# 2025 Population Assessment

Report Date:
**April 2025**

Data Date Range:
**January–December 2024**

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# 2025 Population Health Management Signature Page

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# 1. Population Needs Assessment Overview

## 1.1. Executive Summary

CalOptima Health's Population Needs Assessment (PNA) provides a comprehensive annual summary using a variety of data to describe member characteristics and health needs. Using the PNA to better understand health trends in overall membership as well as in specific focus populations facilitates data-driven planning and decision-making to serve member health with excellence and dignity, respecting the value and needs of each person. The PNA focuses on CalOptima Health's:

- Overall member population, including social determinants of health (SDOH)
- Children and adolescent members ages 2–19 years old
- Members with disabilities
- Members with severe mental illness (SMI)
- Members according to racial and ethnic groups
- Members with limited English proficiency
- Relevant focus populations

The PNA key findings are used to inform CalOptima Health's Population Health Management (PHM) Strategy and Work Plan, which aims to address gaps in member care through intervention strategies and quality initiatives. The findings also help identify the need for process updates and resource allocations. For example, some of the findings about the increase in medical diagnoses of hypertension and diabetes are leading to expanded disease management programs and health education.

## 1.2 Orange County Population and Community Assessments Landscape

CalOptima Health recognizes that members' health and well-being are deeply influenced by the dynamic and evolving community context in which they live. Orange County offers a wealth of community and population-level assessments that shed light on the experiences and conditions shaping our members' lives. Readers are encouraged to explore the valuable data and community insights provided in these assessments:

- Annual Report on the Conditions of Children in Orange County
- Orange County Community Health Assessment
- Orange County Community Health Improvement Plan
- Any available/recent community health needs assessments from hospitals
- Orange County Report on Older Adults
- Orange County Community Indicators Report (Orange County Business Council)

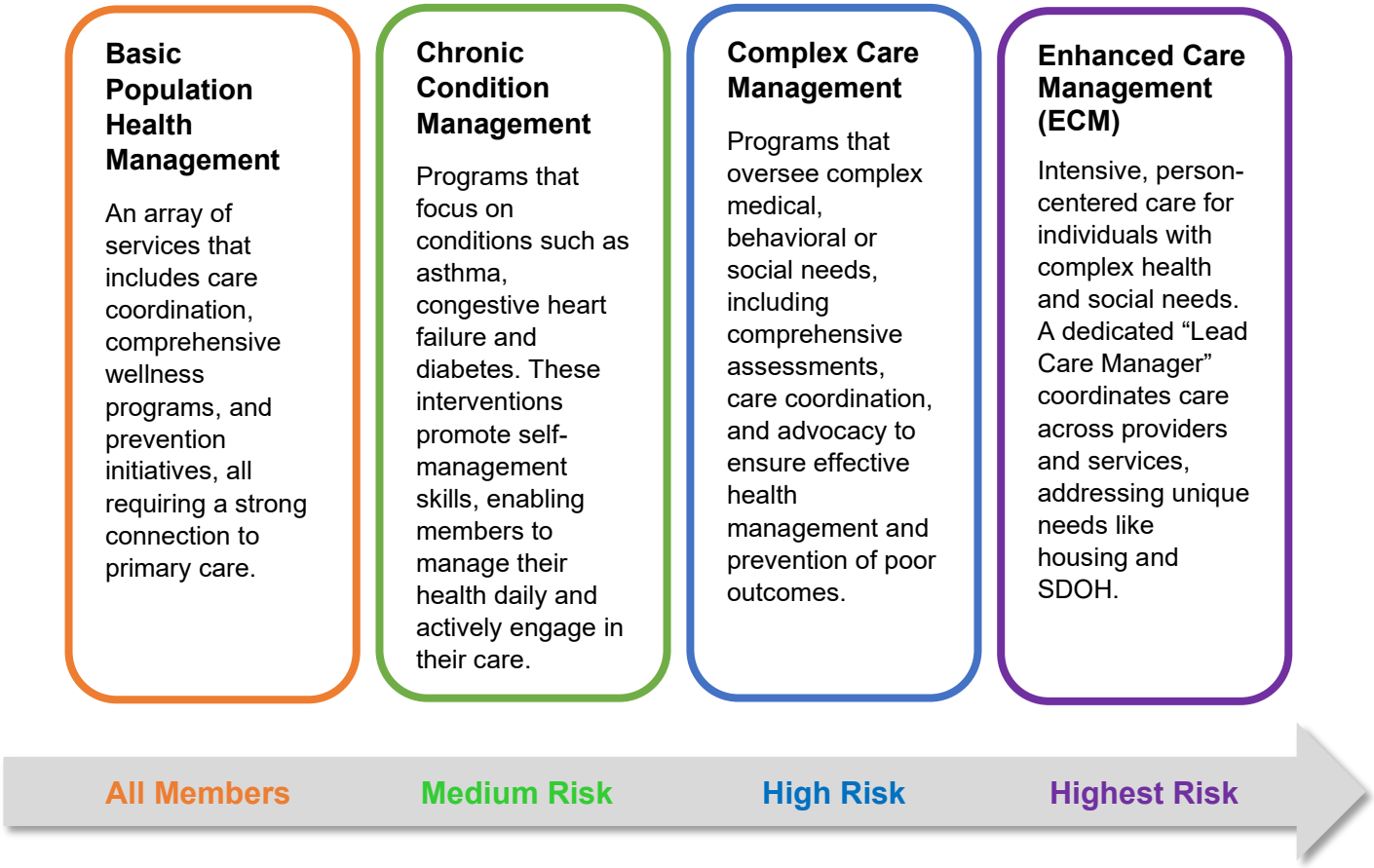
## 1.3 Population Segmentation and Care Coordination

Segmentation and stratification are methods of grouping people with similar traits and using available information to better understand their level of risk to plan their services and care. CalOptima Health segments and stratifies its entire member population based on potential risk factors, such as health outcomes, utilization and claims data. This process prioritizes targeted interventions for members who are most likely to benefit. The segmentation and risk stratification methodology informs resource allocation and the development of tailored interventions such as program access and eligibility for specific services.

CalOptima Health divides its member population into meaningful segments using information collected from population assessments and other sources. These segments are defined by shared needs, characteristics, identities, conditions or behaviors, and categorized into the following risk levels:

- Low risk
- Medium risk
- High risk
- Highest risk

Based on these risk levels, members may receive a variety of services and interventions, including but not limited to:



## 2. Methodology

To provide a comprehensive understanding of CalOptima Health's Medi-Cal membership needs, an extensive review of multiple data sources and reference materials was conducted. These included CalOptima Health's administrative and encounter data, as well as a range of external reports and studies. Key data sources assessed include:

- Member demographic data
- Medical and behavioral claims and encounters
- Pharmacy claims
- Laboratory results
- Health appraisal results
- Health services programs within CalOptima Health
- Advanced data sources

Performance indicators were used to set benchmarks and quality improvement targets, such as:

- Healthcare Effectiveness Data and Information Set (HEDIS®) (Reporting Year (RY) 2020–2024) – HEDIS® (Measurement Year (MY 2019–2023): A comprehensive set of standardized measures from the National Committee for Quality Assurance (NCQA) used to evaluate and compare health plan performance.
- Medi-Cal Managed Care Accountability Set (MCAS) (RY 2024) – MCAS (MY 2023): Performance measures selected by the California Department of Health Care Services (DHCS) for annual reporting by Medi-Cal managed care health plans.

Additionally, CalOptima Health incorporated secondary data sources to enhance population assessments and address data gaps, including:

- Everyone Counts: 2024 Point-in-Time Homeless Count Summary
- The Public Health Alliance of Southern California, California Healthy Places Index Map 2022
- U.S. Census: Orange County Profile 2020 and American Community Survey

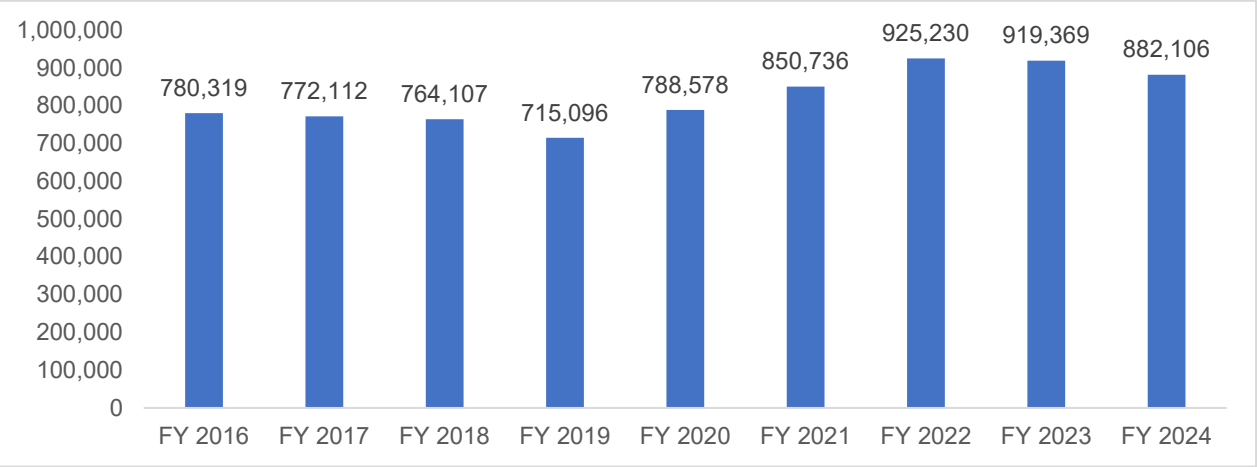
The wide array of data points and resources helps provide a well-rounded and detailed understanding of the needs and opportunities for improvement within the CalOptima Health membership.

# 3. Membership Profile

## 3.1. Medi-Cal Membership

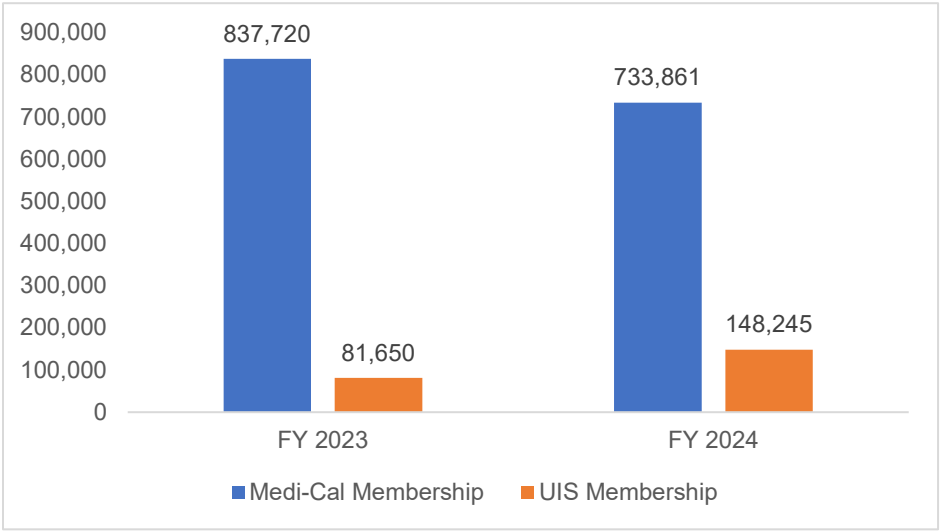
CalOptima Health was created by the community to address a critical need and has since then become a recognized model health plan for delivering access to quality care. Serving one in three Orange County residents, CalOptima Health is the largest managed care plan in the county. CalOptima Health provides health care coverage for diverse individuals, including low-income children, adults, seniors and people with disabilities.

**CalOptima Health Medi-Cal Membership Trends***




*Data Source: Fiscal Year (FY) 2016–2024 CalOptima Health Membership Tableau Dashboard, Accessed January 2025*

**CalOptima Health New Medi-Cal Members: Unsatisfactory Immigration Status**




*Data Source: Fiscal Year (FY) 2023–2024 CalOptima Health Membership Tableau Dashboard, Accessed March 2025*

***Analysis:***

CalOptima Health's Medi-Cal membership has grown dramatically since the organization began to serve Orange County 30 years ago. As of December 2024, Medi-Cal membership reached 882,106, which is a decline of 37,263 members from the previous year. The decline in Medi-Cal membership is likely a result of the end of the Public Health Emergency (PHE) and the return of annual Medi-Cal review to determine eligibility. According to the California Health Care Foundation[1], most individuals who were disenrolled during redetermination were not ineligible but were instead removed due to issues such as late or missing paperwork or information. In addition, Kaiser Permanente's Medi-Cal Direct Contract went into effect January 2024, allowing Orange County Medi-Cal beneficiaries to have a choice in health plans for the first time in the county's history. Both redetermination and Kaiser's Direct Contract led to a decline in CalOptima Health's Medi-Cal membership in 2024.

One notable area of growth in 2024 was among members with Unsatisfactory Immigration Status (UIS) — a term used to describe individuals who do not meet federal criteria for full-scope Medi-Cal, such as undocumented immigrants or those with temporary visas. Previously eligible only for limited benefits, such as emergency and pregnancy-related care, these individuals became eligible for full-scope Medi-Cal benefits as of January 1, 2024, following California's expansion of the program to include all low-income adults regardless of immigration status. As a result, CalOptima Health saw its UIS membership increase from 81,650 in FY 2023 to 148,245 in FY 2024.

***Conclusion:***

CalOptima Health's recent membership trends highlight key opportunities for action. The decline in Medi-Cal enrollment following the return of annual redeterminations points to the need for stronger member support to prevent unnecessary disenrollments. This includes targeted outreach, multilingual communication and partnerships with community organizations to assist members with paperwork.

The sharp rise in UIS members due to Medi-Cal expansion underscores the importance of helping this population navigate their new full-scope benefits. Culturally relevant education, trust-building and provider training will be essential to ensure access and engagement.

With the introduction of Kaiser's Medi-Cal Direct Contract, CalOptima Health must also continue to strive for improved care quality and member experience. Investing in care coordination, digital tools and service integration will help retain members and improve outcomes. Ongoing monitoring of membership data will support responsive, equitable care moving forward.

***Activities/Resources OR Plan to Address Gap:***

To assist members in maintaining eligibility, CalOptima Health continued a multifaceted initiative that included:

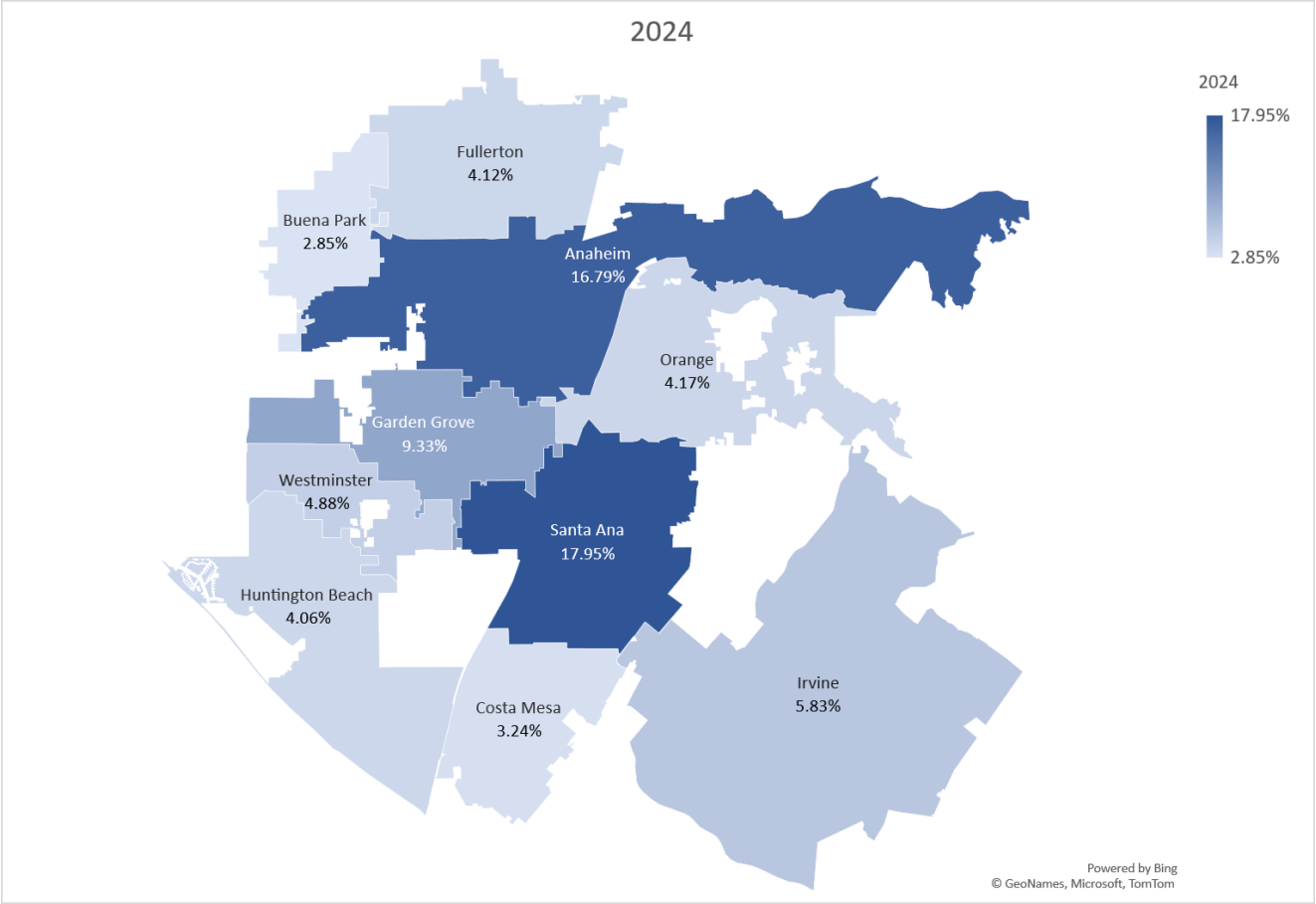
- Developed a comprehensive marketing campaign to promote Medi-Cal redetermination with digital, print, radio, television and out-of-home advertisements.
- Funded 13 community organizations to hire Community Enrollers.
- Held and participated in various community events to assist members with Medi-Cal renewal.

Looking ahead, CalOptima Health is prioritizing increased community presence to better meet members where they are. The focus is on providing the right service in the right place at the right time so that all members feel supported in maintaining coverage and accessing care.

[1] Adams, Amy. (2024). *Key Takeaways from Medi-Cal Redetermination Data.* California Health Care Foundation. Key Takeaways from Medi-Cal Redetermination Data - California Health Care Foundation

## 3.2. City and Living Conditions

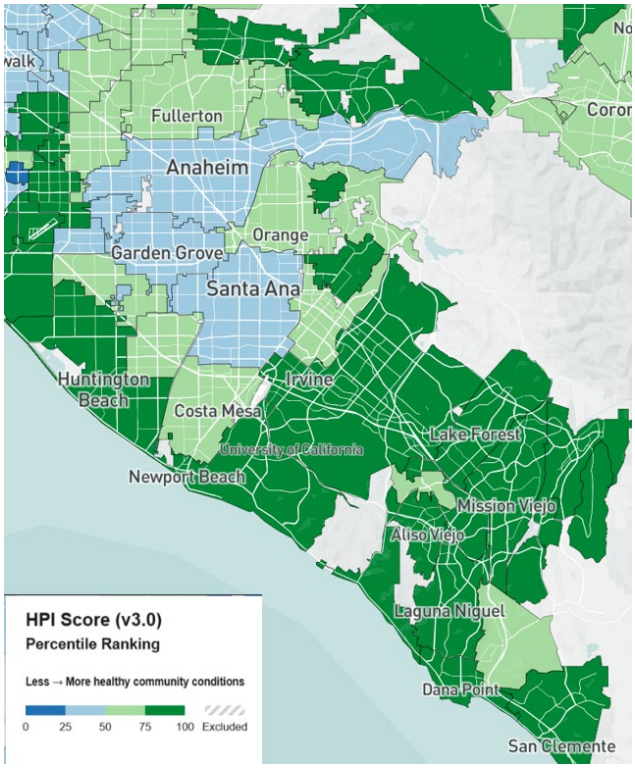
**2024 Medi-Cal Membership by City**



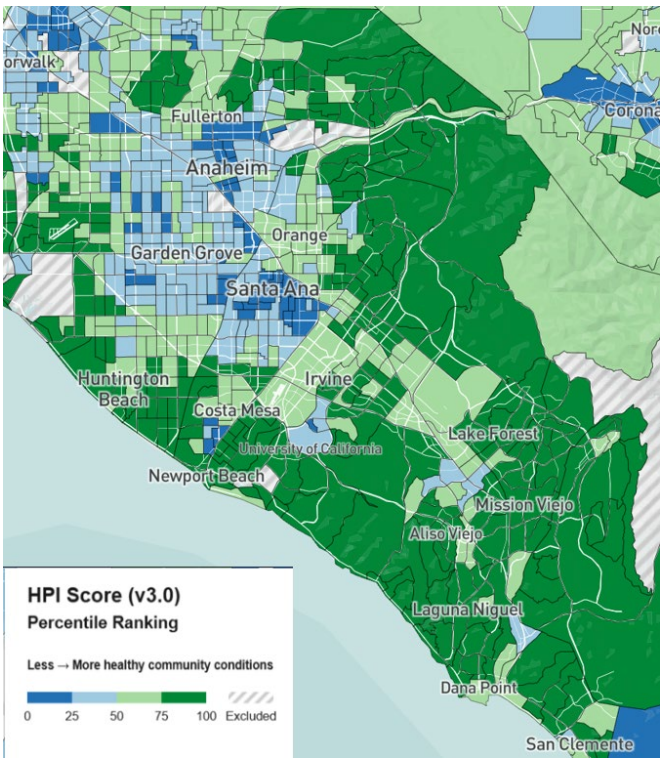

*Data Source: MY 2024 CalOptima Health Membership Tableau, Accessed January 2025*

**California Healthy Places Index[2]**

**By Cities**

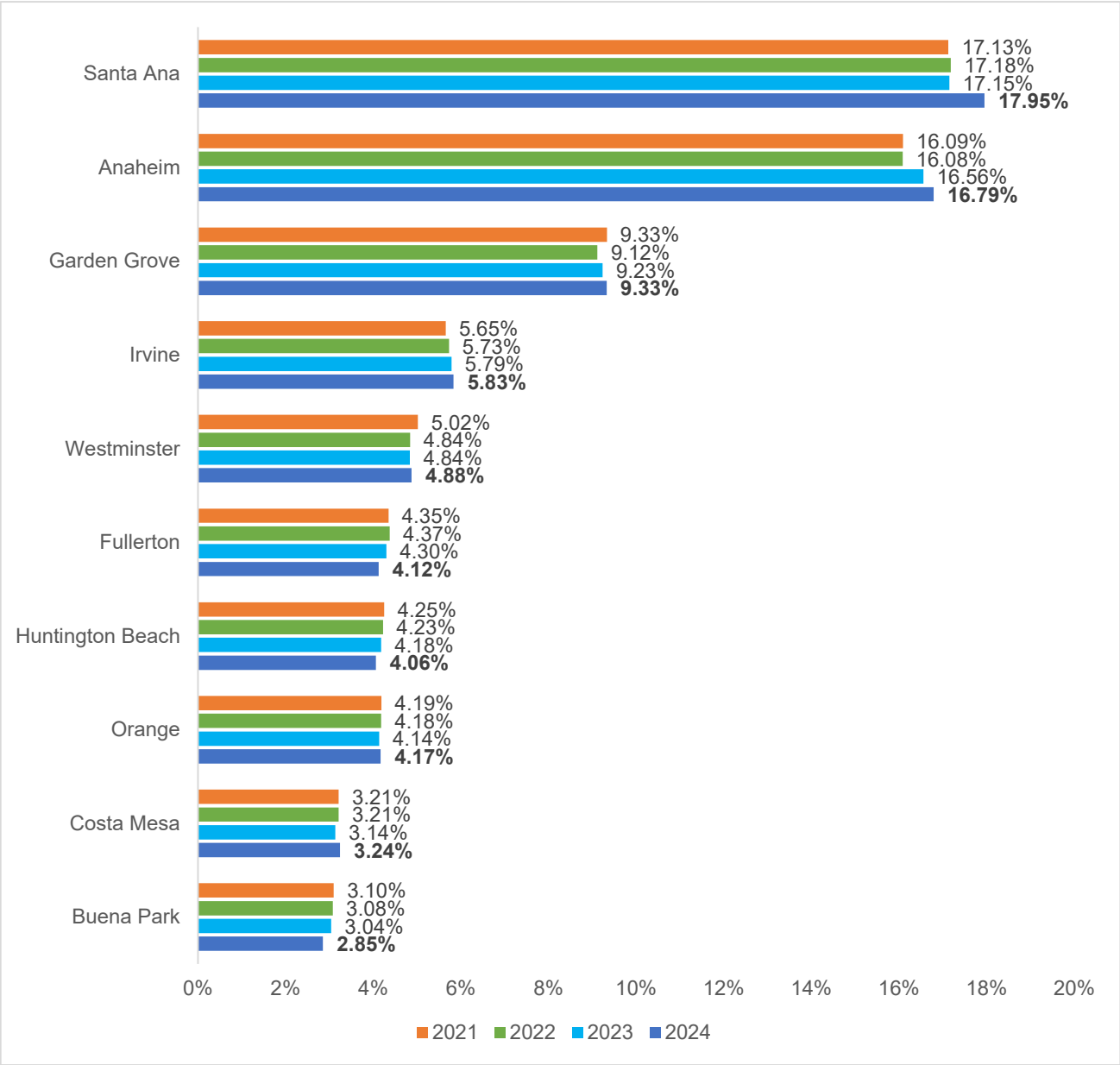



**By Census Tracts**




[2] Public Health Alliance of Southern California. (2022). *Healthy Places Index. Healthy Places Index.*, California Healthy Places Index

**Trending Medi-Cal Membership by City**




*Data Source: MY 2024 CalOptima Health Membership Tableau, Accessed January 2025*

***Analysis:***

In 2024, nearly half (44.06%) of CalOptima Health's Medi-Cal members resided in central Orange County, primarily in Santa Ana (17.95%), Anaheim (16.79%) and Garden Grove (9.33%). While these cities have consistently represented the largest portions of the membership in previous years, each saw a slight increase in 2024. Notably, central Orange County also has the highest pollution burden, suggesting that CalOptima Health members in these areas may be disproportionately affected by multiple environmental hazards.

To better understand these conditions, CalOptima Health referenced the California Healthy Places Index (HPI), which combines 25 community indicators — such as access to health care, housing and education — into a single score. The HPI map reflects lower community health conditions in Santa

Ana (33.0%), Anaheim (47.1%) and Garden Grove (49.9%) when compared with Orange County overall (80.4%). A deeper look at the census tract level reveals even more concerning data, with some neighborhoods scoring as low as 5.6%, meaning they are healthier than only 5.6% of communities across California.

***Conclusion:***

While CalOptima Health members live throughout Orange County, the data highlights the need to expand services in central cities. Environmental and social determinants of health vary significantly across neighborhoods and can seriously impact member well-being. A neighborhood-level approach is essential to understanding members' lived experiences and to designing strategies that improve health outcomes and increase access to basic needs and health care services.

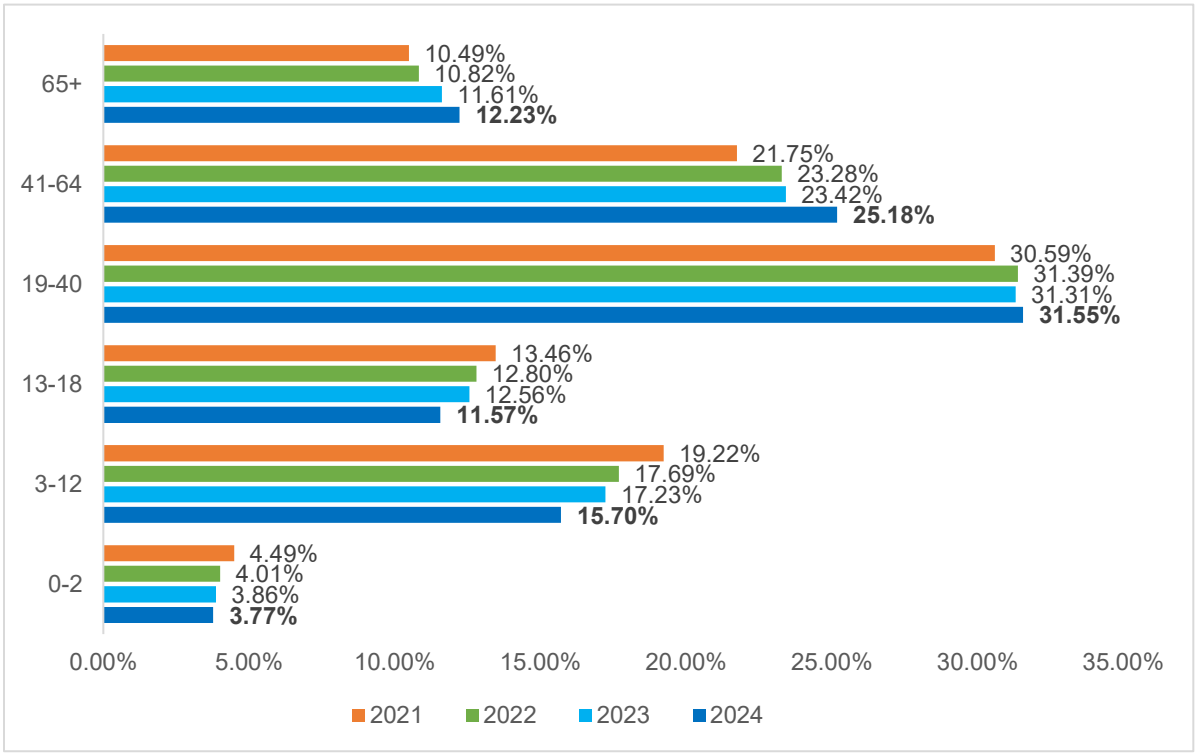
***Activities/Resources OR Plan to Address Gap:***

To respond to the growing Medi-Cal membership in key areas, CalOptima Health is implementing an adult expansion outreach strategy aimed at enrolling eligible adults ages 26–49 into full-scope Medi-Cal and other public assistance programs, such as CalFresh. This strategy includes partnerships with mobile units and outreach teams deployed to high-need communities. Longstanding collaborations with community-based organizations continue to play a critical role in helping members access care and services close to where they live.

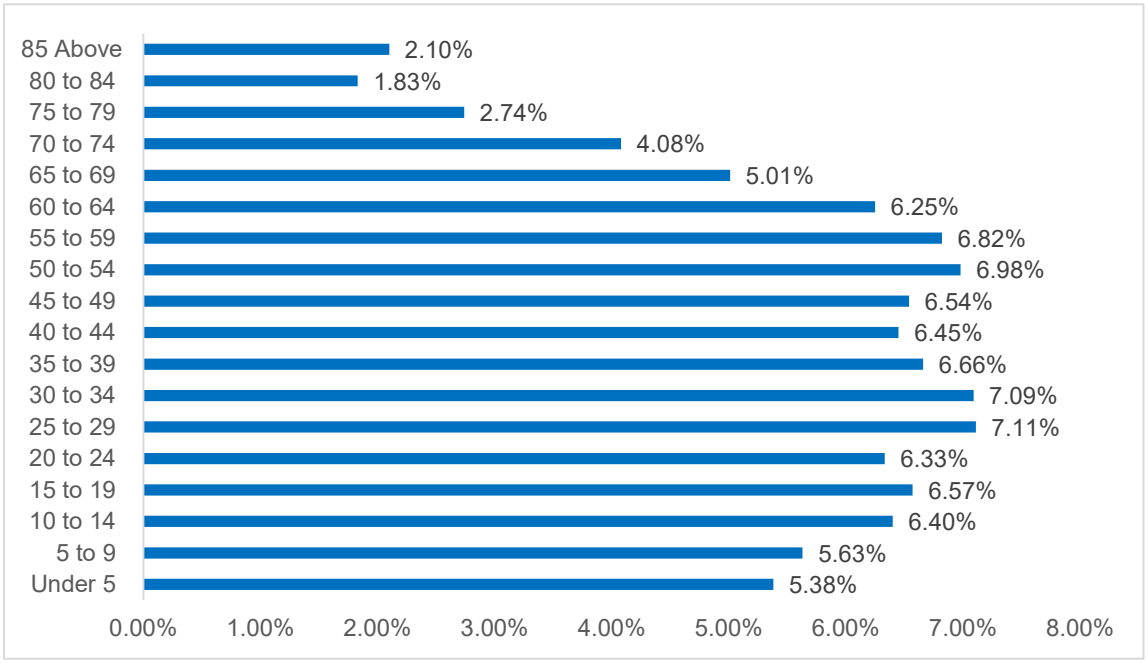
In response to the environmental health risks identified in high-burden areas, CalOptima Health is also taking targeted action. Through collaboration with the Orange County Health Care Agency and Kaiser Permanente, CalOptima Health developed a blood lead screening dashboard that helps identify testing gaps, exposure risks and community-level disparities. Focused outreach and data-driven interventions are underway in Santa Ana, Fullerton and San Juan Capistrano — neighborhoods identified as having high environmental vulnerability and large concentrations of children at risk for lead exposure. These efforts include lead screening education, community profiling to identify local assets and gaps, and the development of an educational toolkit for providers and families.

In parallel, CalOptima Health will continue to analyze member data at the neighborhood level and adapt outreach strategies accordingly. As part of the upcoming Member and Population Health Needs Assessment, CalOptima Health will conduct surveys with members, providers and key community stakeholders to further understand health and social needs. Additionally, health equity asset maps will be developed to visually highlight available resources and services throughout Orange County, supporting more strategic program planning and resource deployment.

### 3.3. Age




*Data Source: MY 2021–2024 CalOptima Health Membership Tableau Dashboard, Accessed January 2025*




*Data Source: U.S. Census Bureau American Community Survey 2019–2023 5-Year Estimates, Accessed April 2025*

***Analysis:***

Member data from 2024 shows a continued shift in CalOptima Health's Medi-Cal population, with adults ages 19–64 now making up the majority at 56.73% — an increase from 54.73% in 2023. Children ages 0–18 represent 31.04% of the membership, a decrease from 33.65% in the previous year, while seniors ages 65 and older account for 12.23%, up from 11.61% in 2023. This upward trend in adult and senior enrollment reflects broader demographic changes seen throughout the PHE period.

When compared with the Orange County population overall, based on the U.S. Census Bureau's ACS 2019–2023 5-Year Estimates, CalOptima Health's Medi-Cal membership skews slightly younger but is trending toward greater alignment with countywide aging patterns. According to ACS data, 60.23% of Orange County residents are adults ages 20–64, 23.98% are children and young adults ages 0–19, and 15.76% are seniors ages 65 and older.

***Conclusion:***

These trends highlight the importance of continually strengthening programs and services that support adult and senior members in managing their health across the lifespan. For managed care plans like CalOptima Health, a growing senior population presents both challenges and opportunities. Older adults are more likely to have multiple chronic conditions, require more frequent and coordinated medical care, and generate higher overall health care costs. This demographic shift underscores the critical need for comprehensive, coordinated services that can address the increasingly complex medical and social needs of aging members — ensuring they receive the right care, at the right time, in the right setting.

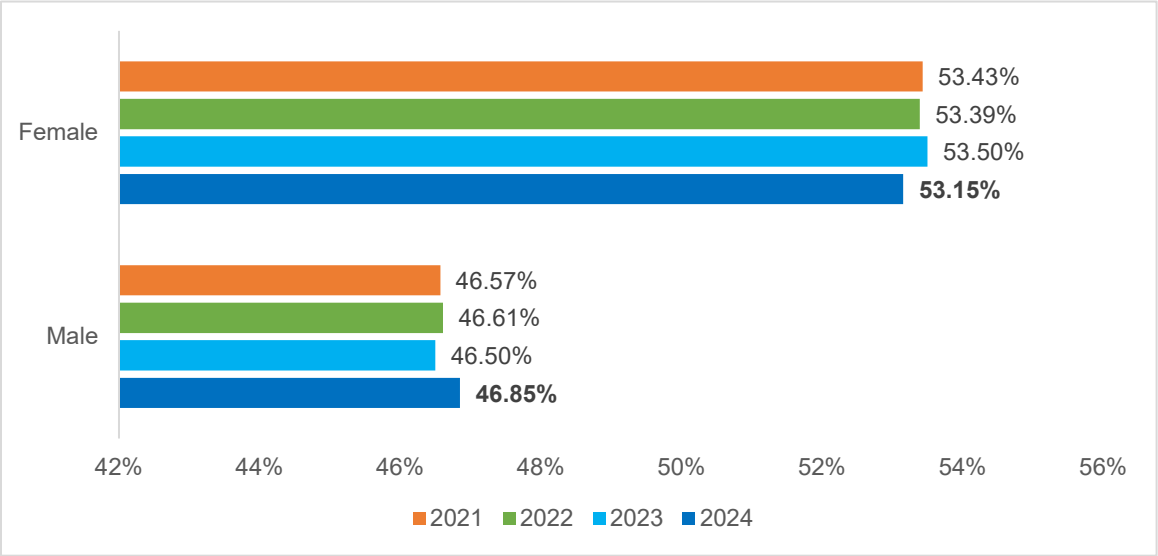
***Activities/Resources OR Plan to Address Gap:***

To meet the evolving needs of its adult and senior Medi-Cal members, CalOptima Health's Population Health Management (PHM) Program delivers whole-person, equitable and high-quality services across the care continuum. The PHM Program includes:

- Basic Population Health Management (BPHM), offering health and wellness coaching, preventive education, and group classes led by Certified Health Education Specialists and master's-trained health educators.
- Chronic Condition Management, offering disease-specific education and support for members managing conditions such as asthma, congestive heart failure and diabetes.
- Complex Care Management (CCM), offering in-depth assessments to identify and address barriers to optimal health, including chronic illness management, medication adherence, self-management skills and life planning.
- Enhanced Care Management (ECM), offering a high-touch, person-centered service model designed for members with significant health and social needs, delivering coordinated, interdisciplinary care across clinical and community settings.

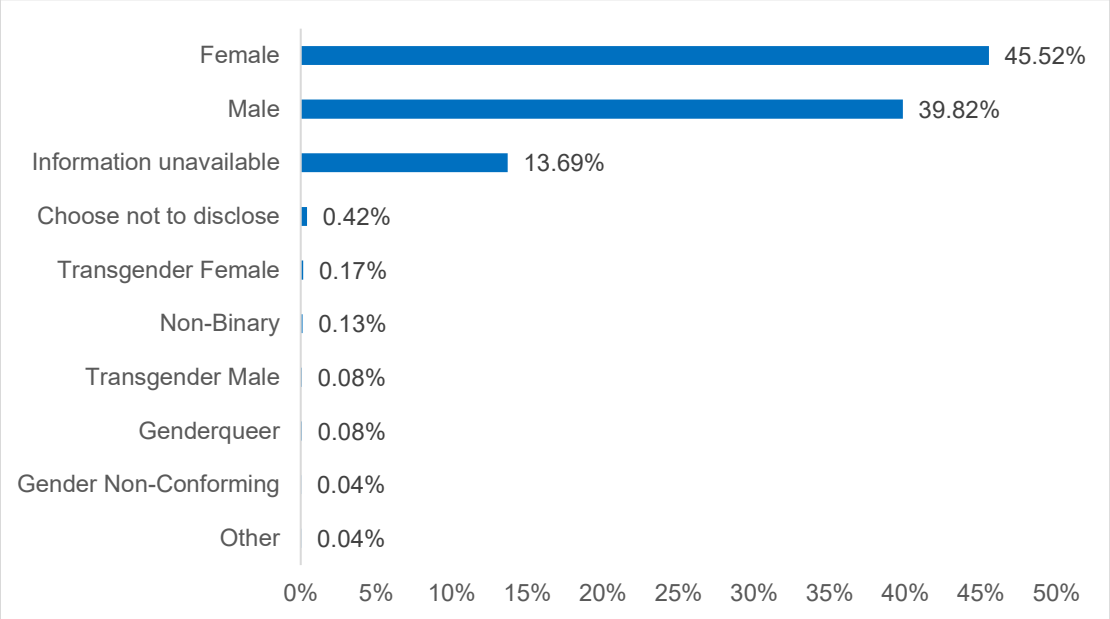
### 3.4. Gender

**Medi-Cal Membership by Sex at Birth**




*Data Source: 2024 CalOptima Health, Membership Tableau Dashboard, Accessed January 2025*

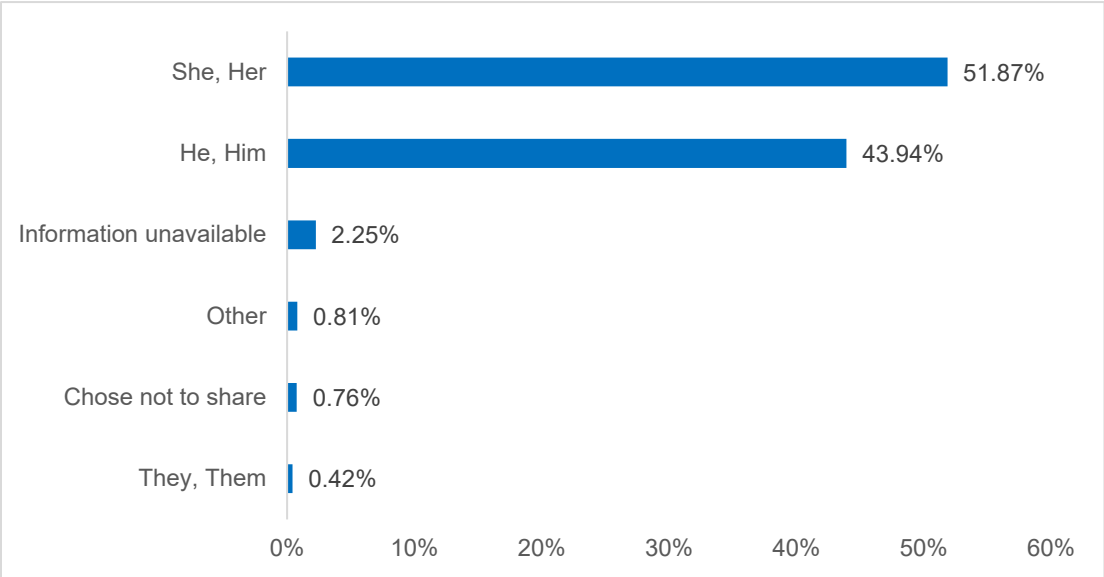
**Self-Reported Sexual Orientation and Gender Identity[3]**




*Data Source: 2024 CalOptima Health, Member SOGI Data Tableau Dashboard, Data Accessed February 2025*

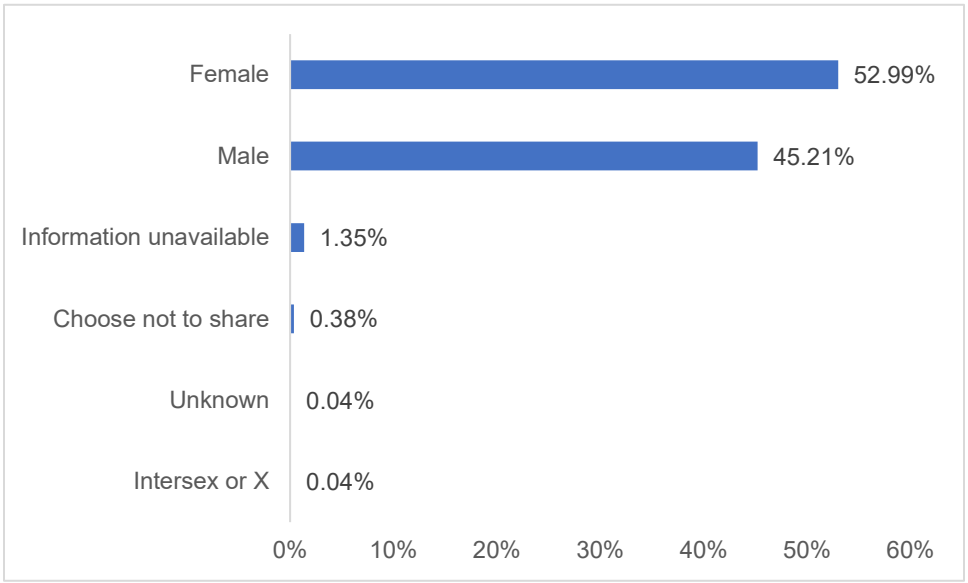
[3] Small sample of self-reported membership data between August and December 2024.

**Self-Reported Pronouns[3]**



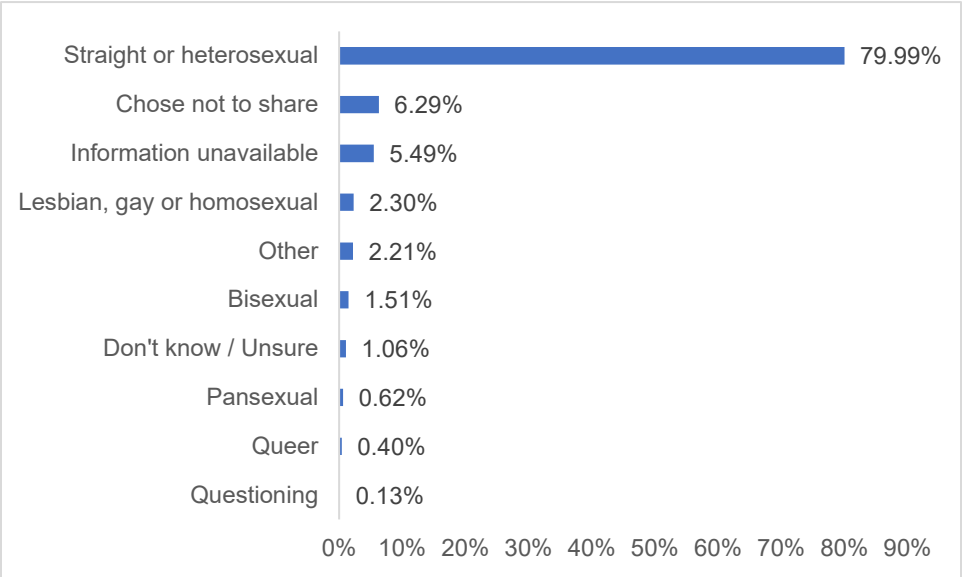

*Data Source: 2024 CalOptima Health, Member SOGI Data Tableau Dashboard, Data Accessed February 2025*

**Self-Reported Sex at Birth[3]**




*Data Source: 2024 CalOptima Health, Member SOGI Data Tableau Dashboard, Data Accessed February 2025*

**Self-Reported Sexual Orientation[3]**




*Data Source: 2024 CalOptima Health, Member SOGI Data Tableau Dashboard, Data Accessed February 2025*

***Analysis:***

Data received from Orange County Social Services Agency shows that CalOptima Health's Medi-Cal female membership (53.15%) is higher than male (46.85%). In comparison, the Orange County U.S. Census Bureau American Community Survey 2019–2023 5-Year Estimates shows a slight majority, with 50.44% of the total population being female. The trends of CalOptima Health's membership by gender have been consistent over the past four years.

As gender data beyond sex at birth is limited, CalOptima Health invited newly enrolled members ages 18 and older to provide self-reported information regarding their sexual orientation and gender identity (SOGI). The survey data was collected between August and December 2024 with a total of 2,388 responses received. The SOGI data includes responses about gender identity, self-reported pronouns, sex at birth and sexual orientation.

In terms of gender identity, a small proportion of respondents identified as transgender female (0.17%), non-binary (0.13%), transgender male (0.08%), genderqueer (0.08%), gender non-conforming (0.04%) or other (0.04%). When asked about pronouns, most respondents selected she/her (51.87%) or he/him (43.94%). Smaller percentages selected they/them (0.42%), chose not to share (0.76%) or reported other pronouns (0.81%), while 2.25% of responses were unavailable.

For sex assigned at birth, the majority reported female (52.99%) or male (45.21%). A smaller percentage indicated information not available (1.35%), chose not to share (0.38%) or reported intersex or X (0.04%). When asked about sexual orientation, the majority identified as straight or heterosexual, with minimal responses identifying as lesbian, gay or homosexual, bisexual, pansexual, queer or questioning.

***Conclusion:***

The self-reported SOGI data indicates that a portion of CalOptima Health members identify outside of the traditional gender binary. While the data reflects a small sample size and may not represent the full membership, it demonstrates that some members are willing to share additional demographic information. This willingness offers an important opportunity for health plans and providers to better

understand and respond to individual member needs — particularly for those whose identities may otherwise go unrecognized in standard data collection practices. Collecting and applying SOGI data in a respectful and inclusive way is a foundational step toward delivering more personalized, equitable and affirming care.

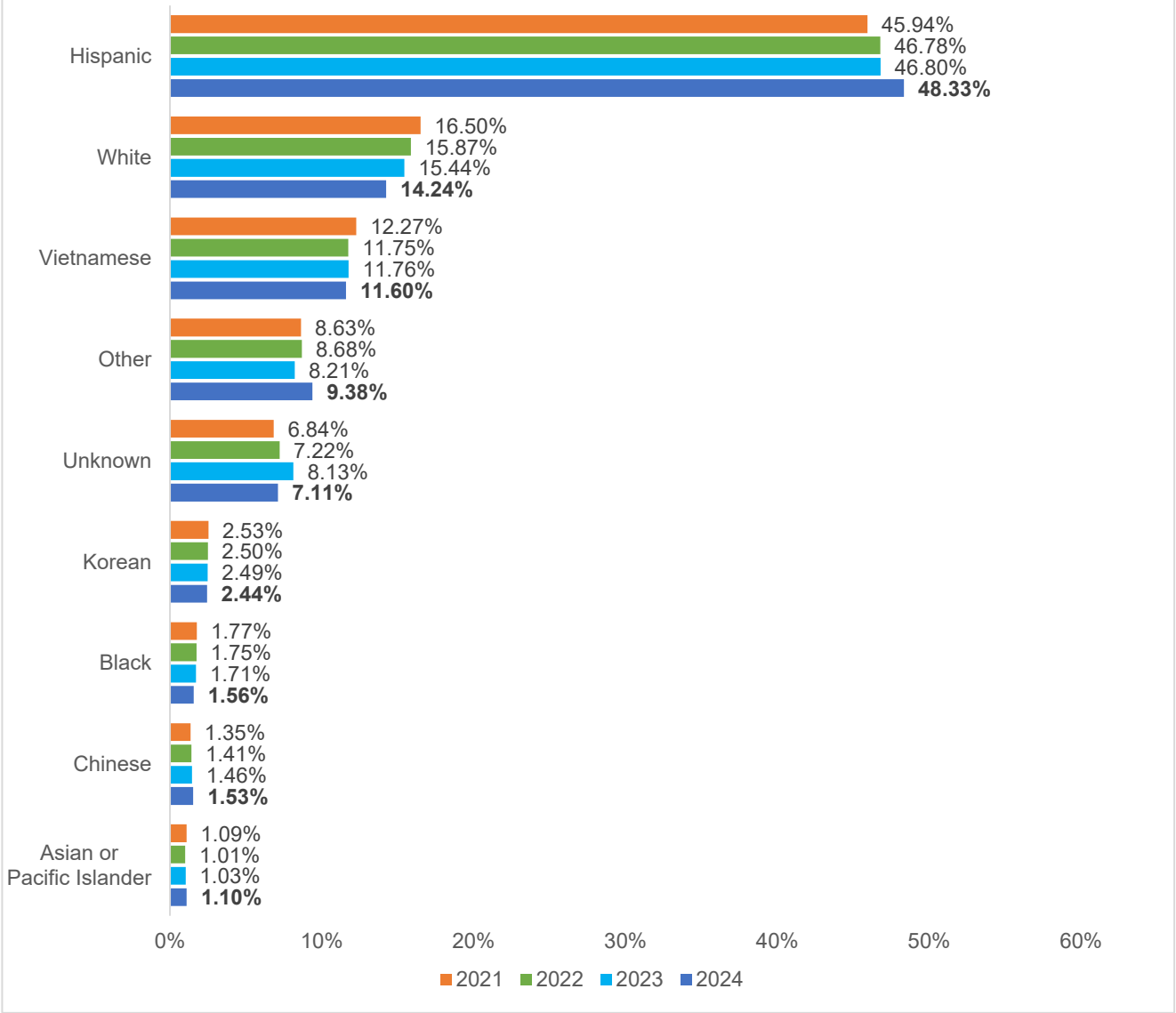
***Activities/Resources OR Plan to Address Gap:***

To better support gender-diverse members and promote inclusive care, CalOptima Health has implemented a Gender-Affirming Care Program in partnership with the World Professional Association for Transgender Health (WPATH). Through this program, a dedicated workgroup facilitated education and training for staff to promote safe, respectful and effective care pathways that affirm members' gender identities and support their personal comfort and well-being.

In alignment with the DHCS All Plan Letter 24-017, CalOptima Health also developed and delivered evidence-based cultural competency training focused on trans-inclusive health care. This training was designed for all staff and providers who interact directly with members and aimed to ensure a deeper understanding of the needs, experiences and challenges faced by transgender, gender-diverse and intersex individuals.

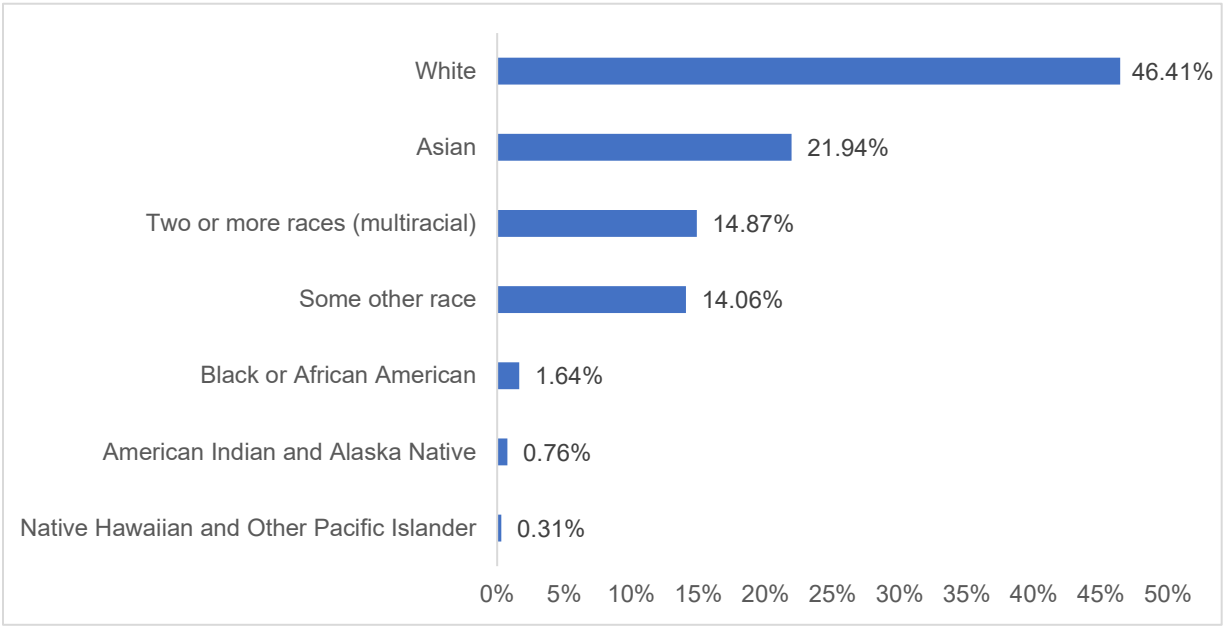
Beyond training, CalOptima Health remains committed to integrating diversity, equity and inclusion into its ongoing quality improvement efforts. Member satisfaction related to culturally competent care is regularly monitored and evaluated to identify areas for enhancement and guide future service delivery improvements.

### 3.5. Race/Ethnicity



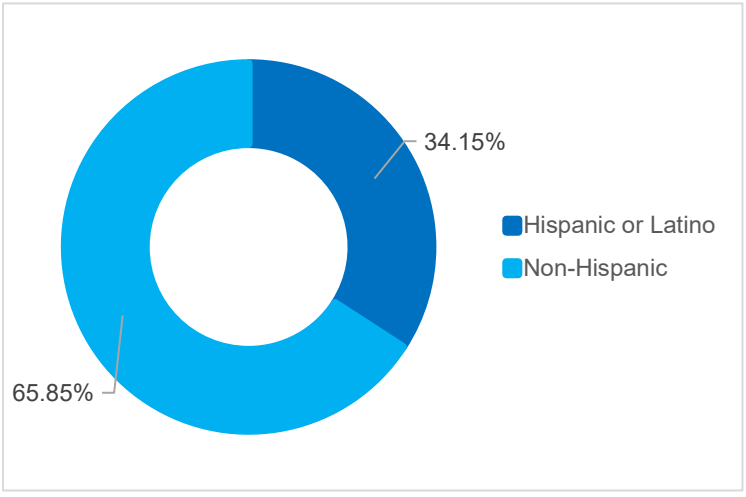

*Data Source: MY 2021–2024 CalOptima Health Membership Tableau Dashboard, Accessed January 2025*

**Orange County Population by Race**




*Data Source: U.S. Census Bureau American Community Survey 2019–2023 5-Year Estimates, Accessed March 2025*

**Orange County Population by Ethnicity**




*Data Source: U.S. Census Bureau American Community Survey 2019–2023 5-Year Estimates, Accessed March 2025*

***Analysis:***

The majority of CalOptima Health members self-identify as Hispanic (48.33%), followed by White (14.24%) and Vietnamese (11.60%). By comparison, Orange County data from the U.S. Census Bureau American Community Survey (2019–2023) shows significantly different data about various racial groups. The largest racial group is White (46.41%) followed by Asians (21.94%). It is important to note that 16.49% of CalOptima Health's members report other or unknown race/ethnicity and 28.93% of Orange County residents report some other race or two or more races. Both CalOptima

Health and Orange County significantly vary in the stratification of their race and ethnicity data, which limits the opportunity to compare data.

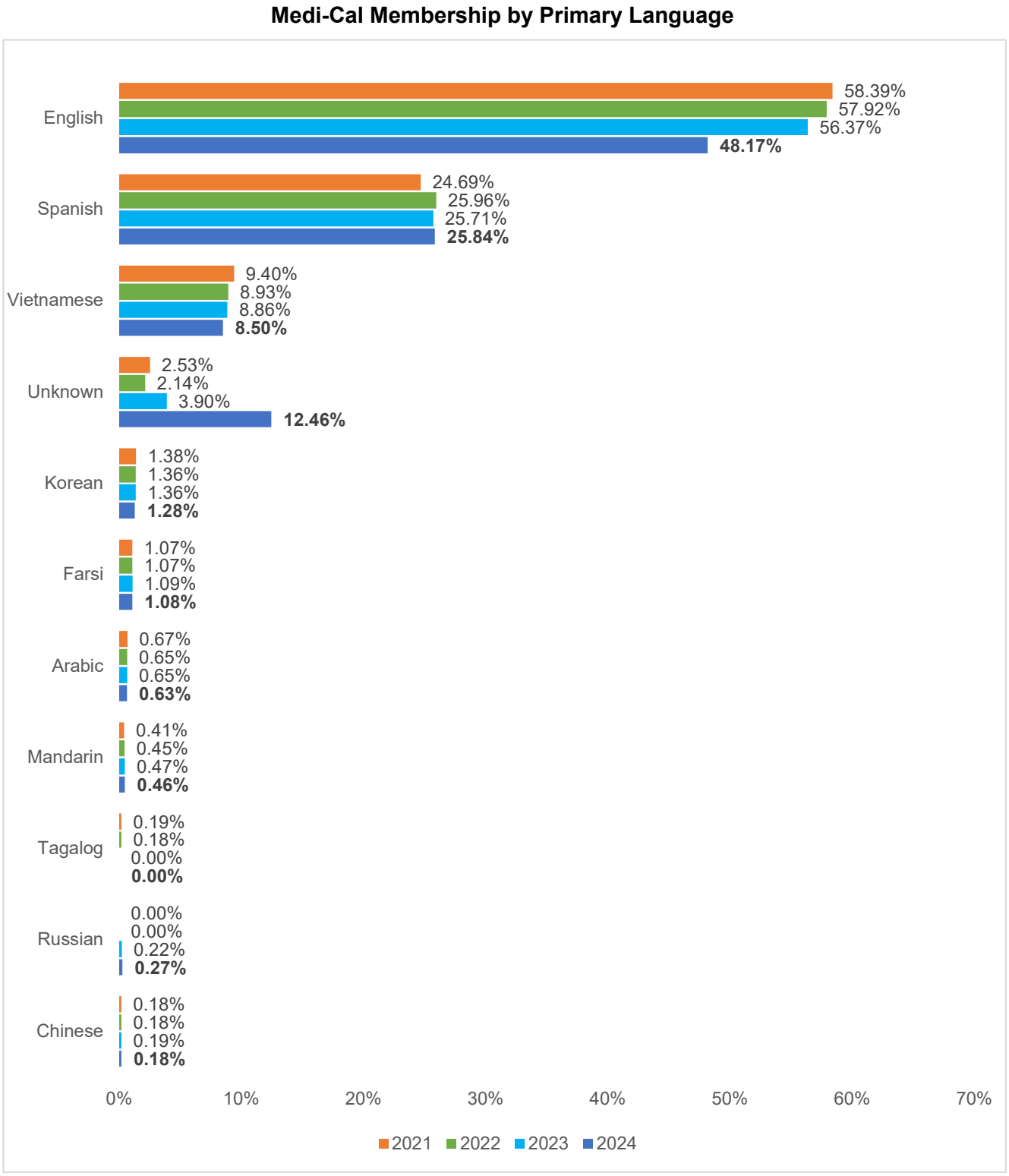
***Conclusion:***

A notable gap in race and ethnicity representation is observed within CalOptima Health membership. The majority of members self-identify as Hispanic (48.33%), with White (14.24%) and Vietnamese (11.60%) following as the next largest groups. However, a significant portion of the membership (16.49%) is categorized as other or unknown race/ethnicity, indicating a gap in specific racial/ethnic identification. Additionally, smaller populations within the membership include Korean (2.44%), Black (1.56%), Chinese (1.53%), and Asian or Pacific Islander (1.10%), highlighting that the health plan serves a diverse but disproportionately underrepresented mix of non-Hispanic and non-Vietnamese ethnicities. This indicates an opportunity to address gaps in outreach, engagement and representation for certain racial/ethnic communities within the member base.

***Activities/Resources OR Plan to Address Gap:***

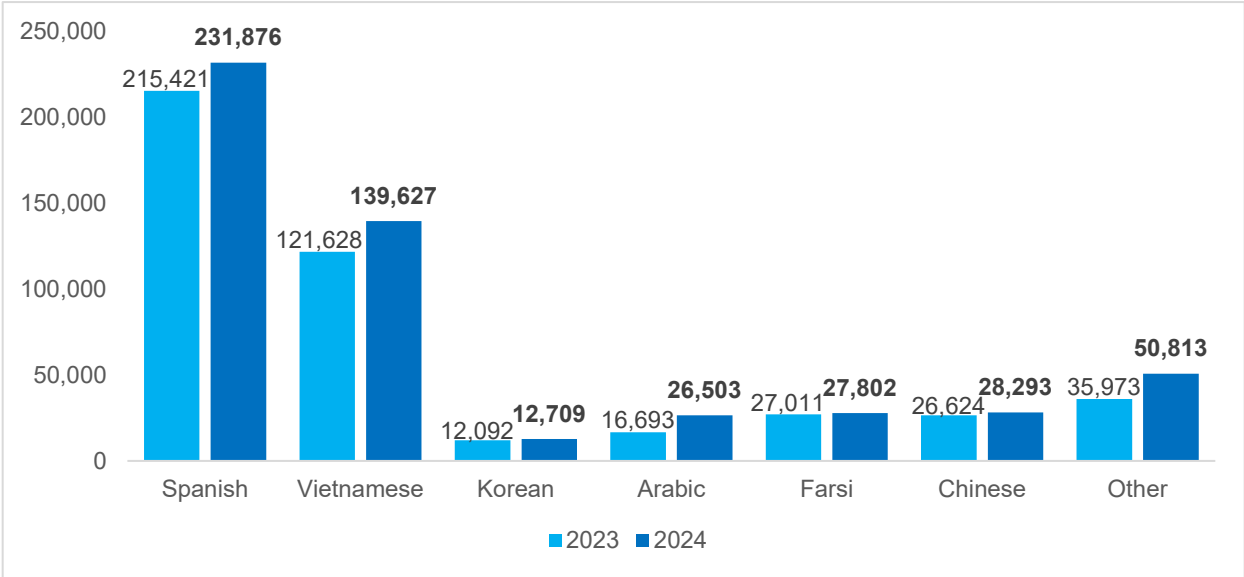
To address this gap, CalOptima Health is developing an electronic data system that will collect, store and retrieve individual-level race and ethnicity data directly from members. Future efforts also include aligning race and ethnicity categories with the newly released Office of Management and Budget (OMB) classification standards. The revised OMB standards will introduce minimum reporting categories — American Indian or Alaska Native, Asian, Black or African American, Hispanic or Latino, Middle Eastern or North African, Native Hawaiian or Pacific Islander, and White — along with clear definitions for each, helping to ensure more accurate and comprehensive data collection moving forward.

### 3.6. Primary Language



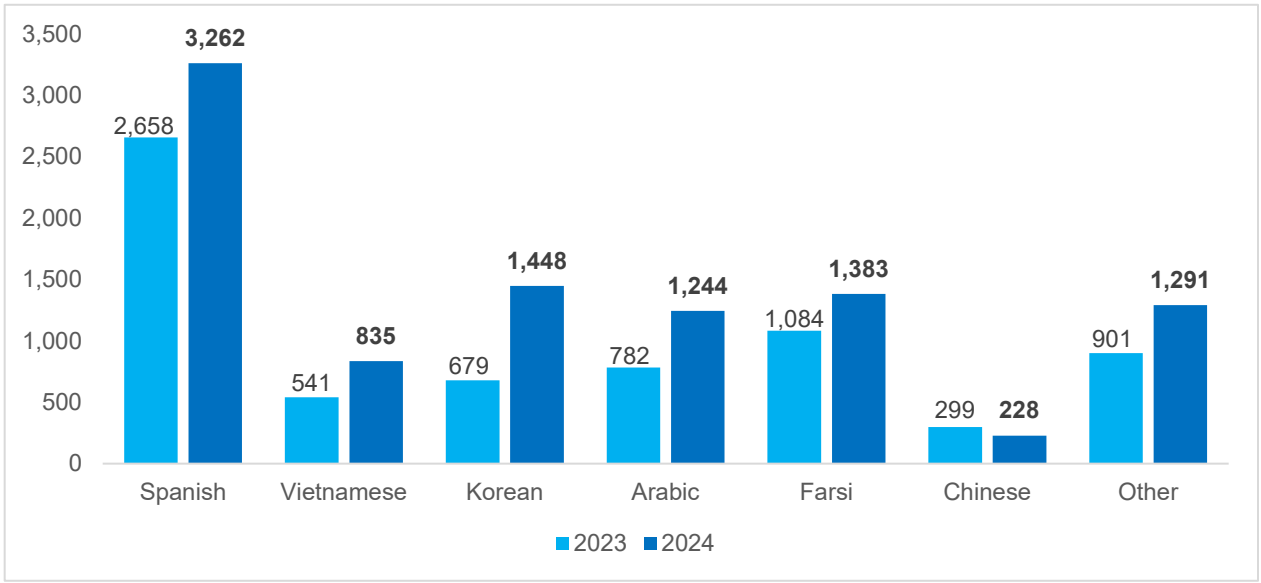

*Data Source: MY 2021–2024 CalOptima Health Membership Tableau Dashboard, Accessed January 2025*

**Telephonic Services by Language**



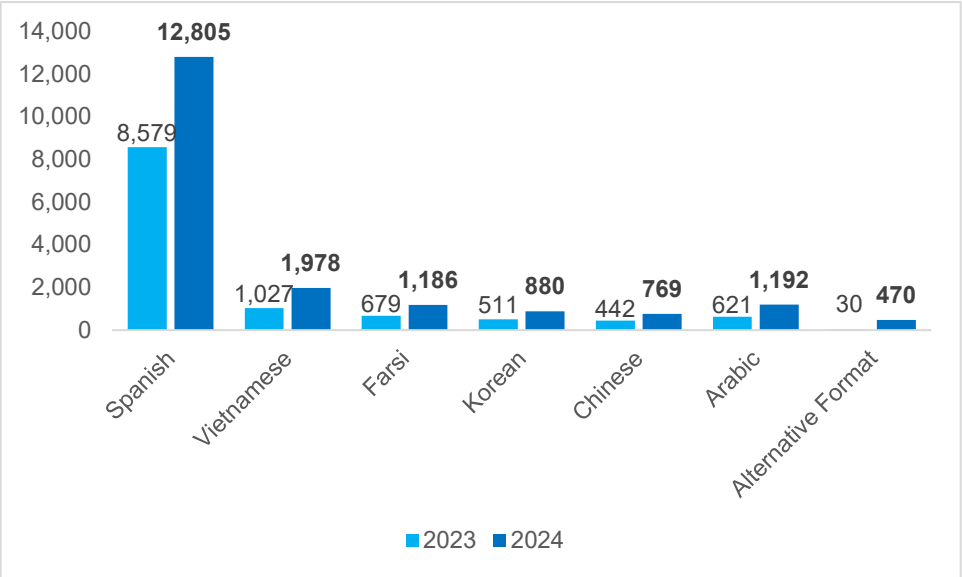

*Data Source: MY 2023–2024 Language Assistance Utilization – Telephonic Interpretation Reports, Accessed January 2025*

**Face-to-Face Interpretation Services by Language**




*Data Source: MY 2023–2024 Language Assistance Utilization – In-Person Interpretation Reports, Accessed January 2025*

**Document Translation Services by Language**




*Data Source: MY 2023–2024 Language Assistance Utilization – Document Translation Reports, Accessed January 2025*

***Analysis:***

CalOptima Health members represent a linguistically diverse population. In 2024, English remained the most commonly spoken language at 48.17%, though this marks a decline from 58.39% in 2021. Spanish is the second most spoken language, increasing from 24.69% in 2021 to 25.84%, followed by Vietnamese at 8.50%, down slightly from 9.04%. Notably, there has been a nearly 10 percentage points increase in members reporting their primary language as “unknown,” signaling a need for improved data collection and categorization.

To better understand language needs, CalOptima Health also reviewed the utilization of language assistance services, including telephonic interpretation, in-person (face-to-face) interpretation and document translation. Across all six threshold languages other than English (Arabic, Chinese, Farsi, Korean, Spanish and Vietnamese), usage of these services increased between 2023 and 2024. Spanish and Vietnamese were the most frequently used for telephonic interpretation, aligning with member demographics. Similarly, face-to-face interpretation and document translation were most often requested in Spanish, Vietnamese and Korean, reflecting members’ self-reported primary languages.

***Conclusion:***

The data reinforces the importance of improving the accuracy and consistency of member language data, particularly for those reporting “unknown” as their primary language. It also highlights the ongoing need to expand access to culturally and linguistically appropriate services (CLAS) to ensure that all members can effectively engage with their health care.

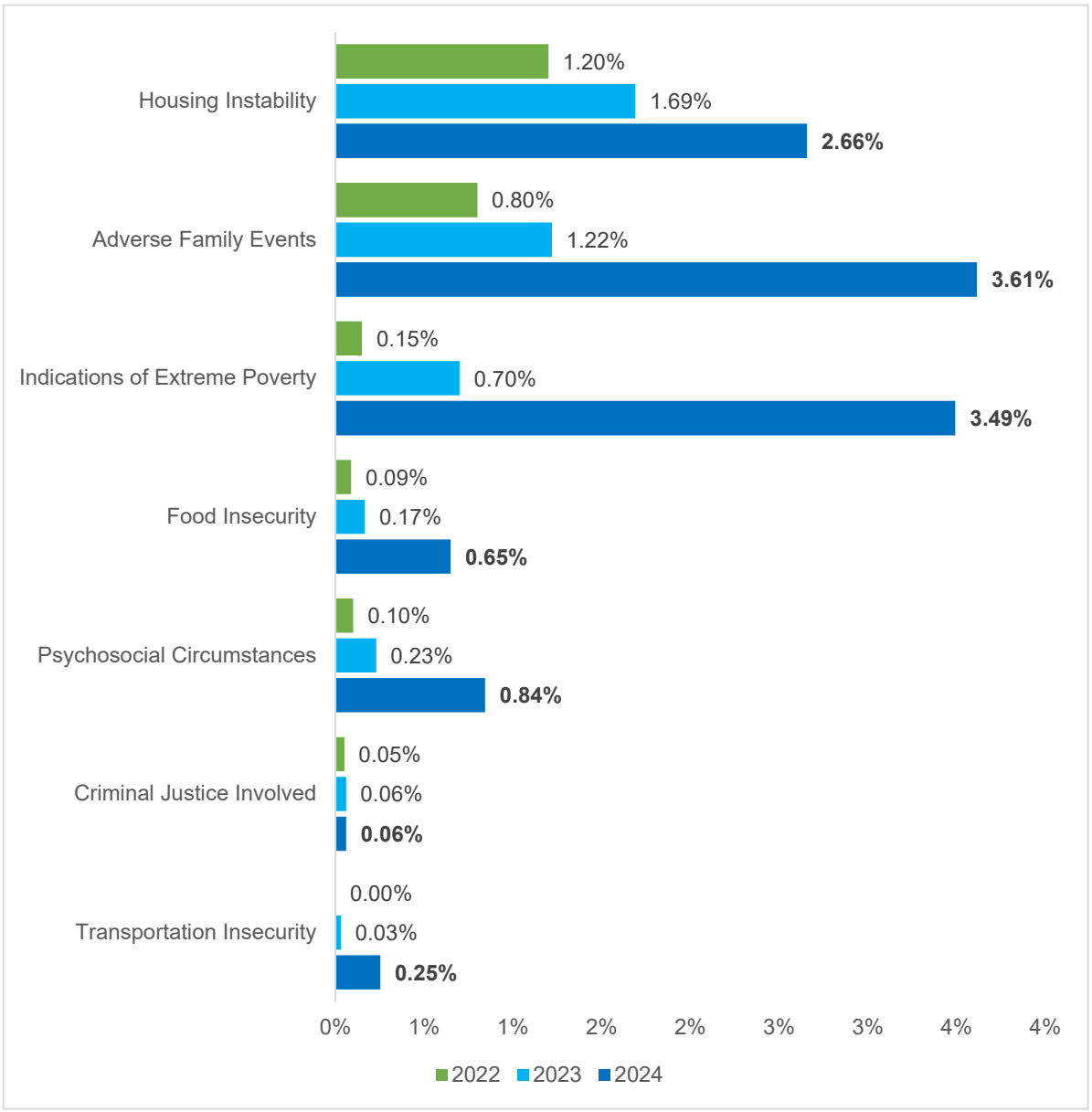
***Activities/Resources OR Plan to Address Gap:***

To meet these needs, CalOptima Health conducted a comprehensive assessment of language demographics in Orange County using state and community-level data. This analysis informed planning and helped anticipate language service needs for the Medi-Cal population. In alignment with DHCS requirements, CalOptima Health identified threshold languages — defined as languages spoken by 5% of the population or by at least 1,000 individuals. As a result, and identification of this

disparity and this analysis, CalOptima Health determined a need to expand language support services to ensure appropriate access for newly identified Russian speaking members.

Beginning in 2025, CalOptima Health will include CLAS notifications with all mailed member communications. These notifications, written in more than 15 languages, will reflect all of CalOptima Health's threshold languages, in compliance with DHCS guidelines and in support of equitable access to health care information for members with limited English proficiency.

### 3.7. Social Determinants of Health (SDOH)




*Data Source: 2024 CalOptima Health, C&U Membership Tableau Dashboard, Data Accessed February 2025*

***Analysis:***

CalOptima Health continues to prioritize Social Determinants of Health (SDOH) screenings and data collection to better understand and address non-medical factors that significantly impact members' health outcomes. In 2024, claims data indicated that the most commonly reported SDOH categories among screened members were adverse family events (3.61%), extreme poverty (3.49%) and housing instability (2.66%). While these three categories have consistently remained the top reported issues since 2022, this year marked a shift, with adverse family events and extreme poverty surpassing housing instability as the most frequently documented concerns.

***Conclusion:***

CalOptima Health's reported SDOH rates are based on service utilization and claims that include SDOH ICD-10 (Z-code) documentation. As a result, the actual prevalence of social needs is likely underrepresented due to limited-service utilization, inconsistent screening practices and incomplete documentation by providers. While there has been a 47% increase in the use of SDOH Z-codes by providers over the past year, this data still only reflects about 4% of CalOptima Health's total membership, indicating significant room for improvement in screening and reporting practices.

***Activities/Resources OR Plan to Address Gap:***

CalOptima Health's SDOH data underscores the ongoing need to strengthen support for members experiencing adverse family events, financial hardship and housing instability. These findings are consistent with community priorities identified through the 2024–2026 Orange County Community Health Improvement Plan (CHIP)[4], which named mental health, economic disparities, and housing and homelessness as three of six key focus areas.

To address these needs, CalOptima Health will:

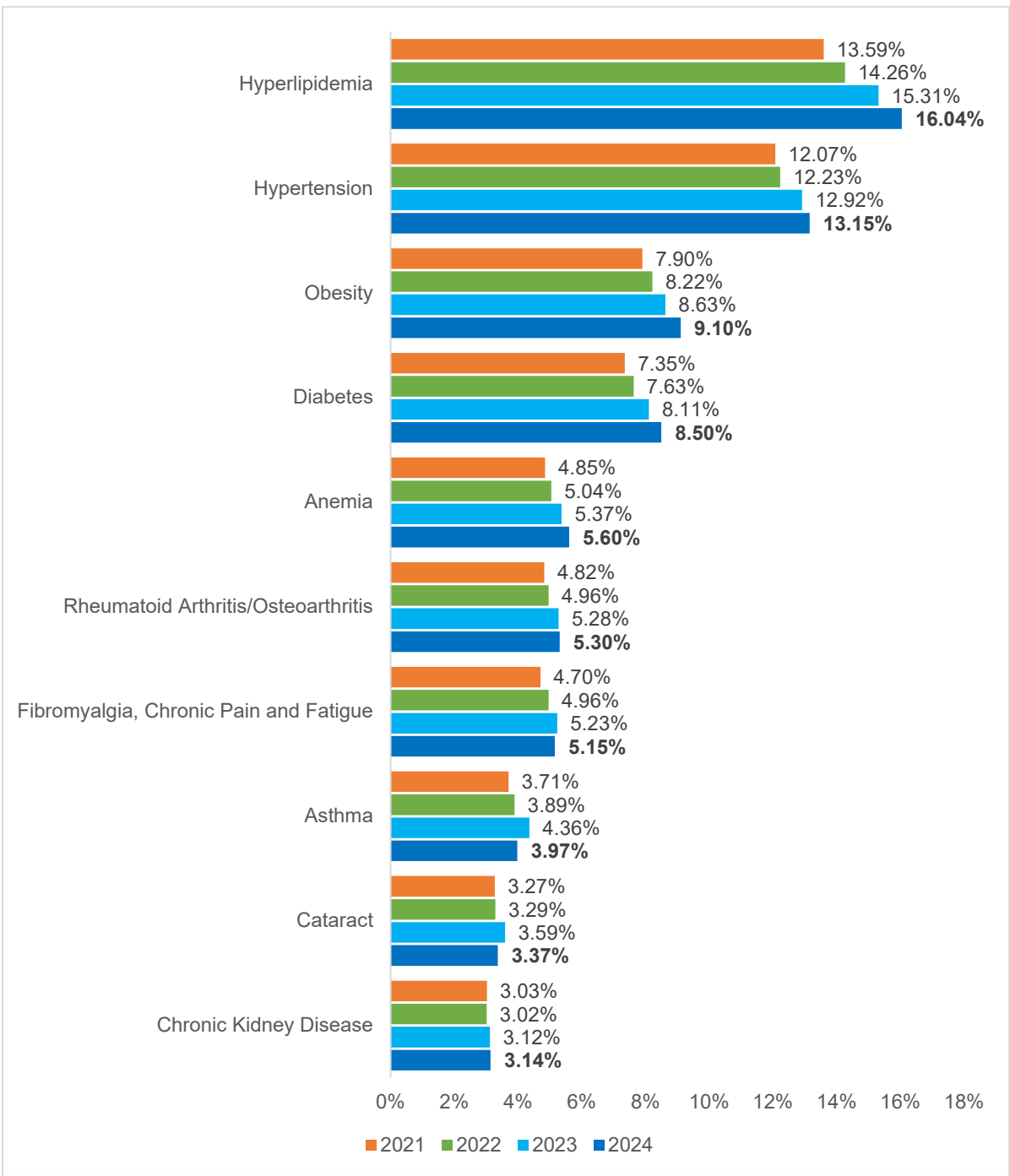
- Continue connecting members to appropriate social services, including programs for family assistance, utility relief, food security and housing support.
- Deploy a dedicated Community Impact team to local events to conduct SDOH screenings and link members to relevant services and resources.
- Promote the use of the member portal for self-administered SDOH assessments to empower members to identify and report unmet social needs.
- Partner with providers to increase documentation of Z-codes in claims and encourage the use of standardized, evidence-based SDOH assessments — even when they do not result in a billable code.
- Actively participate in CHIP implementation workgroups and commit Community Reinvestment funds to support initiatives aligned with CHIP priority areas.

[4] Orange County Health Care Agency (2024). *Community Health Improvement Plan 2024–2026.* https://www.ochealthinfo.com/sites/healthcare/files/2024-03/Orange%20County%20Community%20Health%20Improvement%20Plan.pdf

# 4. Membership Health Status and Disease Prevalence

## 4.1. Medical Diagnoses

### 4.1.1. Top Medical Diagnoses for Medi-Cal Membership




*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed January 2025*

***Analysis:***

As of December 2024, the most common medical diagnoses among CalOptima Health's Medi-Cal members were hyperlipidemia (16.04%), hypertension (13.15%), obesity (9.10%), diabetes (8.50%) and anemia (5.60%). Additional top diagnoses included rheumatoid arthritis/osteoarthritis (5.30%); fibromyalgia, chronic pain and fatigue (5.15%); asthma (3.97%); cataracts (3.37%) and chronic kidney disease (3.14%).

Trending data from 2021 to 2024 shows a consistent increase in the top six chronic conditions, while the remaining four have remained relatively stable.

***Conclusion:***

The continued rise in chronic disease prevalence among CalOptima Health members highlights the critical need for expanded prevention education and comprehensive disease management services. Supporting members in managing these conditions early and effectively is essential to improving health outcomes and reducing long-term health care costs.

***Activities/Resources OR Plan to Address Gap:***

To meet this growing need, CalOptima Health offers a range of health and wellness services aimed at chronic disease prevention and management. All members have access to group health education classes, individualized health coaching, and printed or digital materials on topics such as weight management, prediabetes, hyperlipidemia and hypertension.

In 2024, CalOptima Health launched the Community Impact Team (CIT) to partner with the community in reducing barriers to care by bringing services directly into neighborhoods where members live and work. The CIT hosts:

- Community events to raise awareness about CalOptima Health's programs and services
- On-site health education classes focused on prevention and chronic disease management
- CalOptima Health Clinic Days in partnership with provider offices and community clinics to help close gaps in preventive screenings

Additionally, CalOptima Health continues to offer tailored diabetes and asthma self-management programs, led by registered nurses and master's-level health educators. Members managing anemia, chronic kidney disease or other nutrition-sensitive conditions also benefit from specialized nutritional counseling provided by registered dietitians.

Looking ahead, CalOptima Health plans to expand its chronic condition management portfolio in 2025 by introducing a Heart Healthy program focused specifically on hypertension management.

### 4.1.2. Top Medical Diagnoses by Ethnicity

**Top Five Diagnoses by Ethnicity**

| | #1 Condition | #2 Condition | #3 Condition | #4 Condition | #5 Condition |
|---|---|---|---|---|---|
| **Asian or Pacific Islander** | **Hyperlipidemia 30.35%** (3,069) | **Hypertension 26.38%** (2,668) | **Diabetes 16.33%** (1,652) | **Rheumatoid Arthritis/ Osteoarthritis 10.54%** (1,066) | **Anemia 9.26%** (937) |
| **Black** | **Hypertension 13.90%** (1,956) | **Hyperlipidemia 10.63%** (1,495) | **Obesity 10.50%** (1,478) | **Anemia 7.68%** (1,080) | **Asthma 6.50%** (914) |
| **Chinese** | **Hyperlipidemia 17.59%** (2,440) | **Hypertension 13.93%** (1,932) | **Diabetes 7.51%** (1,042) | **Rheumatoid Arthritis/ Osteoarthritis 8.23%** (1,788) | **Cataract 4.71%** (654) |
| **Hispanic** | **Obesity 11.92%** (51,587) | **Hyperlipidemia 11.75%** (50,851) | **Hypertension 9.79%** (42,351) | **Diabetes 8.14%** (35,242) | **Anemia 5.28%** (22,855) |
| **Korean** | **Hyperlipidemia 24.69%** (5,363) | **Hypertension 18.46%** (4,009) | **Diabetes 11.09%** (2,408) | **Rheumatoid Arthritis/ Osteoarthritis 8.23%** (1,788) | **Cataract 7.03%** (1,527) |
| **White** | **Hyperlipidemia 16.53%** (21,525) | **Hypertension 15.71%** (20,449) | **Obesity 9.58%** (12,471) | **Fibromyalgia, Chronic Pain and Fatigue 8.94%** (11,644) | **Rheumatoid Arthritis/ Osteoarthritis 8.29%** (10,791) |
| **Vietnamese** | **Hyperlipidemia 37.04%** (38,738) | **Hypertension 27.55%** (28,817) | **Diabetes 14.564%** (15,229) | **Rheumatoid Arthritis/ Osteoarthritis 11.00%** (11,508) | **Glaucoma 10.50%** (10,978) |

**Highest Prevalence** → **Lower Prevalence**

*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed January 2025*

**Diagnoses by Gender**

| | #1 Condition | #2 Condition | #3 Condition | #4 Condition | #5 Condition |
|---|---|---|---|---|---|
| **Female** | **Hyperlipidemia 17.77%** (82,925) | **Hypertension 13.91%** (64,909) | **Obesity 10.65%** (49,721) | **Diabetes 9.08%** (42,364) | **Rheumatoid Arthritis/ Osteoarthritis 6.83%** (31,855) |
| **Male** | **Hyperlipidemia 14.19%** (58,272) | **Hypertension 12.47%** (51,227) | **Obesity 7.44%** (30,565) | **Diabetes 7.09%** (32,424) | **Rheumatoid Arthritis/ Osteoarthritis 3.69%** (15,170) |

**Highest Prevalence** → **Lower Prevalence**

*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed March 2025*

***Analysis***:

The tables above display the top five medical diagnoses segmented by ethnicity and gender. In 2024, hyperlipidemia and hypertension were the leading diagnoses across all five ethnic groups analyzed. For White and Black members, obesity ranked third, while diabetes held the third spot for Asian Pacific Islander, Chinese, Korean and Vietnamese members. These findings align with the overall top diagnoses observed across the full CalOptima Health membership.

Other frequently occurring conditions among the top five by ethnicity included anemia, asthma, cataracts, fibromyalgia, chronic pain and fatigue, glaucoma, and rheumatoid arthritis/osteoarthritis.

When analyzed by gender, there were no significant differences in the top medical diagnoses between male and female members.

***Conclusion:***

Because the top medical conditions are generally consistent across different racial, ethnic and gender groups, CalOptima Health can deliver standardized health education and support services with appropriate cultural and linguistic modifications to meet the unique needs of each population.

***Activities/Resources OR Plan to Address Gap*:**

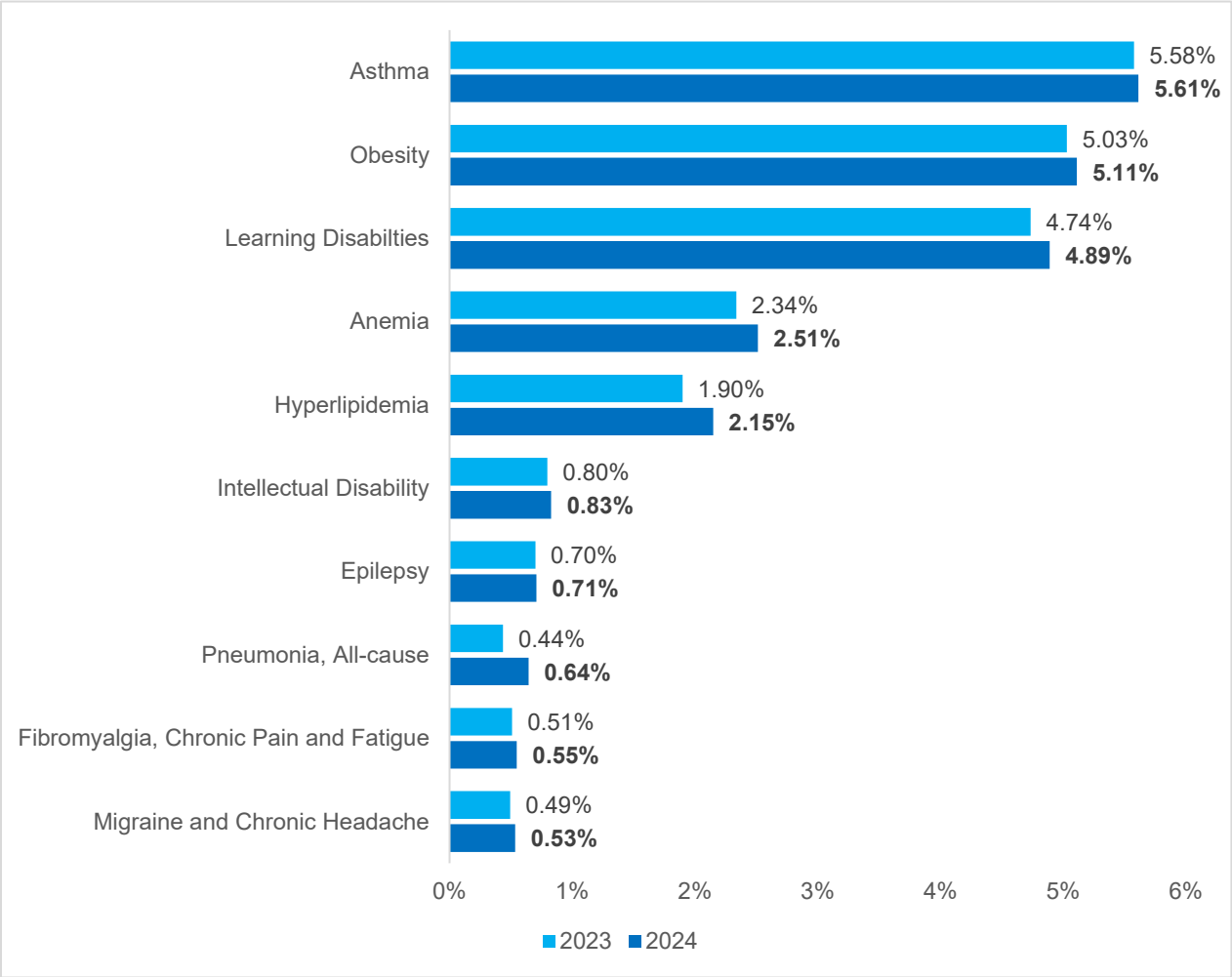
The overlap in medical conditions across ethnicities and genders highlights the importance of providing culturally appropriate health and wellness services. CalOptima Health ensures that these services are available in members' preferred languages and are responsive to cultural norms and practices.

To support equitable care, CalOptima Health staff and providers receive annual training on topics such as health equity, serving diverse populations, stigma reduction and language access. Members can access health coaching, group classes and educational resources covering chronic condition management and prevention, including topics like weight management, prediabetes, hyperlipidemia and hypertension.

In 2025, CalOptima Health plans to expand efforts in hypertension management by increasing community-based screenings, providing members with home blood pressure monitors, and launching a standing order program for blood pressure devices. Additionally, the new Heart Healthy program will offer targeted education and support for members managing hypertension, further strengthening CalOptima Health's commitment to preventing and managing chronic conditions.

### 4.1.3. Top Medical Diagnoses for Children and Adolescents

**Top Medical Diagnoses by Children and Adolescents (Ages 2–19)**




*Data Source: MY 2024 CalOptima Health, CMS Chronic Conditions Tableau Dashboard, Accessed January 2025*

***Analysis:***

Among children and adolescents (ages 2–19), the most common medical diagnoses differ slightly from those of the overall Medi-Cal population. Asthma was the leading condition in both 2023 (5.58%) and 2024 (5.61%). Other top diagnoses in 2024 included obesity (5.11%), learning disabilities (4.89%), anemia (2.51%) and hyperlipidemia (2.15%). All of the top 10 diagnoses in this age group showed a slight upward trend from 2023 to 2024, indicating a continued rise in chronic and developmental conditions among CalOptima Health's youth.

***Conclusion:***

The gradual increase in chronic conditions among children and adolescents underscores the need for continued and expanded disease management strategies tailored to younger populations. Focusing on both the child and family unit will be essential to improving outcomes, particularly in addressing preventable or manageable conditions such as asthma and obesity.

***Activities/Resources OR Plan to Address Gap:***

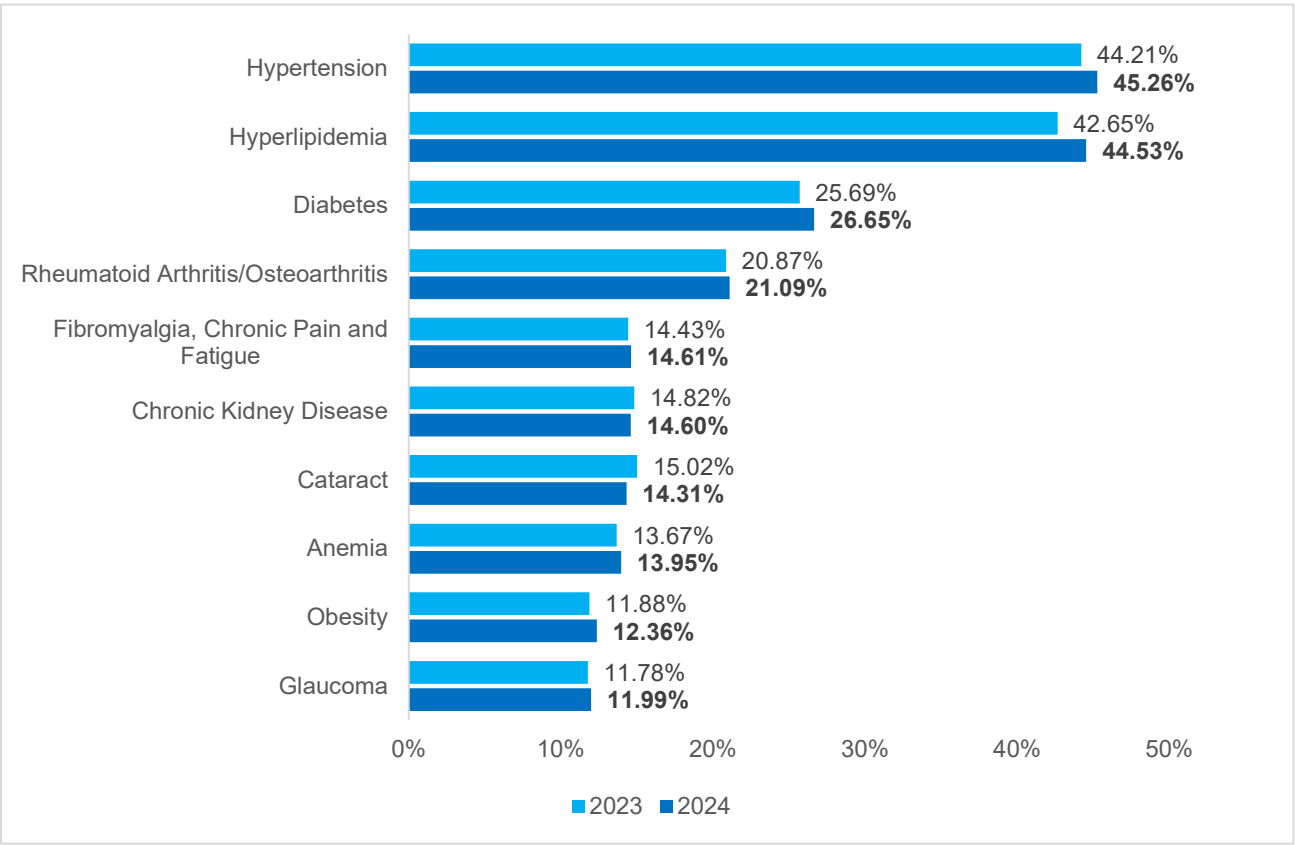
CalOptima Health offers a variety of targeted supports to address chronic conditions in children, particularly asthma and obesity.

To support children with asthma, CalOptima Health provides self-care guides, condition-specific handouts and educational materials, including action plans and flyers for both families and caregivers. A recurring member mailing campaign, scheduled every other month, delivers printed asthma education to member households. Additionally, a two-way text messaging campaign helps identify members interested in additional support. Those who opt in are connected with a health coach, enabling quicker engagement and reducing administrative delays.

As part of its comprehensive approach, CalOptima Health also offers an asthma home remediation benefit for eligible members. This benefit helps to address environmental triggers in the home that may contribute to asthma symptoms. Through this program, members can receive services such as home assessments, education on environmental risk factors, and remediation supplies, which create a safer and healthier home environment for children with asthma.

To combat childhood obesity, CalOptima Health is working collaboratively with the Orange County Health Care Agency (HCA) and other community partners through the Orange County Community Health Improvement Plan (OC CHIP). One of CHIP's priority areas for 2024–2026 is focused on reducing diabetes and obesity. The goal is to increase the proportion of socioeconomically at-risk children and adolescents who are at a healthy weight by 10%. Strategies to reach this goal include implementing family-based programs, school and community gardening initiatives, social support interventions, and peer-based networks that promote healthy behaviors.

### 4.1.4. Top Medical Diagnoses for People With Disabilities




*Data Source: MY 2024 CalOptima Health, CMS Chronic Conditions Tableau Dashboard, Accessed February 2025*

***Analysis***:

In 2024, the top two medical diagnoses among CalOptima Health members with disabilities were hypertension (45.26%) and hyperlipidemia (44.53%). These conditions occurred at significantly higher rates compared to others, followed by diabetes (26.65%) and rheumatoid arthritis/osteoarthritis (20.87%). Together, these four diagnoses represent the most prevalent health conditions within CalOptima Health's population of members with disabilities. Additionally, all four showed a slight increase in prevalence from 2023 to 2024, indicating a growing need for ongoing chronic condition management.

***Conclusion:***

The continued rise in chronic conditions among members with disabilities highlights the need for more targeted and comprehensive care initiatives. Tailored interventions that address both clinical needs and accessibility barriers are essential to improving health outcomes for this population.

***Activities/Resources OR Plan to Address Gap:***

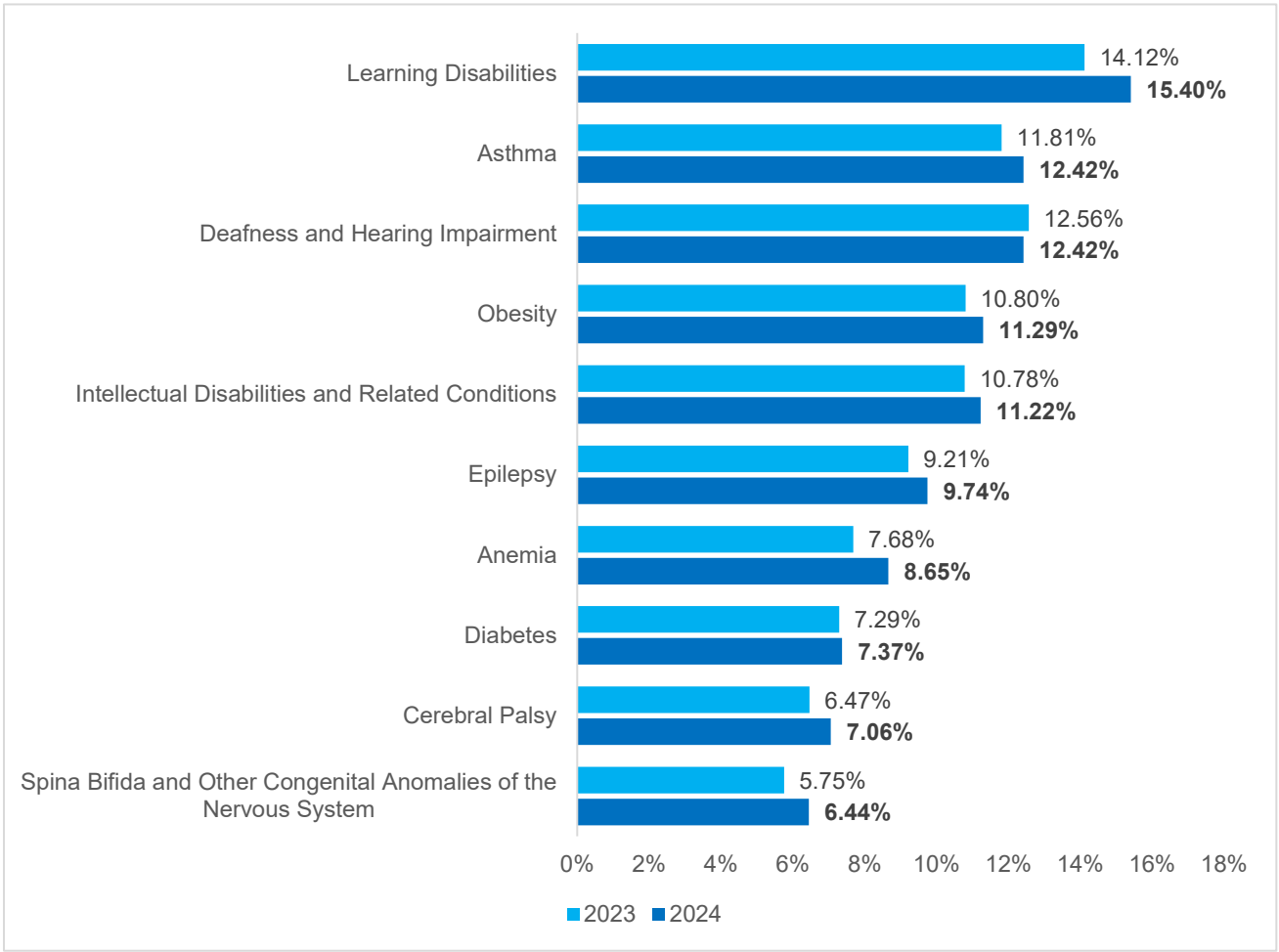
To better support members with disabilities, CalOptima Health is advancing multiple strategies to improve access, communication and care coordination.

One such approach is the expansion of telehealth services, which offers greater flexibility and convenience for members who may experience transportation or mobility challenges. In addition, CalOptima Health has increased access to language assistance services, including TTY (teletypewriter), which supports communication for members with hearing or speech impairments.

CalOptima Health is also actively monitoring the accessibility compliance of its contracted health networks and provider offices. This includes evaluating timely access to care, physical accessibility and effective communication methods to ensure all members with disabilities receive equitable services.

To further support this work, CalOptima Health requires disability awareness training for all staff and contracted providers. This training covers best practices for delivering person-centered, accessible care and is mandatory upon hire or contract initiation, with annual refreshers to ensure continued compliance and awareness.

### 4.1.5. Top Medical Diagnoses for Whole-Child Model Members




*Data Source: MY 2024 CalOptima Health, CMS Chronic Conditions Tableau Dashboard, Accessed February 2025*

***Analysis:***

The top medical diagnoses affecting more than 10% of Whole-Child Model (WCM) members in 2024 were learning disabilities (15.40%), asthma (12.42%), deafness and hearing impairment (12.42%), obesity (11.29%), and intellectual disabilities and related conditions (11.22%). The top medical diagnoses affecting less than 10% of WCM members were epilepsy (9.74%), anemia (8.65%), diabetes (7.37%), cerebral palsy (7.06%), and spina bifida and other congenital anomalies of the nervous system (6.44%). Nine of the top 10 WCM medical diagnoses increased with learning disabilities remaining as the top diagnosis with the largest increase of 1.28 percentage points. Deafness and hearing impairment (12.42%) is the only condition that had a decrease of 0.14 percentage points. Noteworthy is the increase of asthma from being the third top WCM condition in 2023 to being the second top WCM condition in 2024.

***Conclusion:***

The increase in nine of the top 10 medical diagnoses for WCM members supports the need for continued and thorough health care coordination and management for WCM members' California Children's Services (CCS) condition and the whole child.

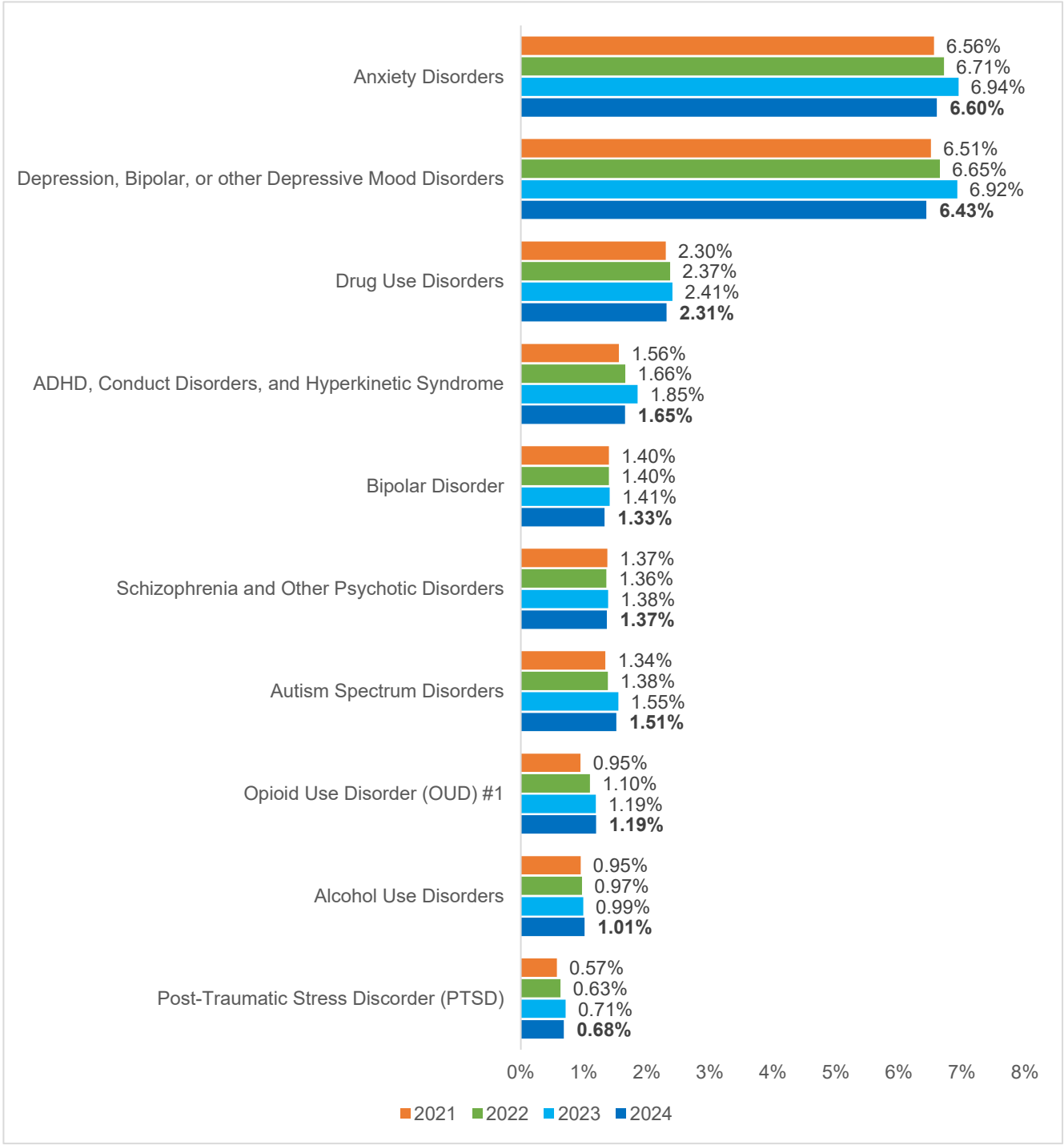
***Activities/Resources OR Plan to Address Gap:***

Since 2019, CalOptima Health has managed the Medi-Cal and CCS benefits for WCM members up to 21 years of age with complex needs. Each WCM member has a care team consisting of a personal care coordinator, medical case manager and medical director who ensure WCM members receive care coordination, access to care, resources, and all health needs are met. The CalOptima Health member website provides information about the WCM and WCM Family Advisory Committee (WCM FAC). Opportunities exist for WCM medical case managers and ECH chronic disease health coaches to collaborate to address the increase in asthma among WCM members.

## 4.2. Behavioral Health Diagnoses

### 4.2.1. Top Behavioral Health Diagnoses for Medi-Cal Membership

**Top 10 Behavioral Health Diagnoses for Medi-Cal Membership**




*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed January 2025*

***Analysis:***

The data presented above highlights the most prevalent behavioral health conditions among CalOptima Health members as of December 2024, providing important insights into members' mental and emotional well-being. The top behavioral health diagnoses include anxiety disorders (6.60%) and depression, bipolar or other depressive mood disorders (6.43%), followed by drug use disorders (2.31%), attention-deficit/hyperactivity disorder (ADHD), conduct disorders and hyperkinetic syndrome (1.65%), and bipolar disorders (1.33%). Additional commonly reported conditions include autism spectrum disorders (1.51%), schizophrenia and other psychotic disorders (1.37%), opioid use disorder (1.19%), alcohol use disorder (1.01%), and post-traumatic stress disorder (PTSD) (0.68%).

Trending data from 2024 indicates a slight overall decline in the prevalence of these top 10 behavioral health conditions, suggesting potential shifts in utilization or diagnosis patterns.

***Conclusion:***

While the modest decline in behavioral health diagnoses may suggest an improvement in mental wellness among CalOptima Health members as post-pandemic life stabilizes, ongoing monitoring is essential to interpret these trends accurately. CalOptima Health remains committed to providing comprehensive behavioral health services that are accessible, timely and responsive to the evolving needs of members.

***Activities/Resources OR Plan to Address Gap:***

To meet the behavioral health needs of members, CalOptima Health partners with a robust network of primary care and licensed behavioral health providers. Services offered include:

- Outpatient psychotherapy (individual, family and group therapy)
- Psychological testing to assess and diagnose mental health conditions
- Outpatient medical services, including lab work, drug and supply access, and monitoring of drug therapy
- Psychiatric consultations and dyadic services, which support the parent-child relationship in early childhood mental health care

In 2024, CalOptima Health expanded access through the launch of its Behavioral Health Telehealth Appointments program in partnership with TeleMed2U. This program allows members to schedule and attend virtual outpatient behavioral health appointments, including after-hours care, with a team of clinical experts. Between April 1 and October 31, 2024, a total of 9,717 appointments were scheduled through TeleMed2U, with a completion rate of 70.5%. CalOptima Health continues to promote TeleMed2U as an essential resource for behavioral health telehealth services, helping to reduce barriers and increase access to care across its membership.

### 4.2.2. Top Behavioral Health Diagnoses by Ethnicity

**Top 5 Behavioral Health Diagnoses by Ethnicity**

| | #1 Condition | #2 Condition | #3 Condition | #4 Condition | #5 Condition |
|---|---|---|---|---|---|
| **Asian or Pacific Islander** | **Depression, Bipolar or Other Depressive Mood Disorders** **8.34%** (843) | **Anxiety Disorders** **6.59%** (667) | **Schizophrenia and Other Psychotic Disorders** **3.91%** (396) | **Bipolar Disorders** **2.05%** (207) | **Drug Use Disorder** **1.76%** (178) |
| **Black** | **Depression, Bipolar or Other Depressive Mood Disorders** **9.14%** (1,287) | **Anxiety Disorders** **8.62%** (1,213) | **Drug Use Disorder** **4.51%** (635) | **Schizophrenia and Other Psychotic Disorders** **2.97%** (419) | **Bipolar Disorders** **2.69%** (379) |
| **Chinese** | **Depression, Bipolar or Other Depressive Mood Disorders** **3.76%** (521) | **Anxiety Disorders** **3.19%** (442) | **ADHD, Conduct Disorders and Hyperkinetic Syndrome** **1.00%** (139) | **Autism Spectrum Disorders** **0.99%** (137) | **Drug Use Disorder** **0.94%** (131) |
| **Hispanic** | **Anxiety Disorders** **5.36%** (23,212) | **Depression, Bipolar or Other Depressive Mood Disorder** **4.94%** (21,376) | **Drug Use Disorder** **1.67%** (7,080) | **Autism Spectrum Disorders** **1.57%** (6,780) | **ADHD, Conduct Disorders and Hyperkinetic Syndrome** **1.24%** (5,360) |
| **Korean** | **Depression, Bipolar or Other Depressive Mood Disorders** **6.84%** (1,485) | **Anxiety Disorders** **4.72%** (1,025) | **Drug Use Disorder** **1.42%** (308) | **Schizophrenia and Other Psychotic Disorders** **1.23%** (268) | **ADHD, Conduct Disorders and Hyperkinetic Syndrome** **1.10%** (239) |
| **White** | **Anxiety Disorders** **13.60%** (17,699) | **Depression, Bipolar or Other Depressive Mood Disorder** **13.56%** (17,656) | **Drug Use Disorder** **5.54%** (7,219) | **Bipolar Disorder** **3.91%** (5,086) | **Opioid Use Disorder** **3.73%** (4,850) |
| **Vietnamese** | **Depression, Bipolar or Other Depressive Mood Disorders** **5.10%** (5,333) | **Anxiety Disorders** **3.83%** (4,003) | **Drug Use Disorder** **2.15%** (2,251) | **Schizophrenia and Other Psychotic Disorders** **1.31%** (1,367) | **Autism Spectrum Disorders** **1.10%** (1,152) |

**Highest Prevalence** → **Lower Prevalence**

*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed February 2025*

**Behavioral Health Diagnoses by Gender**

| | #1 Condition | #2 Condition | #3 Condition | #4 Condition | #5 Condition |
|---|---|---|---|---|---|
| **Female** | **Anxiety Disorders** **8.17%** (38,114) | **Depression, Bipolar or Other Depressive Mood Disorders** **8.07%** (37,667) | **Drug Use Disorder** **1.77%** (8,250) | **Bipolar Disorders** **1.48%** (6,900) | **Schizophrenia and Other Psychotic Disorders** **1.13%** (5,284) |
| **Male** | **Anxiety Disorders** **8.62%** (20,151) | **Depression, Bipolar or Other Depressive Mood Disorders** **4.71%** (19,323) | **Drug Use Disorder** **2.95%** (12,128) | **Schizophrenia and Other Psychotic Disorders** **1.67%** (6,842) | **Bipolar Disorders** **1.18%** (4,848) |

**Highest Prevalence** → **Lower Prevalence**

*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed March 2025*

***Analysis:***

The tables above show the top five behavioral health diagnoses by ethnicity and gender. In 2024, anxiety disorders and depression, bipolar or other depressive mood disorders were the top two behavioral health diagnoses across all CalOptima Health ethnicities, which is consistent with the overall CalOptima Health Medi-Cal membership. The other conditions that round up the top five for the different ethnicities are ADHD, conduct disorders and hyperkinetic syndrome; autism spectrum disorders; bipolar disorders; drug use disorder; opioid use disorder; and schizophrenia and other psychotic disorders.

When looking at the top behavioral diagnoses by gender, the top three diagnoses were the same. The most common behavioral health conditions for female members were anxiety disorders then depression, bipolar or other depressive mood disorders, which was followed by drug use disorder, bipolar disorders, and schizophrenia and other psychotic disorders. For male members, anxiety disorders were most common, followed by depression, bipolar or other depressive mood disorders, then drug use disorder, schizophrenia and other psychotic disorders and bipolar disorders.

***Conclusion:***

The overlap of behavioral health conditions by ethnicity and gender validates the importance of providing culturally appropriate education on accessing behavioral health resources and mental health services. As CalOptima Health members have varying behavioral health diagnoses, there is a need for clinicians/providers who can provide behavioral health services to match the diverse needs of members.

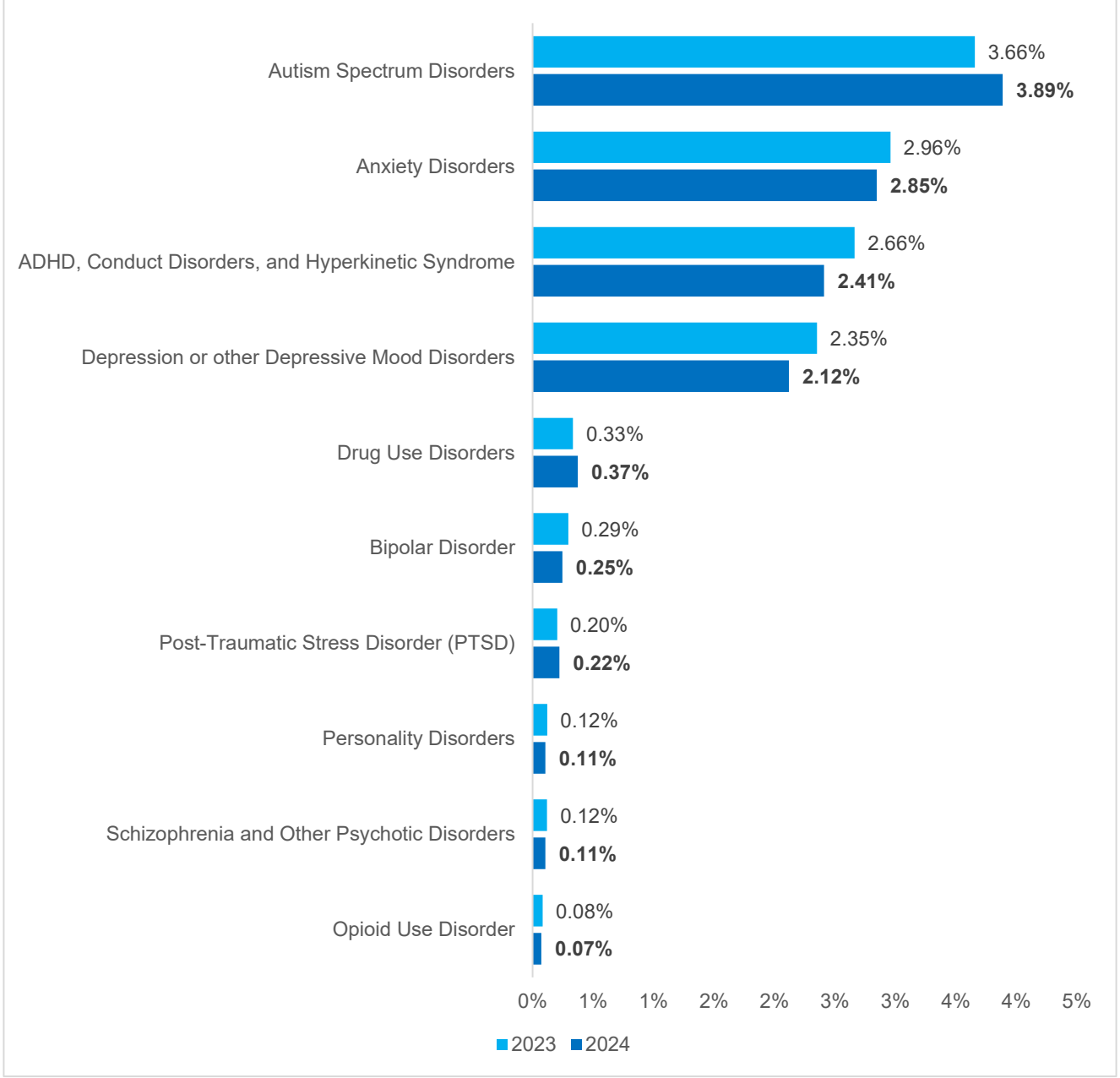
***Activities/Resources OR Plan to Address Gap:***

In addition to offering virtual access to outpatient behavioral health care through TeleMed2U, CalOptima Health provides members with in-language support from dedicated behavioral health staff. Educational materials on topics such as treatment options, applied behavior analysis for members with autism or other behavioral needs, and understanding depression are also available in all of CalOptima Health's threshold languages.

To help ensure an adequate behavioral health workforce for the future, CalOptima Health launched a Provider Workforce Development Grant focused on expanding access to behavioral health care. Six

Orange County organizations received funding to support the recruitment, training and retention of a diverse range of professionals, including student interns, licensed clinicians, behavioral health specialists and peer support specialists. This investment aims to build a more culturally and linguistically responsive behavioral health workforce that reflects the communities CalOptima Health serves.

### 4.2.3. Top Behavioral Health Diagnoses by Children and Adolescents




*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed February 2025*

***Analysis:***

As of December 2024, the top behavioral health conditions among CalOptima Health's member population ages 2–19 were autism spectrum disorders (3.89%); anxiety disorders (2.85%); and ADHD, conduct disorders and hyperkinetic syndrome (2.41%). Other conditions that made the list of top 10 behavioral conditions include depression or other depressive mood disorders; drug use disorders; bipolar disorder; PTSD; personality disorders; schizophrenia and other psychotic disorders; and opioid use disorder.

From 2023 to 2024, the biggest increase in behavioral health diagnoses for children and adolescents was for autism spectrum disorder by 0.23 percentage points (from 3.66% in 2023 to 3.89% in 2024). There were declines in ADHD, conduct disorders and hyperkinetic syndrome by 0.25 percentage points (from 2.66% in 2023 to 2.41% in 2024) as well as depression or other depressive mood disorders by 0.23 percentage points (from 2.35% in 2023 to 2.12% in 2024) and anxiety disorders by 0.11 percentage points (from 2.96% on 2023 to 2.85% in 2024).

***Conclusion:***

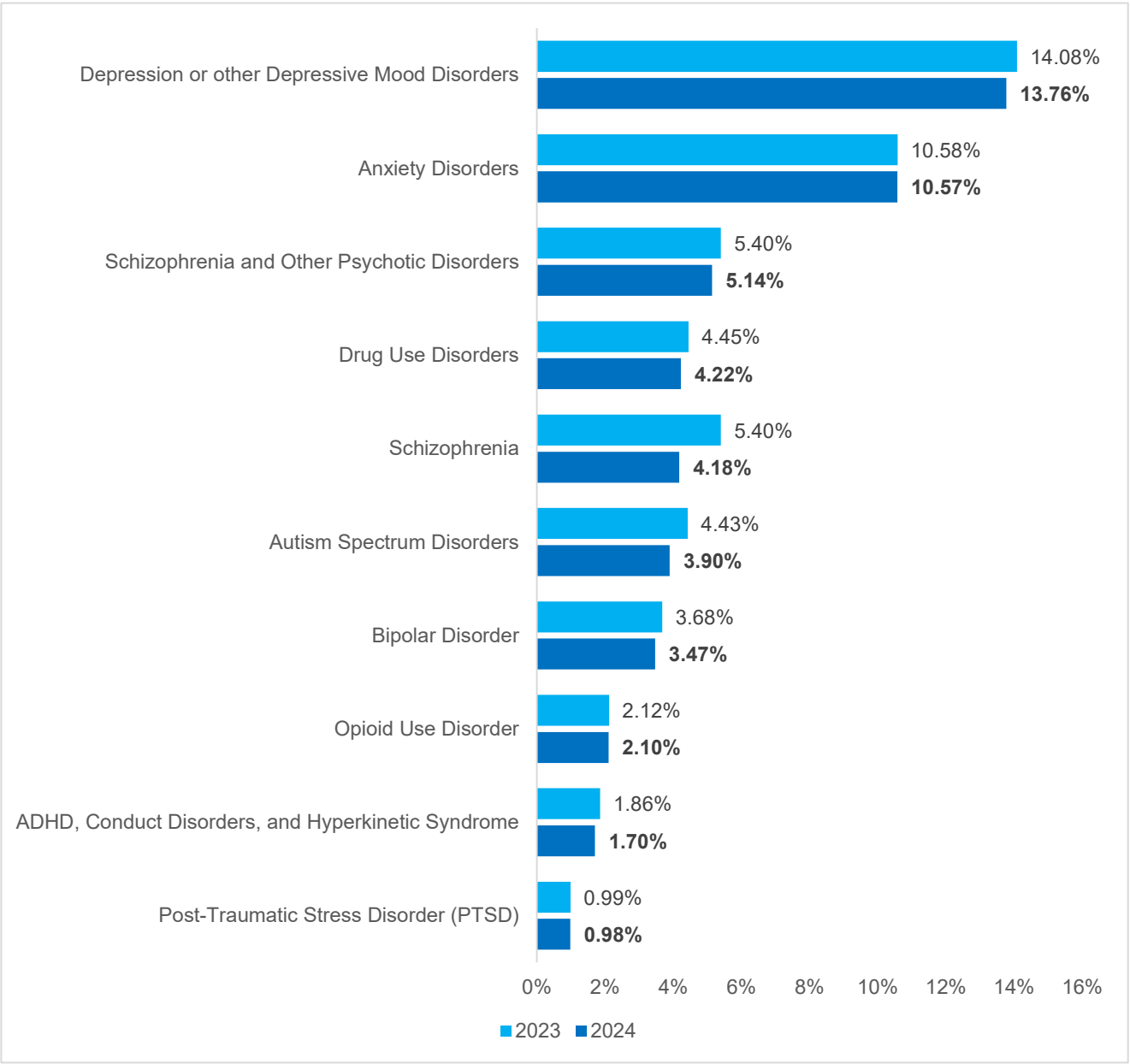
With autism spectrum disorders now the most common behavioral health diagnosis among children and adolescents — and rates continuing to rise — there is a growing need to support families navigating the challenges associated with autism. In addition to clinical care, families benefit from community-based services such as case management, parent training and social skills programs, as well as support from local school districts through individualized education plans and classroom-based behavioral interventions. Coordinated efforts between health care providers, schools and community organizations are essential to ensure children and their families receive comprehensive and accessible support.

***Activities/Resources OR Plan to Address Gap:***

As part of the DHCS Student Behavioral Health Incentive Program (SBHIP), CalOptima Health has partnered with Children's Hospital of Orange County (CHOC), Hazel Health, Western Youth Services, the Orange County Department of Education, and all 29 local school districts. CHOC developed the curriculum and workflows for a pilot Autism Comprehensive Care Program, expected to launch in Q1 2025. This 12-week program will serve CalOptima Health youth ages 12–17 and is designed to support emotional and behavioral regulation as well as the development of social skills.

CalOptima Health covers behavioral health treatments for members, including applied behavior analysis (ABA) and other evidence-based services that promote communication, skill-building and behavior improvement. These services aim to increase helpful behaviors and reduce those that interfere with learning and daily life. Additionally, CalOptima Health offers a range of resources, including FAQs and educational guides.

### 4.2.4. Top Behavioral Health Diagnoses for People With Disabilities




*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed February 2025*

***Analysis:***

In 2024, the most common behavioral health diagnoses among CalOptima Health members with disabilities were depression (13.76%) and anxiety disorders (10.57%). These conditions occurred at significantly higher rates than other diagnoses, including other psychotic disorders (5.14%), drug use disorders (4.22%) and schizophrenia (4.18%). Overall, there was a slight decline in the prevalence of these primary conditions from 2023 to 2024.

***Conclusion:***

The slight decline in behavioral health diagnoses may suggest an improvement in mental health among CalOptima Health members with disabilities. However, individuals with disabilities remain at higher risk for conditions such as depression and anxiety due to a range of social, physical and systemic challenges. This underscores the ongoing need for proactive outreach, prevention and monitoring efforts. CalOptima Health must continue to prioritize early identification and access to culturally and linguistically appropriate behavioral health care to support the well-being of members with disabilities.

***Activities/Resources OR Plan to Address Gap:***

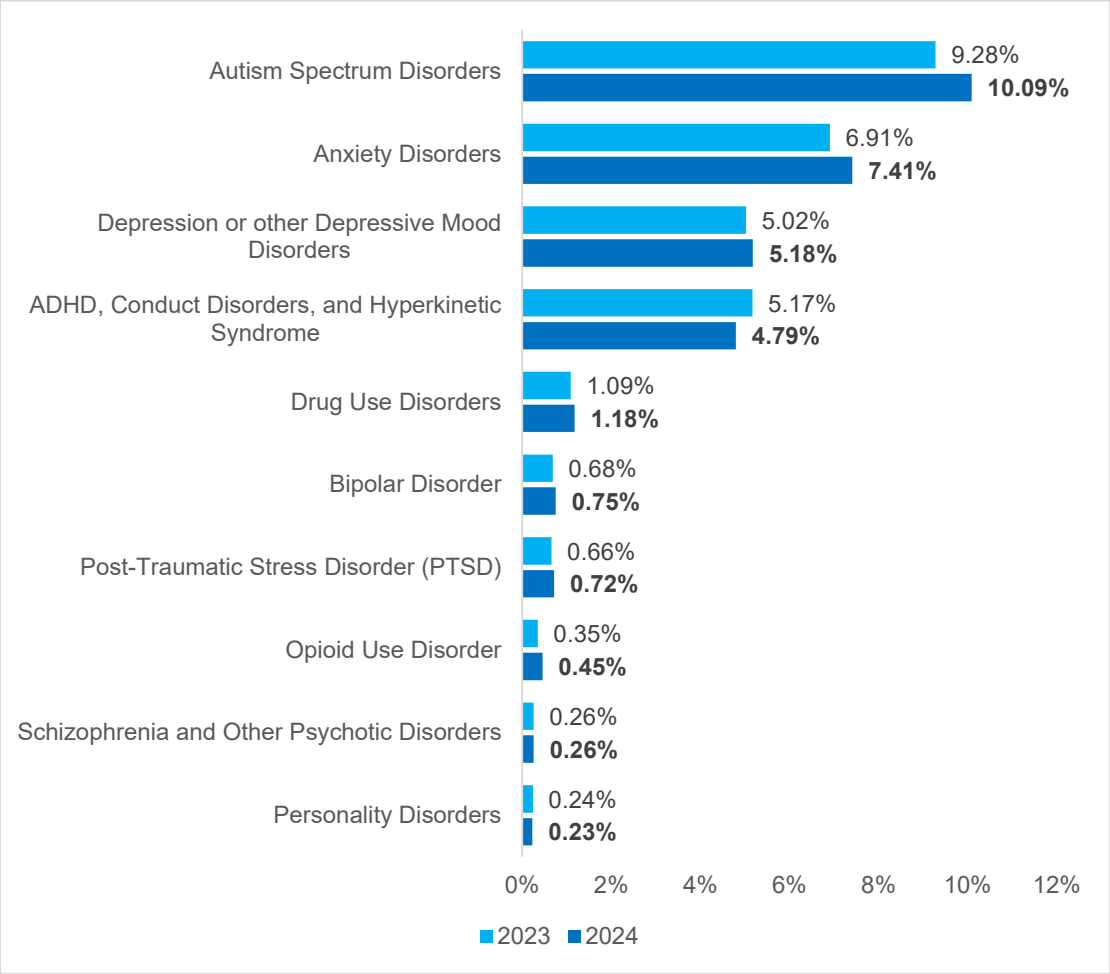
To address behavioral health needs and ensure members have the resources to overcome barriers to care, CalOptima Health is implementing a range of innovative approaches to support members with disabilities. Health risk assessments are used to develop personalized care plans that address the medical, functional, psychosocial, social support, and access-to-care needs of seniors and people with disabilities (SPD). This comprehensive model of care allows for a more holistic approach to supporting member health.

Comprehensive medical case management is available to coordinate care and connect SPD members with behavioral health diagnoses to essential services. CalOptima Health also facilitates referrals and linkages to external behavioral health and social support resources.

Additionally, the OneCare (Medicare Advantage Dual Eligible Special Needs Plan) is available for low-income SPD members enrolled in both Medicare and Medi-Cal. OneCare offers enhanced benefits that support behavioral health, including in-home health services, companion care, fitness programs, wellness initiatives and more.

### 4.2.5. Top Behavioral Health Diagnoses for Whole-Child Model Members

**Top Behavioral Health Diagnoses for Whole-Child Model Members**




*Data Source: MY 2021–2024 CalOptima Health CMS Chronic Conditions Tableau Dashboard, Accessed February 2025*

***Analysis:***

In 2024, the top behavioral health diagnoses for Whole-Child Model (WCM) members were autism spectrum disorders (10.09%); anxiety disorders (7.41%); depression or other depressive mood disorders (5.18%); ADHD, conduct disorders and hyperkinetic syndrome (4.79%); and drug use disorders (1.18%). Diagnoses affecting fewer than 1% of WCM members included bipolar disorder (0.75%), post-traumatic stress disorder (PTSD) (0.72%), opioid use disorder (0.45%), schizophrenia and other psychotic disorders (0.26%), and personality disorders (0.23%).

Seven of the top 10 behavioral health diagnoses for WCM members showed slight increases from 2023 to 2024, each under one percentage point. The most significant increase was in autism spectrum disorders (0.81 percentage point), followed by anxiety disorders (0.50 percentage point). The most significant decrease was in ADHD, conduct disorders and hyperkinetic syndrome (0.38 percentage point), while the rate for schizophrenia and other psychotic disorders remained unchanged at 0.26%.

***Conclusion:***

The top five behavioral health diagnoses for WCM members in 2024 mirror those of the broader CalOptima Health child and adolescent population. Although increases across the top 10 diagnoses were relatively modest (under 1%), the data reinforces the ongoing need for robust behavioral health services to support WCM members.

***Activities/Resources OR Plan to Address Gap:***

To ensure WCM members receive comprehensive behavioral health (BH) services, CalOptima Health's Behavioral Health call center includes a designated licensed clinician who reviews Individual Care Plans (ICPs) and participates in the WCM Community Care Network (CCN) Interdisciplinary Care Teams (ICTs).

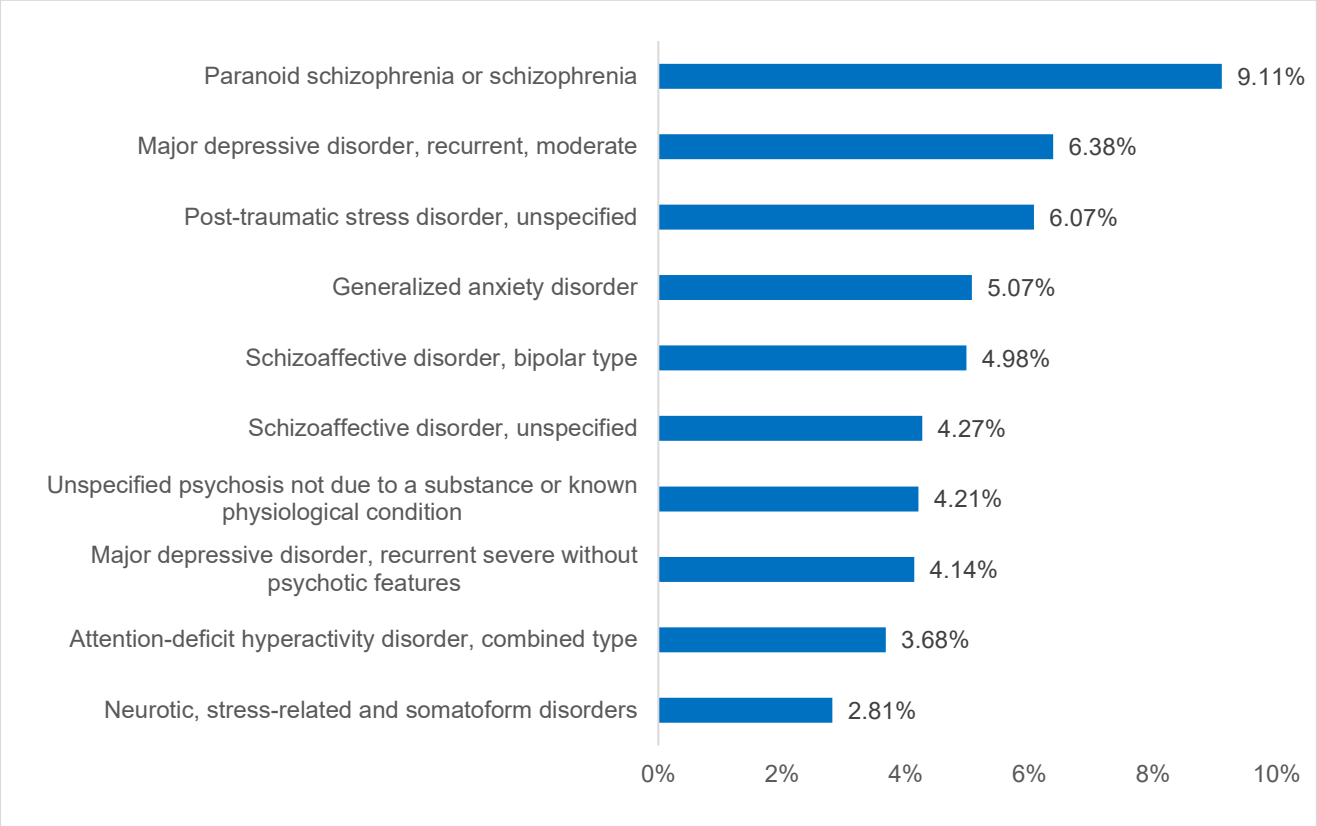
WCM members have access to the full range of behavioral health services available to all CalOptima Health children and adolescents, including applied behavior analysis (ABA). As of April 1, 2024, TeleMed2U expanded virtual behavioral health access, offering outpatient psychiatry for members over age 5 and psychotherapy for members age 13 and older.

Through the Student Behavioral Health Incentive Program (SBHIP), CalOptima Health partnered with Hazel Health to provide counseling services for students ages 4–19 at all 29 public school districts in Orange County.

Additionally, a new initiative approved by CalOptima Health's Board of Directors on March 7, 2024, the Dyadic Services Program Academy, partners with First 5 Orange County (F5OC) to support early childhood development by addressing caregiver and family risk factors in pediatric clinical settings.

### 4.2.6. Top Behavioral Health Diagnoses by Severe Mental Illness

**Top 10 Principal Diagnoses Among Members With Severe Mental Illness (SMI) in 2024**




*Data Source: 2024 CalOptima Health, DHCS All-Payer Claims Database (APCD) Medical SMI Population Tableau Dashboard,*
*Accessed February 2025*

***Analysis:***

CalOptima Health conducts regular analyses of the top diagnoses among members with severe mental illness (SMI) to better understand emerging patterns, treatment needs and the health care resources required to support this population. In 2024, the most frequently recorded principal diagnosis among members with SMI was paranoid schizophrenia or schizophrenia, accounting for 9.11% of cases. This was followed by major depressive disorder, recurrent and moderate, at 6.38%, and post-traumatic stress disorder (PTSD), unspecified, at 6.07%. Other common diagnoses included generalized anxiety disorder (5.07%), schizoaffective disorder, bipolar type (4.98%), and schizoaffective disorder, unspecified (4.27%). Additionally, unspecified psychosis not due to a substance or known physiological condition represented 4.21% of diagnoses, while major depressive disorder, recurrent and severe without psychotic features, accounted for 4.14%. Attention-deficit hyperactivity disorder (ADHD), combined type, made up 3.68% of diagnoses, and neurotic, stress-related and somatoform disorders represented 2.81%.

***Conclusion:***

The findings highlight the diversity and severity of mental health conditions within the SMI population, reinforcing the need for a wide range of specialized mental and behavioral health services that are responsive to individual member needs.

***Activities/Resources OR Plan to Address Gap:***

To meet these needs, CalOptima Health provides access to a continuum of Non-Specialty Mental Health Services (NSMHS) and works in partnership with the Orange County Health Care Agency's Behavioral Health Plan (BHP) to coordinate Specialty Mental Health Services (SMHS) based on the members' needs. NSMHS and SMHS include outpatient care such as psychotherapy, medication management, and psychological testing. SMHS services may also include case management and day treatment programs, as well as residential treatment options for adults requiring more structured support. Crisis stabilization and psychiatric hospitalization are also included SMHS services, ensuring that members with SMI can access the right level of care in a supportive and appropriate setting. Through these coordinated efforts, CalOptima Health is committed to delivering comprehensive, person-centered behavioral health services for members living with SMI.

## 4.3. Quality Performance

### 4.3.1. Medical HEDIS Rates

#### 4.3.1.1. Overall (MCAS)

| MCAS Measures | MY 2019 | MY 2020 | MY 2021 | MY 2022 | MY 2023 | 2023 MPL/ 50th Percentile | STATUS |
|---|---|---|---|---|---|---|---|
| Adults' Access to Preventive/Ambulatory Health Services (AAP) | 70.83% | 68.55% | 67.22% | 64.05% | 62.84% | 72.91% | NOT MET |
| Asthma Medication Ratio (AMR) | 67.28% | 71.22% | 74.27% | 74.16% | 66.33% | 65.61% | MET |
| Breast Cancer Screening (BCS) | 63.43% | 59.52% | 57.64% | 57.80% | 58.39% | 52.20% | MET |
| Blood Lead Screening in Children (LSC) | 70.70% | 65.30% | 59.50% | 60.28% | 63.83% | 62.79% | MET |
| Child and Adolescent Well-Care Visits (WCV) | N/A | 50.58% | 53.99% | 51.49% | 53.03% | 48.07% | MET |
| Childhood Immunization Status (CIS) | | | | | | | |
| *1. Combination 10* | 40.60% | 45.50% | 47.69% | 39.42% | 35.45% | 30.90% | MET |
| Chlamydia Screening in Women (CHL) | 73.64% | 71.86% | 72.40% | 72.11% | 72.26% | 56.04% | MET |
| Cervical Cancer Screening (CCS) | 66.70% | 57.60% | 62.28% | 57.73% | 54.01% | 57.11% | NOT MET |
| Controlling High Blood Pressure (CBP) | N/A | 28.94% | 37.15% | 35.38% | 43.54% | 61.31% | NOT MET |
| Glycemic Status Assessment for Patients With Diabetes (GSD) | | | | | | | |
| *1.HbA1c >9.0% (Poor Control) Lower rate is better* | 29.70% | 35.50% | 28.75% | 30.41% | 29.34% | 37.96% | MET |
| Immunizations for Adolescents (IMA) | | | | | | | |
| *1. Combination 2 Immunizations* | 55.60% | 53.30% | 50.73% | 51.82% | 45.79% | 34.31% | MET |
| Prenatal and Postpartum Care (PPC) | | | | | | | |
| *1. Timeliness of Prenatal Care* | 95.13% | 89.78% | 90.97% | 81.60% | 80.62% | 84.23% | NOT MET |
| *2. Timeliness of Postpartum Care* | 83.21% | 78.35% | 81.60% | 81.15% | 74.41% | 78.10% | NOT MET |
| Topical Fluoride for Children | N/A | N/A | 23.25% | 17.74% | 23.25% | — | |
| Well-Child Visits in the First 30 Months of Life – 0 to 15 Months | | | | | | | |
| *1. 6+ Well Visits in the First 15 Months* | N/A | 43.18% | 49.31% | 55.78% | 58.92% | 58.38% | MET |

*Source: MY 2019–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

***Analysis:***

The table above presents the HEDIS rates for 14 medical measures from Measurement Years (MY) 2019 through 2023. The results show that nine of the 14 measures met the Department of Health Care Services (DHCS) Minimum Performance Levels (MPL). These nine measures include: Asthma Medication Ratio (AMR), Breast Cancer Screening (BCS), Blood Lead Screening in Children (LSC), Child and Adolescent Well-Care Visits (WCV), Childhood Immunization Status (CIS – Combo 10), Chlamydia Screening in Women (CHL), Hemoglobin A1c Control for Patients With Diabetes (CDC), Immunizations for Adolescents – Combo 2 (IMA), and Well Visits in the First 15 Months of Life. Despite meeting the MPL, eight of these nine measures showed a decline in performance from the previous year, with Hemoglobin A1c Control (CDC) being the only measure that improved. Conversely, all five of the measures that did not meet the MPL showed year-over-year improvement, though they remained below the required threshold.

***Conclusion:***

The presence of five unmet HEDIS medical measures, along with declining performance in most measures that did meet the MPL, highlights the need for sustained and enhanced quality improvement efforts.

***Activities/Resources OR Plan to Address Gap:***

CalOptima Health has implemented a range of multi-modal outreach strategies to improve member engagement and raise performance on key HEDIS measures. These strategies include text messaging, interactive voice response (IVR) calls, targeted mailings, newsletters, and mass media campaigns across social media, television and radio.

The Member Health Rewards Program remained a key initiative, distributing more than 25,000 gift card incentives to Medi-Cal members who completed preventive services such as breast and cervical cancer screenings (BCS, CCS), diabetes testing (CDC A1c), prenatal and postpartum care (PPC), and lead screening in children (LSC at 12 and 24 months).

CalOptima Health also provided cross-team training to member-facing staff to encourage conversations with members about accessing recommended preventive care. To enhance accessibility, the quality team is actively transitioning the health rewards claims process to a digital self-submission platform, making it easier for members to claim their incentives.

Additionally, providers delivering high-quality care aligned with DHCS MCAS measures were recognized and rewarded through the Value-Based Payment Performance Program, further supporting CalOptima Health’s efforts to close gaps in care and improve outcomes.

### 4.3.2. Behavioral Health HEDIS Rates

#### 4.3.2.1. Overall (MCAS)

| MCAS Measures | MY 2019 | MY 2020 | MY 2021 | MY 2022 | MY 2023 | 2023 MPL/ 50th Percentile | STATUS |
|---|---|---|---|---|---|---|---|
| Antidepressant Medication Management (AMM) | | | | | | | |
| *1. Acute Phase Treatment* | 59.32% | 62.18% | 67.06% | 67.00% | 68.09% | 60.79% | MET |
| *2. Continuation Phase Treatment* | 43.47% | 45.61% | 50.32% | 48.62% | 48.06% | 43.28% | MET |
| Diabetes Screening for People w/ Schizophrenia Bipolar Disorder Using Antipsychotic Medications (SSD) | 78.80% | 71.23% | 75.90% | 75.97% | 74.96% | 79.05% | NOT MET |
| Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) | | | | | | | |
| *1. Initiation Phase* | 39.80% | 41.40% | 40.47% | 42.37% | 48.02% | 44.21% | MET |
| *2. Continuation and Maintenance Phase* | 47.39% | 46.38% | 49.44% | 46.77% | 52.55% | 54.40% | NOT MET |
| Follow-Up After ED Visit for Mental Illness (FUM) | | | | | | | |
| *1. Follow-up within 7 days* | 37.02% | 33.51% | 26.86% | 38.78% | 21.38% | 40.59% | NOT MET |
| *2. Follow-up within 30 days* | 49.74% | 46.74% | 45.44% | 58.83% | 35.73% | 54.87% | NOT MET |
| Follow-Up After ED Visit for Substance Abuse (FUA) | | | | | | | |
| *1. Follow-up within 7 days* | N/A | N/A | 2.53% | 12.98% | 11.23% | 24.51% | NOT MET |
| *2. Follow-up within 30 days* | N/A | N/A | 4.58% | 24.05% | 21.41% | 36.34% | NOT MET |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E) | | | | | | | |
| *1. Blood Glucose and Cholesterol Monitoring Total* | 41.11% | 36.25% | 41.48% | 37.41% | 36.76% | 34.38% | MET |
| Pharmacotherapy for Opioid Use Disorder (POD) | 34.99% | 36.64% | 11.58% | 20.77% | 7.79% | 28.49% | NOT MET |
| Prenatal Depression Screening and Follow-Up (PND-E) | | | | | | | |
| *1. Screening* | N/A | N/A | N/A | 8.73% | 14.52% | 0.23% | MET |
| *1. Follow-up* | N/A | N/A | N/A | 45.16% | 52.80% | 54.84% | NOT MET |
| Postpartum Depression Screening and Follow Up (PDS-E) | | | | | | | |
| *1. Screening* | N/A | N/A | N/A | 8.08% | 17.33% | 0.10% | MET |
| *1. Follow-up* | N/A | N/A | N/A | 62.96% | 56.84% | 63.40% | NOT MET |

*Source: MY 2019–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

***Analysis:***

In MY 2023, CalOptima Health met six out of the 15 behavioral health performance measures, as outlined in the table above. The measures that met the MPL include both acute and continuation phases under Antidepressant Medication Management (AMM), the initiation phase of Follow-Up Care for Children Prescribed ADHD Medication (ADD-E), total monitoring for blood glucose and cholesterol under Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E), and both Prenatal Depression Screening and Follow-Up (PND-E) and Postpartum Depression Screening and Follow-Up (PDS-E).

Most of the measures that did not meet the MPL were follow-up-focused. Notably, the continuation and maintenance phases of ADD-E and the follow-up portion of PND-E showed improvement and are trending toward meeting the MPL.

CalOptima Health has recently begun tracking newer behavioral health measures such as PND-E and PDS-E, which NCQA introduced in MY 2022. Because these measures are still in the early stages of implementation, data is not available for prior years (MY 2019–2021), and MPLs have not yet been established. For planning purposes, CalOptima Health uses the NCQA 50th percentile rate as a benchmark until formal MPLs are issued, expected in MY 2024.

***Conclusion:***

The performance data indicate that follow-up care remains a key area for improvement across behavioral health measures. Continued focus on engagement, care coordination and provider education will be essential to closing these gaps.

***Activities/Resources OR Plan to Address Gap:***

To address identified gaps, CalOptima Health's Behavioral Health Integration (BHI) team will continue monitoring these measures while advancing member engagement strategies and offering targeted incentives. The team is focused on increasing awareness around the importance of follow-up care, especially after emergency department (ED) visits. This includes continued collaboration with a vendor to launch an interactive voice response (IVR) call campaign targeting members under the Follow-Up After Emergency Department Visit for Mental Illness (FUM) measure.

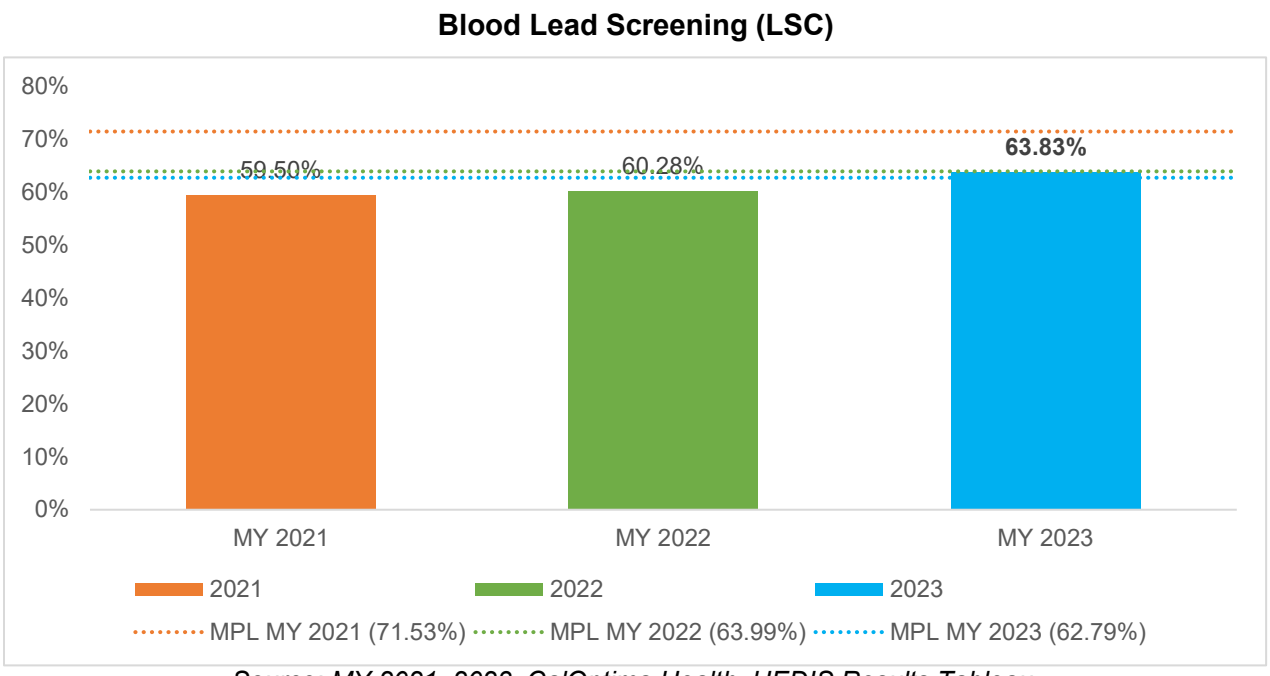
Additionally, CalOptima Health will leverage technology such as text messaging and telehealth to improve access and reduce barriers to follow-up appointments. Provider education remains a priority, with continued dissemination of best practices and measure-specific guidance, particularly for members prescribed antipsychotics or undergoing pharmacotherapy for opioid use disorder.

For prenatal and postpartum depression screening and follow-up measures, CalOptima Health will enhance data tracking and documentation efforts to ensure more accurate reporting of care delivery. Efforts to increase maternal depression screening include:

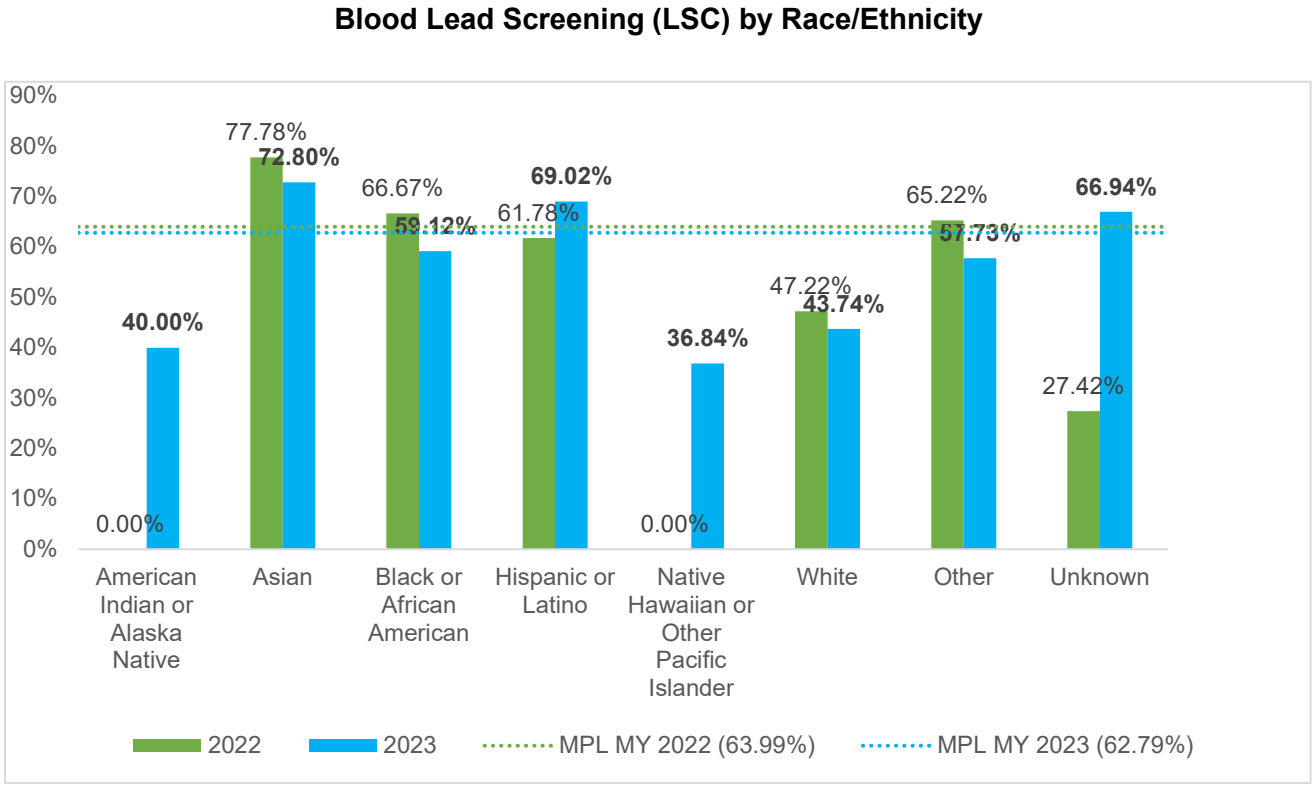
- Collaborative maternal mental health efforts with Orange County Health Care Agency
- Bright Steps Program for prenatal and postpartum members and their babies through one year of age
- Postpartum member health reward of $25 for completing a postpartum checkup
- Continue to increase provider awareness about screenings and resources

### 4.3.3. Health Disparities

#### 4.3.3.1 Efforts to Support Blood Lead Screening Among Members




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*




*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

***Analysis:***

The charts above display blood lead screening (LCS) trends among children from Measurement Years (MY) 2021 to 2023, including a breakdown by race and ethnicity for MY 2022 and 2023. In MY 2023, CalOptima Health exceeded the DHCS MPL of 62.79%, achieving a screening rate of 63.83%.

When examining the data by race and ethnicity, the groups that exceeded the MPL were Asian (72.80%), Hispanic or Latino (69.02%), and those categorized as Unknown (66.94%). In contrast, the American Indian or Alaska Native, Black or African American, Native Hawaiian or Other Pacific Islander, White, and Other racial/ethnic groups fell below the MY 2023 MPL. Compared with MY 2022, half of the racial/ethnic groups experienced a decline in LCS rates, while the other half saw increases.

***Conclusion:***

These findings highlight variations in blood lead screening rates by race and ethnicity, which enables CalOptima Health to identify potential disparities and target outreach efforts to improve screening among underrepresented populations. Looking at neighborhood profiles can be insightful as children living in high-poverty cities and older homes are disproportionately affected by lead[5].

***Activities/Resources OR Plan to Address Gap:***

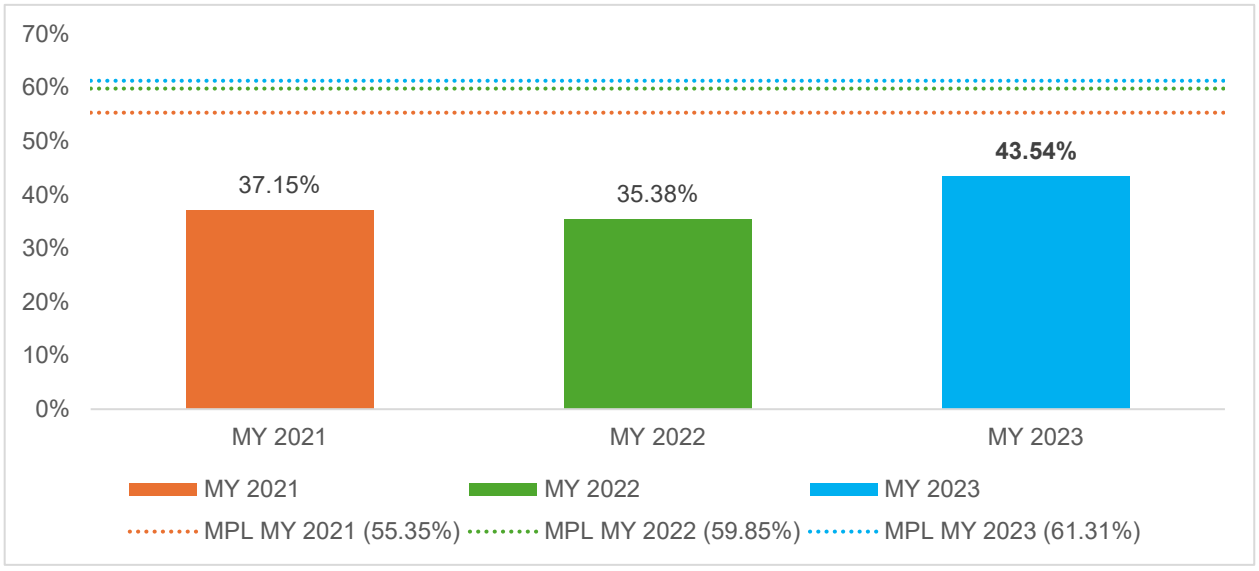
To improve blood lead screening rates, CalOptima Health offers a member health reward for completing lead testing at both 12 and 24 months of age. Text messaging campaigns promote general pediatric wellness and blood lead-specific reminders to raise awareness and encourage timely screenings. Additional outreach is conducted through targeted mailings (e.g., postcards to children turning 12 and 24 months) and interactive voice response (IVR) calls.

Ongoing efforts also focus on educating parents about the importance of lead testing and reducing barriers to accessing care. As part of the Quality Grant Program, CalOptima Health has awarded grants to two health networks that will implement point-of-care lead testing in high-volume clinics to increase lead testing. Additionally, CalOptima Health is planning a pilot program for point-of-care lead testing at select provider offices, aiming to streamline the screening process for both providers and members.

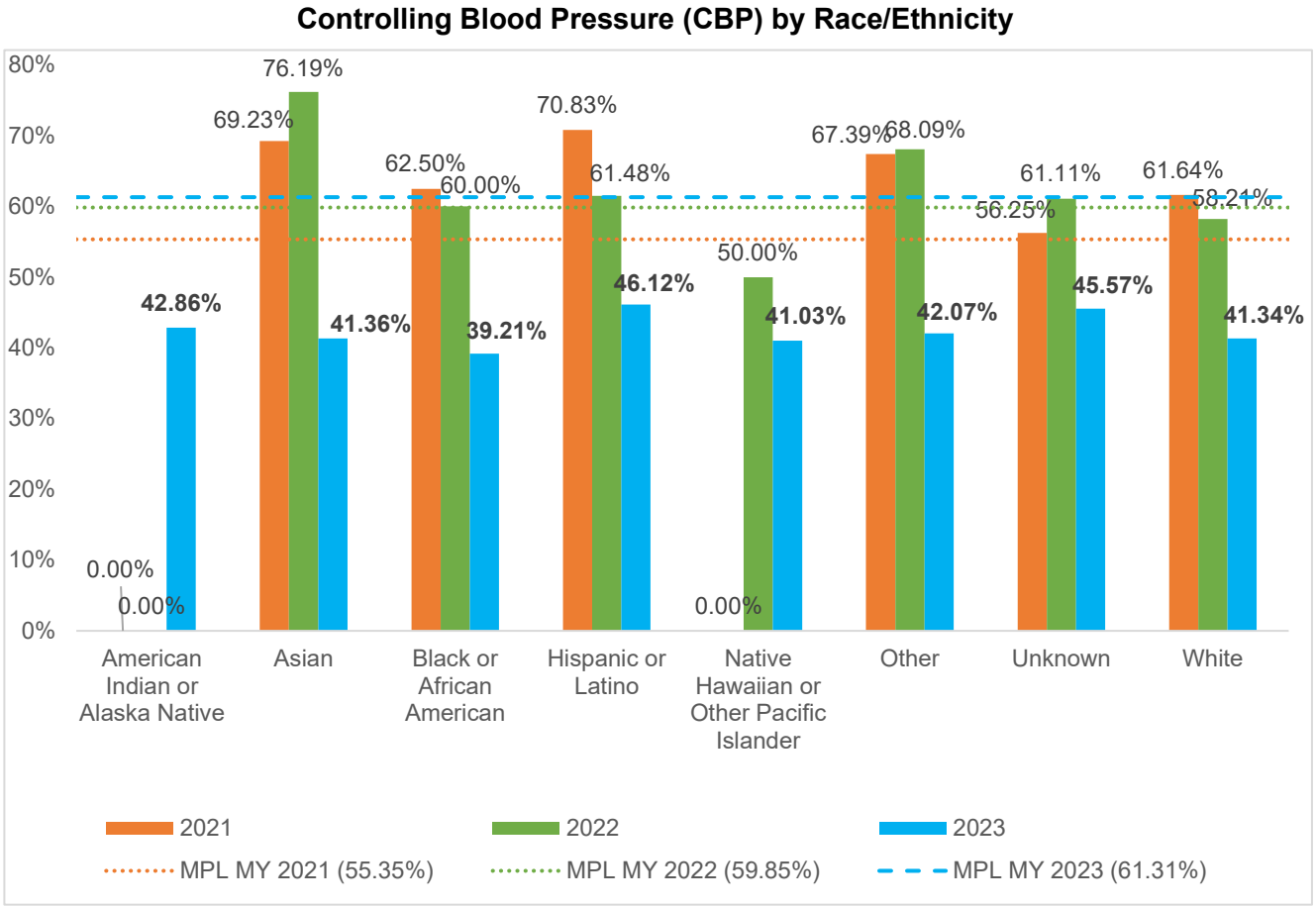
CalOptima Health is also actively collaborating with the HCA and Kaiser Permanente to identify and reduce disparities in timely blood lead screening. As part of this collaboration, a comprehensive blood lead dashboard was developed to display screening rates, test results and risk indicators across the county. In-depth community profiles have also been created for neighborhoods in Fullerton, San Juan Capistrano and Santa Ana, which include demographic data, local providers and clinics, Head Start Programs, WIC sites, and other relevant resources. The collaborative is currently developing a blood lead testing educational communications toolkit to share with providers and the broader community.

[5] Jack Pellegrino, Amy Auchincloss, Jennifer Kolker, Vahan Boyajyan, Saima Niamatullah. (2025) *Wide disparities in childhood lead poisoning revealed by city-level data*. Drexel University, Urban Health Collaborative. Philadelphia, PA. Wide Disparities in Childhood Lead Poisoning Revealed by City-Level Data | Urban Health Collaborative | Drexel University

### 4.3.3. 2. High Blood Pressure Control Among Members




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

***Analysis:***

The charts above show CalOptima Health's Controlling Blood Pressure (CBP) rates among Medi-Cal members overall and by race/ethnicity from Measurement Years (MY) 2021 to 2023. While both the DHCS MPL and CalOptima Health's CBP rate increased between MY 2022 and MY 2023, the health plan's rates remain below the MPL. For example, in MY 2023, the MPL was 61.31%, while CalOptima Health's overall Medi-Cal CBP rate was 43.54%.

When broken down by race and ethnicity, the highest CBP rate in MY 2023 was among Hispanic or Latino members at 46.12%, followed by members with unknown race/ethnicity at 45.57%. All other groups had CBP rates ranging from 42.86% to 39.21%, highlighting ongoing disparities and opportunities for improvement.

***Conclusion:***

There is a clear opportunity to strengthen efforts focused on hypertension management and improve CBP rates across the Medi-Cal population, particularly by addressing disparities in blood pressure control among different racial and ethnic groups.

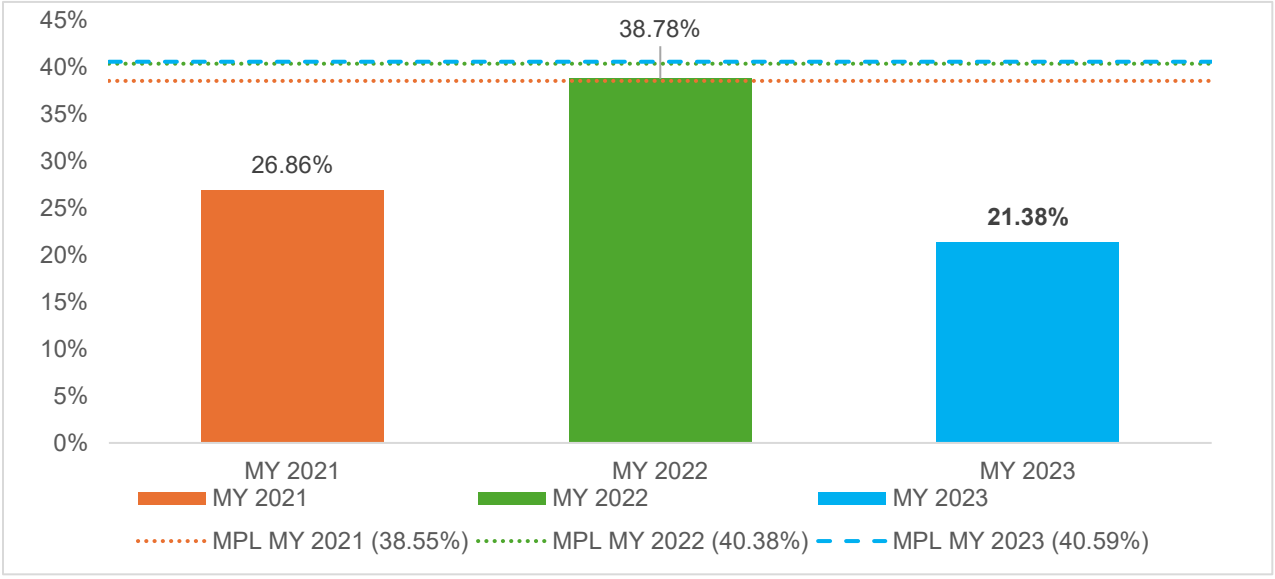
***Activities/Resources OR Plan to Address Gap:***

CalOptima Health provides a range of health education services to support members with high blood pressure, including one-on-one health coaching, group classes, mailed materials and educational videos. While outreach currently includes mail, text messages and phone calls, there is potential to expand engagement strategies to better connect with members in their communities.

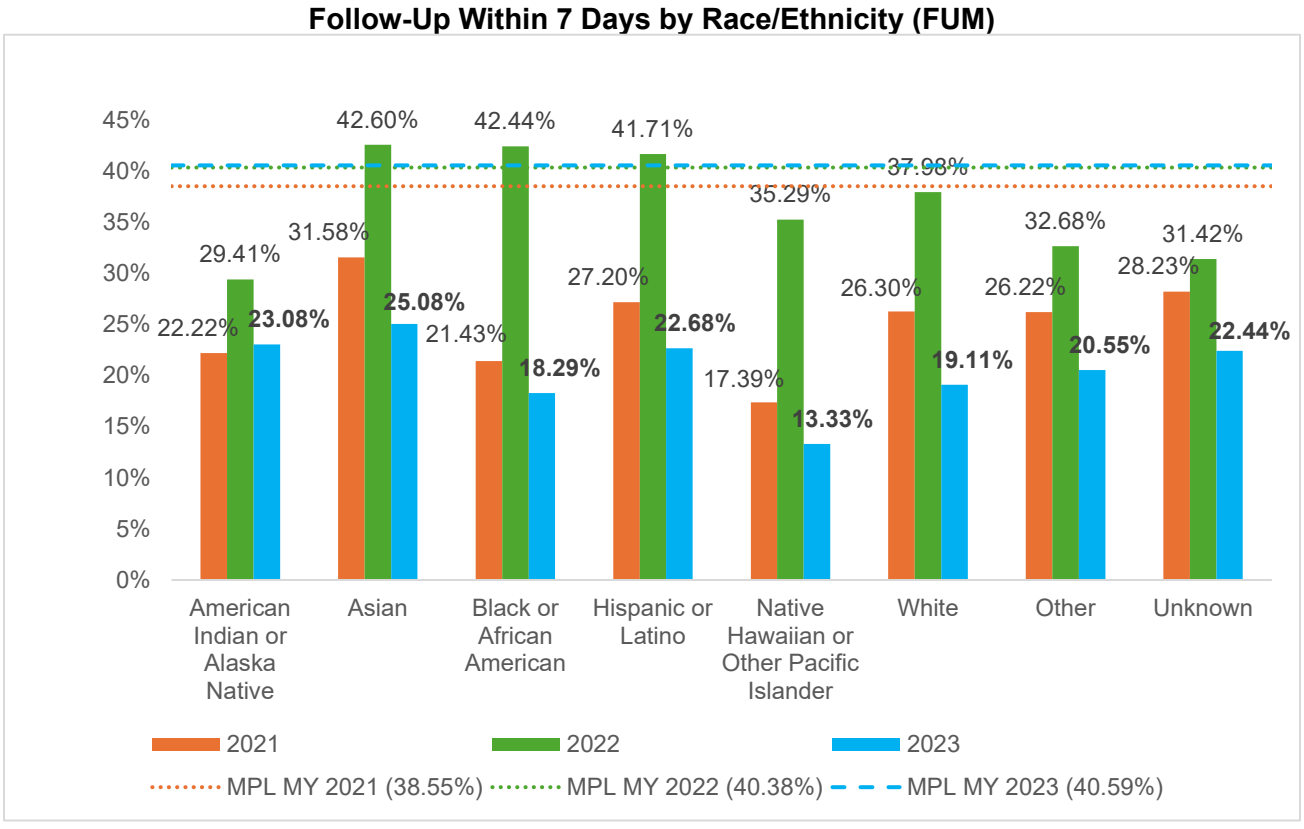
Because blood pressure screenings are non-invasive and quick to administer, CalOptima Health has integrated screenings into community-based settings, such as health fairs and local events, to increase access and awareness.

To further support blood pressure control, CalOptima Health is working to expand access to home monitoring devices and promote awareness of their importance. Efforts are underway to strengthen partnerships with community-based organizations, providers and health networks. One such initiative includes a quality standing order program, which enables providers to generate durable medical equipment orders for eligible CalOptima Health Community Network Medi-Cal and OneCare members participating in the program.

### 4.3.3.3 Efforts to Support Member Follow-Up Care After Emergency Department Visit for Mental Illness

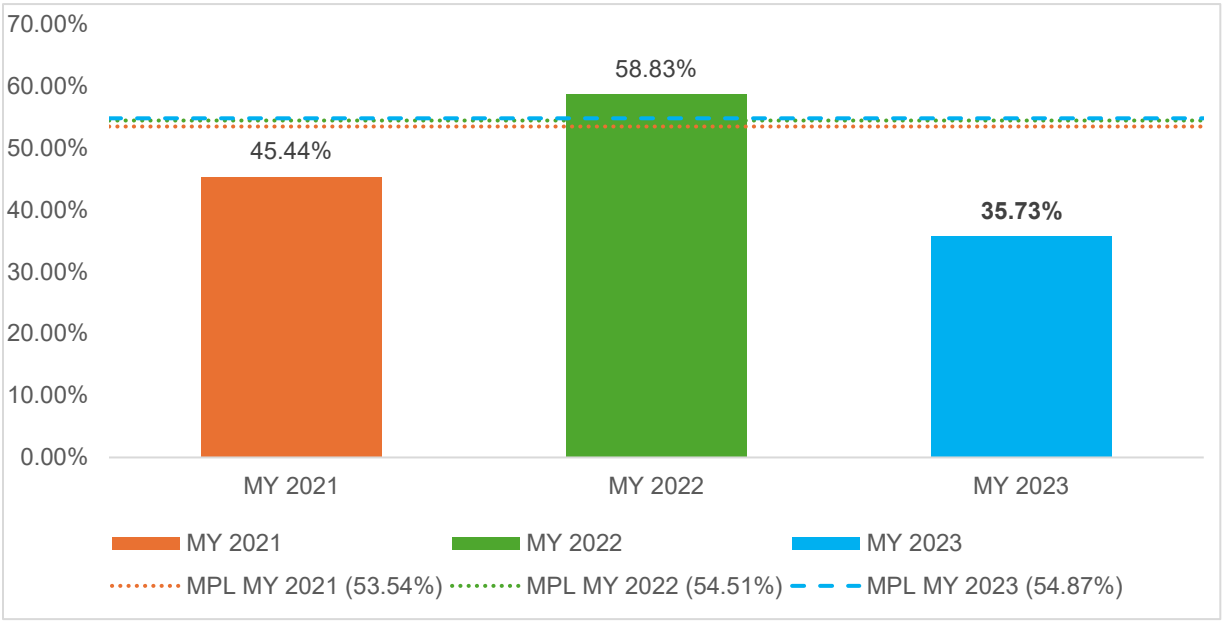



*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*



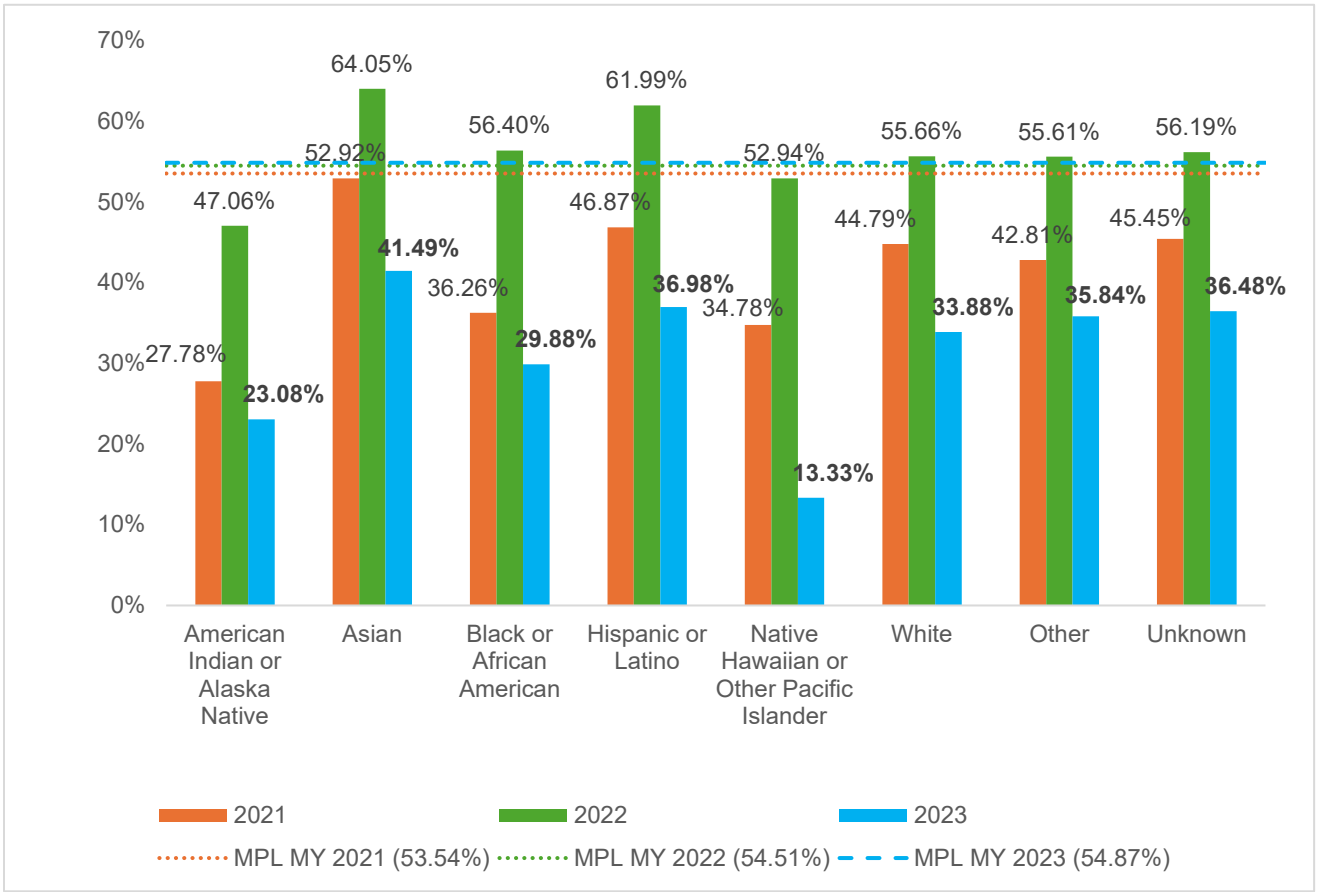

*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

**Follow-Up Within 30 Days (FUM)**




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

**Follow-Up Within 30 Days by Race/Ethnicity (FUM)**




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

***Analysis:***

The tables above show follow-up rates after emergency department (ED) visits for mental illness (FUM) within 7 and 30 days, broken down by race and ethnicity for Measurement Years (MY) 2021 through 2023. In MY 2023, CalOptima Health did not meet the DHCS MPL for either 7-day (MPL: 40.59%) or 30-day follow-up (MPL: 54.87%). The overall 7-day follow-up rate was 21.38%, and the 30-day follow-up rate was 35.73%.

All racial and ethnic groups saw a decline in both 7- and 30-day follow-up rates from MY 2022 to MY 2023. The most significant decrease for 7-day follow-up was observed among Black or African American members, with a drop of 24.15 percentage points. For 30-day follow-up, the largest decline was among Native Hawaiian or Other Pacific Islander members, whose rate fell by 39.61 percentage points.

***Conclusion:***

The failure to meet MPLs for both 7- and 30-day FUM measures highlights the urgent need for continued focus on engaging members with mental illness, supporting providers and closing gaps in care. Two key barriers to improving FUM performance include challenges with data sharing and coordination with the HCA due to privacy laws, as well as limited capacity to conduct outreach to all members who meet the FUM criteria.

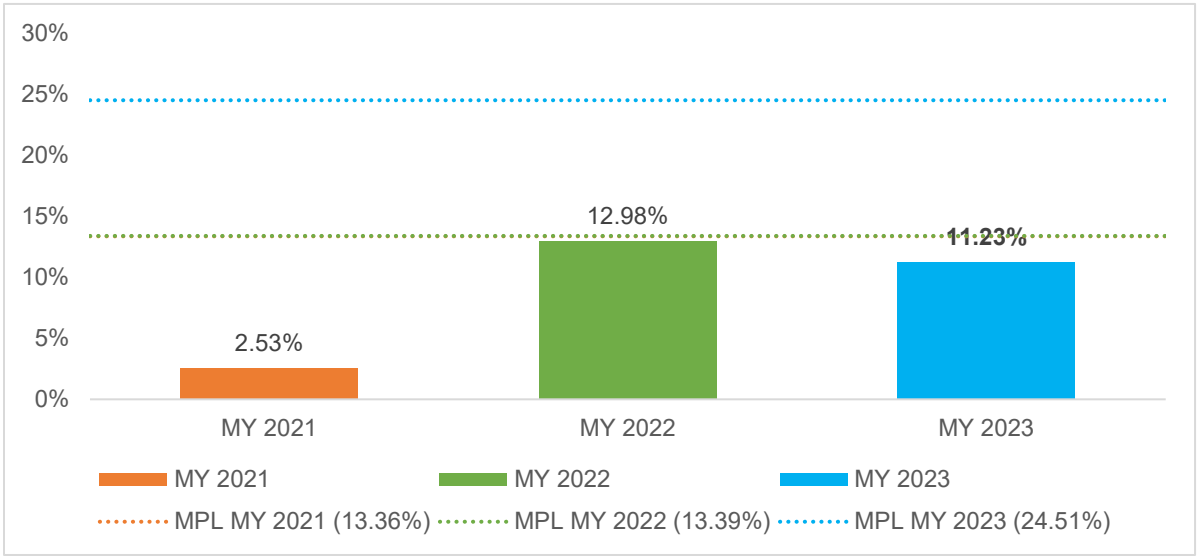
***Activities/Resources OR Plan to Address Gap:***

In 2024, CalOptima Health's BHI team implemented several interventions to address gaps in FUM performance. These included a partnership with the National Alliance on Mental Illness (NAMI) to use real-time ED data for sending bi-weekly text messages to members, secure file transfer (SFTP) data sharing with health networks, and targeted education for community clinics and providers.

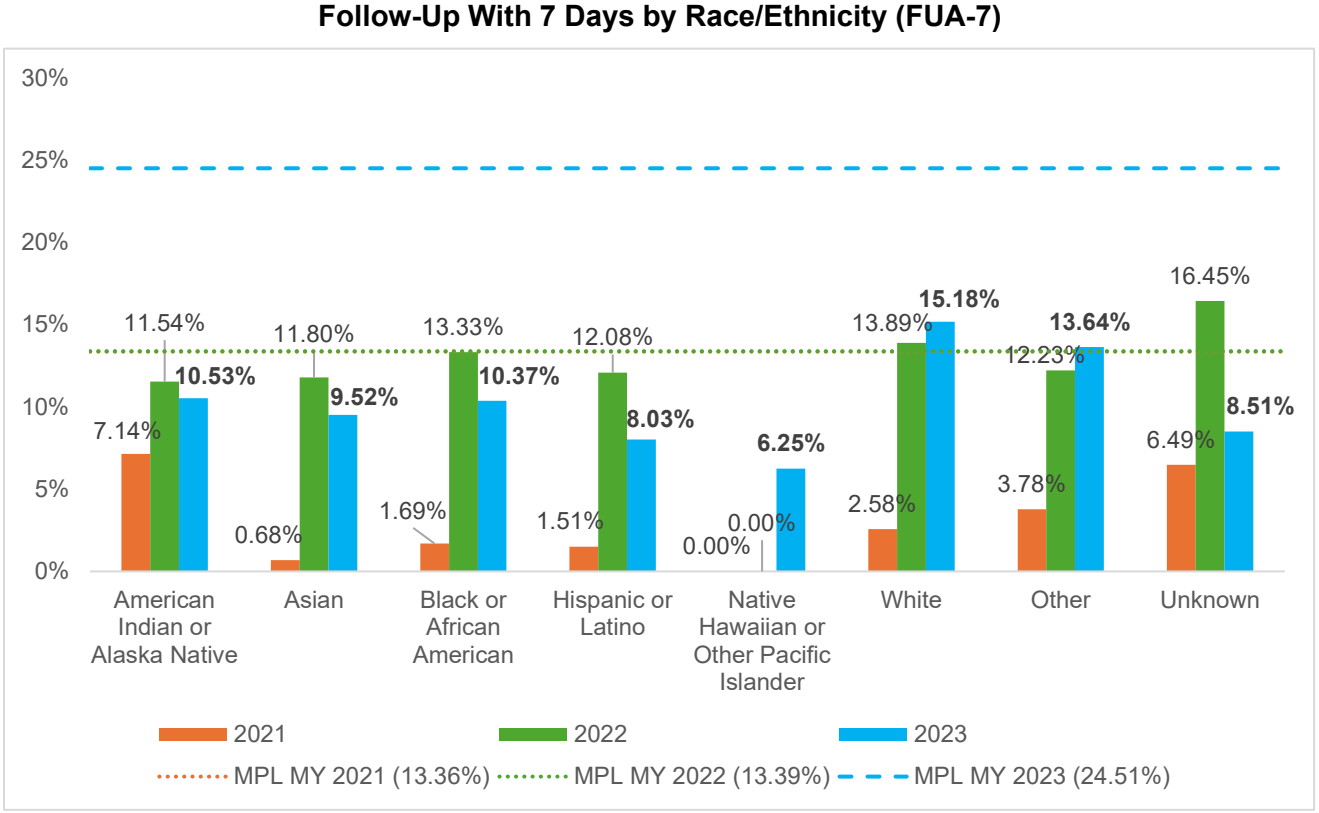
Educational efforts focused on the importance of the FUM measures, guidance on retrieving behavioral health data through the CalOptima Health Provider Portal, and member education through newsletters to reinforce the importance of timely ED follow-up care.

To improve FUM performance and work toward meeting MPLs, CalOptima Health will continue sending weekly text messages based on real-time ED visit data, conduct outreach through the NAMI By Your Side (NBYS) program, utilize interactive voice response (IVR) calls, and partner with a behavioral health telehealth vendor to reach members flagged through the daily ED data feed. Regular collaboration meetings with the Orange County Health Care Agency also continue as part of CalOptima Health's efforts to improve follow-up care and reduce disparities in behavioral health outcomes.

### 4.3.3.4. Efforts to Support Member Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence

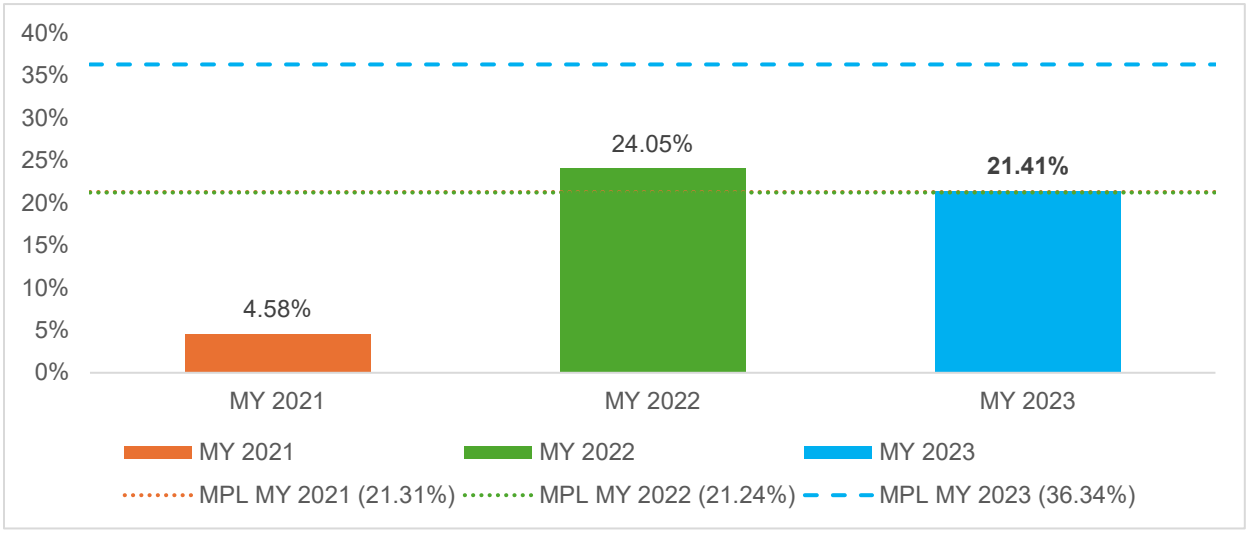



*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*



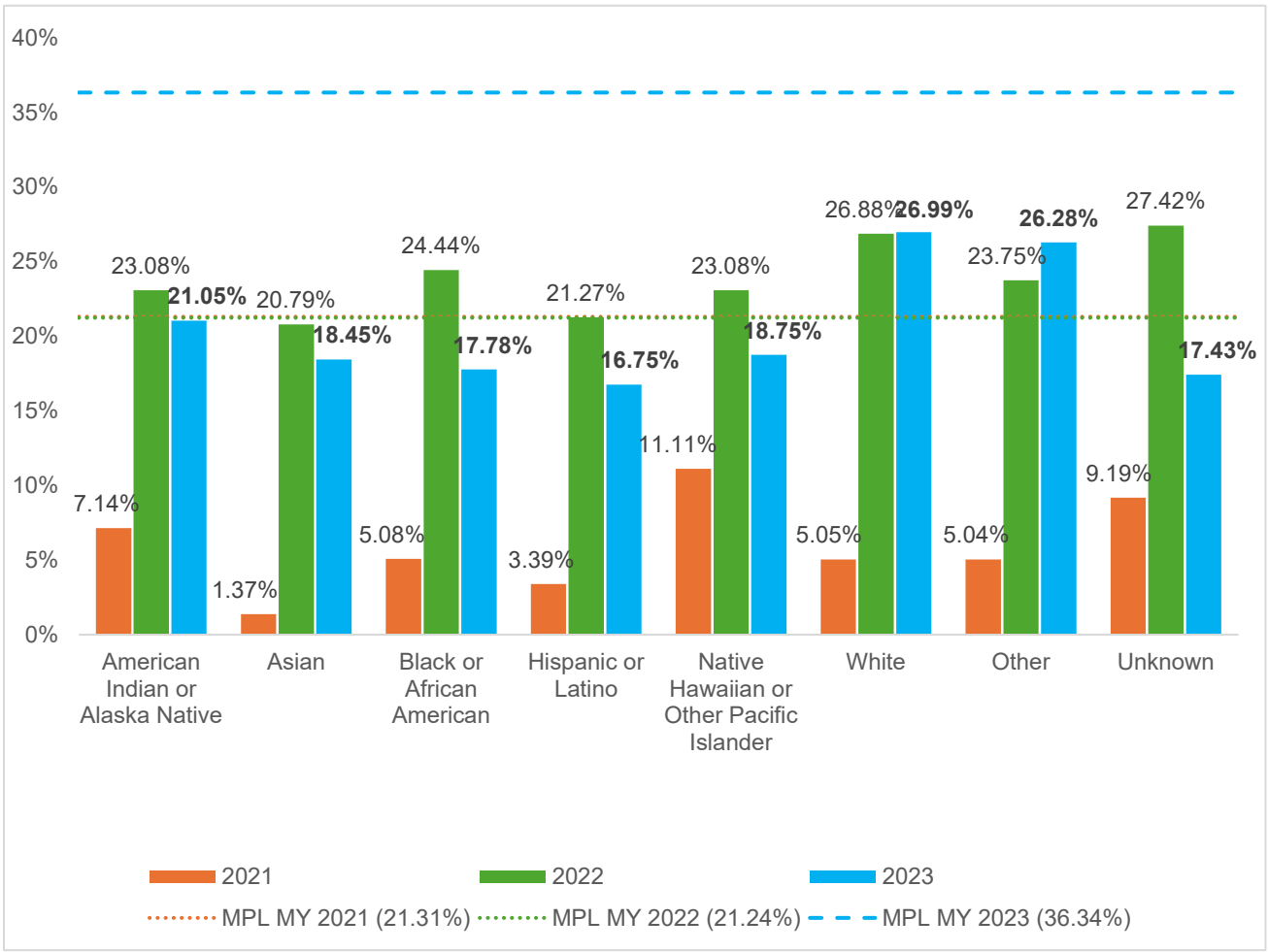

*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

**Follow-Up With 30 Days (FUA-30)**




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

**Follow-Up with 30 Days by Race/Ethnicity (FUA-30)**




*Source: MY 2021–2023, CalOptima Health, HEDIS Results Tableau, Accessed February 2025*

***Analysis:***

CalOptima Health monitors follow-up after emergency department (ED) visits for substance use disorder (SUD) among members aged 13 and older. This includes tracking the percentage of ED visits with a principal diagnosis of SUD or any diagnosis of drug overdose that result in follow-up care. Two performance rates are measured: follow-up within seven days and follow-up within 30 days of the ED visit. These rates are derived from HEDIS data and health care claims and are used to identify performance trends and guide quality improvement efforts.

In Measurement Year (MY) 2023, CalOptima Health's HEDIS rate for follow-up within seven days (FUA-7) was 11.23%, falling below the DHCS MPL of 24.51%. The 30-day follow-up rate (FUA-30) was 21.41%, also below the MPL of 36.34%. Compared with MY 2022, both rates declined slightly, indicating a need for strengthened engagement and care coordination efforts post-ED visit.

Barriers identified include limited bandwidth needed to outreach to members who fall into the FUA measure daily and secure data sharing with the HCA.

***Conclusion:***

Given these barriers and ongoing gaps in follow-up care, CalOptima Health recognizes the importance of continuing to invest in outreach strategies and developing secure, streamlined data-sharing mechanisms with key partners such as HCA.

***Activities/Resources OR Plan to Address Gap:***

To support improvement, CalOptima Health currently shares real-time ED data with contracted health networks through a secure file transfer protocol (SFTP) site. The BHI and Information Technology teams are working to automate data integration within the CalOptima Health provider portal to improve access to timely, actionable information.

To enhance member engagement, BHI has implemented biweekly text message reminders to encourage follow-up care and featured FUA-related services in the Spring 2024 CalOptima Health member newsletter. Provider engagement efforts have included educational outreach at the Health Center Controlled Network Clinical Quality Champion Meeting, the Coalition of Orange County Community Health Centers and the Medical Provider Forum. These sessions emphasized the importance of the FUA quality measure and shared resources available to help providers support members following ED visits for SUD-related concerns.

## 4.4. Sub-Populations

### 4.4.1. Members Experiencing or At-risk for Homelessness

Addressing homelessness and housing insecurity has been and remains a key priority for CalOptima Health. Members experiencing or at risk of homelessness often face significant barriers to accessing health care and tend to have more complex and acute health needs. According to the California Statewide Study of People Experiencing Homelessness[6], conducted by the University of California, San Francisco, 60% of the 3,198 participants reported having at least one chronic health condition. Additionally, 83% of participants reported having health insurance, with most likely eligible for Medi-Cal based on income. Also, adults who are homeless tend to experience health conditions (including cognitive and functional impairment) 20 years earlier than adults who are housed[7].

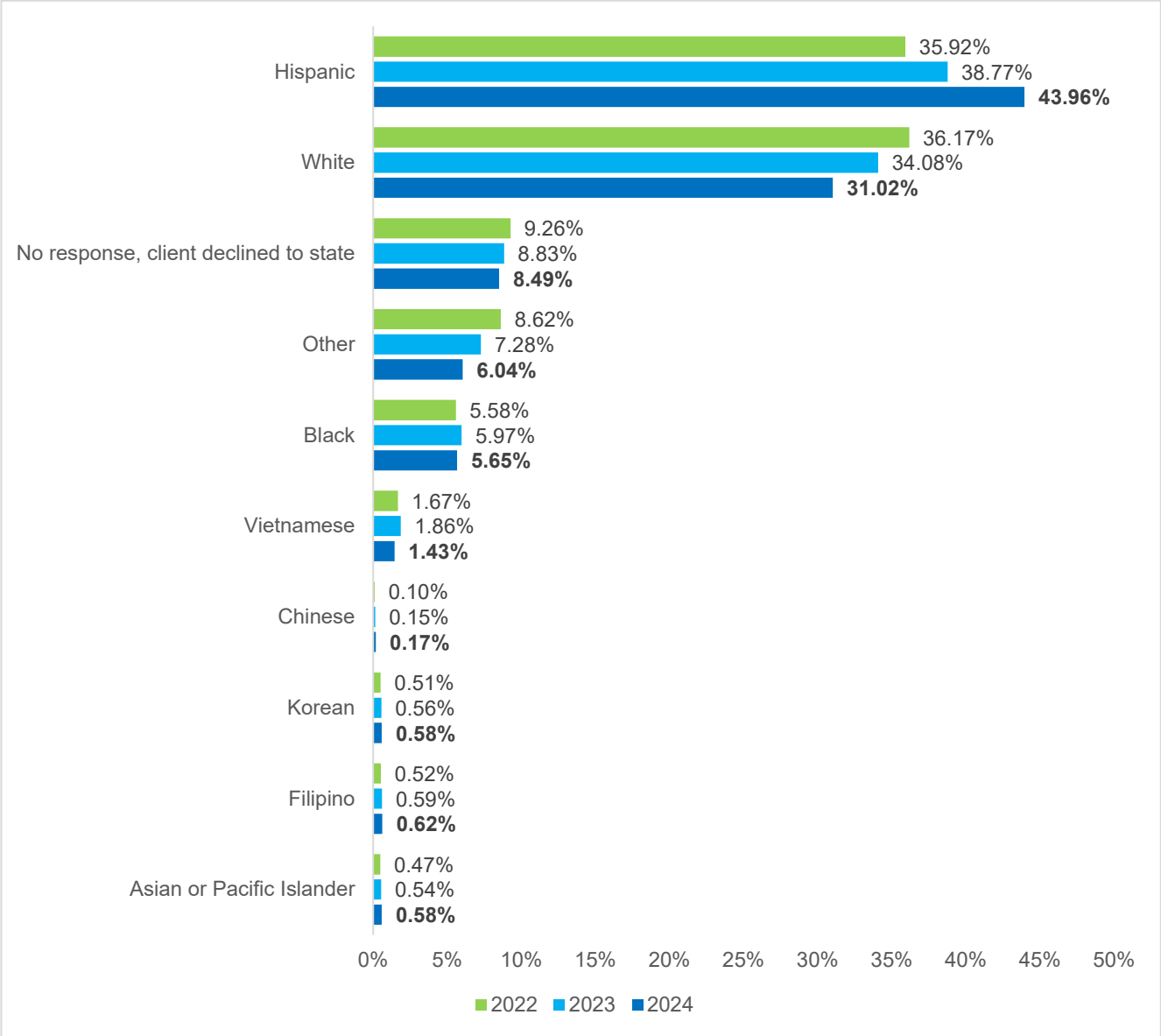
In the most recent 2024 Point-in-Time (PIT) Count conducted in Orange County, 7,322 individuals were identified as experiencing homelessness, an increase from 5,718 in 2022. Over a five-year period (2019–2024), Orange County's homeless population grew by 7%, a rate significantly lower than the 29% average growth in surrounding counties (Los Angeles, Riverside, San Bernardino and San Diego) and lower than the statewide increase of 20%.

While the 2024 PIT is a good indicator of capturing individuals experiencing homelessness on an average day, it does not capture the much larger number of individuals who experience or are at-risk for homelessness each year. CalOptima Health has developed an internal algorithm that looks at six-month time frames, and the data suggests that the number of members experiencing or at-risk of homelessness is closer to 15,000–20,000 members.

[6] Kushel, M., Moore, T., et al. (2023). *Toward a New Understanding—The California Statewide Study of People Experiencing Homelessness.* UCSF Benioff Homelessness and Housing Initiative. https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf

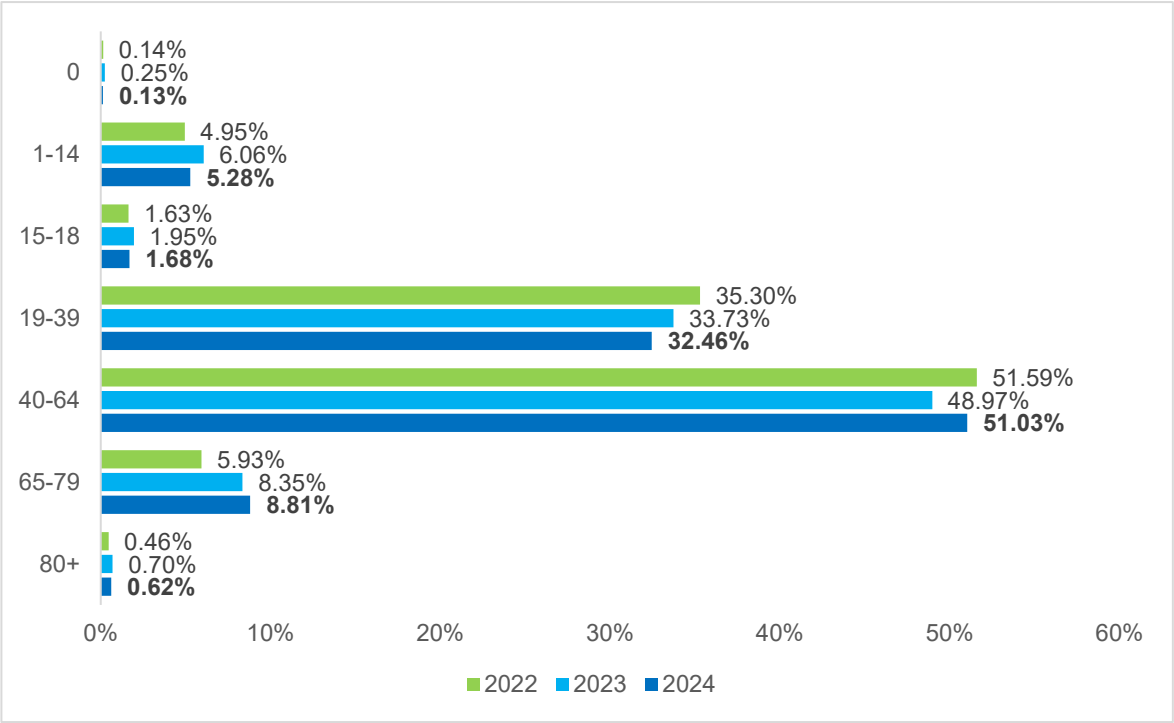
[7] Kushel, Margot (2020). *Homelessness Among Older Adults: An Emerging Crisis.* Generations American Society on Aging. Homelessness, Older Adults, Poverty, Health

**Members Experiencing Homelessness by Race or Ethnicity**



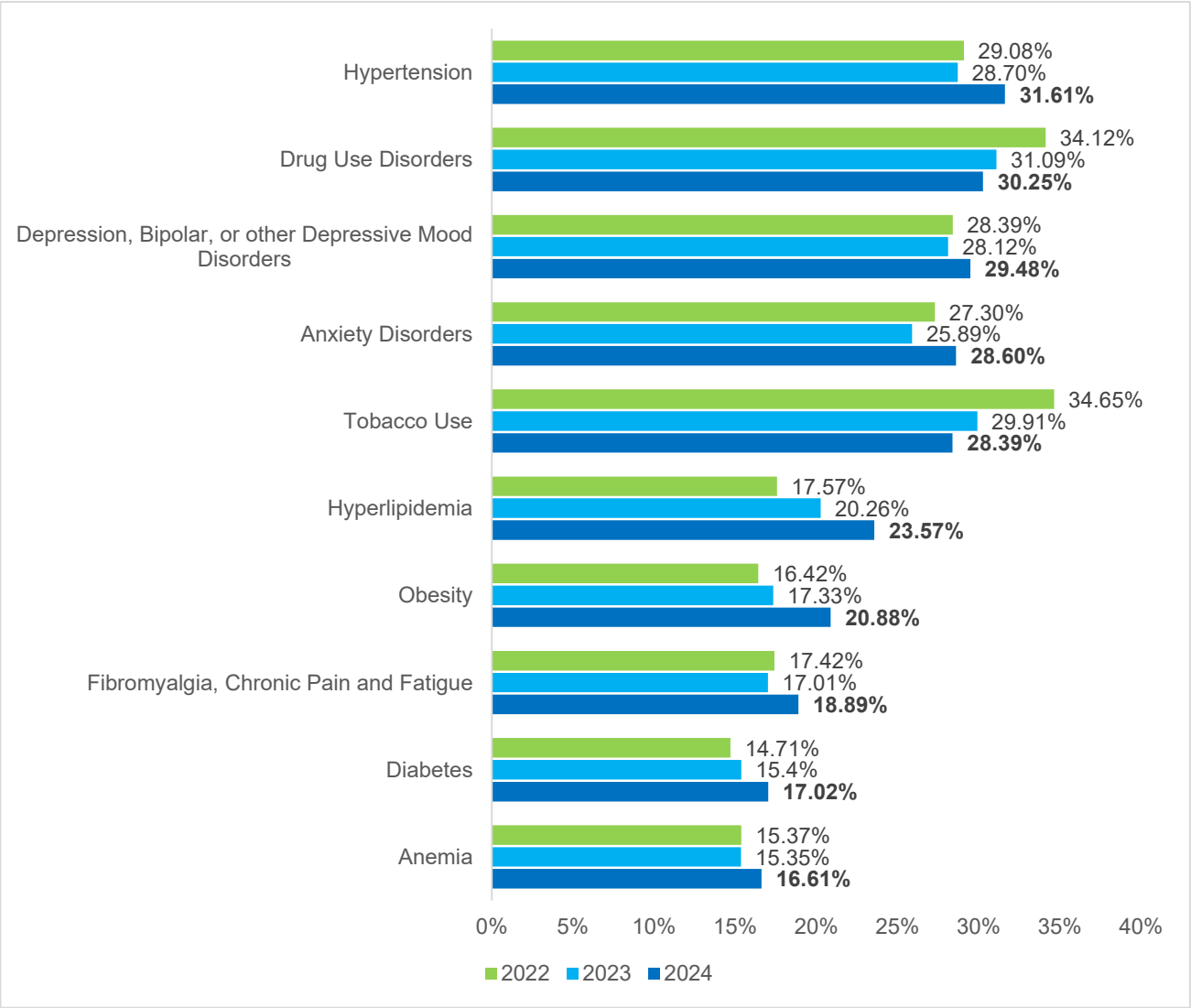

*Data Source: MY 2022–2024 CalOptima Health C&U: Membership Tableau Dashboard, Accessed March 2025*

**Members Experiencing Homelessness by Age**




*Data Source: MY 2022–2024 CalOptima Health C&U: Membership Tableau Dashboard, Accessed April 2025*

**Top 10 Chronic Conditions of Members Experiencing Homelessness**




*Data Source: MY 2022–2024 CalOptima Health C&U: Membership Tableau Dashboard, Accessed April 2025*

***Analysis:***

Over the past three years, CalOptima Health has observed that Hispanic and White members consistently represent the highest percentages of members experiencing homelessness. This may be an overrepresentation as Hispanic and White are the top racial/ethnic groups in CalOptima Health's entire Medi-Cal population. In 2024, 43.96% of members experiencing homelessness identified as Hispanic, and 38.77% identified as White, together comprising most of this population. Additionally, 8.49% of members either declined to report their race or identified as "other," adding complexity to understanding the full scope of homelessness across racial and ethnic lines.

The highest percentage of homeless members in 2024 fell within the 40–64 age group at 51.03%, followed by the 19–39 age group at 32.46%, and the 65–79 age group at 8.81%. When examining trends by age, there has been a decrease in the proportion of homeless members aged 19–39, and an increase among those aged 65–79. The increase among older adults is consistent with what is being seen nationwide with a growing crisis of seniors who are homeless. The term "silver tsunami" references the rapid aging of baby boomers (individuals born between 1946–1964), and this is the

fastest-growing age group of those experiencing homelessness. The number of older adults experiencing homelessness is forecasted to triple between 2017 and 2030[8].

The top five chronic conditions — medical and behavioral combined — among members experiencing homelessness were closely ranked: hypertension (31.61%), drug use disorders (30.25%), depression and other depressive mood disorders including bipolar disorder (29.48%), anxiety disorders (28.60%), and tobacco use (28.39%). Rounding out the top 10 were hyperlipidemia (23.57%), obesity (20.88%), fibromyalgia, chronic pain and fatigue (18.89%), diabetes (17.02%) and anemia (16.61%). Among these, drug use disorders and tobacco use were the only two conditions that showed a decline from 2022 and 2023 to 2024.

***Conclusion:***

The data indicates a modest but steady increase in the percentage of CalOptima Health members experiencing homelessness across racial and ethnic groups. This trend reinforces the urgency of maintaining a strong focus on addressing homelessness and delivering targeted support services to ensure improved health outcomes for this vulnerable population.

***Activities/Resources OR Plan to Address Gap:***

Members who are experiencing or at risk of homelessness face significant barriers to accessing health care, contributing to poorer health outcomes and deepening health disparities. To help bridge this gap, CalOptima Health has made significant investments since 2018 to address the issue of homelessness. These efforts have, in large part, been supported by DHCS's California Advancing and Innovating Medi-Cal (CalAIM) initiative and the Housing and Homelessness Incentive Program (HHIP). As part of CalAIM, CalOptima Health has so far contracted with 47 homeless services providers (inclusive of all local shelter operators) who are connected to this population and provide housing navigation, referrals, coordination of care and more. HHIP has enabled CalOptima Health to fund innovative programs and support capacity building among these providers. A primary example of a successful investment includes the Whatever It Takes Program, which is operated by Orange County United Way, where more than 2,000 members' housing crisis has been resolved in the past 18 months. For more information on the impact of CalAIM and HHIP, please reference CalOptima Health's HHIP Winter 2024 Progress Report.

In addition, CalOptima Health launched the Recuperative Care Center for Children and Families in partnership with the Illumination Foundation. Located in Santa Ana, this facility is the first of its kind in the nation and offers medical and social support services for medically vulnerable children and families experiencing homelessness.

CalOptima Health has also expanded its Street Medicine Program, which deploys mobile medical teams to deliver urgent care and Medi-Cal services directly to unhoused individuals. In 2024, the program extended its reach to Anaheim and Costa Mesa through partnerships with Healthcare in Action and Celebrating Life Community Health Center (CLCHC).

Further strategies to address homelessness include awarding grants for housing development, increasing the capacity of housing service providers, and creating CalOptima Health's first-ever Street Medicine Support Center. This 52-room facility, currently in development in Garden Grove, is anticipated to open in 2026 and will serve as a centralized hub for services supporting members experiencing homelessness.

[8] Byrne, T., Culhane, D., Doran, K., Johns, E., Kuhn, R., Metraux, S., & Schretzman, M. (2019). *The emerging crisis of aged homelessness*. University of Pennsylvania. https://aisp.upenn.edu/wp-content/uploads/2019/01/Emerging-Crisis-of-Aged-Homelessness-1.pdf

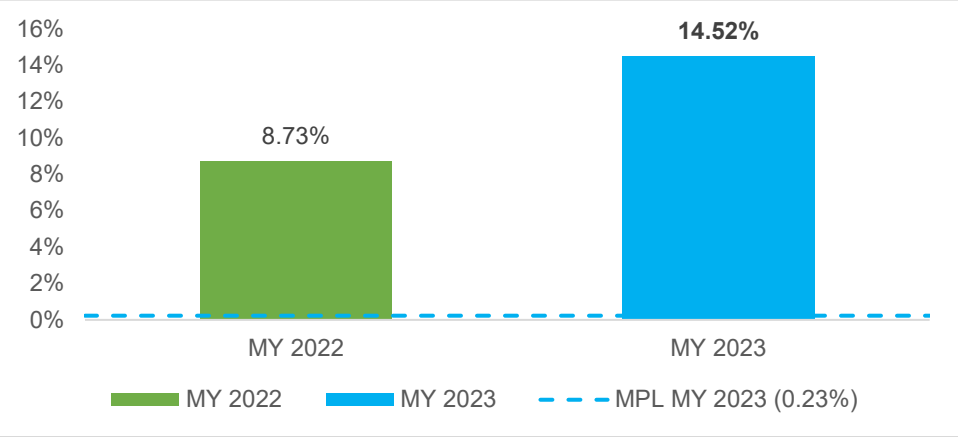
### 4.4.2. Perinatal Members Experiencing or At-Risk of Depression

CalOptima Health prioritizes maternal depression as a critical public health issue with far-reaching consequences for both maternal and infant health. Maternal depression includes depressive symptoms during pregnancy and the postpartum period, impacting a mother's emotional well-being, her ability to care for herself and her capacity to bond with her child.

Research consistently shows that socioeconomic status (SES) is a significant risk factor for maternal depression. Indicators such as monthly income under $3,000, less than a college education, unemployment and unmarried status have all been associated with increased risk[9]. The likelihood of experiencing depression rises with the number of SES risk factors present. Additional studies have found that low educational attainment and economic hardship are key contributors to perinatal depression, alongside other risk factors such as a personal history of mental illness, experiences of domestic violence and perinatal substance use (including smoking or drinking)[10].

Early detection and timely intervention are essential to reducing the risks associated with untreated perinatal depression, which may include preterm birth, low birth weight and long-term developmental challenges for the infant.

**Prenatal Depression Screening (PND-E)**

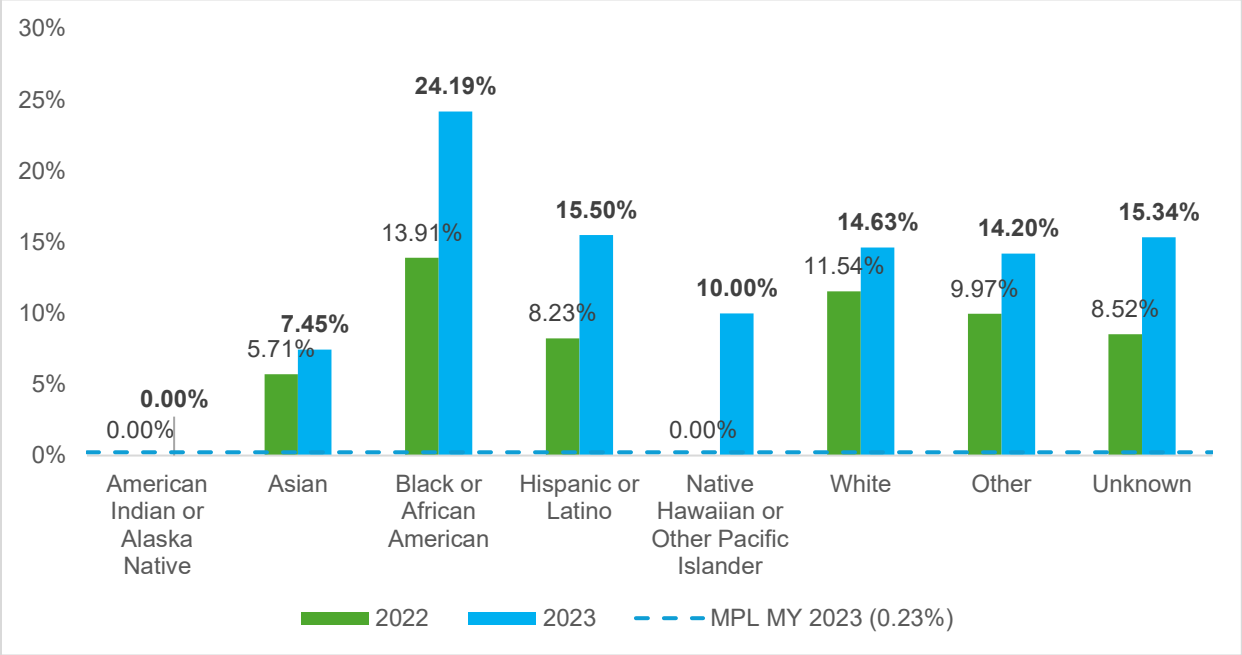



*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

[9] Goyal, D., Gay, C., & Lee, K. A. (2010). How much does low socioeconomic status increase the risk of prenatal and postpartum depressive symptoms in first-time mothers?. *Women's health issues: official publication of the Jacobs Institute of Women's Health*, *20*(2), 96–104. https://doi.org/10.1016/j.whi.2009.11.003

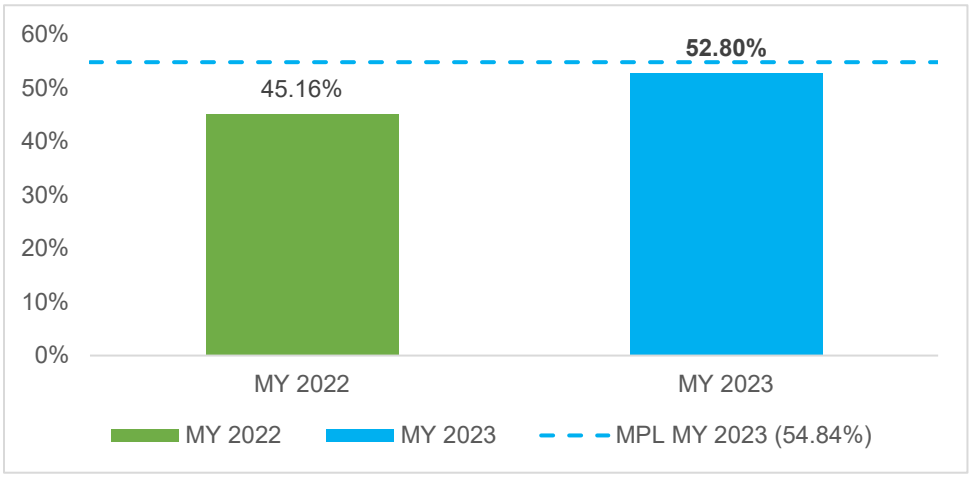
[10] Yang, K., Wu, J. & Chen, X. Risk factors of perinatal depression in women: a systematic review and meta-analysis. *BMC Psychiatry* **22**, 63 (2022). https://doi.org/10.1186/s12888-021-03684-3

**Prenatal Depression Screening by Race/Ethnicity (PND-E)**

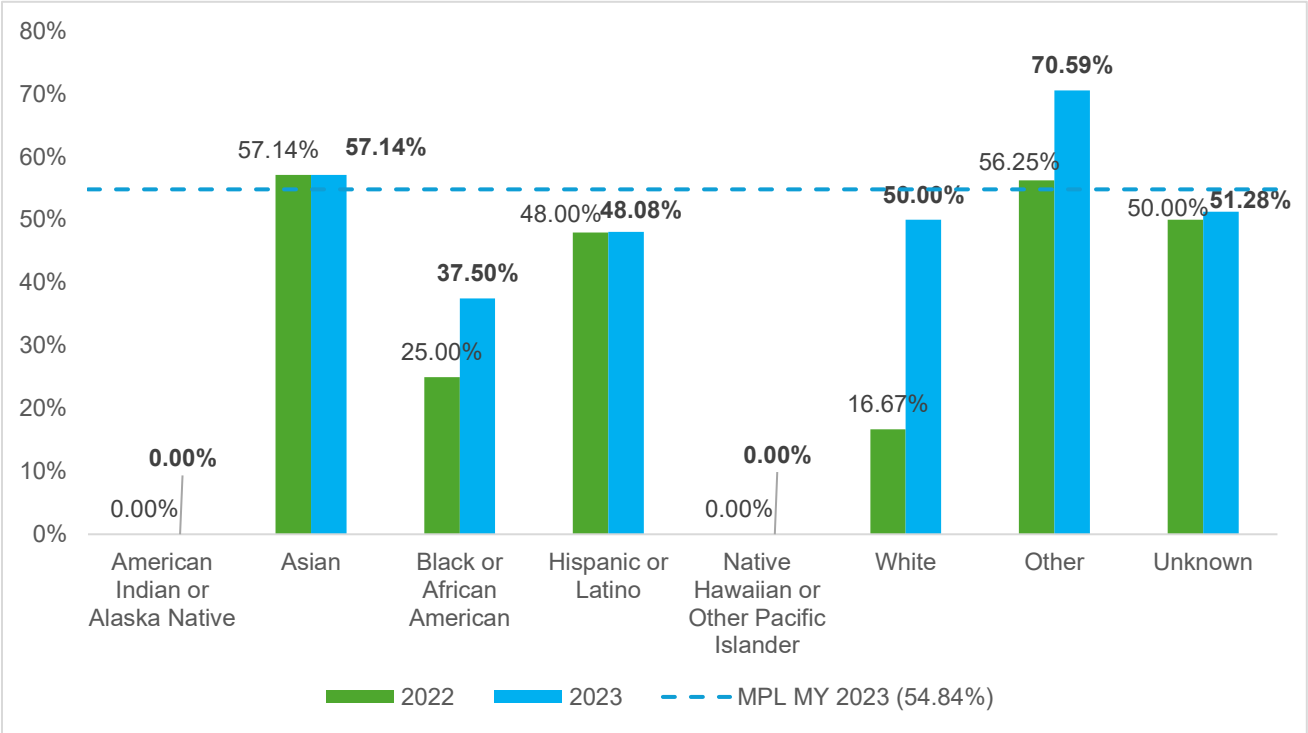



*Source: MY 2022—2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

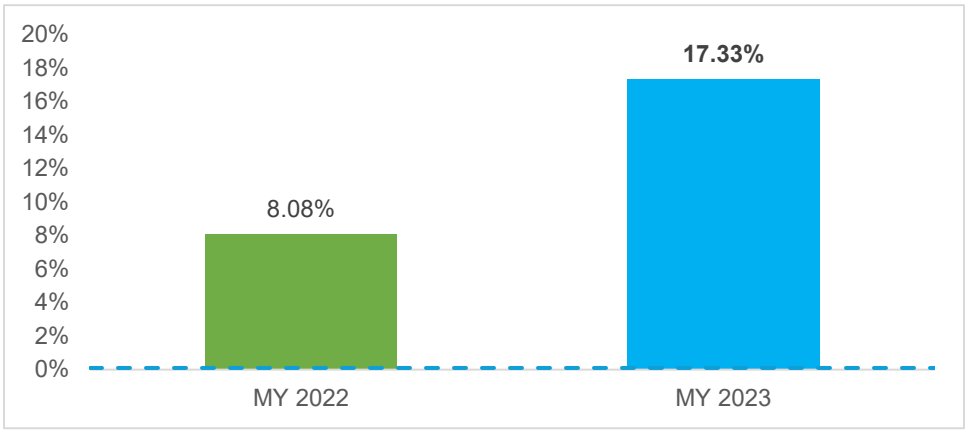
**Prenatal Depression Follow-Up (PND-E)**




*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

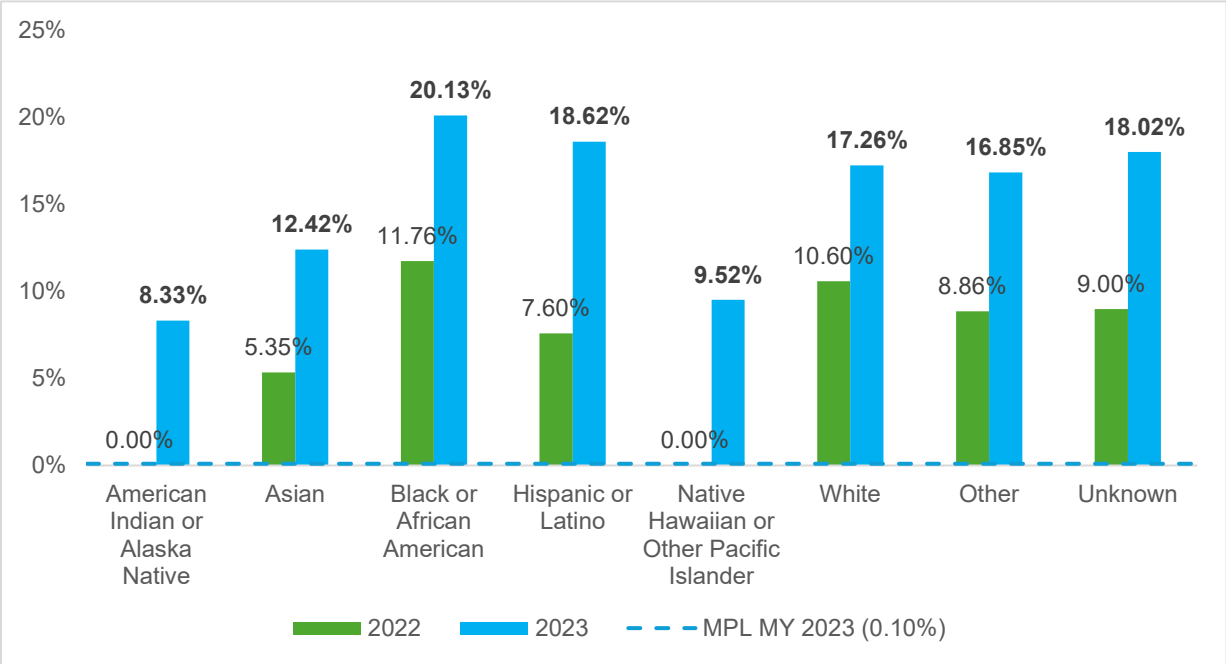



*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*



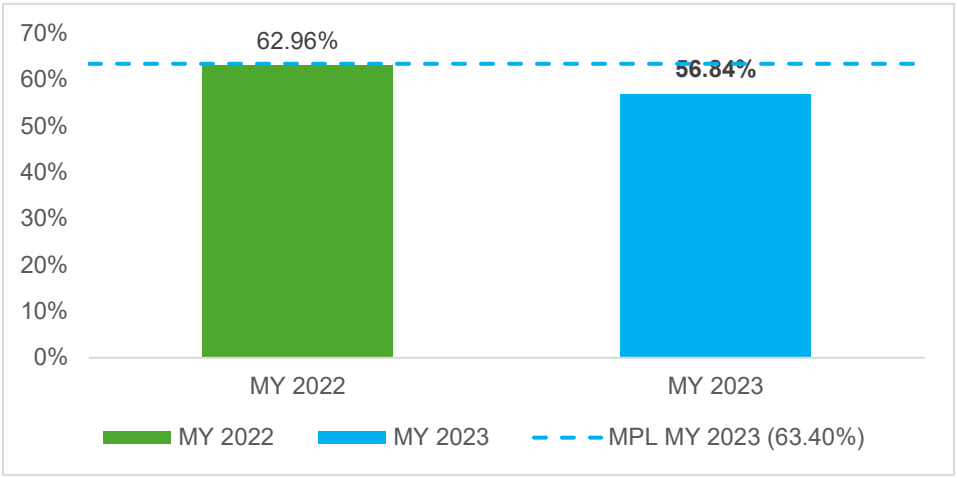

*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

**Postpartum Depression Screening by Race/Ethnicity (PDS-E)**



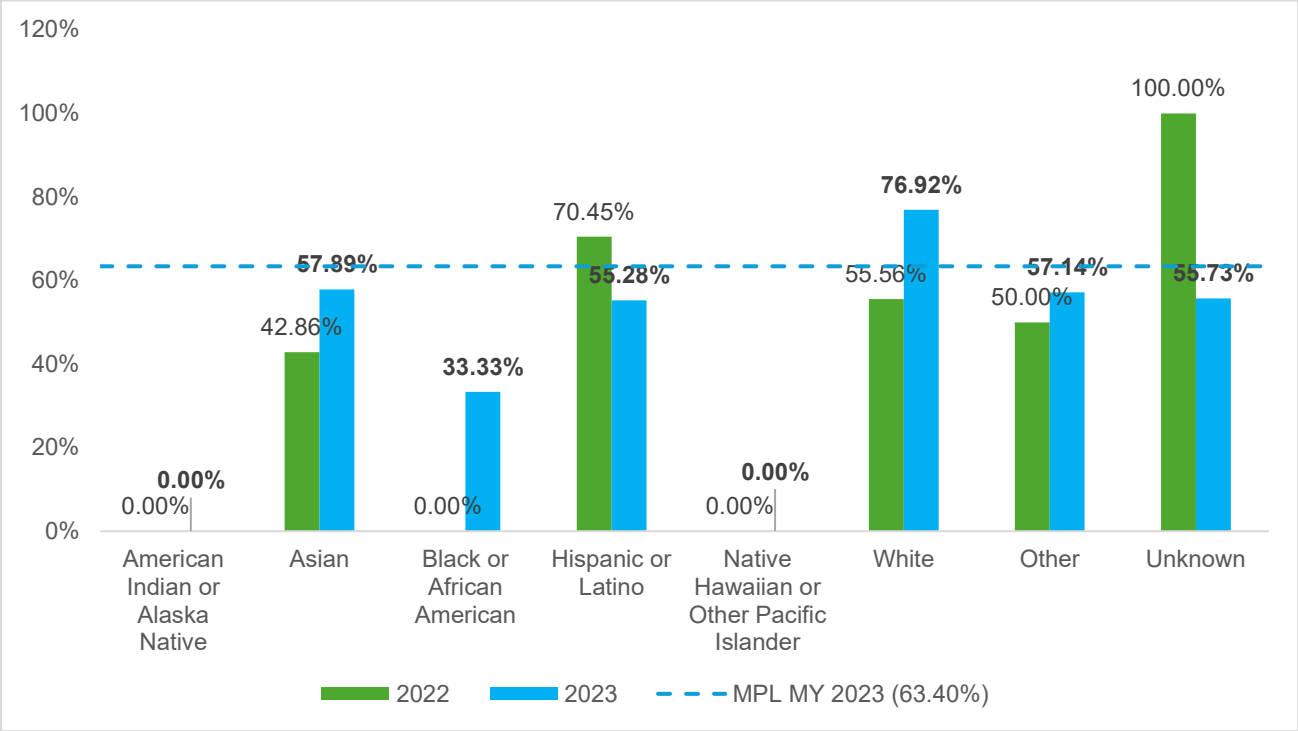

*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

**Postpartum Depression Follow-Up (PDS-E)**




*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

**Postpartum Depression Follow-Up by Race/Ethnicity (PDS-E)**




*Source: MY 2022–2023, CalOptima Health, HEDIS Results Tableau, Accessed March 2025*

***Analysis:***

The charts above present prenatal and postpartum depression screening and follow-up rates for Measurement Years (MY) 2022 and 2023, including breakdowns by race and ethnicity.

**Prenatal Depression Screening:**
Overall, prenatal depression screening rates increased from 8.73% in MY 2022 to 14.52% in MY 2023. All racial and ethnic groups met the MY 2023 MPL of 0.23%. Notable improvements were seen among Native Hawaiian or Other Pacific Islander members, whose screening rate increased from 0.00% to 10.00%. Black or African American members saw a significant rise from 13.91% to 24.19%, while Hispanic/Latino members experienced a 7.27 percentage point increase, from 8.23% in 2022 to 15.50% in 2023. More modest gains were seen among White members (from 12.59% to 15.68%) and Asian members (from 11.60% to 13.34%). The American Indian or Alaska Native group showed no change, remaining at 0% for both years.

**Prenatal Follow-Up:**
Prenatal follow-up rates also increased overall, from 45.16% in 2022 to 52.80% in 2023; however, this fell short of the MY 2023 MPL of 54.84%. Only the Asian population met the MPL in both years, maintaining a consistent follow-up rate of 57.14%. The most significant improvement was among White members, whose follow-up rate rose from 16.67% to 50.00%. Black or African American members saw a 12.50 percentage point increase, and those identifying as "Other" rose from 56.25%

to 70.59%, significantly exceeding the MPL. The American Indian or Alaska Native and Native Hawaiian or Other Pacific Islander groups remained at 0% in both years, showing no progress.

**Postpartum Depression Screening:**
Overall postpartum depression screening rates increased from 8.08% in MY 2022 to 17.33% in MY 2023. Across all racial and ethnic groups, screening rates improved. The highest rates in MY 2023 were among Black or African American (20.13%), Hispanic or Latino (18.62%), Unknown (18.02%), White (17.26%) and Other (16.85%) populations. The Hispanic or Latino group showed the largest year-over-year increase, rising 11.02 percentage points from 7.60% in 2022 to 18.62% in 2023.

**Postpartum Follow-Up:**
In contrast to the screening improvements, postpartum follow-up rates declined overall—from 62.96% in MY 2022 to 56.84% in MY 2023, falling short of the 2023 MPL of 63.40%. Only the White population met the MPL, with a follow-up rate of 76.92%. While follow-up rates improved for Asian, Black or African American, White and Other populations, declines were observed among Hispanic or Latino and Unknown groups. The American Indian or Alaska Native group remained at 0% for both years.

***Conclusion:***

Overall, both prenatal and postpartum depression screening rates increased. While prenatal follow-up rates also improved, postpartum follow-up declined. Despite these changes, follow-up rates for both prenatal and postpartum care remain below the MPL and require continued improvement.

***Activities/Resources OR Plan to Address Gap:***

CalOptima Health has implemented several strategies to improve the quality of prenatal and postpartum care, with a strong focus on maternal mental health. A cornerstone of these efforts is the Bright Steps Program (BSP), which offers personalized health education and support by a multidisciplinary team.

Through scheduled phone calls during each trimester, members receive educational materials, resources, and consistent support for both mother and baby. This proactive, relationship-based approach helps increase the likelihood of timely screenings, accurate diagnosis of prenatal or postpartum depression, and appropriate follow-up care when needed.

In partnership with UCI Family Health Centers, CalOptima Health recently conducted two maternal and infant pilot events that served 48 pregnant and postpartum families. During these events, members were screened for maternal depression using the PHQ-2, and if indicated, the PHQ-9. Members who screened positive were connected with a licensed clinical social worker on-site and referred for follow-up care.

CalOptima Health also continues to collaborate with HCA and First 5 Orange County to promote widespread screening for perinatal depression and to encourage providers to connect members who screen positive to appropriate behavioral health services.

To further strengthen provider capacity, CalOptima Health is sponsoring Medi-Cal perinatal providers to complete a maternal mental health certificate training through Postpartum Support International. The goal is to expand provider knowledge and improve screening, support, treatment and follow-up care for maternal mental health needs across Orange County.

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- CalOptima Health CMS Chronic Conditions Tableau Dashboard
- CalOptima Health, HEDIS Results Tableau
- CalOptima Health Membership Tableau Dashboard
- CalOptima Health, Member SOGI Data Tableau Dashboard
- CalOptima Health, Language Assistance Utilization – Telephonic Interpretation Reports
- CalOptima Health, Language Assistance Utilization – In-Person Interpretation Reports
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# Feedback

## We would love to hear from you!

Scan the QR Code below to complete a survey to share your thoughts on the report.