



MEETING MINUTES

Partnership HealthPlan

Consumer Advisory Committee (Northern Region)

March 3, 2022, 12:00pm – 2:00pm

3688 Avtech Parkway Redding CA 96002 (Sundial Conference Room)
1036 5th Street Suite E, Eureka, CA 95501 (Sue Meg Conference Room)



PHC Attendees: Amanda Bernal, Araceli Gutierrez, Amy Turnipseed, Brittany Spears, Brittney Grace, Chelsea Breshears, Chloe Schafer, Danielle Biasotti, Janelle Ramirez, Jesse Benton, Jessica Hackwell, Jessica Stimson, Jessie Goble, Katrina Tagle, Malania De Paul, Mark Bontrager, Melissa Schumann, Michelle Mootz, Ryan Ciulla, Sonja Bjork, Susanna Sibilsky, Tahereh Daliri Sherafat

Shasta CAC Participants: Becky Sherman, Joy Newcom-Wade, Monica Thoma, Wendy Longwell
Absent: Crystal Chavez

Humboldt CAC Participants: Amby Burum, Margaret Sager, Julia Hostler
Absent: Allysa Ivey

Lassen CAC Participants: Ellen Payton
Absent:



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<p>2. Purpose of CAC <i>Jessica Stimson</i></p>	<p>Jessica Stimson, Supervisor of Member Services, reminded everyone what the purpose of the Consumer Advisory Committee was. <i>“The purpose of CAC is to act as a liaison between the HealthPlan and the HealthPlan members, to provide a forum to discuss common issues of interest and importance, to create a supportive and informative networking environment and to advocate for members by ensuring that PHC is responsive to the diversity of health care needs of all members.”</i></p>	<p><i>None</i></p>
<p>3. Introduction <i>Jessica Stimson</i></p>	<p>Introductions from all sites were conducted and each Member was asked to answer the following question: <i>“In one or two words, share what is one thing you have done or plan to do to improve your health?”</i></p>	<p><i>None</i></p>
<p>4. Public Comments <i>Jessica Stimson</i></p>	<p>The committee was provided with an opportunity to present any comments regarding the agenda. Advocates and members of the public were also given an opportunity to address any comments pertaining to any non-agenda items.</p>	<p><i>Amby Burum:</i> <i>It’s important for consumers to advocate for themselves; it helps to know your rights and speak up.</i></p> <p><i>Sonja Bjork:</i> <i>Reference tools or workshops with the basics of how to handle a healthcare appointment or assist in getting their needs heard is a great idea. Our communications team would be happy to see if PHC can incorporate it into member materials.</i></p>



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<p>4. Public Comments <i>Continued</i> Jessica Stimson</p>	<p><i>Continued</i></p>	<p>Ellen Payton: <i>There are not a lot of options for women for drug & alcohol rehab residential facilities (treatment center) in CA, especially not in her home town in Susanville. Visions of the Cross in Redding, New Bridge Foundation in Berkley, and Janus of Santa Cruz are the best, but hours away.</i></p> <p>Mark Bontrager: <i>Tonight, all drug & alcohol providers are getting new information regarding funding so they can expand their treatment programs. It's called the, Behavioral Health Continuum Infrastructure Program (BHCIP). There is \$800 million in funding available to expand their facilities, housing, and recovery residences. PHC is hopeful they will take advantage of this program to not only expand their current facilities but to add new locations too. PHC will follow up with them to help support their application because we want to expand our providers and their locations as well. People who qualify are: County Providers, Non-Profit and For-Profit entities.</i></p>



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<p>5. Approval of December 2021 Minutes <i>Jessica Stimson</i></p>	<p>The December 2021 meeting Minutes were reviewed and approved.</p>	<p><i>MOTION:</i> <i>Becky Sherman</i> motioned to approve the minutes. <i>Joy Newcom-Wade</i> seconded and the December 2021 minutes were approved.</p>
<p>I. Old Business</p> <p>1. Follow-up from December’s CAC meeting. <i>Jessica Stimson</i></p>	<p>Follow up questions or issues from December’s CAC meeting.</p> <ul style="list-style-type: none"> Jessica Stimson acknowledged Amby’s struggles with Transportation and appreciated her working with PHC to make sure they were taken care of. 	<p><i>None</i></p>
<p>II. Standing Agenda Items</p> <p>1. Report on Board Meeting from Consumer Board Member <i>Wendy Longwell</i></p>	<p>Wendy Longwell, Consumer Board Member, gave a brief recap from the Board Meeting.</p> <ul style="list-style-type: none"> Self-Advocacy: Her personal experience with Medi-Cal Rx has not gone smoothly and PHC has been working with her to make it better. Learning to self-advocate is important especially when there shouldn’t be a co-pay. She highly encourages members to ask questions in order to get exactly what you need. 	



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<p>1. Report on Board Meeting from Consumer Board Member <i>Continued</i> <i>Wendy Longwell</i></p>	<ul style="list-style-type: none"> Enhanced Care Management: Her son was enrolled in this program before there was a term for it. He was switching over from CCS and she knew he needed more complex case management than the average consumer. It's exciting to see PHC is building this program so that others can get the attention they need. 	<p><i>Wendy Longwell: Recommended not pulling the member completely from the program when they are doing good, rather put them on hold and check in quarterly. If the member needs ECM again, it would be easy for them to go back with the same person who knows their case rather than starting all over.</i></p>
<p>2. HealthPlan Update <i>Sonja Bjork</i></p>	<p>Sonja Bjork, Chief Operations Officer, gave a brief recap of the HealthPlan Updates.</p> <ul style="list-style-type: none"> Annual Strategic Planning: This is usually held annually in February, but because of Omicron, it was rescheduled to June. There will be lots of information share at the September CAC meeting. Medi-Cal Rx: Some things didn't go as well as expected with the transition. CalAIM: The first item rolled out was Enhanced Care Management and it started in January 2022. AB1400 Single Payer Bill: It went to appropriations and the price tag was \$400 billion, so that bill is no longer moving forward. 	<p><i>Sonja Bjork recognized Wendy Longwell for doing a great job as a Consumer Board Member and bringing great topics back to CAC and representing the Northern Region and all members of PHC.</i></p> <p><i>There will be another Rx update at the June 2022 CAC Meeting.</i></p>



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<p>2. HealthPlan Update <i>Continued</i> <i>Sonja Bjork</i></p>	<ul style="list-style-type: none"> • Universal Health Care: CA is expanding Medi-Cal; It will provide care to anyone no matter what their immigration status is. These particular people won't have to go to the emergency room for care, they will be covered under PHC. This is really important for the health of our communities. This will start May 1, 2022 for people 50yrs and older who are undocumented, then January 2023, the rest will be added. • New PHC Claims and Eligibility System: New system should go-live July 2022, so right now we are in testing to make sure it goes well when it does. 	
<p>III. New Business</p> <p>1. Student Behavioral Health Incentive Program <i>Mark Bontrager</i></p>	<p>Mark Bontrager, Behavioral Health Administrator, shared a presentation on the Student Behavioral Health Incentive Program.</p> <ul style="list-style-type: none"> • \$400 million statewide going to all managed healthcare plans. PHC is getting approximately \$21 million of that to be used across all 14 of our managed counties. • The intention of this is that the State wants to see more mental health and substance use treatment services in schools. 	<p><i>Wendy Longwell: What does it mean by, 'selected schools?' There are kids with behaviors within their standard classroom, then there are certain sites that kids who have gotten in too much trouble and they go to a classroom away from others, then you have the kids who are in juvenile detention. In addition, in Shasta County there is IEP for kids with behavioral issues.</i></p>



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<p>1. Student Behavioral Health Incentive Program <i>Continued</i> <i>Mark Bontrager</i></p>	<ul style="list-style-type: none"> Department of Health Care Services provides funds to PHC and in turn we work with Counties of Education who partner with at least 10% of the school districts in their county. <p>Intervention List There are 14 interventions that DHCS say are appropriate, but not every school or county will do <u>all</u> 14. Each school chooses which ones they want to incorporate based on an assessment they conduct.</p> <ol style="list-style-type: none"> Behavioral Health Wellness Programs Telehealth Infrastructure Behavioral Health Screening & Referrals Suicide Prevention Strategies Substance Use Disorders (SUD) Build Stronger Partnerships to increase Access to Medi-Cal Services Culturally Appropriate & Target Populations Behavior Health Public Dashboards & Reporting Technical Assistance Support for Contracts Expand Behavioral Health Workforce Care Teams IT Enhancements for Behavioral Health Services Pregnant Students & Teen Parents Parenting & Family Services 	<p><i>Mark Bontrager: It's up to the County Office of Education to decide which schools they choose and they choose based on a gap assessment. This program is not for students who are already eligible to receive special education services.</i></p> <p><i>Monica Thoma: Helps families who have IEPs and 504s. Is this program more for response to intervention or student study teams that may need a behavior plan or need support with behavior or accommodations in the classroom?</i></p> <p><i>Mark Bontrager: The target audience is what they refer to as Constant Behavioral Health Intervention Strategy (CBHIS). Tier 1 and Tier 2 services provide broad based, early prevention and short-term therapy.</i></p> <p><i>Wendy Longwell: Will the interventions be one-on-one in the classroom, pull-out, group, in the home, etc.; how is it going to be administered?</i></p> <p><i>Mark Bontrager: Yes to all of those, it just depends on the intervention.</i></p>



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<p>1. Student Behavioral Health Incentive Program <i>Continued</i> <i>Mark Bontrager</i></p>	<p>Funding Details</p> <ul style="list-style-type: none"> Total: \$21.3 million Each county has a minimum number of school districts they must work with. They can work with more if they choose. 	
<p>2. PHC Community Resources <i>Susanna Sibilsky</i></p>	<p>Susanna Sibilsky, Health Educator, shared a presentation on PHC’s Community Resources website.</p> <p>Community Resources: http://www.partnershiphp.org/Community/Pages/Community-Resources.aspx</p> <ul style="list-style-type: none"> There are 23 different topic areas to choose from. <i>Examples: Covid-19, Food, Dental, Housing, Prenatal, Mental Health, Re-Entry, Transportation, Substance Use, Youth, etc.</i> <p>Emergency Response Button: http://www.partnershiphp.org/Community/Documents/Shasta/Shasta_EmergencyResponse.pdf</p> <ul style="list-style-type: none"> This provides emergency services that are available during an emergency. <ul style="list-style-type: none"> Replacing Lost Documents: This is a great page to print out and have on-hand. Member Education: This is the page for PHC’s Health Education Team. 	<p><i>Wendy Longwell: Anytime there is an emergency, a team called the Voluntary Organizations Active in Disaster (VOAD) activates and sets up so the community that’s affected by the emergency can go to one location. It’s great as a, “one-stop-shop.”</i> http://www.calvoad.org/</p> <p><i>Ellen Payton: Does PHC have community outreach staff who go out to each county and touch base with each resource?</i></p> <p><i>Susanna Sibilsky: Yes, PHC has a dedicated team in our Population Health Department called Community Outreach Representatives who go out and create relationships with those resources.</i></p> <p><i>Monica Thoma: Complimented Susanna and her team on the great website. Pictures are colorful, they meet different levels of needs for those navigating the internet, and it is well organized.</i></p>



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<p>3. Population Needs Assessment Action Plan (PNA) <i>Susanna Sibilsky</i></p>	<p>Susanna Sibilsky, Health Educator, shared a presentation on the specific work PHC will do to address the gaps in services and health disparities.</p> <p>Objective: Increase the proportion of Non-English speaking/Non-White members reporting grievances from 40% to 42.5% by March 2022.</p> <p>2022 PNA Action Plan:</p> <ul style="list-style-type: none"> • Community Health Worker (CHW) Scholarship • Preparing for Disasters • Asthma Self-Management • Engage with Native American Communities • Help Control High Blood Pressure • Increase Grievance Reporting • Staff Training on Health Equity 	<p><i>None</i></p>



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<p>4. Cal AIM Enhanced Care Management (ECM) Update <i>Danielle Biasotti</i></p>	<p>Danielle Biasotti, Sr. Program Manager of Care Coordination provided an update on how ECM has progressed since its launch in January 2022.</p> <ul style="list-style-type: none"> • ECM went live in January in Marin, Mendocino, Shasta, Napa, & Sonoma counties. • This program helps coordinate services and care to address social and medical needs for our most vulnerable members. • It starts with an ECM referral to PHC. PHC has received approximately 72 referrals thus far, which is about two per day since January. <p>Member Experience: Danielle shared a story of a member who was referred to the ECM program. A PHC Lead Care Manager helped the member with health needs that had gone unaddressed. The member was connected with housing services as well as linked with mental health counseling which included rides to those appointments.</p>	<p>Ellen Payton: <i>Is ECM the replacement for Whole Person Care?</i></p> <p>Danielle Biasotti: <i>Yes, Whole Person Care set the framework for what ECM is now.</i></p> <p>Julia Hostler: <i>Who are the primary referrals coming from and is there a screening process?</i></p> <p>Danielle Biasotti: <i>Referrals are coming in from a mix of members and providers; there is no wrong door for referrals. As for screening, yes, PHC has Care Coordination staff who speak with the member to address their needs and go through the steps for ECM.</i></p> <p>Ellen Payton: <i>Who are the ECM leaders? Do they go through training?</i></p> <p>Danielle Biasotti: <i>Internally, there has been a lot of hiring specifically for this team and everyone receives a lot of training. Externally, PHC is training community partners and ECM Providers.</i></p> <p>Monica Thoma: <i>Would one of the barriers be if the member needs a phone?</i></p> <p>Danielle Biasotti: <i>It could be. A Lead Care Manager would work with the member about the barriers they are having. The focus of ECM is in-person, but maybe in the future or because of Covid, talking over the phone or via text would be an option to eliminate that barrier.</i></p>



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<p>5. Pharmacy Carve Out Check-In Ryan Ciulla</p>	<p>Ryan Ciulla, Supervisor of Member Services provided an update on how the Pharmacy Carve Out has been going thus far as well as a member experience story.</p> <ul style="list-style-type: none"> • Went into effect: January 1, 2022 • The Pharmacy benefit referred to as Medi-Cal Rx is now being provided by the Department of Health Care Services for all Medi-Cal members in California. • This was implemented to improve access and reduce cost to Medi-cal pharmacies state-wide. • There has been some complications with the transition and it hasn't been as smooth as we hoped. Ex. Long hold times with Medi-Cal Rx, Pharmacies don't know who to bill, no follow-up, etc. <ul style="list-style-type: none"> ○ PHC member should first work with Medi-Cal Rx to correct any issues, but if Medi-Cal Rx is not providing the help they need, they are welcome to call PHC Member Services for further assistance. 	<p>Tahereh Daliri Sherafat: Thank you to all the members who participated in trying to get an At-Home Covid Test Kit and letting us know how your experience went. We appreciate the time it took you to do it and we got a lot of great feedback that we shared it with our Pharmacy team.</p> <p>Amby Burum: It's nice to hear some people are having a positive experience, but that's not the same in her case. Her Pharmacist and Doctor both have had bad experiences too. Her Pharmacist told her she doesn't like Medi-Cal Rx and prefers PHC.</p> <p>Sonja Bjork: When things are new, there are usually, 'bumps in the road' so we are trying to stay optimistic. We would like to hear from our members if things are getting better, so please feel free to bring follow-up stories in June.</p>



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<p>6. Population Health <i>Susanna Sibilsky</i></p> <p>IV. Additional Business/Other Items</p> <p>1. Open Forum for All</p>	<p>Susanna Sibilsky, Health Educator acknowledged the CAC members who responded to the member material review: Learning the ABC’s of Diabetes, Managing Diabetes, and MistAire Cool Mist Humidifier.</p> <p>Thank you for reviewing the materials and the feedback is very much appreciated! PHC does cover medical equipment at home. Members can have the conversation with their provider and PHC will work to get that to them.</p> <p>Wendy Longwell: Disability Action Center (DAC) has PPE (gloves, hand sanitizer, cloth/surgical N95 masks, face shields, disinfectant wipes and Covid Tests) that they can give out to clients of theirs. At-home Covid Test Kits have two test kits in it, and can be given to one per person per family per month. Also, while you’re waiting for insurance to kick in, DAC can provide durable medical equipment and other supplies.</p> <p>Amby Burum: Shared a bad experience she had with a specialist and expressed how members don’t have to put up with it. She used her rights as a member and filed a grievance.</p>	<p>Wendy Longwell: Her doctor is still unclear on how to get the devices for their patients.</p> <p>Tahereh Daliri Sherafat: PHC has personally discussed this with her doctor but will follow-up again.</p> <p>Margaret Sager: In order to get equipment, get the prescription from your doctor. It needs to state why you need it, how your healthcare is going to support you and provide information on it, and then take it to the medical supply store.</p>



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V. Adjournment	Meeting adjourned at 2:15 pm	<i>None</i>
Next Meeting	June 2, 2022 Minutes recorded by: Chelsea Breshears	