

"I feel like for the first time ever, therapy is actually working for me."

"Barbara is an angel. I'm so grateful for her help and guidance!"



In-Service: Coping and Building Resilience in the Face of Covid-19

<https://vimeo.com/422929072/e1fe7ce354>

This in-service:

- 1) Reviews a number of common stressors faced by SNF (and healthcare) staff as they work to care for the most vulnerable population during this pandemic
- 2) Normalizes the experience of stress, anxiety, and other psychological symptoms at this time
- 3) Reviews a number of evidenced based coping skills to help manage stress and emotional distress associated with the Covid-19 pandemic



THANK YOU!



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