



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

THURSDAY, AUGUST 10, 2023

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_io623X7mQ2O3Eed2KndFrg **and Join the Meeting.**

Webinar ID: 878 5754 3471

Passcode: 703749 – Webinar instructions are provided below.

1. **CALL TO ORDER**

Pledge of Allegiance

2. **ESTABLISH QUORUM**

3. **MINUTES**

A. [Approve Minutes from the June 8, 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 Member Advisory Committee CalWORKs Candidate

6. **CEO AND MANAGEMENT REPORTS**

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

7. **INFORMATIONAL ITEMS**

- A. [Medication-Assisted Treatment \(MatConnect\) Program](#)
- B. [Workforce Development Grant Initiative – Stakeholder Discussion](#)
- C. Cultural and Linguistics Update
- D. Committee Member Updates

8. **COMMITTEE MEMBER COMMENTS**

9. **ADJOURNMENT**

Webinar Information

Please register for the Regular Member Advisory and Provider Advisory Committees Joint Meeting on August 10, 2023 at 12:00 p.m. (PDT)

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

https://us06web.zoom.us/webinar/register/WN_io623X7mQ2O3Eed2KndFrg

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/87857543471?pwd=d2sraVczZTQvMys1ZFVMRE4rbGduQT09>

Passcode: **703749**

Or One tap mobile:

+16694449171,,84638695475#,,, *348449# US

+12532050468,,84638695475#,,, *348449# US

Or join by phone:

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

US: +1 669 444 9171 or +1 720 707 2699 or +1 253 205 0468 or +1 253 215

8782 or +1 346 248 7799 or +1 719 359 4580 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 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

Webinar ID: 878 5754 3471

Passcode: 703749

MINUTES

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

June 8, 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, June 8, 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 12:10 p.m. and MAC Chair Maura Byron led the Pledge of Allegiance.

ESTABLISH QUORUM

Member Advisory Committee

Members Present: Maura Byron, Chair; Linda Adair; Josefina Diaz; Sandy Finestone (12:27 p.m.); Keiko Gamez; Connie Gonzalez; Hai Hoang; Sara Lee; Lee Lombardo; Iliana Soto-Welty;

Members Absent: Meredith Chillemi; Jacqueline Gonzalez; Christine Tolbert, Vice Chair; Alyssa Vandenberg

Provider Advisory Committee

Members Present: Jena Jensen, Chair; Junie Lazo-Pearson, Ph.D., Vice Chair; Gio Corzo; Andrew Inglis, M.D.; Patty Mouton; John Nishimoto, O.D.; Mary Pham, Pharm.D.; Alex Rossel; Jacob Sweidan, M.D.

Members Absent: Alpesh Amin, M.D.; Tina Bloomer, WHNP; Ji Ei Choi, L.Ac; Timothy Korber, M.D.; Christy Ward

Others Present: Yunkyung Kim, Chief Operating Officer; Zeinab Dabbah, M.D., J.D., Deputy Chief Medical Officer; Veronica Carpenter, Chief of Staff; Ladan Khamseh, Executive Director, Operations; Javier Sanchez, Executive Director, Medicare; Troy Szabo, Outside Legal Counsel; Sharon Dwiars, Clerk of the Board; Cheryl Simmons, Staff to the Advisory Committees; Kami Long, Executive Assistant

MINUTES

Approve the Minutes of the April 13, 2023 Regular Joint Meeting of the CalOptima Health Board of Directors' Member Advisory and Provider Advisory Committees

MAC Action: *On motion of MAC Member Josefina Diaz, seconded and carried, the Committee approved the minutes of the April 13, 2023 Special Joint Meeting (Motion carried 9-0-0; Members Chillemi, Finestone, J. Gonzalez, Tolbert and Vandenberg absent)*

PAC Action: *On motion of PAC Member Dr. Inglis, seconded and carried, the Committee approved the minutes of the April 13, 2023 Special Joint Meeting. (Motion carried 9-0-0; Members Dr. Amin, Bloomer, Choi, Dr. Korber and Ward absent)*

PUBLIC COMMENTS

Steve McNally, OC Behavioral Health Advisory Board, general comment regarding behavioral health funding.

REPORTS

Consider Recommendation of MAC Slate of Candidates

Member Iliana Soto-Welty on behalf of the MAC Nominations Ad Hoc Committee reviewed the candidates for the open seats on MAC and noted that all of the candidates were reappointments. There were no new appointments to the committee.

MAC Action: *On motion of MAC Member Lee Lombardo, seconded and carried, the Committee approved the MAC Slate of Candidates (Motion carried 9-0-0; Members Chillemi, Finestone, J. Gonzalez, Tolbert and Vandenberg absent)*

Consider Recommendation of PAC Slate of Candidates

Vice Chair Dr. Lazo-Pearson on behalf of the PAC Nominations Ad Hoc Committee reviewed the candidates for the open seats on PAC and noted that all of the candidates were reappointments. There were no new appointments to the committee.

PAC Action: *On motion of PAC Member Dr. Sweidan, seconded and carried, the Committee approved the PAC Slate of Candidates. (Motion carried 9-0-0; Members Dr. Amin, Bloomer, Choi, Dr. Korber and Ward absent)*

At this time, PAC Chair Jensen rearranged the agenda to hear Information Item 7. A. Equity in the OC before returning to Item 6. CEO and Management Reports.

INFORMATION ITEMS

Equity in the OC

Hieu Nguyen, Director of Population Health and Equity, Orange County Health Care Agency presented on Designing Systems for People Not Institutions: Orange County, CA Initiative. Mr. Nguyen shared a video on Shamiesha's Story with the members and discussed what it takes to make a community-driven system change as well as lessons learned on critical approaches to co-design with the community. He also shared the vision, mission and goals of the Orange County Health Care Agency noting that the Office of Population Health & Equity was established in December 2020 and reviewed the funding the Equity in OC (EiOC) had received to help fund causes of COVID-related inequities and assist in building a foundation for equity work. Mr. Nguyen discussed the EiOC's on-going strategies which is funded through a Centers for Disease Control (CDC) COVID-19 Disparities Grant of \$23M for two-years which focuses the use of funds on cases of COVID-related inequities and towards building a foundation for equity work.

CEO AND MANAGEMENT REPORTS

Chief Operating Officer Report

Yunkyung Kim, Chief Operating Officer, reviewed the CEO report in the member's packets and noted that as of June 1, 2023 CalOptima Health membership stood at 985,000 members which was an increase of 7,000 members from the May 2023 report. Ms. Kim also discussed the on-going redetermination effort from the Orange County Social Services Agency. She noted that because of the redetermination effort that it expected by June 2024 that membership will drop down to 810,000. Ms. Kim also notified the committees that the CalOptima Health Board had approved \$22.3 million to match the State's Home Health Incentive Fund to help serve the homeless members and homeless residents and that CalOptima Health would be issuing a Notice of Funding Opportunity in the next few weeks towards getting permanent supportive housing. Ms. Kim also discussed the 2024 OneCare benefits that she would review with the committee in the Fall of 2023.

Chief Medical Officer Report

Zeniah Dabbah, M.D., J.D., M.H., Deputy Chief Medical Officer provided updates on the resurgence of Monkey Pox and noted that there has been over 30,00 cases of Monkey Pox in the United States with 20% of these cases in California. Dr. Dabbah noted that a decrease was seen starting in August 2022 but that cases are starting to increase again. She also noted that 40% of the Monkey Pox cases have been among patients or individuals who are living with HIV in California and reminded everyone that Monkey Pox didn't go away but also reminded the committees that Monkey Pox is a preventable disease which makes health inequities even worse. She reviewed ways to prevent Monkey Pox by utilizing preventative measures and the most effective one is by getting vaccinated. She noted that only 39% of the population at risk in California had received the two-dose vaccine. Dr. Dabbah also discussed how congenital syphilis is a 100% preventable disease that has been increasing in frequency in California at alarming rates. She noted that the only way to prevent

congenital syphilis other than prevention was to actually treat pregnant women when they go to the emergency room or when they see the doctor for other reasons with Benzathine Penicillin injections.

Committee Member Updates

Chair Maura Byron welcomed Keiko Gamez who was appointed by the Board at their May 4, 2023 meeting and will fill the remaining OneCare Member seat. She also noted that the MAC still had a Consumer Representative seat open and asked the committee to assist with recruitment and that this seat would be eligible for a \$50 stipend beginning in August 2023.

Yunkyung Kim, Chief Operating Officer presented MAC member Sara Lee with a recognition award in honor of her service on the OneCare Connect Member Advisory Committee that ended in December 2022.

PAC Chair Jena Jensen reminded the PAC that a physician representative seat was still available and to let Cheryl Simmons know if they knew of a physician who might be interested. Chair Jensen reminded both committees that the recognition luncheon was Tuesday, June 13, 2023 at Noon to honor those members whose term expired during the pandemic and also to honor those who served on the OneCare Connect Member Advisory Committee.

ADJOURNMENT

There being no further business before the Committees, PAC Chair Jena Jensen adjourned the meeting at 1:50 p.m.

/s/ Cheryl Simmons

Cheryl Simmons
Staff to the Advisory Committees

Approved: August 10, 2023 by the Member Advisory Committee and the Provider Advisory Committee



CalOptima Health

MEMORANDUM

DATE: July 27, 2023

TO: CalOptima Health Board of Directors

FROM: Michael Hunn, Chief Executive Officer

SUBJECT: CEO Report — August 3, 2023, 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. Importance of Medi-Cal Renewal Drives Multiple Outreach Strategies

Media Coverage

- CalOptima Health was featured in a July 17 [New York Times](#) article on the potential loss of members due to Medi-Cal renewal. This piece represents a new milestone of high-profile national coverage for our agency.
- The [Orange County Register](#) ran an article on June 30, highlighting fears that Medi-Cal members will lose coverage due to not returning renewal forms. I was quoted about what our agency is doing to inform members about the importance of completing the renewal process.

Events

- More than 3,000 community members attended CalOptima Health's Medi-Cal Renewal and CalFresh Enrollment Event on June 10 at St. Anthony Claret Catholic Church in Anaheim. The large turnout underscored how important it is to offer community resource fairs and opportunities to assist with Medi-Cal renewal and Medi-Cal and CalFresh enrollment. [Fox Channel 11](#) ran a segment from the event during the 10 p.m. news.
- CalOptima Health is co-hosting a Medi-Cal Renewal Event on June 29, at Ponderosa Park in Anaheim with Board Member and County Supervisor Vicente Sarmiento. The County of Orange Social Services Agency (SSA) will be on-site to assist attendees.
- CalOptima Health is hosting a Back-to-School Event to help with Medi-Cal renewal as children and families get ready for the new school year. The event will be held on August 26 at St. Anthony Claret Catholic Church in Anaheim from 9 a.m.–1 p.m. and will include:
 - Medi-Cal renewal and Medi-Cal, CalFresh and CalWORKS enrollment
 - Free vision exams, sports physicals and haircuts by appointment
 - Community resources for basic needs, mental health, early childhood education, and services for older adults and people with disabilities
 - Distribution of food, diapers, bike helmets and backpacks while supplies last

Texting Campaign

- In July, CalOptima Health launched additional outreach via texting campaigns to reach members in support of the renewal process. More than 99,500 text messages (in threshold languages) have been sent to members with renewal months from June to October. There are two types of messages: one urges them to update their contact information and the other is a

reminder to return their renewal packet. Updated information may be available to share at the Board meeting.

City Council Visits

- Over the past few months, I have visited four city councils to share information about Medi-Cal renewal along with SSA Director An Tran. Speaking to the leaders of the cities of Stanton, Irvine, Buena Park and Anaheim, we have encouraged them to join our renewal campaign by hosting events, adopting a proclamation and using our toolkit materials to communicate with residents. Several cities have already shared messages on their website.

B. CSA Audit Follow-Up Report Addressed

On June 29, at our Special Board of Directors meeting, John Tanner, Chief Compliance Officer, provided the Board with a verbal update on the 90-Day California State Auditor (CSA) Audit follow-up on the implementation of the seven recommendations. CalOptima Health has fully implemented three of the recommendations, closed one of the recommendations, and will close out the implementation of one recommendation in October. CalOptima Health will continue to work with the California State Auditor and the Board to address the remaining two. Please see attached recommendations and responses.

C. CalOptima Health's Street Medicine Program Reports Early Success

Our street medicine program has made significant strides in providing health care and social services to the unhoused population of Garden Grove during the first 100 days of operation. Since the beginning of April, Healthcare in Action has interacted with 172 individuals and now has 85 participants in the program. Other milestones include:

- 529 patient visits completed
- 81 unique individuals enrolled in CalOptima Health Connect
- 54 unique individuals evaluated/treated for substance use disorder
- 11 unique individuals evaluated/treated for opiate use disorder (including fentanyl)
- 40 individuals evaluated/treated for mental illness

D. Governor Signs Fiscal Year (FY) 2023–24 Enacted State Budget

On June 27, Gov. Gavin Newsom and the State Legislature reached a final agreement on the FY 2023–24 state budget package totaling \$310.8 billion, including \$226 billion in General Fund spending. Effective July 1, 2023, it is the second largest budget in California history and closes the gap on a \$32 billion deficit while still safeguarding \$37.8 billion in reserves. A series of shifts to funding sources, recovery of unused funds and delayed commitments in certain sectors helped achieve a balanced budget. In addition, the package includes several trailer bills that enact health-related policy changes, including to Medi-Cal. Notably, the budget re-enacts the Managed Care Organization (MCO) Provider Tax, retroactively to April 1, 2023, through December 31, 2026, and allocates its revenues toward Medi-Cal provider rate increases and workforce development totaling \$11.1 billion over the next few years. These new investments resulted from recent advocacy efforts by a broad health care coalition, including CalOptima Health's trade associations. Please reference the full FY 2023-24 Enacted State Budget Analysis for additional details and potential impacts to CalOptima Health. A few highlights of the enacted budget are found below:

- Transitional Rent as a new Community Support option for up to six months of rent or temporary housing for eligible individuals experiencing or at risk of homelessness and transitioning out of certain facilities or the foster care system

- \$480 million per year for a five-year BH-CONNECT Demonstration to support behavioral health workforce development
- \$237 million in Medi-Cal rate increases for primary, maternity and non-specialty mental health services to at least 87.5% of Medicare rates, effective January 1, 2024
- \$150 million for the Distressed Hospital Loan Program to provide interest-free loans to hospitals at risk of closure
- \$10 million to develop state infrastructure for school-based mental health providers billing via a new statewide fee schedule
- \$10 million for additional health enrollment navigators through community clinics

E. President Signs Debt Ceiling Legislation

On June 3, Pres. Joe Biden signed into law H.R. 3746: Fiscal Responsibility Act (FRA), which previously passed the U.S. Senate and U.S. House of Representatives on bipartisan votes. The FRA represents the negotiated agreement between Pres. Biden and House Speaker Kevin McCarthy to address the debt ceiling crisis ahead of the June 5 deadline imposed by the U.S. Department of the Treasury. Key highlights of the legislation include but are not limited to the following:

- Sets discretionary spending caps in the FY 2024 and 2025 federal budgets, and sets appropriations targets for the FY 2026–29 federal budgets
- Rescinds \$27 billion in unspent COVID-19 relief funding previously allocated by the American Rescue Plan Act and the Coronavirus Aid, Relief and Economic Security Act
- Raises the age of Supplemental Nutrition Assistance Program (SNAP) recipients subject to work requirements from 49 to 55 years old, but only until October 1, 2030
- Creates new exemptions that waive SNAP work requirements for young adults ages 18 to 24 aging out of foster care, veterans and individuals experiencing homelessness, but only until October 1, 2030
- Places new restrictions on how often states can waive work requirements for SNAP recipients, and requires the U.S. Department of Agriculture to publish a report of which state waivers it approves and rejects
- Terminates the current pause on student loan repayments and interest accrual, effective August 29, 2023

F. Branding Campaign Video Debuts

As part of CalOptima Health’s brand awareness campaign, we are producing four inspirational member videos through our marketing partner Maricich Health. The videos will be used in community presentations and other outreach to increase awareness and understanding of our agency. The first one features Hai Hoang who survived osteosarcoma as a child. As a former CalOptima Health member and current member of our Member Advisory Committee, he shares that he is eternally grateful for how CalOptima Health treated him. Please view Hai’s story [here](#).

G. Elected Officials to Present \$2 Million Traffic Control Check

On August 15, U.S. Reps. Young Kim and Lou Correa will jointly present a \$2 million check to CalOptima Health to help fund the buildout of the Care Traffic Control command center on the third floor of the new 500 building. This federal earmark was included in the Consolidated Appropriations Act of 2023 and signed into law on December 29, 2022. The formal grant documents have been submitted to the U.S. Department of Health & Human Services, which is expected to officially award and transfer the funds in September or October.

H. U.S. Rep. Katie Porter Commends CalOptima Health

U.S. Rep. Katie Porter gave a speech on the floor of the U.S. House of Representatives to commend CalOptima Health's \$25.5 million investment in Orange County's 29 school districts as part of the Student Behavioral Health Incentive Program. She notably declared that "mental health care is health care." We look forward to working with Rep. Porter to improve behavioral health policies.

I. Transitions of Care Roundtable Has Robust Attendance

CalOptima Health hosted the Transitions of Care Roundtable on July 18 with a strong turnout of 55 leaders from hospitals, long-term acute care hospitals, skilled nursing facilities and recuperative care centers. The goal was to discuss ways to better coordinate care for our members.

J. CalOptima Health Gains Media Coverage

CalOptima Health continues to receive substantial positive and valuable TV, radio, print and online media coverage. In the month of June, we were featured in 88 media clips, with a publicity value of \$314,110, reaching an audience of 22.5 million people.

- CalOptima Health conducted media outreach about the proposed Community Living Center in Tustin, and several responded, including the following major outlets. On June 17, the [Orange County Register](#) published a story online and in the June 18 Sunday print version. On June 20, [KCBS/KCAL](#) interviewed Kelly Bruno-Nelson, Executive Director of Medi-Cal/CalAIM and others for a piece that aired on the 4 p.m. news.
- [OC World](#) published a two-part news program featuring an interview with Board Chair Clay Corwin, Kelly Bruno-Nelson and me. During the interview, we discussed CalOptima Health's role in caring for Orange County's vulnerable community members, insights into our priority programs, and the outcomes of our recent audit and more.
- On June 27, Stephen Faessel, chairman of the Orange County Housing Finance Trust and an Anaheim City Council Member, published an opinion piece in the [OC Register](#) that stated housing is key to solving the homelessness crisis in Orange County. He mentions CalOptima Health as one of the primary collaborators in the community providing permanent housing along with programs and services that the most vulnerable need to improve their lives.
- On June 28, [newsantaana.com](#) published CalOptima Health's press release on the provider rate increase.
- On July 11, Javier Sanchez, Executive Director of Medicare Programs, was featured in a [U.S. News](#) article "Will My Disability Benefits Change When I Turn 65?"



Fast Facts

August 2023

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

Membership Data* (as of June 30, 2023)

Total CalOptima Health Membership 988,716	Program	Members
	Medi-Cal	970,590
	OneCare (HMO D-SNP)	17,687
	Program of All-Inclusive Care for the Elderly (PACE)	439

*Based on unaudited financial report and includes prior period adjustment

Operating Budget (for 12 months ended June 30, 2023)

	YTD Actual	YTD Budget	Difference
Revenues	\$4,246,920,626	\$4,002,166,211	\$244,754,415
Medical Expenses	\$3,857,653,291	\$3,763,117,812	(\$94,535,479)
Administrative Expenses	\$192,886,333	\$220,226,217	\$27,339,884
Operating Margin	\$196,381,001	\$18,822,182	\$177,558,819
Medical Loss Ratio (MLR)	90.8%	94.0%	(3.2%)
Administrative Loss Ratio (ALR)	4.5%	5.5%	1.0%

Reserve Summary (as of June 30, 2023)

	Amount (in millions)
Board Designated Reserves	\$576.6*
Capital Assets (Net of depreciation)	\$84.2
Resources Committed by the Board	\$654.4
Resources Unallocated/Unassigned	\$364.2*
Total Net Assets	\$1,679.4

*Total of Board designated reserves and unallocated resources can support approximately 91 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.

CalOptima Health Fast Facts

August 2023

Personnel Summary (as of July 1, 2023, pay period)

	Filled	Open	Vacancy %
Staff	1,312.1	84.3	6.04%
Supervisor	79.0	5.0	5.95%
Manager	109.0	6.0	5.22%
Director	59.0	11.0	15.71%
Executive	21.0	1.0	4.55%
Total FTE Count	1,580.1	107.3	6.36%

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

Provider Network Data (as of June 30, 2023)

	Number of Providers
Primary Care Providers	1,288
Specialists	8,374
Pharmacies	563
Acute and Rehab Hospitals	43
Community Health Centers	34
Long-Term Care Facilities	103

Treatment Authorizations (as of May 31, 2023)

	Mandated	Average Time to Decision
Inpatient Concurrent Urgent	72 hours	9.81 hours
Prior Authorization – Urgent	72 hours	13.28 hours
Prior Authorization – Routine	5 days	1.76 days

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

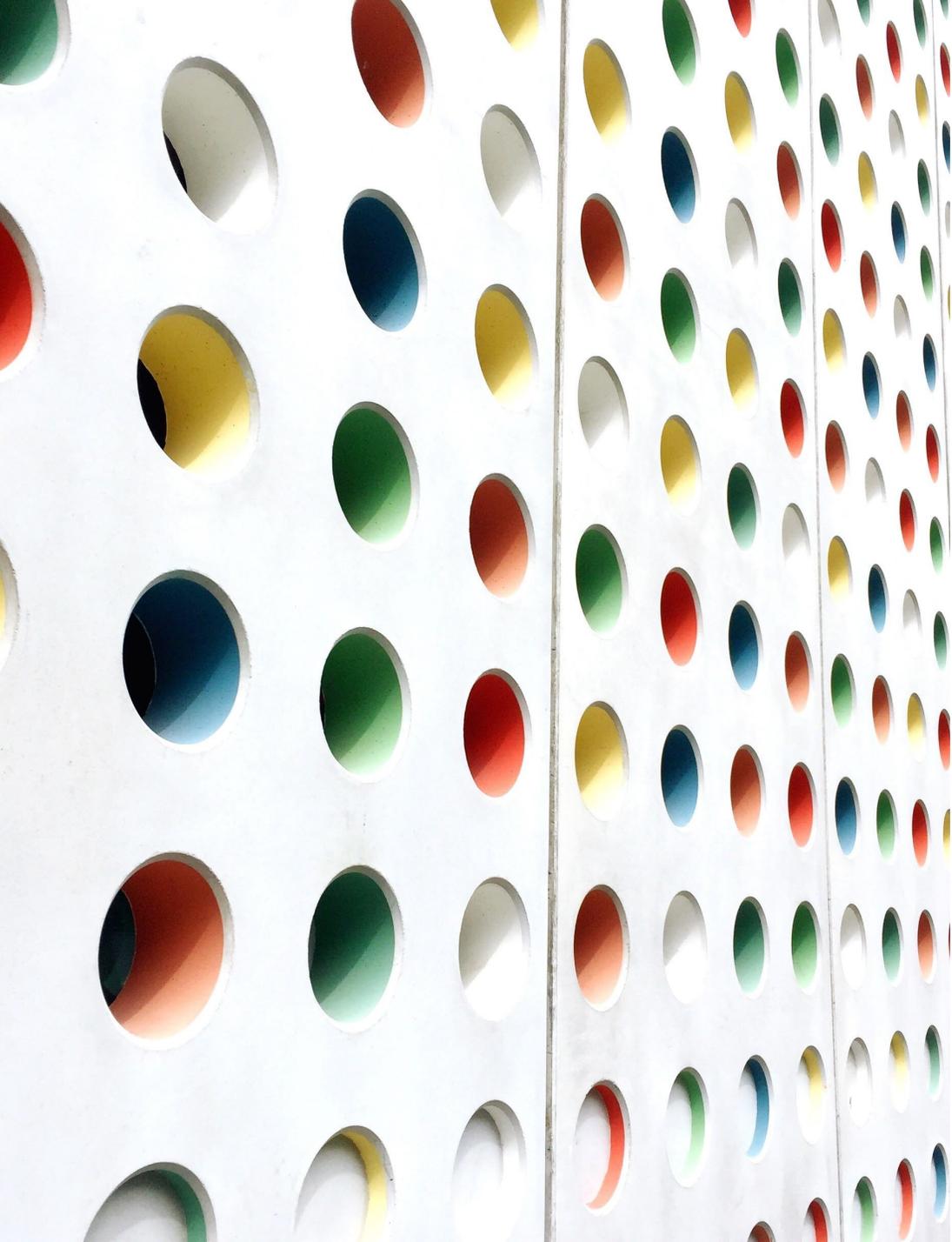
Member Demographics (as of June 30, 2023)

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	38%
19 to 44	35%	Vietnamese	9%	Optional Targeted Low-Income Children	8%
45 to 64	20%	Other	2%	Seniors	9%
65 +	12%	Korean	2%	People With Disabilities	5%
		Farsi	1%	Long-Term Care	<1%
		Chinese	<1%	Other	<1%
		Arabic	<1%		

CSA Audit Status Update As of 6/28/23

Re c #	Recommendation	Status	CSA Narrative Response (250 words or less)	CSA Due Date	Status
1	To ensure that it uses its existing surplus funds for the benefit of its members and to comply with county ordinance, by June 2024 CalOptima should create and implement a detailed plan to spend its surplus funds for expanding access, improving benefits, or augmenting provider reimbursement, or for a combination of these purposes. This plan should be reviewed by its board and approved in a public board meeting.	Not Fully Implemented	<p>CalOptima Health senior leadership will continue to report to the Finance and Audit Committee and the Board of Directors on the status of reserves and expenditures, including a written report in the publicly available Board materials. The Board will review levels of total assets and Board-designated reserve funds on an annual basis, at minimum, during the development of the strategic plan and the annual operating budget.</p> <p>During this review, the Board will assess resources to be used for the purposes of expanding access, improving benefits, and/or augmenting provider reimbursement. The Board will determine when a spending plan(s) for various initiatives are appropriate.</p> <p>CalOptima Health has been drastically accelerating our efforts to improve access and quality of health care for the most vulnerable residents in Orange County. These efforts continued with the Board's approval to allocate \$182 million in reserves at the June 1, 2023, CalOptima Health Board of Directors Meeting. The Board of Directors has and will continue to take separate actions to allocate available funds, and to do so wisely in a manner that best serves our members.</p> <p>As communicated previously, CalOptima Health must ensure tactical use of government funds to support our members and providers. It would not be fiscally prudent to spend all unallocated funds above the minimum reserve requirement within a defined period.</p>	June 2024	Open
2	To comply with county ordinance and to ensure that in the future it does not accumulate surplus funds in excess of its reserve policy, by June 2023 CalOptima should adopt a surplus funds policy or amend its policy for board-designated reserves to provide that if surplus funds accrue, CalOptima will use those funds to expand access, improve member benefits, or augment provider reimbursement, or for a combination of these purposes. The policy should require that the board review the amount of surplus funds each year when it receives CalOptima's audited financial statements and direct staff to create an annual spending plan subject to the board's approval to use those funds within the next 12 months.	Not Fully Implemented	<p>The CalOptima Health Board of Directors reviewed the current reserve policy at the June 1, 2023, Board of Directors meeting. In addition to the current reserve policy, the Board reviewed CalOptima Health's reserve position in comparison to other Medi-Cal managed care plans, reviewed scenarios for different minimum reserve levels and discussed pending DHCS financial performance guidance in the upcoming 2024 Medi-Cal contract. The Board directed staff to return with additional information on the status of the enacted State Budget and the federal debt ceiling negotiations, and DHCS's financial performance requirement. In light of this additional information, the Board will review and direct staff to formalize the current reserve process into policy at the September Board of Directors meeting.</p> <p>Given sufficient reserves are needed to provide stability in healthcare delivery, the minimum threshold, pending Board of Directors' adoption, does not mandate that reserves be drawn down to this level. The Board shall have discretion on the appropriate reserve level, above the minimum threshold, taking into account current and future economic conditions.</p> <p>The Board reviews levels of total assets and Board-designated reserve funds on an annual basis, at minimum, during the annual operating budget. During this review, the Board will assess resources to be used for the purposes of expanding access, improving benefits, and/or augmenting provider reimbursement. CalOptima Health must ensure tactical use of government funds to support our members and providers. It would not be fiscally prudent to spend all unallocated funds above the minimum reserve requirement within a defined period.</p>	June 2023	Open
3	To ensure that it can determine whether funds allocated to initiatives intended to improve the health of CalOptima members experiencing homelessness are accomplishing their intended purpose, by June 2023 CalOptima should develop a policy that requires it to do the following when spending those funds or allocating funds for that purpose in the future: - Establish one or more goals for the use of the fund s. - Establish one or more metrics signifying the successful accomplishment of its goals. - Measure progress toward the established metric and provide the board with periodic updates on the effectiveness of its use of funds based on those measurements.	Fully Implemented	<p>CalOptima Health developed policy AA.1400: Grant Management (Attachment A1). This policy outlines the criteria and expectations to ensure consistency and accountability in managing discretionary Grant funding disbursed by CalOptima Health. CalOptima Health's Board of Directors approved the implementation of this policy on May 4, 2023.</p>	June 2023	Complete

Re c #	Recommendation	Status	CSA Narrative Response (250 words or less)	CSA Due Date	Status
4	To ensure that members of CalOptima's board do not violate state law by entering into employment contracts made by the board on which they serve, by June 2023 CalOptima should amend its bylaws to prohibit all CalOptima board members from being employed by CalOptima for a period of one year after their term on the board ends.	Will Not Implement	CalOptima's By Laws reference and restrict Board Members employment with the Agency pursuant to Section 14087.59 W&I and Section 1090 of the Government Code. Neither regulation includes a blanket restriction of employment with the agency for one year for all Board Members.	June 2023	Closed
5	To better protect itself from criticism about the objectivity, appropriateness, and transparency of its hiring practices and to help ensure that CalOptima attracts and selects the most qualified candidates, by June 2023 CalOptima's board should adopt a policy that governs its hiring processes for all positions, including executive positions. Such a policy should incorporate best practices, including the minimum length of time that CalOptima will advertise job openings, the minimum number of qualified candidates CalOptima will interview for each position, and a requirement that it will use the same interview method for each candidate for a position. These steps should be documented for each recruitment.	Fully Implemented	CalOptima Health developed policy GA.8060: Recruitment, Selection, and Hiring (Attachment A1). This policy incorporates best practices, including the minimum length of time that CalOptima Health will advertise job openings, the minimum number of qualified candidates CalOptima Health will interview for each position, and a requirement that it will use the same interview method for each candidate for a position. CalOptima Health's Board of Directors approved the implementation of this policy on May 4, 2023.	June 2023	Complete
6	To reduce the risk that it does not appropriately evaluate allegations of fraud, waste, and abuse and report them to DHCS, by June 2023 the FWA unit should revise its written procedures to clearly specify the types of cases that should be addressed through investigations and the types that should be addressed through monitoring activities. In addition, it should establish written procedures for conducting monitoring activities.	Fully Implemented	CalOptima Health updated policy HH.1107: Fraud, Waste, and Abuse Investigation and Reporting (Attachment A1). This policy has been updated to clearly specify that all allegations of suspected FWA shall be preliminarily researched, and all allegations received shall be documented in a FWA tracking log within one (1) business day. Allegations for which sufficient information is initially provided or garnered through preliminary investigation will undergo a full investigation. CalOptima Health's Board of Directors approved the implementation of this policy on June 1, 2023.	June 2023	Complete
7	To help ensure the maintenance of an atmosphere free from fear of retaliation for reporting misconduct, by October 2023 and annually thereafter, CalOptima should conduct or contract for an anonymous survey of staff and contractors to determine whether they understand how to make such reports and feel comfortable doing so.	Not Fully Implemented	CalOptima Health launched a 2023 Best Places to Work Survey in March, 2023. An announcement was sent on March 15, 2023 to "All Email Users" stating that we would be participating in the 2023 Best Places to Work Survey from March 31, 2023 - April 21, 2023 (Attachment A1). This survey included questions developed by CalOptima Health's Compliance and Human Resources departments regarding retaliation (Attachment A2). In the weekly "Week Ahead" emails starting March 27th CalOptima Health's Human Resources sent an email to "All Email Users" encouraging employees to participate in the survey (Attachment A3). As of April 21st, CalOptima Health had a completion rate of 66% (Attachment A4). CalOptima Health will not know the final completion rate of the survey until late July. CalOptima Health is in the process of updating CalOptima Health policy HH. 3012 Non-retaliation for Reporting Violations to include a requirement for conducting an annual survey for all staff. This policy remains on track for October 2023.	October 2023	Open



MATCONNECT

MEDICATION ASSISTED
TREATMENT

MEDICAL CARE FOR AN ILLNESS,
NOT A MORAL FAILURE

[Back to Agenda](#)

Opioid-Involved Deaths in the US and CA

In the U.S., there were 109,680 drug overdose deaths in 2022*. Up from 93,655 in 2020.

- Opioids were involved in 80,816 overdose deaths in 2021, up from 70,029 in 2020. This represents 75% of all overdose deaths in 2021.
- **More than two-thirds of all overdose deaths in 2022 involved a synthetic opioid – more than 75,000 deaths, up from 71,238 overdose deaths in 2021.**
- In California, there were 8,908 opioid related drug overdose deaths in 2021. (2022 data not published)
- In California, there were 2,203 murders in 2021.

Opioid deaths were 4 times higher!

*Source: CDC



Opioid-Involved Deaths of Youth



The overdose mortality rate among U.S. adolescents 14 to 18 years old rose by 132% between 2019 and 2021, from 492 deaths in 2019 to 1,146 deaths in 2021.

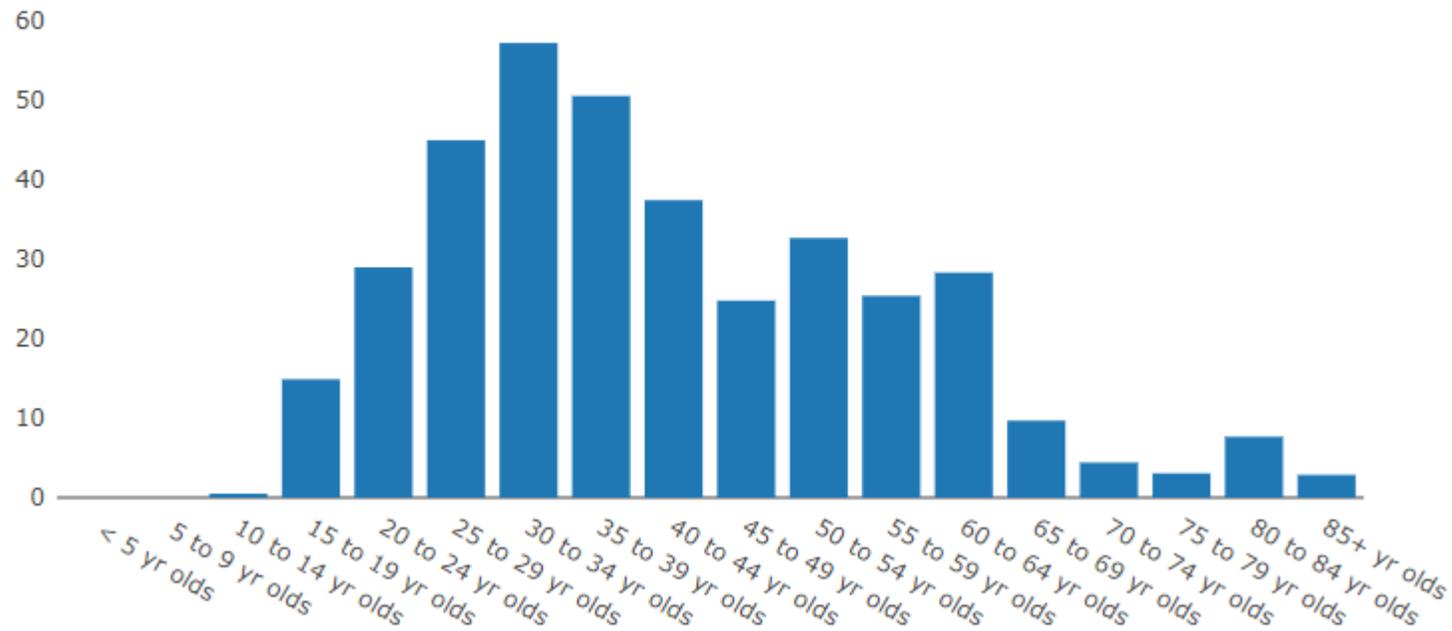
Reason: The drugs that are more accessible now to teens are much more powerful and dangerous.

Synthetic opioids such as fentanyl – which has been mixed with other drugs and used in the manufacturing of counterfeit prescription pills – have been considered the primary driver of U.S. overdose deaths in recent years.

Orange County Opioid Deaths by Age

Any Opioid-Related Overdose Deaths by Age Groups, 2021

Crude Rate per 100,000 Residents



How Opioids Work



- Opioids bind to and activate opioid receptors in cells located in many areas of the brain, spinal cord, and other organs in the body, especially those involved in feelings of pain and pleasure.
- When opioids attach to these receptors, they block pain signals sent from the brain to the body and release large amounts of dopamine throughout the body.
- This release can strongly reinforce the act of taking the drug, making the user want to repeat the experience.

What Is Dopamine?

People need three things to survive (besides oxygen): food, water and dopamine.

Dopamine is the neuro-transmitter primarily responsible for pleasure and motivation.

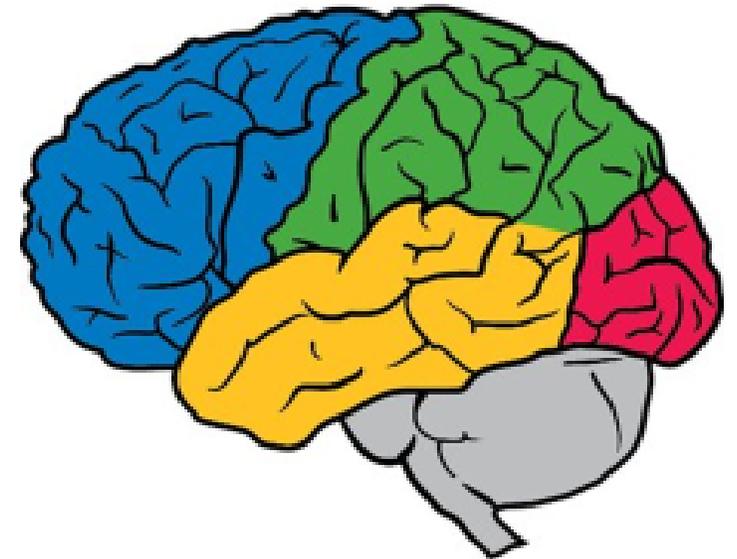
<https://www.youtube.com/watch?v=0kX2F7NVz6M>

Drugs and alcohol, including nicotine and some prescription medications when misused, flood the brain with dopamine, creating a pleasurable euphoria.

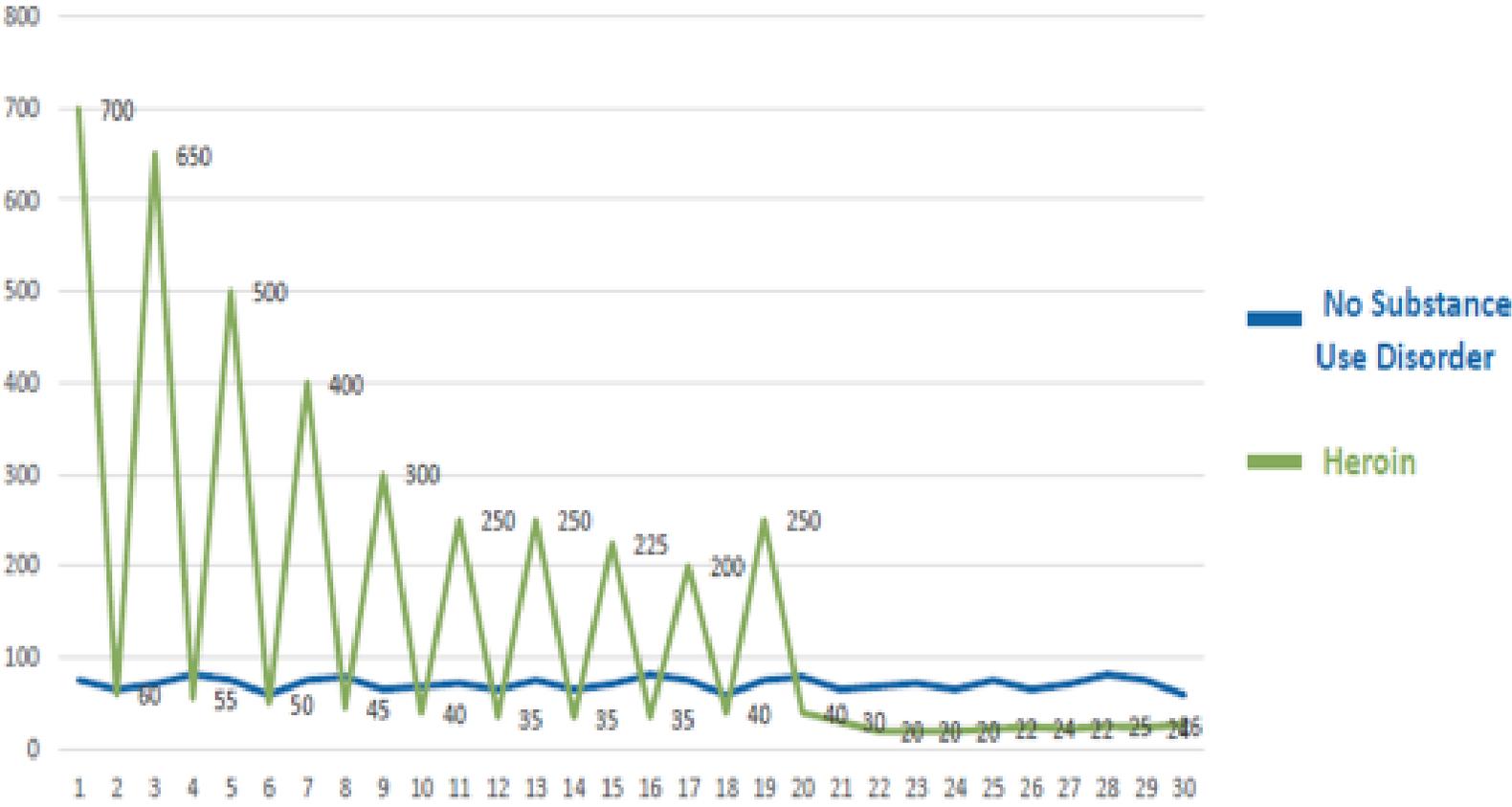
The reward circuit pathway involves pleasure, motivation, and memory.

Pleasurable experiences imprint memory, and motivation drives our desire for repeated pleasurable experiences.

The level of dopamine released by use of drugs and alcohol is much higher than a "normal" pleasurable experience, so the motivation to re-experience is much greater.



Dopamine Levels vs. Episodes of Use



What is MAT?



Medication-Assisted Treatment (MAT) is the use of FDA-approved medications for alcohol and opioid use disorder, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to the treatment of substance use disorders.

The Targeted Patient for MAT

A good candidate for **medication-assisted treatment** is the **patient** who has been to multiple abstinence-based programs but is still not stable. These **patients** may have unusually strong cravings for their **drug**, and they may not have the family or community support **necessary** to remain sober. Used to treat opioid and alcohol use disorder. Not effective for methamphetamine, cannabis, benzodiazepines, and sedative addiction.



Is MAT available for adults and youth?

MAT has been studied for youth ages 16+ for buprenorphine and ages 18+ for naltrexone.

In the state of California, parental consent is required in order for a minor to receive treatment.

MATCONNECT has developed a PowerPoint presentation to order to educate parents on MAT treatment.



The Advantages of MAT



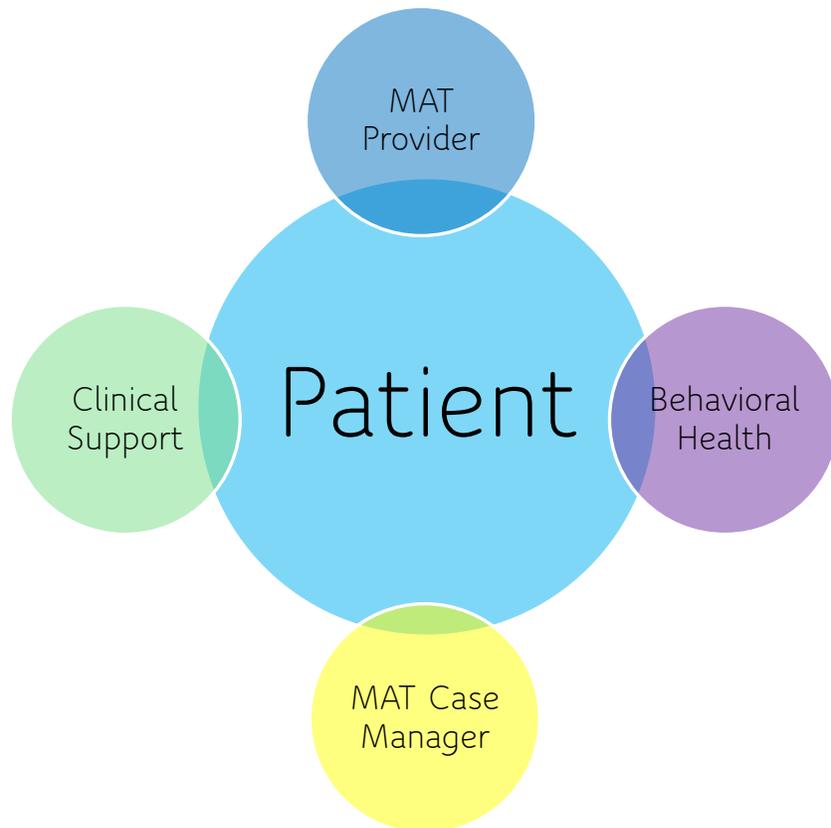
- Safe
- Cost-effective
- Reduce the risk of overdose
- Increase treatment retention
- Improve social functioning
- Reduced risk of infectious disease transmission.
- Reduced justice system involvement

Experience with MAT Stigma



- “You aren’t sober if you are on Suboxone”
- “MAT is just trading one drug for another”
- Most sober living homes do not allow residents to be on medication assisted treatment
- Support groups like Alcoholics Anonymous and Narcotics Anonymous are based on the principle of abstinence and does not acknowledge medication assisted treatment as “treatment”.

The MAT Program Support Team

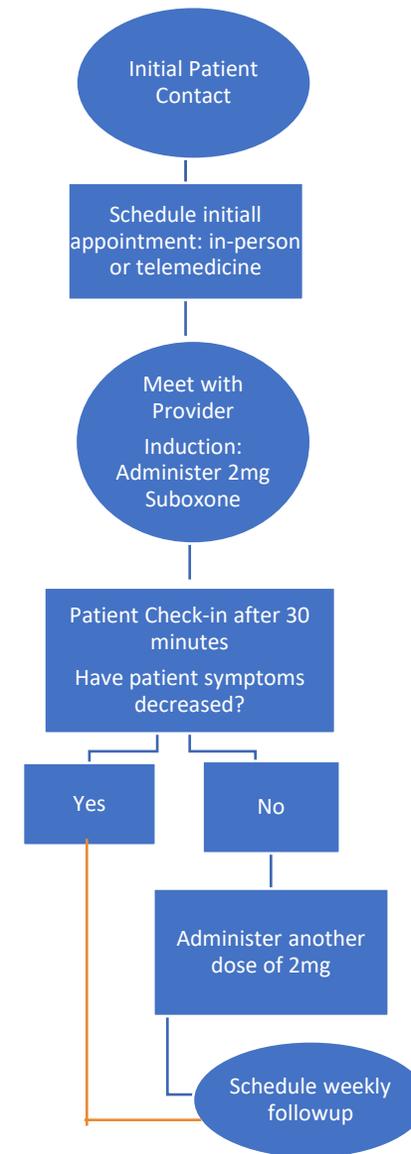


Each clinic has developed a unique program which includes each of the major components illustrated here:

- MAT Provider- a Physician, Physician's Assistant or Nurse Practitioner
- Behavioral Health Provider Team-a Psychiatrist, LCSW, Peer Counselor or combination
- MAT Case Manager-the patient's primary contact for the MAT program
- Physical health-primary medical, dental and behavioral health for patients throughout their life cycle

MAT Induction Process

1. Patient schedules MAT appointment
2. Can be telemedicine or in-person visit
3. Induction can be in office or at home
4. Patient takes first dose, waits 30 minutes.
5. If the patient is still experiencing symptoms, take additional doses as directed. Patient calls provider if still experiencing symptoms.
6. Initial prescription is for 7 days during the first month of treatment.



How to access MAT services?



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Direct access to a single telephone number to reach a MAT advocate who can refer them to a clinic of their choice

(714)352-5990 extension 3

What Services Do FQHCs Provide

Federally Qualified Health Centers (FQHCs) are **community based health care providers** that **receive federal funds** from the HRSA Health Center Program to **provide primary and preventative medical services, as well as dental, behavioral, and vision services**, regardless of the patient's ability to pay

FQHC's provide services that are often not covered by fee-for-service Medicaid, such as:

- Medication Assisted Treatment
- Case Management
- Transportation Assistance
- Translation Services



What if the patient is not ready for MAT?

- Make an appointment with the provider or the Case Manager to discuss treatment
- Make an appointment with a mental health provider to discuss treatment
- View personal testimony videos for MATCONNECT
- Attend a group meeting for MAT patients



Current MAT Providers



**KOREAN
COMMUNITY
SERVICES**

(714) 410-2034
Buena Park, Anaheim



(714) 862-0598
Tustin, Garden Grove



(714) 620-7084
Garden Grove



(714) 247-0300
Tustin, Santa Ana, Anaheim



(714) 352-2911
Santa Ana

UCI Health

(657) 282-6355
Santa Ana



(949) 270-2100
Costa Mesa



(949) 809-5700
Irvine

MATCONNECT Line for Referral to Treatment: (714) 352-5990, ext. 3

Still Have Questions?

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CalOptima Health

Workforce Development Grant Initiative – Stakeholder Discussion

Joint Advisory Committee

August 10, 2023

Peter Bastone, Chief Strategy Officer, Strategic Development

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.

Overview of the Grant Initiative

- CalOptima Health will invest \$50 million over five years for Health Provider Workforce Development
- The five-year grant initiative will support the education, training, recruitment, and retention of safety net providers in Orange County
- CalOptima Health is in the process of collecting stakeholder input into the design and focus areas of the five-year grant initiative
- Guidance will be forthcoming soon on how to submit a proposal for funding as part of this five-year initiative

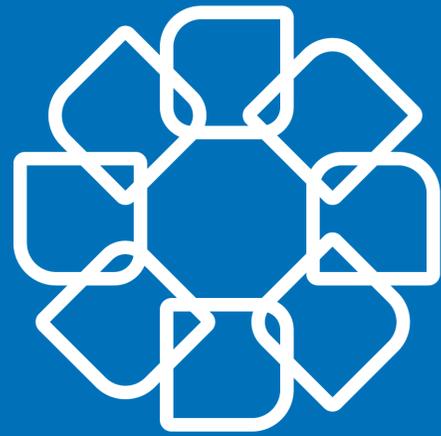
Current CalOptima Health Grants Focused on Healthcare Workforce

CalOptima Health has demonstrated our commitment to developing a sufficient health care workforce for Orange County through the following existing grants:

- April 2022: \$50 million for community health centers to support sufficient staffing levels as part of the Population Health and Value-Based Care Transformation to Coalition of Orange County Community Health Centers
- December 2022: \$5 million for peer-to-peer education in behavioral health to National Association on Mental Illness (NAMI) Orange County
- May 2023: \$5 million for Master of Social Worker stipend program to California State University, Fullerton

Stakeholder Discussion Questions

1. What do you consider to be the most critical health care workforce shortage areas facing Orange County?
2. What types of investments do you feel have the greatest impact on increasing the health care workforce in critical areas, such as funding for educational opportunities, training programs, retention incentives, etc.?
3. What are key considerations CalOptima Health should take into account in the design of this 5-year initiative?



CalOptima Health

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