Quality Improvement Health Equity Committee Meeting

February 14, 2025

Meeting Name:	Quality Improvement Health Equity Committee		
Date of Meeting:	2/14/2025	Time:	9:00 AM – 11:00 AM
Meeting Coordinator:	Ashley Asejo	Location:	Alameda Alliance for Health HQ 1240 S. Loop Rd. Alameda
Webinar Meeting ID:	**Microsoft Teams** Meeting ID: 260 216 424 785 Passcode: HXE3zB	Meeting Materials:	Standing Committees – Alameda Alliance for Health

IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS

YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE QIHEC COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT aasejo@alamedaalliance.org YOU MAY WATCH THE MEETING LIVE BY LOGGING IN VIA COMPUTER AT THE LINK PROVIDED ABOVE. IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA.

PLEASE NOTE: ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Objective	
To improve quality of care and close health equity gaps for Alliance members by facilitating clinical oversight and direction.	
Members	
Name	**Title**
Donna Carey, MD	Chief Medical Officer, Alameda Alliance for Health
Paul Lao Vang	Chief Health Equity Officer, Alameda Alliance for Health
Aaron Chapman, MD	Behavioral Health Medical Director and Chief Medical Officer, Alameda County Behavioral Health Care Services
Tri Do, MD	Chief Medical Officer, Community Health Center Network

James Florey, MD	Chief Medical Officer, Children First Medical Group
Peter Currie, Ph.D.	Senior Director, Behavioral Health, Alameda Alliance for Health
Michelle Stott	Senior Director, Quality, Alameda Alliance for Health
Anchita Venkatesh, DMD MA	Program Director ,General Practice Residency, Highland Hospital
Kristin Nelson	Director, Behavioral Health Services Student Services Division, Alameda County Office of Education
Chaunise "Chaun" Powell, MD	Sr. Chief of Student Services, Alameda County Office of Education
Anthony Cesspooch Guzman, MSW	Chief Cultural Officer , Native American Health Center
Deka Dike	CEO, Omotochi

Meeting Agenda				
Topic	**Time**	**Document**	**Responsible Party**	**Vote to approve or Informational**
1. **Call to Order/Roll Call:** • New Committee Member Introductions	9:00am-9:10am (10min)	Verbal	D. Carey	Informational
2. **Alameda Alliance Updates**	9:10am-9:15am (5min)	Verbal	D. Carey	Informational
3. **Chief of Health Equity Updates**	9:15am-9:20am (5min)	Verbal	L. Vang	Informational
4. **Overview of Committee Member Presentations**	9:20am-9:22am (2min)	Verbal	M. Stott	Informational
5. **QIHEC Charter Updates**	9:22am-9:24am (2min)	Document	M. Stott	Vote
6. **Policies and Procedures** • Listed below	9:24am-9:34am (10min)	Document	D. Carey	Vote
7. **Approval Committee Meeting Minutes** • **11/15/24 QIHEC** • **12/3/24 CLSS** • **9/19/24 CAC**	9:34am-9:36am (2min)	Document	D. Carey	Vote

Meeting Agenda				
Topic	**Time**	**Document**	**Responsible Party**	**Vote to approve or Informational**
• **12/13/24 & 1/31/25 UMC**				
8. **CLS Program Description & Evaluation**	9:36am-9:46am (10min)	Document	M. Moua	Vote
9. **DHCS 2024 Audit Finding**	9:46am-9:51am (5min)	Document	M. Stott	Informational
10. **UM Workplan Update**	9:51am-10:01am (10min)	Document	M. Findlater	Informational
11. **Case Management Update**	10:01am-10:11am (10min)	Document	L. Hunter	Informational
QI Workplan Updates				
12. **Alameda County Public Health CHNA/CHIP**	10:11am-10:21am (10min)	Document	G. Duran C. Guzman	Informational
13. **PQI** • RN Audits • Exempt Grievance • PQI Dashboard	10:21am-10:31am (10min)	Document	C. Rattray	Informational
14. **CAC Activities and Findings**	10:31am-10:36am (5min)	Document	M. Moua	Informational
15. **Behavioral Health** • BH Update • Non-Specialty Mental Health Outreach and Education Plan	10:36am-10:46am (10min)	Document	P. Currie A. DeRochi	Informational
16. **Public Comment**	10:46am-10:47am (1min)	Verbal	D. Carey	Informational
17. **Adjournment**	10:47am-10:48am (1min)	Verbal	D. Carey	Next Meeting 4/11/2025

Policies & Procedures

- QI-104: Potential Quality of Care Issues
- QI-124: Initial Health Appointment
- QI-125: Blood Lead Screening for Children
- QI-135:Early and Periodic Screening, Diagnostic and Treatment Services
- HED-001: Health Education Program
- HED-002: Health Education Materials
- HED-006: SABIRT Services
- HED-007: Tobacco Cessation
- HED-009: Diabetes Prevention Program
- PH-001: Population Health Management Program
- PH-002: Basic Population Health Management
- PH-004: Community Health Worker
- PH-005: Population Assessment
- CLS-001: Cultural and Linguistic Services (CLS) Program Description
- CLS-002: Member Advisory Committee
- CLS-003: Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities
- CLS-008: Member Assessment of Cultural and Linguistic needs
- CLS-009: CLS Program - Contracted Providers
- CLS-010: CLS Program - Staff Training and Assessment
- CLS-011: CLS Program - Compliance Monitoring
- CBAS-002: Expedited Initial Member Assessment for CBAS Eligibility
- CBAS 004: Member Assignment to CBAS Center
- CBAS 006: CBAS Emergency Remote Services
- CM-001: Complex Case Management (CCM) Identification, Screening, Enrollment and Assessment

- CM-010: Enhanced Care Management - Member Identification and Grouping
- CM-011: Enhanced Care Management - Care Management - Transitions of Care
- CM-013: Enhanced Care Management - Oversight, Monitoring, Controls
- CM-014: Enhanced Care Management - Operations Non-Duplication
- CM-016: Enhanced Care Management – Staffing
- CM-018: Enhanced Care Management - Member Notification
- CM-043: Child Welfare Liaison
- CS-013: Community Supports-Sobering Centers
- CS-014: Non-Housing Community Supports Criteria
- LTC-001: Long Term Care Program
- LTC-002: Authorization Process and Criteria for Admission, Continued Stay, and Discharge from a Long Term Care Facility
- LTC-003: LTC Case Management Member Identification and Enrollment and Management Process
- LTC-005: Coordination of Care – Long Term Care
- UM-002: Coordination of Care
- UM-057: Authorization Service Request
- UM-059: Continuity of Care for MediCal Beneficiaries who transition into Medicals Managed Care

Voting Member Roll Call and New Member Introductions

Dr. Donna Carey

ALAMEDA Alliance FOR HEALTH

Alameda Alliance Updates

Dr. Donna Carey

Chief Health Equity Officer Update

Lao P. Vang

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Overview of Committee Member Presentations

Michelle Stott, RN, MSN
Sr. Director of Quality

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Voting Item: Quality Improvement Health Equity Charter

Michelle Stott, RN, MSN
Sr. Director of Quality

BACKGROUND/UPDATES

ALAMEDA

▷ **Background:**

- Quality Improvement Health Equity Committee, (QIHEC) is a standing advisory committee of the Board of Governors (BOG) and is responsible for the implementation, oversight, and monitoring of the Quality Improvement Health Equity (QIHE) Program and Utilization Management (UM) Program

▷ **Updates:**

- Modified Member Advisory Committee to Community Advisory Committee

- Removed the submission of minutes to BOG, replaced with QIHEC activities are reported via CMO reports and QIHE Trilogy documents

- Removed submission of minutes to DHCS, replaced with submission of QIHE Trilogy documents (or documents as requested) by DHCS

Voting Item: Policies and Procedures

The complete Policies & Procedures Packet has been sent in a separate email.

Policy Procedures Summary of Changes

Department	Policy #	Policy Name	Brief Description of Policy	Description of Changes/Current Revisions	Policy Update (X)	New Policy (X)	Annual Review or Formatting Changes (X)
QI	QI-104	Potential Quality of Care Issues	Describes how the Alliance processes Potential Quality Issues (PQI), through investigation, intervention, and resolution	1) Modified turn around time to indicate completion of investigation and leveling within 120 days of receipt, unless an extension on a case-by-case basis is deemed warranted by the CMO or Medical Director 2) Added PQIs may be identified in Long Term Care 3) Added that for QOC, Peer Review Committee may determine an action plan, including a CAP or other further actions. 4) Modified to include reference to QIHEC	x		
QI	QI-124	Initial Health Appointment	Desribes IHA requirements/monitoring of IHA	Yearly update and minor grammar and edits.			X
QI	QI-125	Blood Lead Screening for Children	Describes procedures and processes for meeting State and Federal regulations for BLS	Yearly update and minor grammar and edits. Added verbiage provider requirement to implement procedures to track lab orders.			X
QI	QI-135	Early and Periodic Screening, Diagnostic and Treatment Services	Policies and procedures related to EPSDT services	Yearly update and minor grammar and edits.			X
HED	001	Health Education Program	Descibes Alliance Health Education Program Elements	Yearly Update and minor grammar edits.			x
HED	002	Health Edcation Materials	Describes process for creating and approving health education and member informing materials.	Yearly update and minor grammar and edits.			x
HED	006	SABIRT Services	Describes alcohol and drug screening, assessment, brief interventions and referral to treatment benefit.	Yearly update and minor grammar and edits.			x
HED	007	Tobacco Cessation	Describes Alliance policy on tracking tobacco use and implementing cessation services.	Yearly update and minor grammar and edits.			x
HED	009	Diabetes Prevention Program	Describes how the Alliance offers the Diabetes Prevention Program to eligible members.	Yearly update and minor grammar and edits.			x
PH	001	Population Health Management Program	Descibes the elements of the Alliance's Population Health Management Program in alignment with the DHCS PHM Policy Guide. Refers to Alliance policies and procedures that detail Alliance population health management elements and programs.	Yearly update and minor grammar and edits.			x

Policy Procedures Summary of Changes

PH	002	Basic Population Health Management	Describes Alliance Population Health Management supports including provision of BPHM services by PCPs, role of Alliance ECM, LTC and Care Management staff, Wellness and Prevention activities and refers to related P&Ps and services.	Yearly update and minor grammar and edits.			x
PH	4	Community Health Worker	Describes how the Alliance makes Community Health Workers available to members following APL 22-016.	Retire P&P, Replaced by *HCSP-001 Community Health Worker (CHW) Services*	N/A		
PH	005	Population Assessment	Describes how the Alliance understands and assessess its member population and subpopulations by demographics, health, utilization, SDOH and other characteristics in compliance with DHCS PHM Policy Guide and NCQA PHM requirements.	Yearly update and minor grammar and edits. Removed reference to outdated 2024 PNA requirments.			x
CLS	001	Cultural and Linguistic Services (CLS) Program Description	Describes elements of the Alliance Cultural and Linguistic Services including objectives, activities, roles, work plan and organization chart.	Yearly review, minor grammar, and formatting updates. Added behavioral health references for parity.			X
CLS	002	Member Advisory Committee	Describes role, function and policies for the Alliance Member Advisory Committee.	Yearly review, minor grammar, and formatting updates. Updated CAC representation. Updated CAC responsibilities to reflect contractual requirements. Expanded on annual CAC Demographic Report to reflect new DHCS report template.	X		
CLS	003	Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities	Describes how the Alliance ensures interpreter and translation services for Alliance members who require language assistance services.	Yearly review, minor grammar, and formatting updates. Added behavioral health references for parity. Expanded on process for when an ASL interpreter cannot be arranged. Updated the Community Services Program Referrals section to include Health Care Services and the Alliance website as ways to inform members about available programs.	X		
CLS	008	Member Assessment of Cultural and Linguisic needs	Describes how the Alliance monitors the language needs of members and ensures these members have access to language assistance services.	Yearly review, minor grammar, and formatting updates. Updated policy owner. Updated policy reference to updated policy name. Added behavioral health references for parity.			X
CLS	009	CLS Program - Contracted Providers	Describes how the Alliance ensures its providers are informed of their responsibilities and provide language assistance services to members.	Yearly review, minor grammar, and formatting updates. Updated cultural sensitivity training to reflect the correct training name in DEI P&P. Added behavioral health references for parity.			X

Policy Procedures Summary of Changes

CLS	010	CLS Program - Staff Training and Assessment	Describes how the Alliance ensures staff receives cultural sensitivity training and are assessed for bilingual capacity.	Yearly review, minor grammar, and formatting updates. Added behavioral health references for parity.			X
CLS	011	CLS Program - Compliance Monitoring	Describes how the Alliance ensures quality language assistance services through monitoring of staff, providers and language services vendors.	Yearly review, minor grammar, and formatting updates. Added behavioral health references for parity. Expanded on areas of monitoring to include "vendor interpreter linguistic capacity, adherence to cultural competency, and reporting." Replaced "bilingual" with "multilingual staff".	X		
CBAS	CBAS 002	Expedited Initial Member Assessment for CBAS Eligibility	Describes process for CBAS Eligibility	Removed language r/t old Dual Plan guidance. Updates 1115 Reference Removed Duplicative Verbiage Aligned with P&P Tool for Formatting Changed 1 business day to 24 hours for notice after decision Removed Case Manager from Definition Added LTSS	X		X
CBAS	CBAS 004	Member Assignment to CBAS Center	Describes process for enrolling member in CBAS center	Removed intake Unit Aligned with P&P Tool for formatting Added SOP to References	X		X
CBAS	CBAS 006	CBAS Emergency Remote Services	Describes process process for CBAS services offered remotely	Aligned with P&P Tool for formatting Added LTSS Spelling/ Grammar Updates	X		X
CMDM	CM-001	Complex Case Management (CCM) Identification, Screening, Enrollment and Assessment	Identify, screen, enroll and assess for CCM.				X
CMDM	CM-010	Enhanced Care Management - Member Identification and Grouping	Identify members eligible for ECM and risk grouping	Updated language to include outreach to CM Dept and risk tiering	X		
CMDM	CM-011	Enhanced Care Management - Care Management - Transitions of Care	Outreach and ongoing engagement of members in ECM, including assessment and care plan and Transitional Care Services responsibilities	Updated language related to risk tiering and better align with ECM Policy Guide regarding expectations of ECM providers to perform ECM, including Transitional Care Services, per PHM Policy Guide	X		
CMDM	CM-013	Enhanced Care Management - Oversight, Monitoring, Controls	Oversight and monitoring of ECM providers	Updated languaged to better align with ECM Policy Guide updates for expectations regarding ECM Provider oversight and monitoring	X		
CMDM	CM-014	Enhanced Care Management - Operations Non-Duplication	Ensure non-duplication of care coordination services that would preclude members from receiving ECM	Update language to better align with ECM Policy Guide of non-duplicative programs	X		
CMDM	CM-016	Enhanced Care Management - Staffing	Provide direction on ECM Provider staffing to support ECM enrolled members	Update language to better align with ECM Policy Guide	X		
CMDM	CM-018	Enhanced Care Management - Member Notification	Notification of members regarding ECM program and eligibility	Update language to better align with AAH's current communication practices to inform members and community providers about ECM program and eligibility	X		

Policy Procedures Summary of Changes

CMDM	CM-043	Child Welfare Liaison	Responsibilities of Child Welfare Liaison	Updated language to include effective 1/1/24, AAH has designated appropriate staff to assist with meeting care needs of children and youth involved in child welfare in Alameda County.	X		
Community Supports	CS-013	Community Supports-Sobering Centers	Described the Sobering Center CS	Need to retire as we are no longer going to offer this CS			X
Community Supports	CS-014	Non-Housing Community Supports Criteria	Describes the current criteria for Non Housing CS	New Policy		X	
LTC	LTC-001	Long Term Care Program	Describes the LTC Program	Updated wording, structure and removed delegation, and contracting language	X		
LTC	LTC-002	Authorization Process and Criteria for Admission, Continued Stay, and Discharge from a Long Term Care Facility	Describes the LTC review process	Updated wording, structure and removed delegation wording	X		
LTC	LTC-003	LTC Case Management Member Identification and Enrollment and Management Process	Describes the LTC CM process	Updated wording, structure and APLs	X		
LTC	LTC-005	Coordination of Care – Long Term Care	Describes the LTC Coordination of care process	Updated wording, structure and APLs	X		
UM	UM 002	Coordination of Care	Describes overarching coordination of care services for UM departments	Removed Reference to UM 012 and UM 013 Policies were retired Aligned with P&P Tool for formatting Corrected reference to HCQC	X		X
UM	UM 057	Authorization Service Request	Described process for authorizing for UM departments	Updated Retro >90 language Updated language related to the MD signature lines on the Adverse Determination Noas to include just the first initial, last name. Updated language related to P2P line to reflect single entry/ direct access to MDs for P2P changes	X		
UM	UM 057	Authorization Service Request	Policy delineates the current processes and guildelines for reviewing authorization request and determining medical necessity.	Added additional BH UM review criteria per DMHC regulation (Counsel of Autism Services Providers, American Psychiatric Association, and the American Psychological Association)	X		
UM	UM 059	Continuity of Care for MediCal Beneficiaries who transition into MediCal Managed Care	Discusses the MCP transitions from Anthem and FFS MediCal. Added Foster Youth Transition.	Added the required information for the 24-014 APL addressing the transition to MCP for foster and former foster youth that goes live on 1/1/25. Major updates include need to send approval letter wven when provider is INN.			

Voting Item: Approval of Committee Meeting Minutes

QIHEC: 11/15/2024
CLSS: 12/3/2024
CAC: 9/19/2024
UMC: 12/13/2024
UMC: 1/31/2025

The complete Minutes packet has been sent to the committee via email.

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Voting Item: CLS Program Description & Evaluation

Mao Moua

ALAMEDA Alliance FOR HEALTH

2025 CLS Program Description

CLS PROGRAM DESCRIPTION UPDATES

Brief Description of Change(s)
• Yearly review, minor grammar and formatting.   • Added integration of "population assessments" to develop CLS standards and procedures.   • Updated CAC coordinator title to "Health Education Coordinator".   • Expanded on role of Cultural and Linguistic Services Committee.   • Added additional category regarding Non-Specialty Mental Health Services (NSMHS) under CAC input and advice.

2024 CLS Workplan Evaluation

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Member Cultural and Linguistic Assessment	Assess the cultural and linguistic needs of plan enrollees.	• Completed assessments at CLS meetings on 01/24/2024, 04/24/2024, 08/28/2024, 12/03/2024. • Increase in overall membership. • Significant increase in Spanish-speaking and Latinx members.	Yes
Language Assistance Services	Reach or exceed an average fulfillment rate of ninety-five percent (95%) or more for in-person, video, and telephonic interpreter services.	• Q1 2024: 97% • Q2 2024: 98% • Q3 2024: 98% • Q4 2024: 98%	Yes
Language Assistance Services	Ensure tracking of interpreter services utilization for behavioral health services.	• Vendor can't identify behavioral health (BH) calls without caller's initial prompt. • Continue to work with the vendor to resolve flagging BH calls anytime during a call.	In-progress

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Language Assistance Services (Member Satisfaction)	Based on the Timely Access Requirement (TAR) Survey results, develop and implement action steps, as needed, to address member's satisfaction with: a)scheduling appointments with an interpreter; b)availability of interpreters who speak member's preferred spoken language; c)knowledge, skill, and quality of interpreters.	• 2024 results reviewed by SMEs at CLSS and QIHEC meetings—no concerns identified. • No additional actions needed based on 2024 results. The Alliance will continue sharing quality concerns with interpreter services vendors at Joint Operations Meetings.	Yes

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Provider Language Capacity (Member Satisfaction)	Based on the Member CG-CAHPS Survey 81% of adult members and 92% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan.	• Q1 2024-Adult: 84%; Child: 91.4% • Q2 2024-Adult: 86.6%; Child: 94% • Q3 2024-Adult: 90%; Child: 93%. • Q4 2024-Data not available. • For Adult and Child surveys, satisfaction results improved in both Q2 and Q3. We will continue to monitor satisfaction results.	• Q1: Unmet for Child • Q2: Met • Q3: Met • Q4: Planned implementation for Q1 2025
Provider Language Capacity and Race and/or Ethnicity (Provider Network)	Complete NCQA NET 1A Analysis of Capacity of Alliance Provider Network to meet Cultural and Linguistic needs of members.	• Received and reviewed consultant feedback. • Net 1A Report met all standards. • Presented updates at the Quality Improvement & Health Equity Committee (QIHEC) on 11/15/2024 and Cultural and Linguistic Services Subcommittee on 12/03/2024. • Met with Compliance to review the discrimination case report for inclusion of substantial vs. non-substantial cases.	Yes

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met
Community Engagement: Community Advisory Committee (CAC)	Ensure implementation of DHCS 2024 Contract updates to CAC and community engagement.	• Connected and presented information about the CAC as part of membership recruitment efforts: a. Father-Friendly Provider Network Members (FFPN): 11/15/2024. b. Healthy Relationships Learning Community (HRLC): 11/21/2024. c. Health and Human Resource Education Center (HHREC). d. Alameda County Public Health Fatherhood Initiative. • Held a CAC Selection Committee meeting on 12/17/2024. • Next steps: Ongoing CAC recruitment with guidance from the CAC Selection Committee.	Ongoing

2024 CLS WORKPLAN EVALUATION

Activity/ Initiative	Goal	Outcome(s)	Goal Met

Potential Quality Issues- Quality of Language (PQI-QOL)	Monitor, evaluate, and conduct appropriate interventions for PQI-QOLs with a closure rate of 95% or more within 60 business days.	• Q1 2024: 96% closure rate.
		• Q2 2024: 86% closure rate.
		• Q3 2024: 95% closure rate.
		• Q4 2024: 93% closure rate.
		• Challenges:
		  -Increased volume of scheduling.
		  -Difficulty reaching provider offices due to no answer.
		• Action Steps:
		  -Hiring additional staff.
		  -Workflow enhancements to address when unable to reach provider office.
			• Q1: Met
			• Q2: Unmet
			• Q3: Met
			• Q4: Unmet

OVERVIEW: CLS SUCCESSES AND CHALLENGES

▷ Successes:

- ▶ Maintained a 95% or above fulfillment rate for all interpreter services modalities despite an increase in membership.

- ▶ Received favorable responses related to accessing interpreter services through member satisfaction surveys.

- ▶ Met all standards for Net 1A report and identified enhancement opportunity to improve reporting regarding discrimination cases.

- ▶ Met contractual requirements for CAC regarding CAC Selection Committee, member recruitment, and the annual CAC Demographic Survey.

▷ Challenges:

- ▶ Increased volumes in scheduling and QOL-PQIs.

- ▶ Limitations with the interpreter service vendor regarding tracking and reporting systems for BH calls.

- ▶ Difficulty with outreach to provider offices to address QOL-PQIs.

▷ Action Steps:

- ▶ Implement a bulk scheduling system with the vendor to handle increased scheduling volumes.

- ▶ Hire additional staff.

- ▶ Review and streamline workflows for QOL-PQIs.

- ▶ Continue to explore solutions for BH interpreter services tracking.

- ▶ Include granular information and outcomes for discrimination cases in the Net 1 A Report.

▷ CLS Focus Areas

▶ Assessing the cultural and linguistic needs of members

▶ Language services for members (i.e., member satisfaction through CG-CAHPS and timely access through the Timely Access Survey) and improving response rates

▶ Provider network by language capacity and race and/or ethnicity

▶ Community Engagement (Community Advisory Committee)

→ Member recruitment

▶ QOL-PQI

▶ Track utilization of Behavioral Health interpreter services

Thank you!

Questions?

DHCS 2024 Audit Findings

Michelle Stott

QI FINDINGS: BLOOD LEAD SCREENING

Category	Deficiency	Actions Taken
2.1.1 Provision of Blood Lead Screening	The Plan did not ensure that blood lead screening tests were conducted for members up to six years of age.	Updated Policy QI-125 to include a requirement for providers to follow up on lab orders. Policy QI-125 will be approved in Quality Committee by 2/30/2025 and the Administrative Oversight Committee by 4/30/2025. Funded point-of-care testing units in January 2024 to the CHCN network. These units aim to eliminate the need for members to make an additional visit to the lab. Conducted member outreach, and member Incentive; members were offered a gift card to complete their services at the lab. Continued monitoring of HEDIS lead screening rates (now above MPL). Conducted provider education through webinars, 1:1 meetings, CLPP training 1) Healthcare Services All-Staff meeting, 2) Provider webinar (live) and video (posted on Alliance website) and Measure Highlight tools.

QI FINDINGS: ACCESS

Category	Deficiency	Actions Taken
3.1.1 Appointment waitlist timeliness	The Plan did not ensure members were able to obtain medically necessary appointments within established timely access standards. One of the Plan's medical groups placed members on an appointment waitlist and had members waiting up to six months to make an appointment.	Closed provider panel in September, preventing additional wait listed members. (9/1/2024). On-going meetings: Joint Operating Meetings (JOM) and AAH/Provider Access Meetings. Active outreach to members on the wait list. Progress reports were reviewed at AAH/Provider Access meetings. In September, two new providers were hired to support wait list. In review of grievances data, the number of grievances declined for timely access QI initiatives to improve access to care, includes pay for performance (P4P), extended office hours incentives and provider recruitment/retention incentives (AAH provider grant live as of 6/1/2024).
3.1.2 Monitoring In-Office Wait Times for Specialty and Behavioral Health Services	The Plan did not monitor in-office wait time for specialists and behavioral health providers	The Plan added in-office wait times measure to CG-CAHPS survey for BH providers on 5/6/2024. The finalized report was presented at the Access & Availability Committee in September. Specialist providers will be added to the CG-CAHPS survey starting on 1/21/2025, anticipated final report June 2025. QI-114 Monitoring of Access and Availability Standards was revised to include monitoring of in-office wait times for specialist and behavioral health providers.

QI FINDINGS: CULTURAL AND LINGUISTIC SERVICES (CLS)

Category	Deficiency	Actions Taken
4.2.1 Cultural and Linguistic Services	The Plan did not monitor the linguistic performance of vendors that provide interpreter services.	• P&P CLS-011: CLS Program Monitoring to include additional language on monitoring information collected and reporting by 03/31/2025. (On Track) • Update vendor contracts to include reporting requirements for vendor interpreter qualifications and cadence by 03/31/2025. (On Track) • Anticipation of implementation of monthly vendor interpreter qualifications reporting by 1/31/2025. (On Track) • Anticipation of implementation of a monthly attestation of monthly vendor interpreter qualifications review by 1/31/2025. (On Track) • Review and address concerns with vendor interpreter qualifications at Quarterly Vendor Joint Operations Meeting (JOM) by 3/31/2025. (On Track) • Report and address concerns with vendor interpreter qualifications at Quarterly Cultural and Linguistic Services Subcommittee (CLSS) meeting by 4/30/2025. (On Track)

UM Workplan Update

QIHEC

Michelle Findlater, Director Utilization Management

2/14/25

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Agenda

▷ The purpose is to track and trend:

▷ UM Metrics Summary

▷ Readmissions

▷ Emergency Department Volume

▷ Inpatient Denial Rates
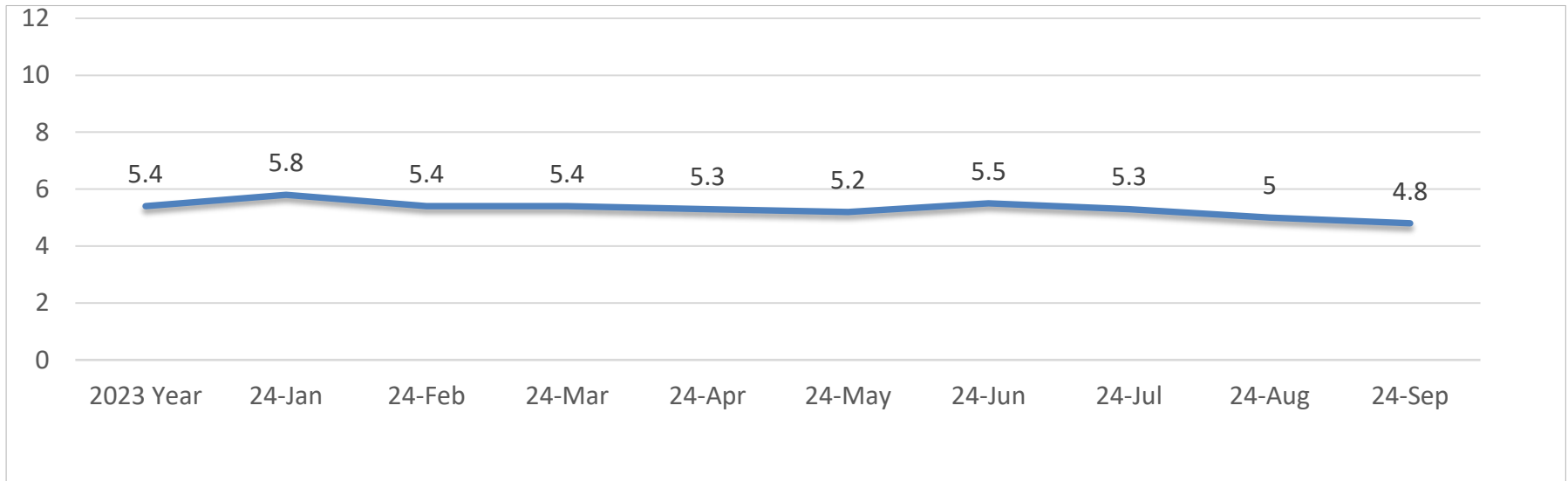
▷ Outpatient Denial Rates

UM Metrics Summary

PowerBI: #12005 IP Claims Utilization

Date: 2023 Average – September 2024

Excluded: LTC AID Categories, LTACs and Sutter Herrick Psych Unit facilities

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Average Length of Stay (ALOS)
1/1/24 - 9/30/24

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Average Length of Stay (ALOS)- AAH

AAH ALOS Data 2023-2024

➢ AAH 2024 ALOS decreased to an average of 5.3 which is a (-0.1) change from the 2023 average based on claims data available for January through September 2024

AAH Admits/1000
(1/1/24- 9/30/24)

Admits/1000

Chart values by period:
- 2023: 69.7
- Jan-24: 78.6
- Feb-24: 71.3
- Mar-24: 69.6
- Apr-24: 67.6
- May-24: 71.9
- Jun-24: 66.1
- Jul-24: 68.8
- Aug-24: 62.2
- Sep-24: 62.7
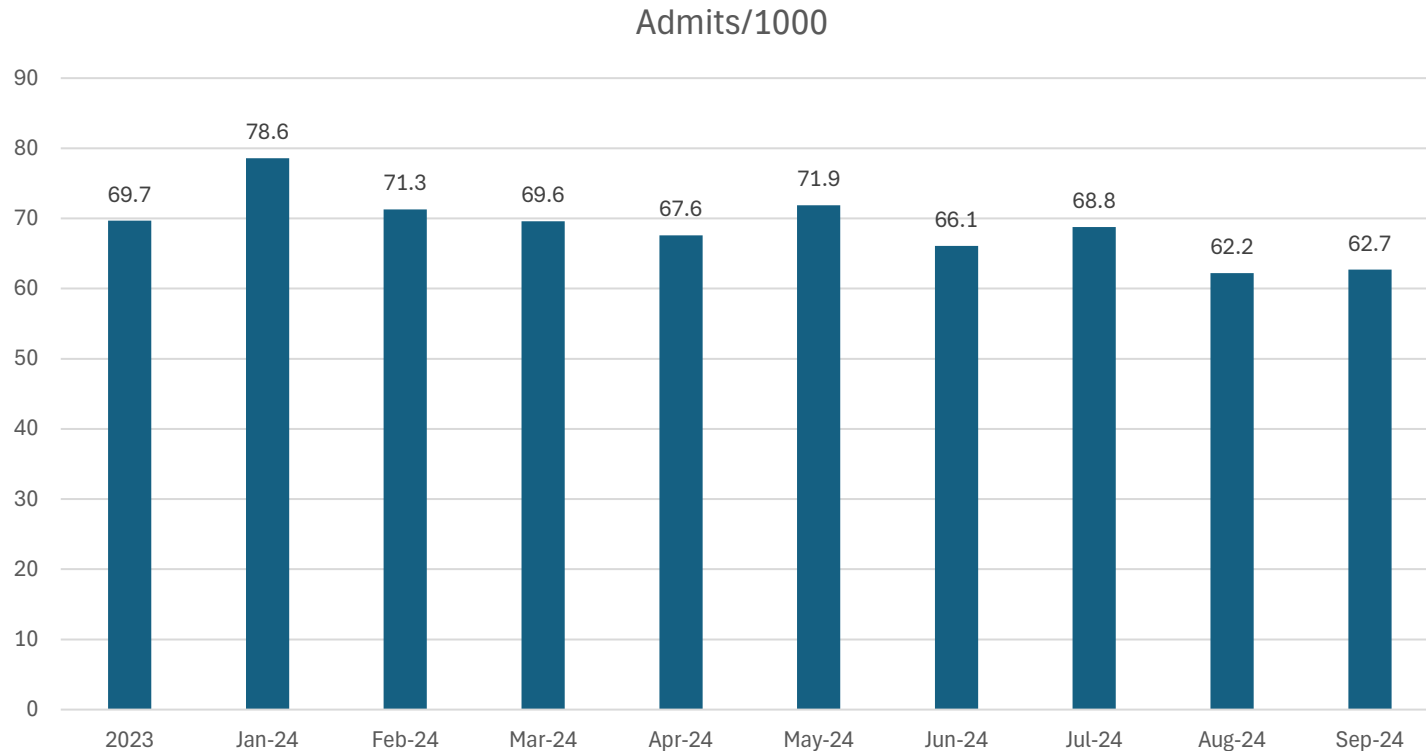
➢ 2024 Admits/1000 decreased to an average of 68.7 which is a (-1.0) change from the 2023 average based on claims data available for January through September 2024

- Admits/1000 by delegate- Alliance has the highest Admits/1000 at 127.9 and CFMG the lowest at 9.3

- Admits/ 1000 by Facility: Highland has the highest at 11.1 and LPCH is the lowest at 0.1

- Admits/1000 by aid category: Duals is the highest at 217.1 and Adults are the lowest at 38.3

Paid Days/1000
1/1/24 - 9/30/24
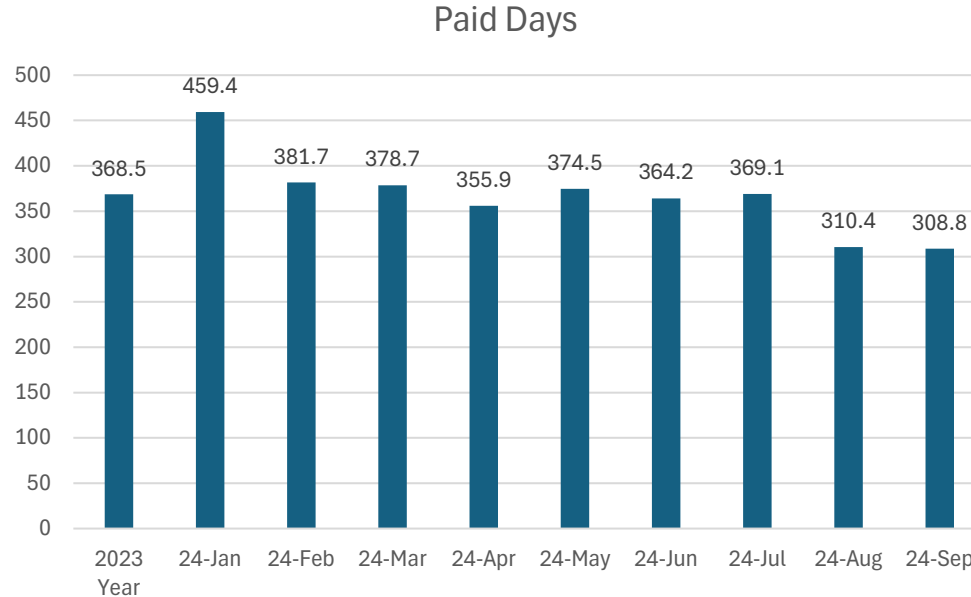
Paid Days

- 2024 Paid Days/ 1000 decreased to an average of 366.9 which is a (-1.5) change from the 2023 average based on claims data available for January through September 2024

  - Paid Days/ 1000 by delegate- Alliance has the highest paid days at 735.4 and CFMG the lowest at 23.1

  - Paid Days/ 1000 by Facility: HGH has the highest at 63.9 and San Leandro has the lowest at 16.9

  - Paid Days/ 1000 by aid category: SPD is the highest at 1,275 and Children are the lowest at 23.9

Readmissions

PowerBI: #12005 IP Claims Utilization
Date: 2023 Average – September 2024

Excluded: LTC AID Categories, LTACs and Sutter Herrick Psych Unit facilities

Monthly Readmissions Trend
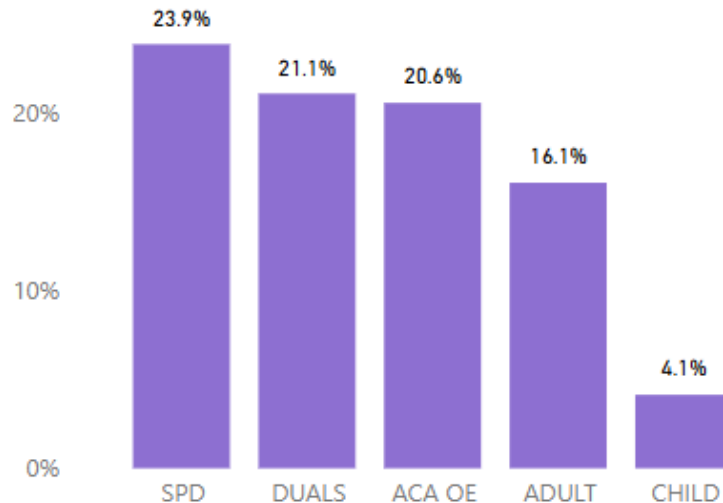## 1/1/24 - 9/30/24

Readmission Monthly Trend
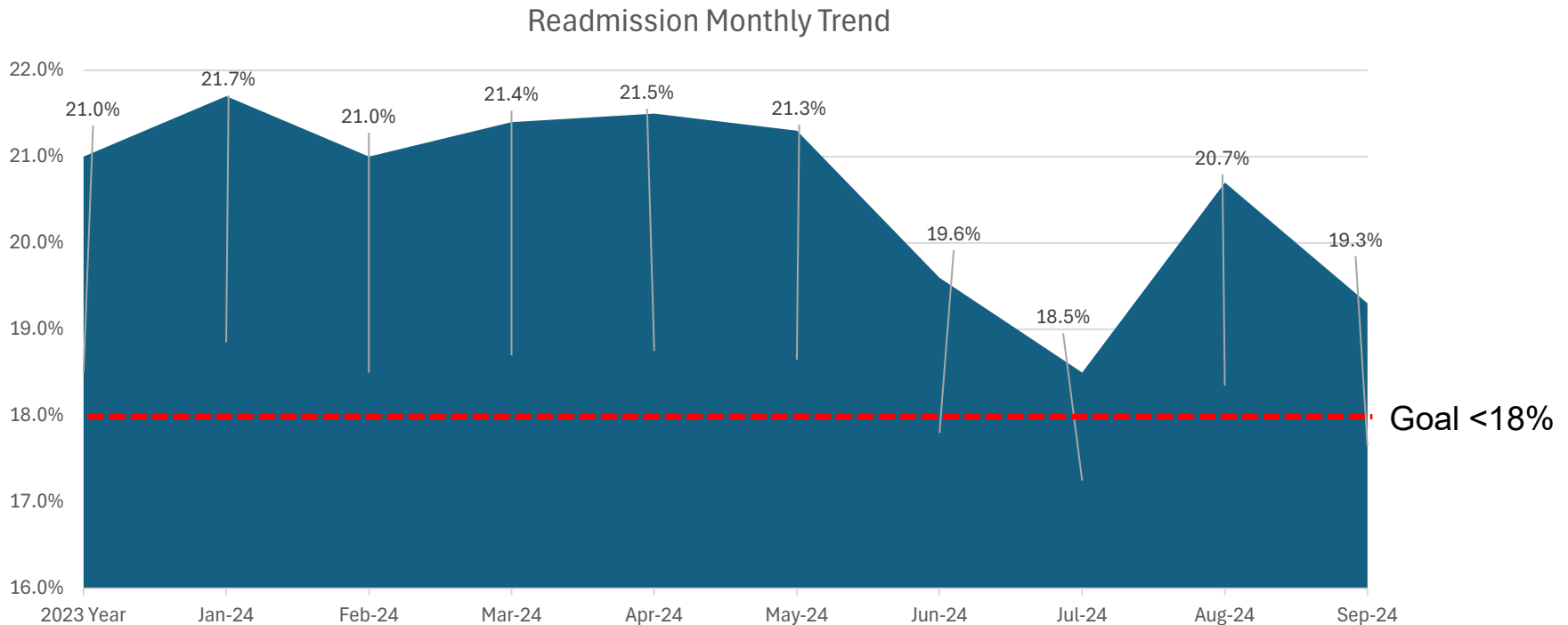
➤ Readmission Rates in 2024 appear to be having a downward trend however, there is claims data that may be outstanding and will impact the rates. Our goal remains unchanged at 18%
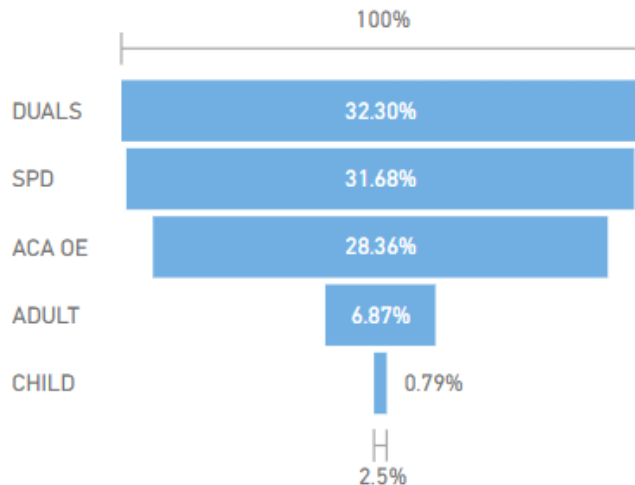
Readmission Rates
1/1/24 - 9/30/24

By Aid Category

SPD continues to carry the highest readmission rate 23.9%, followed by DUALS 21.1%
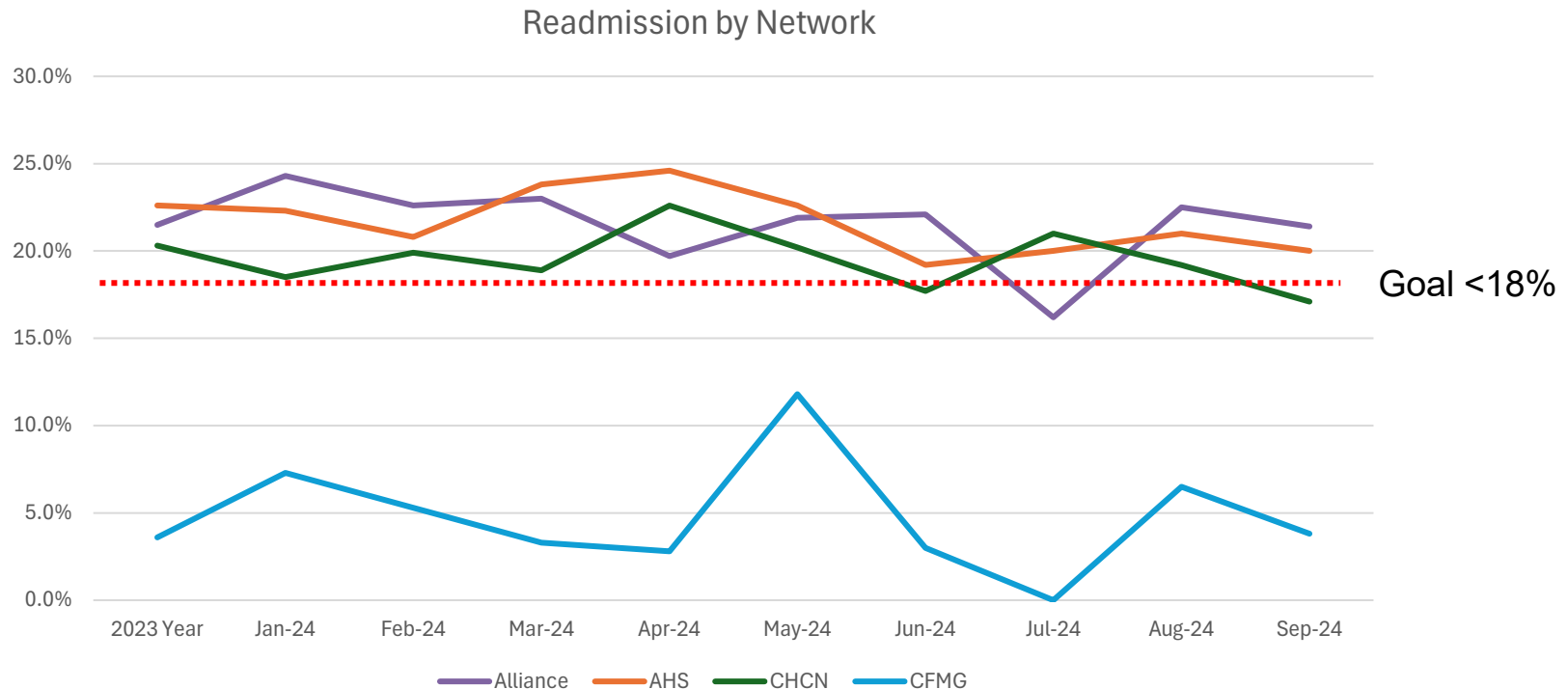ACA OE 20.6%
Adult 16.1%
Child 4.1%

Distribution By Aid Category

Duals readmits comprise ~32.3% of total readmits followed by
SPD ~31.6%,
ACA OE 28.3%

Readmission Rate by Network 1/1/24-9/30/24

Readmission by Network

Goal <18%

Overall, all 3 networks (with the exception of CFMG) appear to be having readmission trends above the Alliance goal of 18%.

Readmission Rates by Facility

Readmissions by Facility 2023 vs. 2024 (Q1-Q3 2024)

▷ Comparing 2023 average readmission rates to 1/1/24-9/30/24 readmission rates it appears that 6 of our 13 hospitals are having a decrease in readmissions so far in 2024.
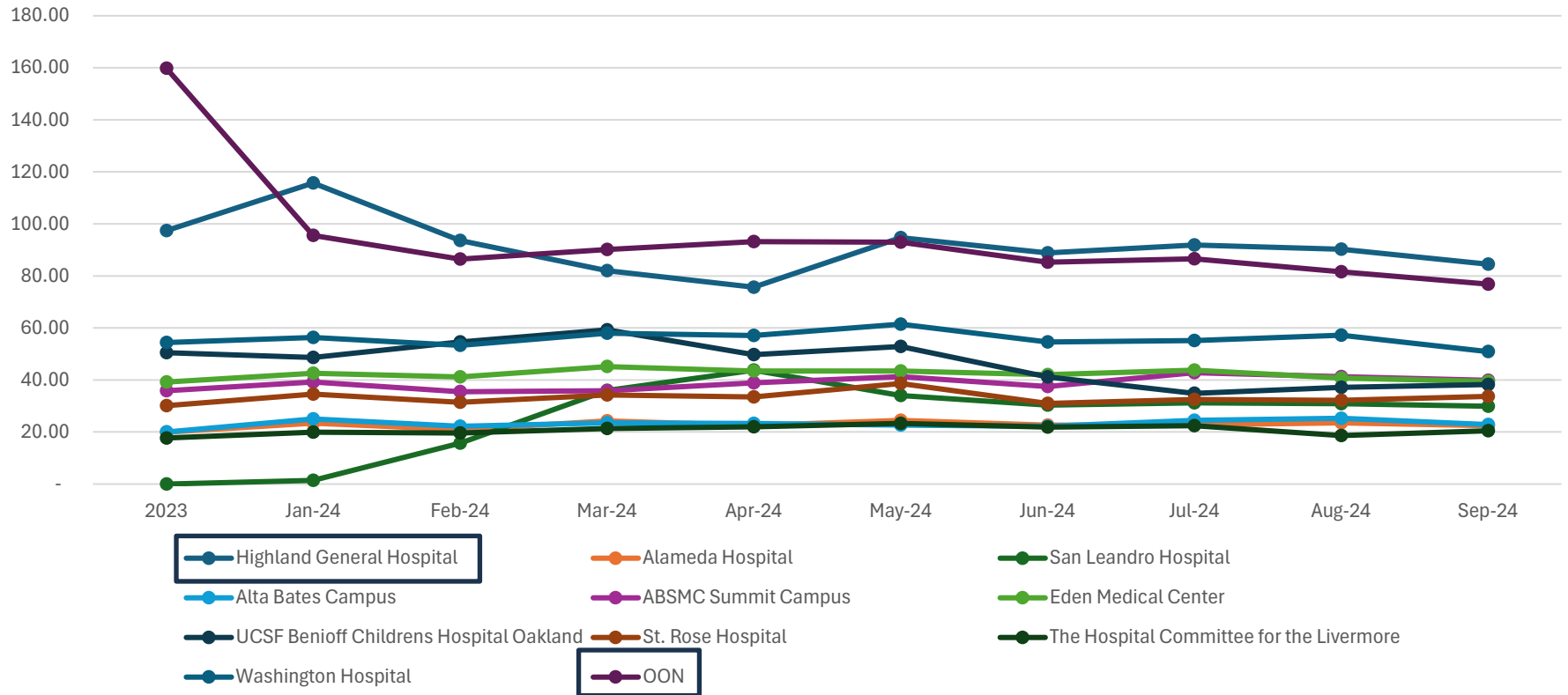
Emergency Department Volume

Excel: #03046 ER Visits by Network

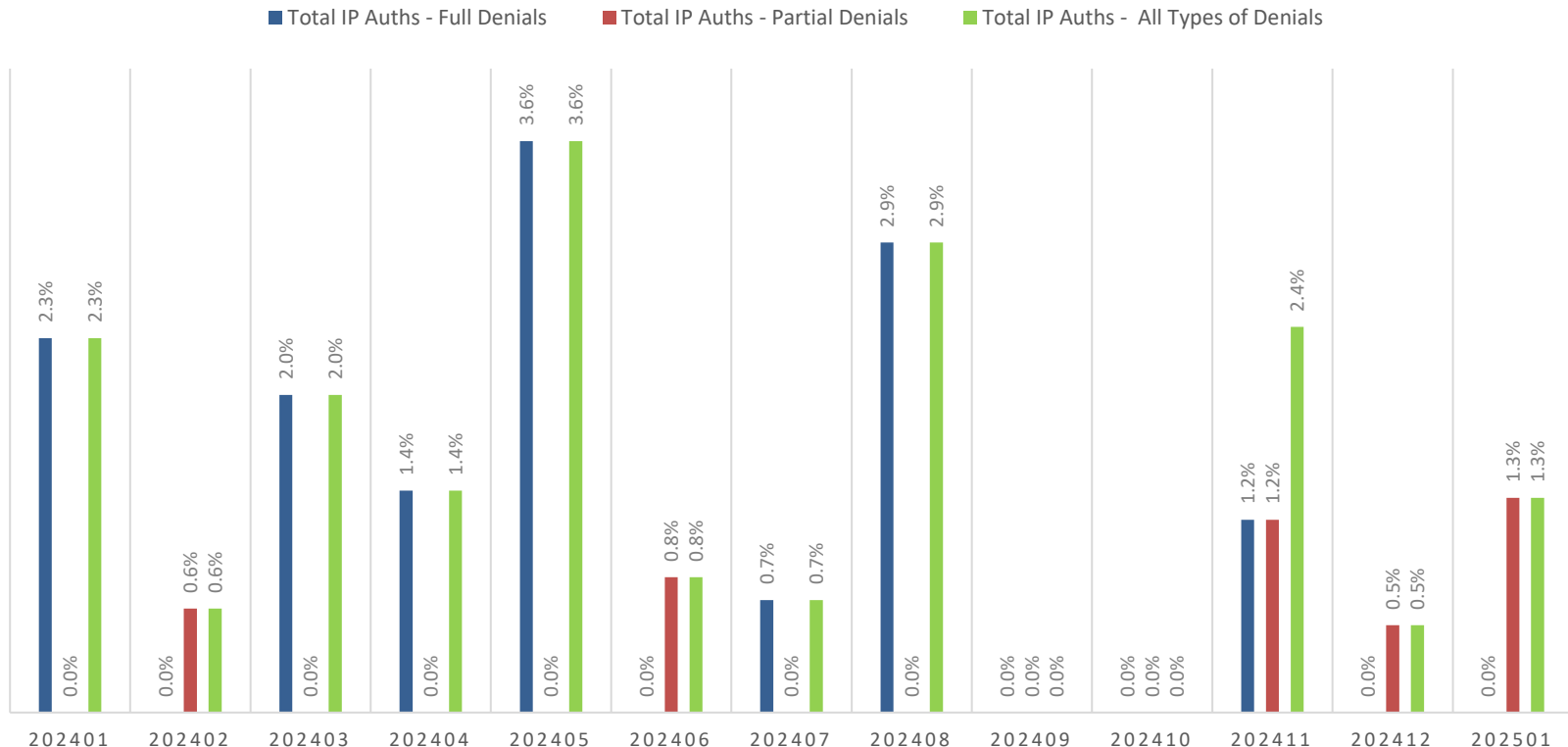**Date:** 2023 Average – September 2024

ER Visits by Facility

ER Visits/1,000 remain consistently below 60 with the exception of Highland Hospital and OON Facilities. This data aligns with the DHCS April 2024 data

Inpatient Denial Rates

Excel: #01292 All Auth Denial Rates
Date: 2023 Average – January 2025

Inpatient Denial Rates

IP DENIALS

- ■ Total IP Auths - Full Denials
- ■ Total IP Auths - Partial Denials
- ■ Total IP Auths - All Types of Denials

IP denials have decreased (1.7%) as compared to the 2023 average (2.2%) and we continue to see more Full Denials than Partial Denials.
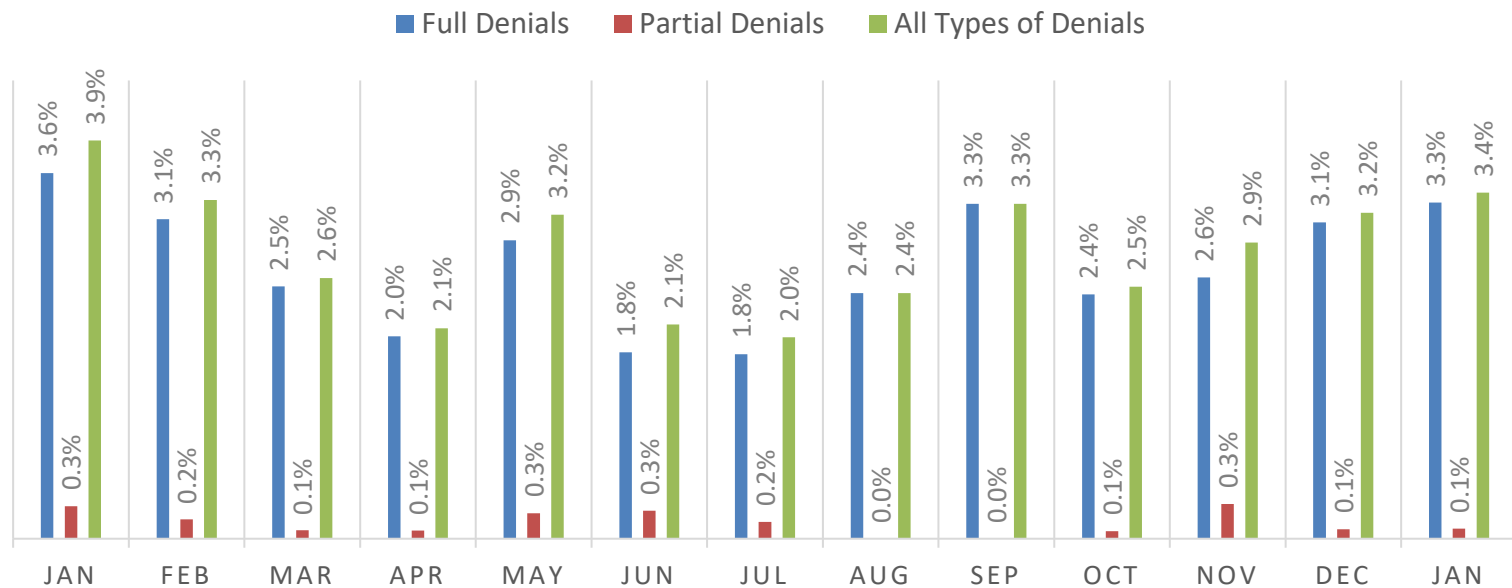
Outpatient Denial Rates

#01292 All Auth Denial Rates (Claims based)
Date: 2023 Average – January 2025

Outpatient Denial Rates

OUTPATIENT DENIALS

■ Full Denials   ■ Partial Denials   ■ All Types of Denials

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN
Full Denials	3.6%	3.1%	2.5%	2.0%	2.9%	1.8%	1.8%	2.4%	3.3%	2.4%	2.6%	3.1%	3.3%
Partial Denials	0.3%	0.2%	0.1%	0.1%	0.3%	0.3%	0.2%	0.0%	0.0%	0.1%	0.3%	0.1%	0.1%
All Types of Denials	3.9%	3.3%	2.6%	2.1%	3.2%	2.1%	2.0%	2.4%	3.3%	2.5%	2.9%	3.2%	3.4%

Total Denials have decreased in 2024 (2.8%) as compared to 2023 (4.1%).

Partial denials remain consistent 2024 (0.2%) and 2023 (0.3%)

Thanks!

Questions?

Case and Disease Management Update

by Lily Hunter, RN, BSN, MBA

**ALAMEDA
Alliance
FOR HEALTH**

Transportation Update

- Lyft RideShare
    - Transitioning from recovery pilot to standard network option by end of 2024 pending contract update.
- Delegation Audits
    - Modivcare annual delegate/ subcontractor audit in progress.
- Contract with subcontractor
    - Vendor Management working on updated contract with subcontractor Modivcare
- Transportation Quality Improvement Workgroups
    - AHS Post Acutes, John George, ABSMC, CHCN ECM
    - Monthly workgroups resulting in transportation improvement for all community partners, most recently John George
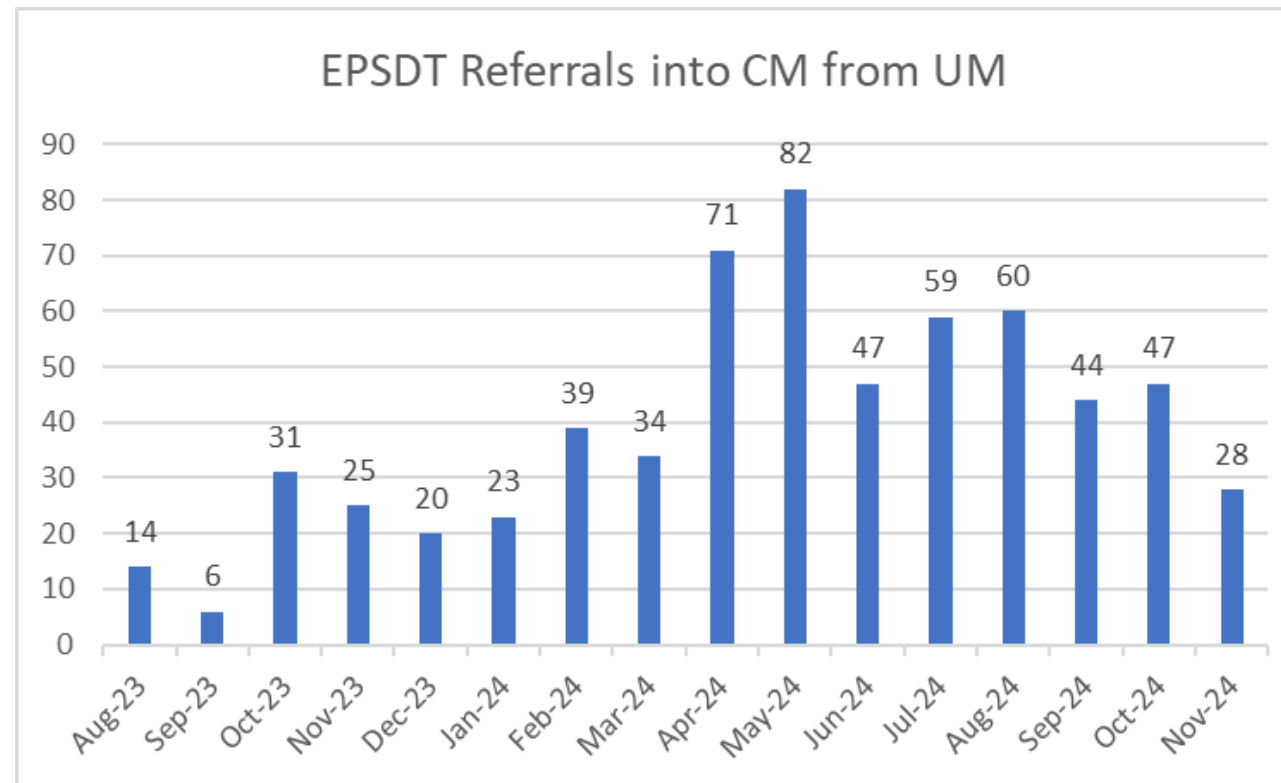
Transportation Physician Certification Statement (PCS) Update

Trips with PCS on File Covering Date of Trip
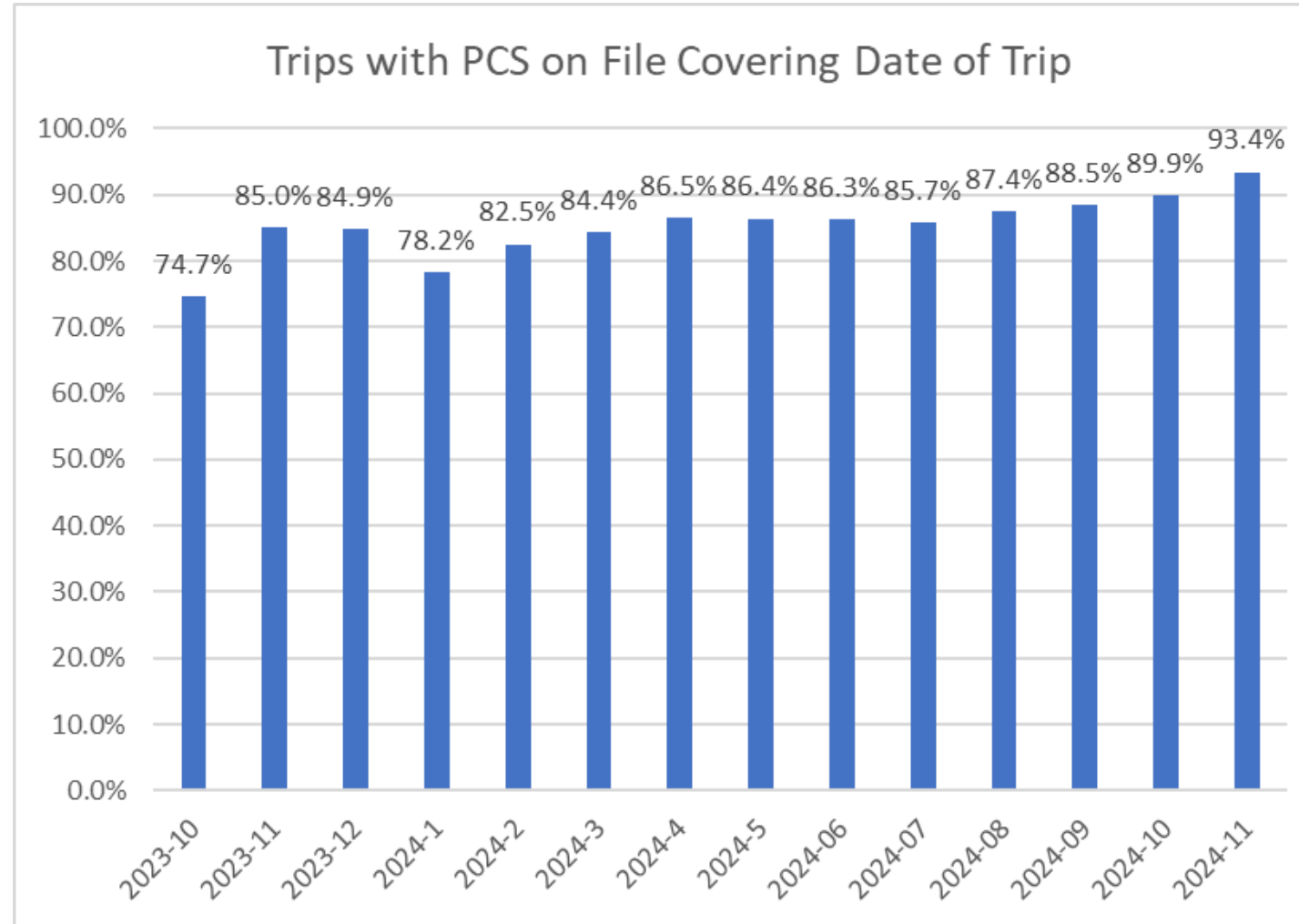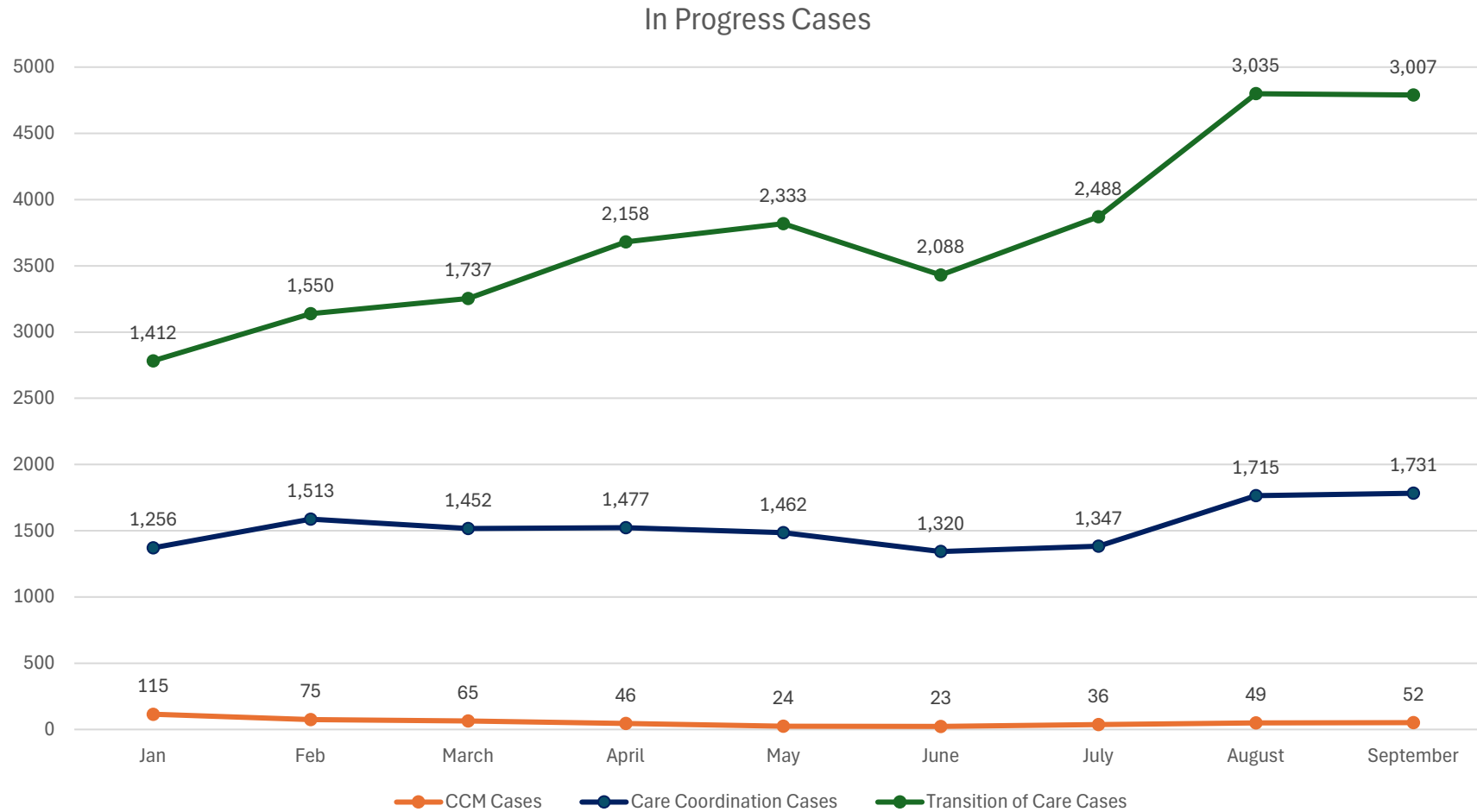
Source: Report 15118_PCS Compliance

EPSDT Referrals from UM to CM

- EPSDT Referral for 2021 DHCS Care Coordination CAP 2.1.2
  - OPUM Staff receiving ongoing refreshers to refer to CM

EPSDT Referrals into CM from UM

CM Volume – In Progress Cases

In Progress Cases

Legend: CCM Cases, Care Coordination Cases, Transition of Care Cases

TruCare Caseload #03342

5

CM Volume – In Progress Cases

	January 2024	February 2024	March 2024	Q1 2024 *(Average)*
CCM Cases	114	74	64	84
Care Coordination Cases	1,255	1,512	1,452	1,406
Transitions of Care Cases	1,412	1,550	1,737	1,566

	April 2024	May 2024	June 2024	Q2 2024 *(Average)*
CCM Cases	45	23	22	30
Care Coordination Cases	1,476	1,462	1,318	1,419
Transitions of Care Cases	2,158	2,333	2,086	2,192

|	July 2024	August 2024	September 2024	Q3 2024 *(Average)*
CCM Cases	36	49	52	46
Care Coordination Cases	1,347	1,715	1,731	1,598
Transitions of Care Cases	2,488	3,305	3,007	2,843

TruCare Caseload #03342

CM Volume – Analysis

- CCM In progress Cases at baseline.

- Care coordination cases at baseline.

- Increase in Transitional Care Services In Progress Cases
  - More cases in progress due to TCS cases being open longer due to caseload per staff.
  - CM placing staff on performance improvement coaching to assist with closing cases appropirately and bringing caseloads down.

Internal CCM Audit

- 2024 Q3 Audit Results
  - Reviewed Complex cases from Q3 2024, using NCQA auditing tool
  - Assessment Factors – 100% Q3 – at baseline of 100% previous quarter
  - Care Plan Factors –98% Q3, up from 88% previous quarter
- Conclusion:
  - CCM audit results showing improvement.
- CM clinical supervisor continues to provide weekly feedback to CM RN staff, second CM clinical supervisor will increase oversight bandwidth.
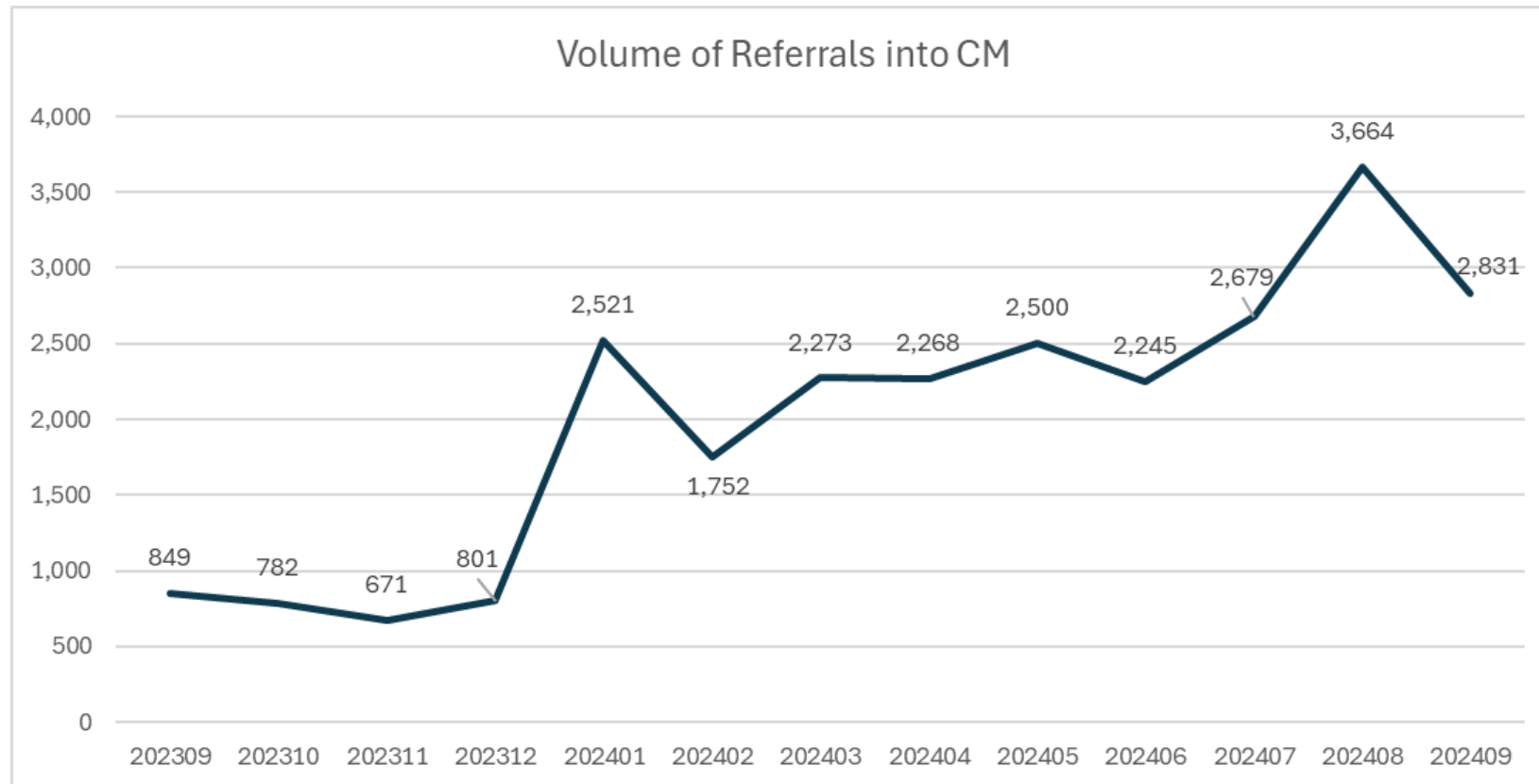
CM Referral Sources

Top Referral Sources in CM
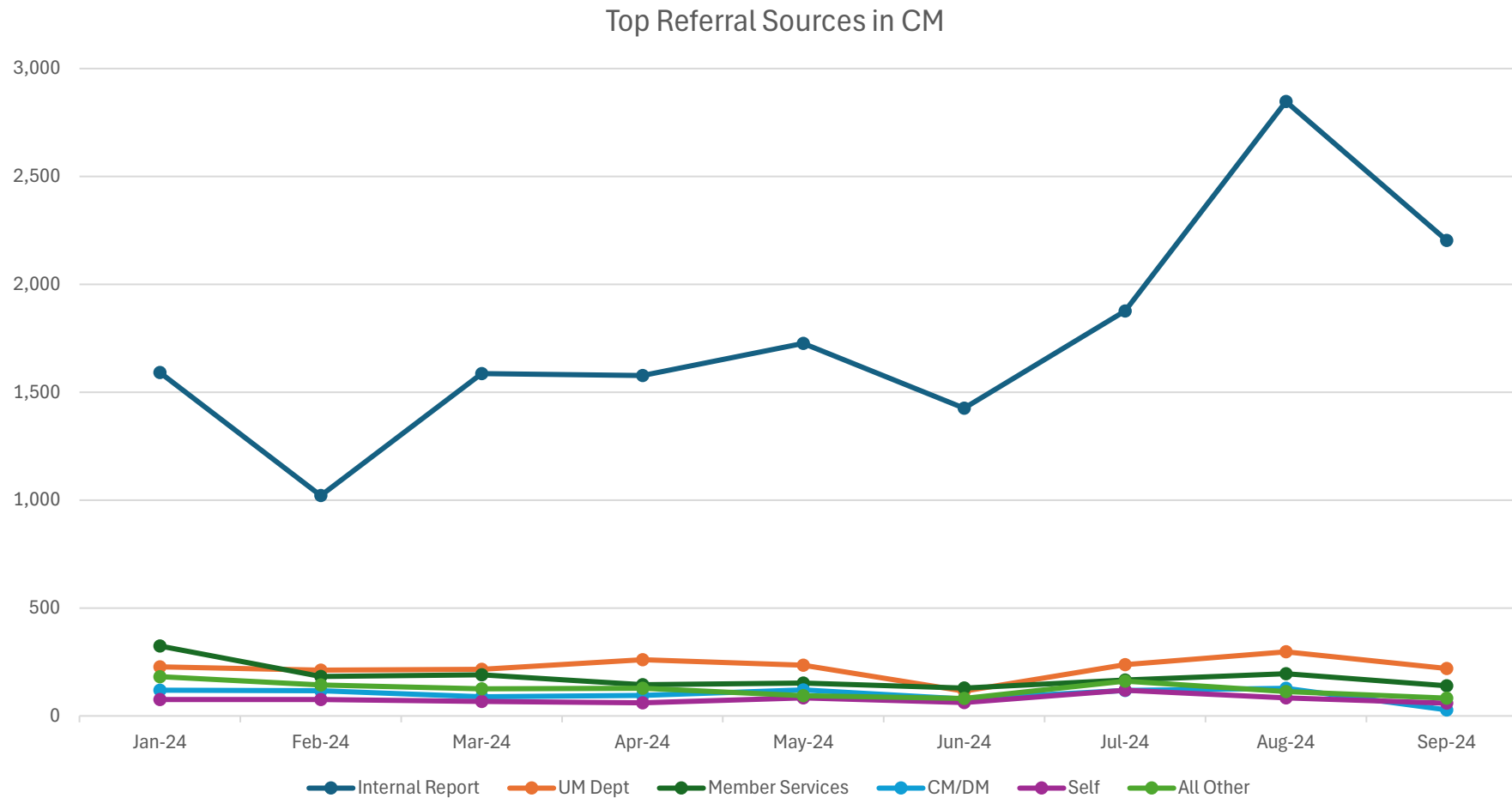
Quarterly Evaluation Update

Referrals by Referral Source	January 2024	February 2024	March 2024	Q1 2024 (Average)
Internal Report	1,592	1,021	1,586	1,400
UM Dept	228	212	216	219
Member Services	324	183	190	232
CM/DM	119	117	89	108
Self	76	76	67	73
All Other	182	143	125	150

Referrals by Referral Source	April 2024	May 2024	June 2024	Q2 2024 (Average)
Internal Report	1,578	1,727	1,426	1,577
UM Dept	261	235	115	204
Member Services	145	152	129	142
CM/DM	95	121	79	98
Self	61	83	62	69
All Other	128	94	81	101

Referrals by Referral Source	July 2024	August 2024	September 2024	Q3 2024 (Average)
Internal Report	1,877	2,847	2,203	2,309
UM Dept	238	297	220	252
Member Services	166	195	139	167
CM/DM	118	128	28	91
Self	119	84	59	87
All Other	161	113	82	119

#03881_Case and Disease Management Dashboard

# CM Referral Volume

Volume of Referrals into CM

CM Referrals- Analysis

Top Sources of Referrals into CMDM

- Review
  - Internal CM Sources
    - Internal Report (ADT Feed for TCS)
    - CMDM
- External Sources
  - Member Services
  - Self
  - UM Dept (OPUM and Other UM)
- All Others
  - External Report, Inpatient UM, Other, G&A, Advice Line, Compliance, Behavioral Health, PCP / Providers, Health Ed, Pharmacy, CCS
- Analysis
  - Increase in referrals in CMDM from 2024 Q2 to Q3
  - Majority of referrals are from internal report (ADT) feed related to TCS.
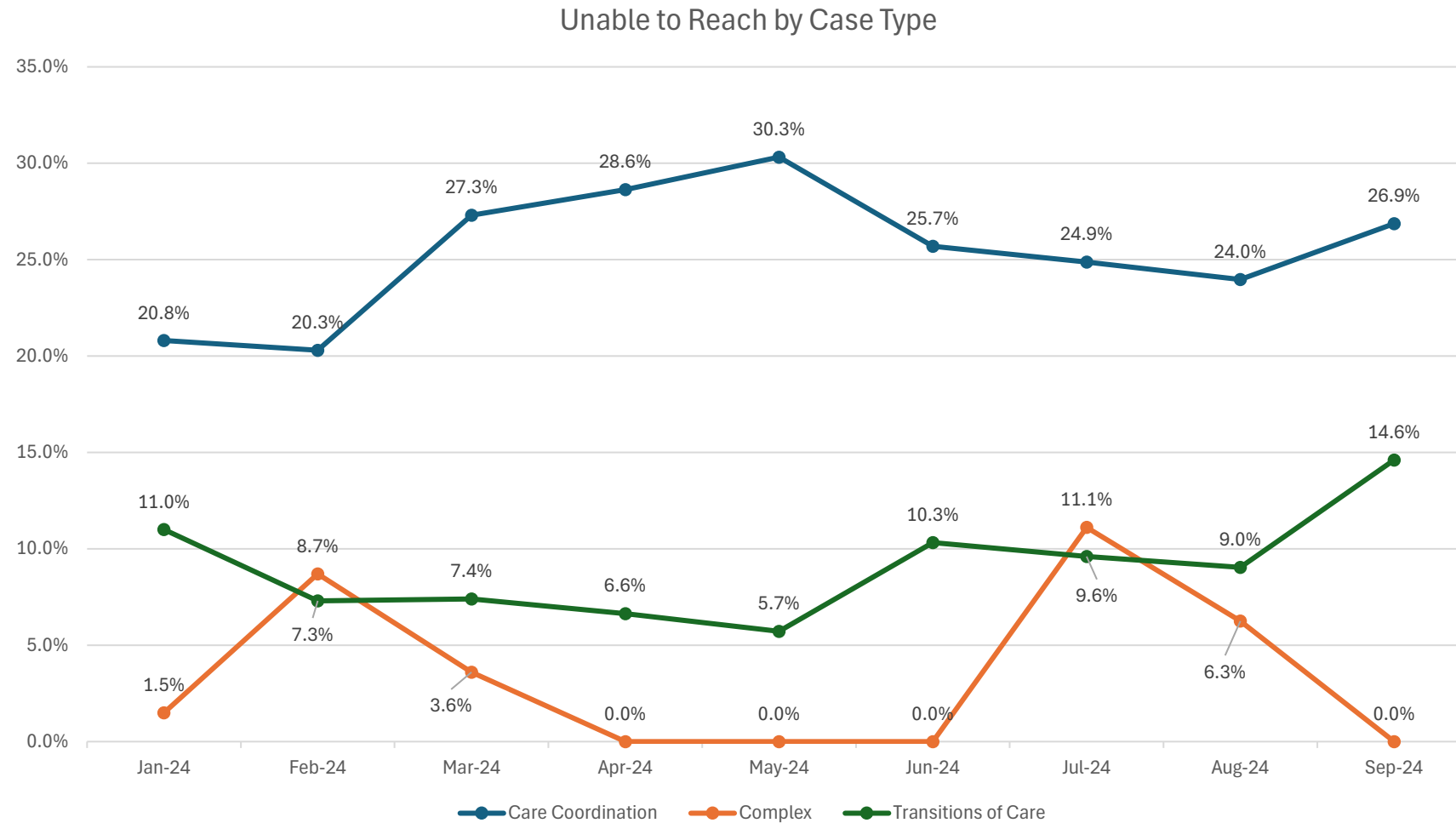
Quarterly Evaluation Update

Unable to Reach by Case Type	January 2024	February 2024	March 2024	Q1 2024 *(Average)*
Care Coordination	87	108	143	113
Complex	1	2	1	1
Transitions of Care	82	67	58	69

Unable to Reach by Case Type	April 2024	May 2024	June 2024	Q2 2024 *(Average)*
Care Coordination	195	208	140	181
Complex	0	0	0	0
Transitions of Care	69	71	99	80

Unable to Reach by Case Type	July 2024	August 2024	September 2024	Q3 2024 *(Average)*
Care Coordination	152	168	162	161
Complex	1	1	0	1
Transitions of Care	109	131	196	145

CM Connection Rates

Unable to Reach
- Transition of Care
  - Range of UATR:
    - This quarter (Q3 of 2024) 9-14%
    - Last quarter (Q2 of 2024) 5-10%
- Complex
  - Range of UATR:
    - This quarter (Q3 of 2024) 0-11%
    - Last quarter (Q2 of 2024) 0%
- Care Coordination
  - Range of UATR
    - This quarter (Q3 of 2024) 23-26%
    - Last quarter (Q2 of 2024) 25-30%

CM Connection Rates - Analysis

Unable to Reach Rates

- Overall
  - UTR Rates at Baseline
  - Connecting with at least 75% of member depending on program.
- Potential Drivers
  - Member contact information populated by county data.
- Strategies to mitigate the Unable to Reach rate:
  - Explore collaboration with CHW's to increase connection rate.

# Enhanced Care Management (ECM)

at Alameda Alliance for Health

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ECM Authorization Volume

	January 2024	February 2024	March 2024	Q1 2024 (Average)
Approvals	293	357	323	324
Partial Approvals	0	2	0	1
Denials	0	0	0	0

	April 2024	May 2024	June 2024	Q2 2024 (Average)
Approvals	350	377	220	316
Partial Approvals	6	4	0	3
Denials	0	1	0	0

	July 2024	August 2024	September 2024	Q3 2024 (Average)
Approvals	661	601	725	662
Partial Approvals	0	1	6	2
Denials	2	0	0	1

13360 - ECM Dashboard - Power BI

ECM Authorization Volume

ECM Authorization Volume
Q1 - Q3 2024
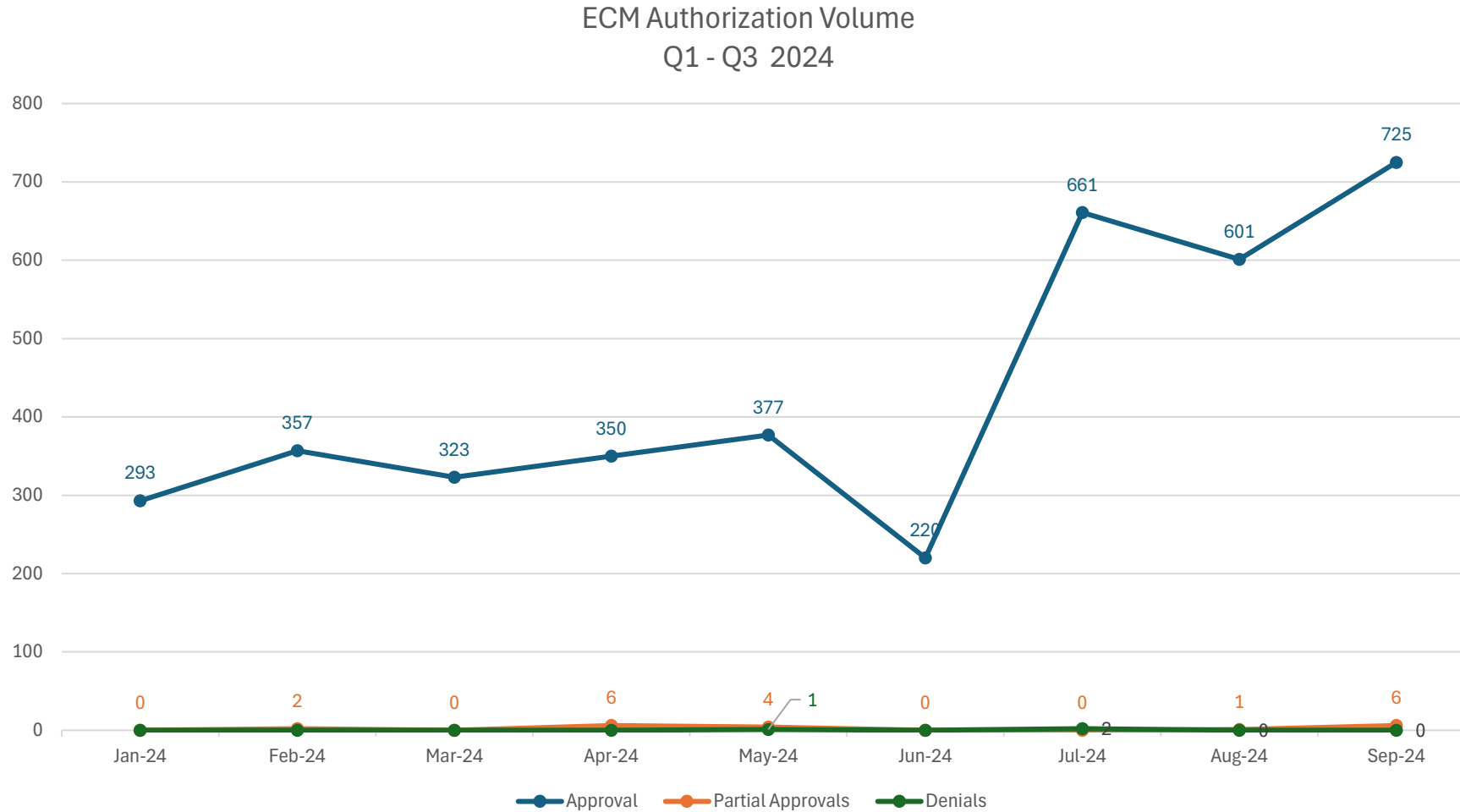
ECM Authorization Volume

Approvals

- The average approved authorizations in Q1 2024 was **324**
- The average approved authorizations in Q2 2024 was **316**
- The average approved authorization in Q3 2024 was **662**
- Q1 and Q2 showed consistent growth, with Q3 experiencing a sharp rise in approval volumes, peaking in September (725).

Partial – Approvals

- The average partial- approval authorizations in Q1 2024 was **1**
- The average partial- approval authorizations in Q2 2024 was **3**
- The average partial-approval authorizations in Q3 2024 was **2**

Denials

- Denials remained near-zero in Q1 and Q2, with only minor activity in Q3 (2 in July).

ECM Member Volume

	January 2024	February 2024	March 2024	Q1 2024 *(Average)*
Enrolled	2,435	2,531	2,733	2,566
Outreached	2,387	2,108	2,407	2,301
Completed	109	102	89	100

	April 2024	May 2024	June 2024	Q2 2024 *(Average)*
Enrolled	3,003	3,201	3,475	3,226
Outreached	1,236	950	1,066	1,084
Completed	74	56	37	56

	July 2024	August 2024	September 2024	Q3 2024 *(Average)*
Enrolled	3,888	3,952	3,920	3,920
Outreached	1,919	1,785	493	1,399
Completed	122	94	61	92

13360 - ECM Dashboard - Power BI

ECM Member Volume

ECM Membership: Enrolled, Outreached, Completed
Q1 - Q3 2024

13360 - ECM Dashboard - Power BI
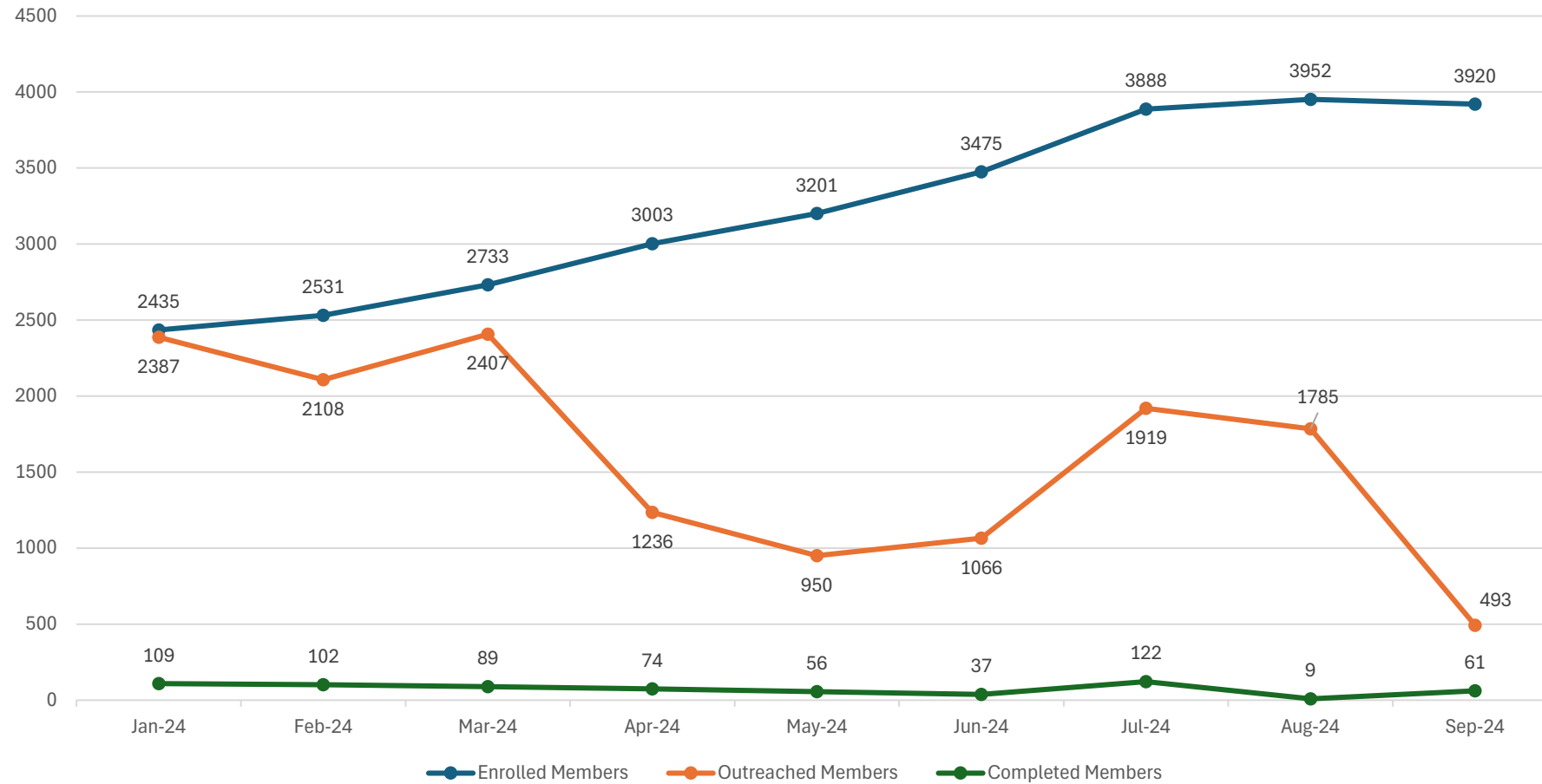
ECM Member Volume – Analysis

Enrolled Members

- There is an increase in the number of enrolled members from Q1 (2,566) to Q2 (3,266), with Q2 2024 seeing a significant rise in enrollment, **25.7% higher** on average than Q1. In Q3, enrollment continued to grow steadily, averaging 3,920 members, which is **21.5% higher** than Q2.

Outreached Members

- Outreach efforts dramatically declined in Q3 (1,399) compared to Q2 (1,084) and Q1 (2,301).
- The Q3 average of 1,399 members was **29% higher** than Q2 but still **39% lower** than Q1.

Completed Members

- Number of completed members has consistently decreased across both quarters. Q2's (56 members) average completion rate was **44% lower** than in Q1 (100 members)
- Q3 showed improvement, with an average of 64 members, representing a **14.3% increase** compared to Q2
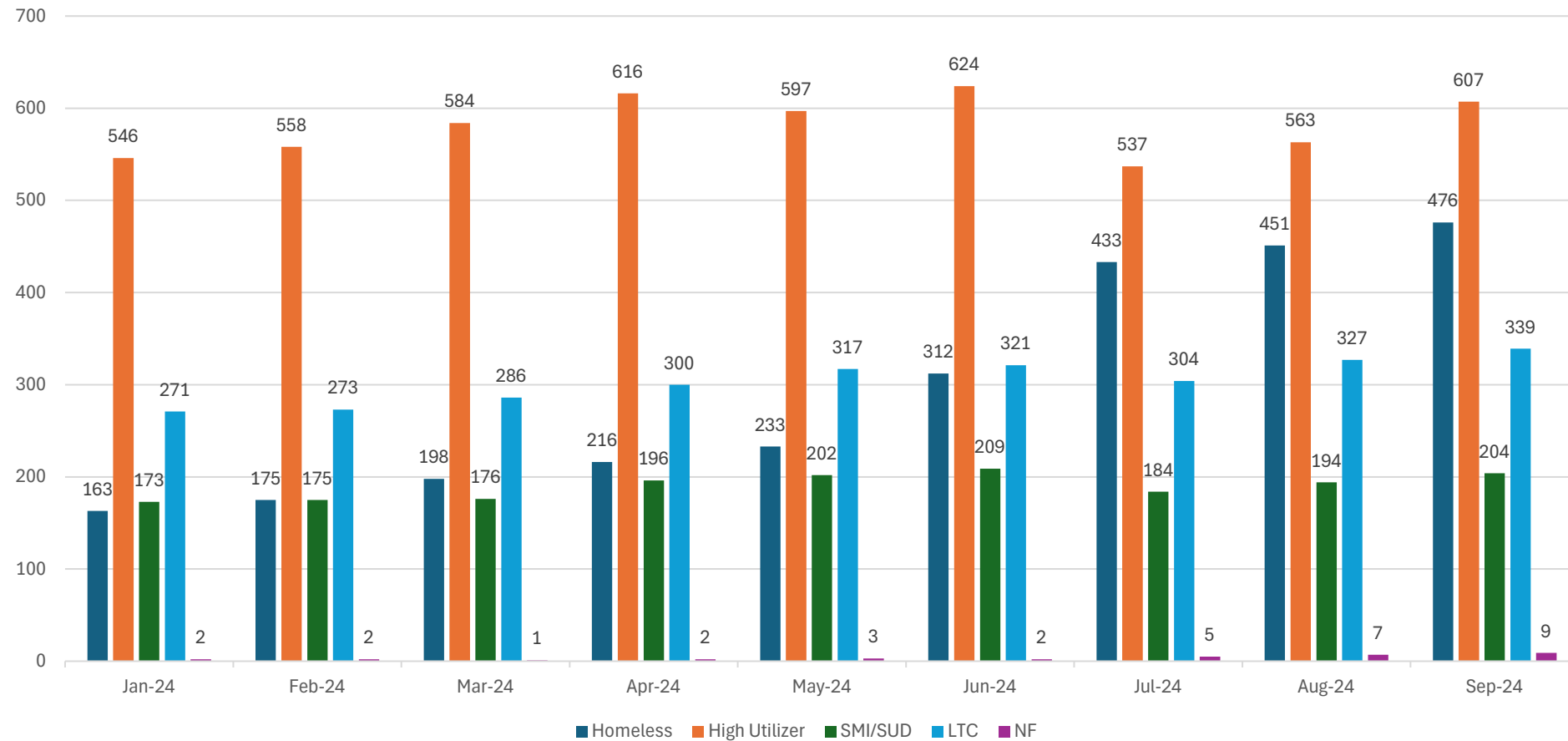
Adult ECM Members - Enrolled

	January 2024	February 2024	March 2024	Q1 2024 *(Average)*
Homeless	163	175	198	179
High Utilizer	546	558	584	563
SMI/SUD	173	175	176	175
LTC	271	273	286	277
NF	2	2	1	2

	April 2024	May 2024	June 2024	Q2 2024 *(Average)*
Homeless	216	233	312	254
High Utilizer	616	597	624	612
SMI/SUD	196	202	209	202
LTC	300	317	321	313
NF	2	3	2	2

	July 2024	August 2024	September 2024	Q3 2024 *(Average)*
Homeless	433	451	476	453
High Utilizer	537	563	607	569
SMI/SUD	184	194	204	194
LTC	304	327	339	323
NF	5	7	9	7

13360 - ECM Dashboard - Power BI

Adult ECM Members - Enrolled

Adult Enrolled ECM Members
Q1 - Q3 2024

13360 - ECM Dashboard - Power BI

Adult ECM Members – Analysis

Adult Homeless Population

- Growth continued into Q3, with the average increasing significantly to 453 enrolled, which is **78% higher** than Q2 (254) and **153%** higher than Q1 (179).

Adult High Utilizer Population

- Continues to see steady and consistent growth, with a Q2 average (612) that is **8.7% higher** than Q1 (563)
- In Q3, the average enrollment reached 569, representing a slight **7% decrease** compared to Q2, but remaining above Q1 levels.

Adult SMI/SUD Population

- Although the increases are smaller compared to other programs, the gradual upward trend shows consistent improvement, with a **15.4% increase** in the Q2 average over Q1.
- Enrollment remained strong in Q3, averaging 194, a **4.5% increase** compared to Q2

Adult LTC Population

- LTC adult population growth continued in Q3, with an average enrollment of 323, representing a **3.2% increase** over Q2 and a **16.6% increase** compared to Q1.

Adult NF Population

- Enrollments averaged 2 in Q1 and Q2, with a significant increase to an average of 7 in Q3, marking a **250% rise**
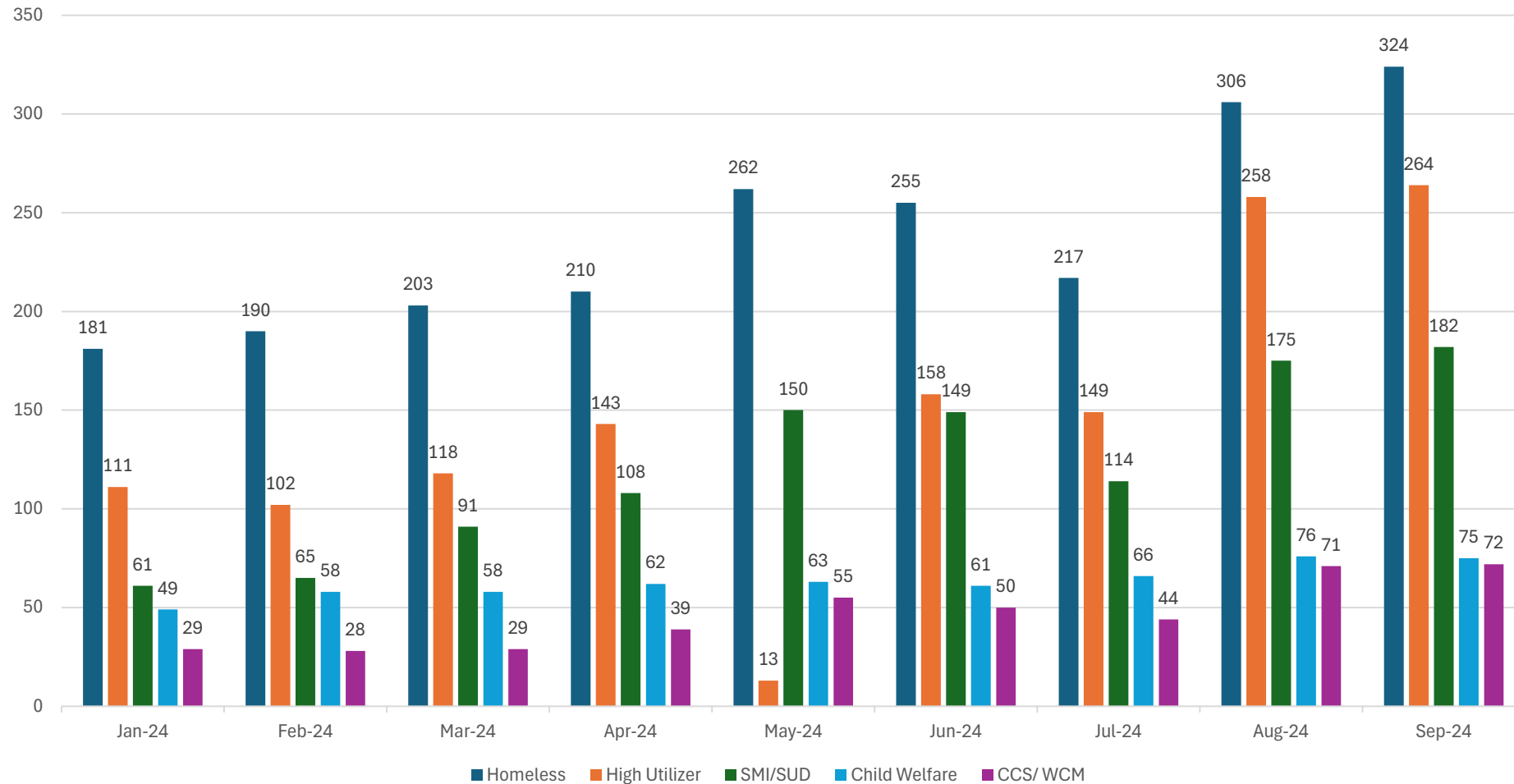
Children ECM Members - Enrolled

	January 2024	February 2024	March 2024	Q1 2024 *(Average)*
Homeless	181	190	203	191
High Utilizer	111	102	118	110
SMI/SUD	61	65	91	72
Child Welfare	49	58	58	55
CCS/ WCM	29	28	29	29

	April 2024	May 2024	June 2024	Q2 2024 *(Average)*
Homeless	210	262	255	242
High Utilizer	143	13	158	105
SMI/SUD	108	150	149	136
Child Welfare	62	63	61	62
CCS/ WCM	39	55	50	48

	July 2024	August 2024	September 2024	Q3 2024 *(Average)*
Homeless	217	306	324	282
High Utilizer	149	258	264	224
SMI/SUD	114	175	182	157
Child Welfare	66	76	75	72
CCS/ WCM	44	71	72	62

13360 - ECM Dashboard - Power BI

Children ECM Members – Analysis

Children Homeless Population

- In Q3, the population grew even further to an average of 282, reflecting a **16.5% increase** compared to Q2 (242) and a **47.6% increase** over Q1 (191).

Children High Utilizer Population

- Q1 saw a modest increase with a 110 average, but Q3 saw a surge to an average of 224, marking a **47.4% increase** compared to Q2 (105)

Children SMI/SUD Population

- Q3 enrollment continued to rise, averaging 157, which represents a **23.6% increase** over Q2 (136) and a **118.1% increase** compared to Q1 (72).

Child Welfare Population

- Q3 enrollment surged to an average of 72, reflecting a **16.1% increase** compared to Q2 (62) and a **30% increase** from Q1 (55).

Child CCS/WCM Population

- Q3 enrollment surged to an average of 62, reflecting a **37.8% increase** compared to Q2 (48) and a **113.8% increase** from Q1 (29).

Grandfathered Members

	January 2024	February 2024	March 2024	Q1 2024 *(Average)*
Enrolled	367	364	355	362
Outreached	0	1	0	0
Completed	27	24	19	23

	April 2024	May 2024	June 2024	Q2 2024 *(Average)*
Enrolled	347	328	328	334
Outreached	1	4	2	2
Completed	16	10	8	11

	July 2024	August 2024	September 2024	Q3 2024 *(Average)*
Enrolled	324	309	299	311
Outreached	2	7	0	3
Completed	18	12	10	13

13360 - ECM Dashboard - Power BI

Grandfathered Members

Grandfathered Members: Enrolled, Outreached, Completed
Q1 - Q3 2024

13360 - ECM Dashboard - Power BI
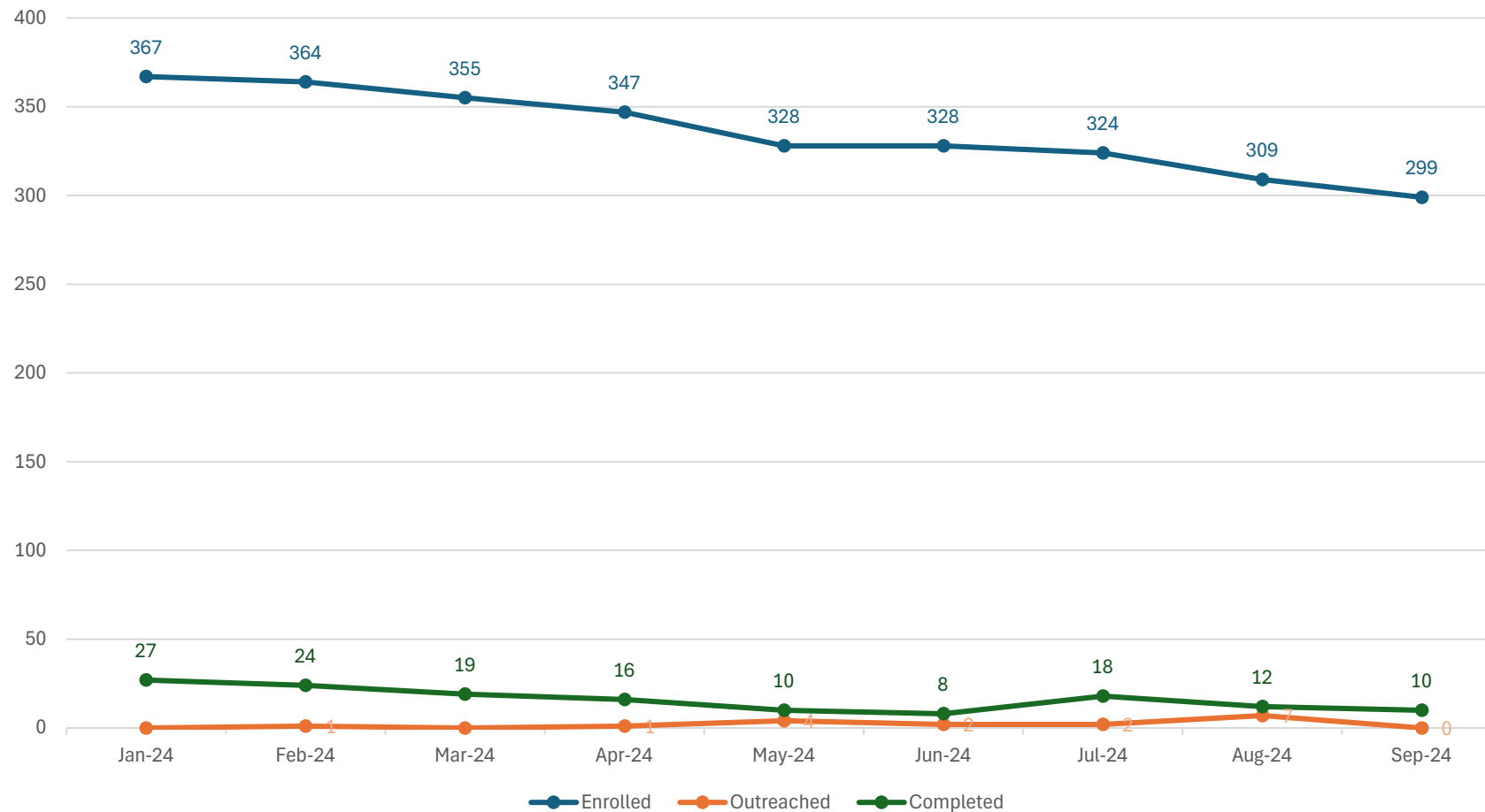
Grandfathered Members – Analysis

Enrolled Members

- The decline in enrolled grandfathered members continued across Q3, with an average of 311 members compared to 334 in Q2 and 362 in Q1.

Outreached Members

- Outreaching efforts showed a slight increase in Q3 (3) compared to Q1 (0) and Q2 (2).

Completed Members

- The completion rate for enrollments steadily decreased throughout the first half of the year, with Q2 (11) from Q1 (23)
- The completion rate fluctuated in Q3, with a significant rise in July (18 completions).

ECM Impact Analysis - 2024

	Admits/1000	BedDays/1000	ALOS	Readmits/1000
Pre ECM-Enrolled	362	1,952	5.4	117
Post ECM Enrolled	189 - 47.9%	953 - 51.2%	5.1 - 6.2%	59 - 49.3%

	ER Visits/1000	ER Cost PMPM
Pre ECM-Enrolled	1,254	$111
Post ECM Enrolled	754 - 40.0%	$86 - 22.5%

13360 - ECM Dashboard - Power BI

ECM Impact – Analysis

Admits/1000
- 47.9% decrease in hospital admissions following the completion of the ECM program

BedDays/1000
- 51.2% reduction in bed days suggests that even when hospitalizations occurred

ALOS
- The ALOS slightly decreased by 6.2%, reflecting more effective and timely care that reduces the need for extended hospital stays.

Readmits/1000
- There was a 49% reduction in readmissions

ER Visits/1000
- Number of emergency room visits decreased by 40% post-ECM, reflecting improved management of urgent health issues and access to primary and preventive care

Alameda County Public Health CHNA/CHIP

Gil Duran
Carolina Guzman

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Agenda

- Introduction to Alameda County Health and the Public Health Department

- Alameda County Health Status

- Community Health Needs (CHNA)

- Community Health Improvement Plan (CHIP)

- Getting involved

Public Health Department
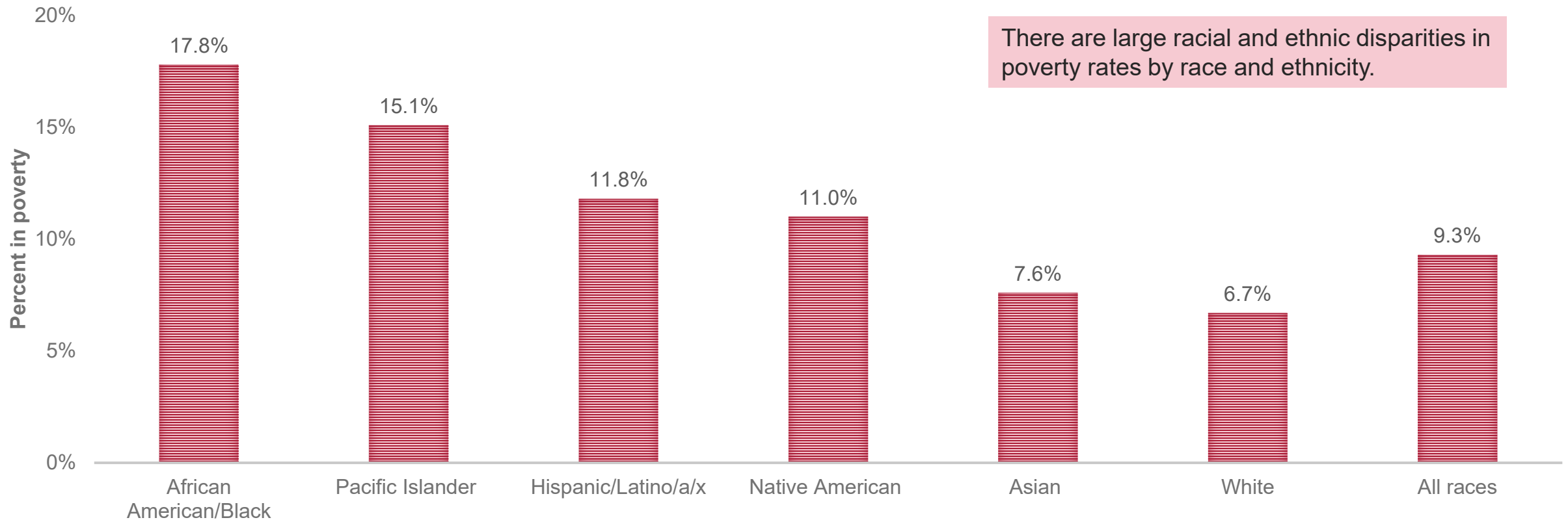Alameda County Health
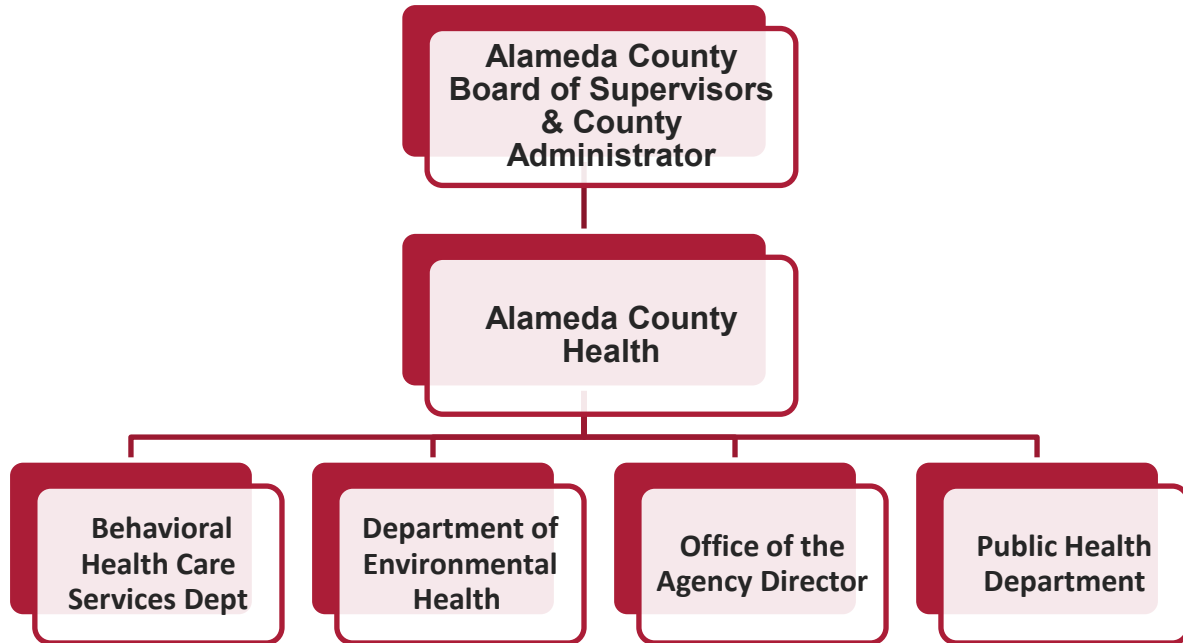
Racial and ethnic inequities in poverty

2021 ALAMEDA COUNTY POVERTY RATE BY RACE AND ETHNICITY

There are large racial and ethnic disparities in poverty rates by race and ethnicity.

Percent in poverty

- African American/Black: 17.8%
- Pacific Islander: 15.1%
- Hispanic/Latino/a/x: 11.8%
- Native American: 11.0%
- Asian: 7.6%
- White: 6.7%
- All races: 9.3%

Source: American Community Survey (ACS)
Notes: The ACS does not break out the races mutually exclusive of Hispanic/Latino/a/x except for White.

Public Health Department
Alameda County Health

4

Racial and ethnic inequities in rent burden

Alameda County percent of renters with high rent burden, 2017-2021, by race and ethnicity

Percent of renters with high rent burden

There are large racial and ethnic disparities in rent burden by race and ethnicity.

- African American/Black: 54.2%
- Native American: 49.8%
- Hispanic/Latino/a/x: 47.4%
- Pacific Islander: 43.0%
- White: 39.1%
- Asian: 37.2%
- All races: 43.7%

Public Health Department
Alameda County Health

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Already large racial and ethnic disparities in life expectancy in Alameda County grew worse in 2020-2021

Alameda County life expectancy by race and ethnicity, 2018-2019 and 2020-2021

Life Expectancy at Birth (Years)

Time Period

13.2 years

15.9 years

87.1 → 86.4
82.8 → 82.0
82.8 → 81.5
82.4 → 79.9
77.9 → 74.2
74.8 → 70.8
73.9 → 70.5

Asian
White
All Races
Hispanic/Latino/a/x
Native American
African American/Black
Pacific Islander
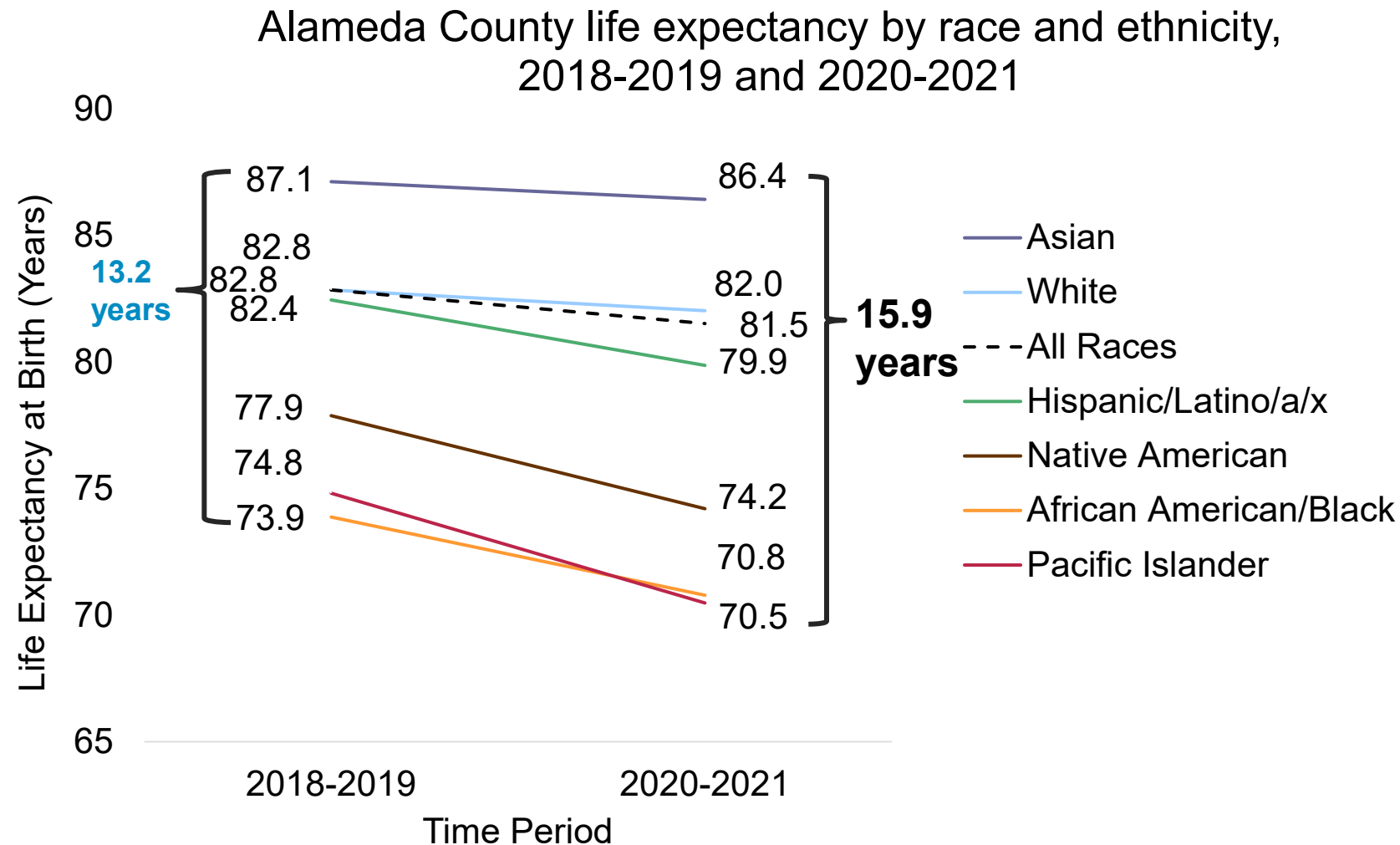
The already-large gap in life expectancy by race and ethnicity grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021

Public Health Department
Alameda County Health

6

Community Health Needs Assessment
&
Community Health Improvement Plan

Public Health Accreditation Foundational Plans

Community Health Needs Assessment 2022-2025

The CHNA takes a comprehensive look at the health of Alameda County residents by studying a combination of the social determinants of health and specific health outcomes of individuals, neighborhoods, and populations.

https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/chip/docs/chna-2022-25.pdf

CHNA & CHIP Partners 2024-2027
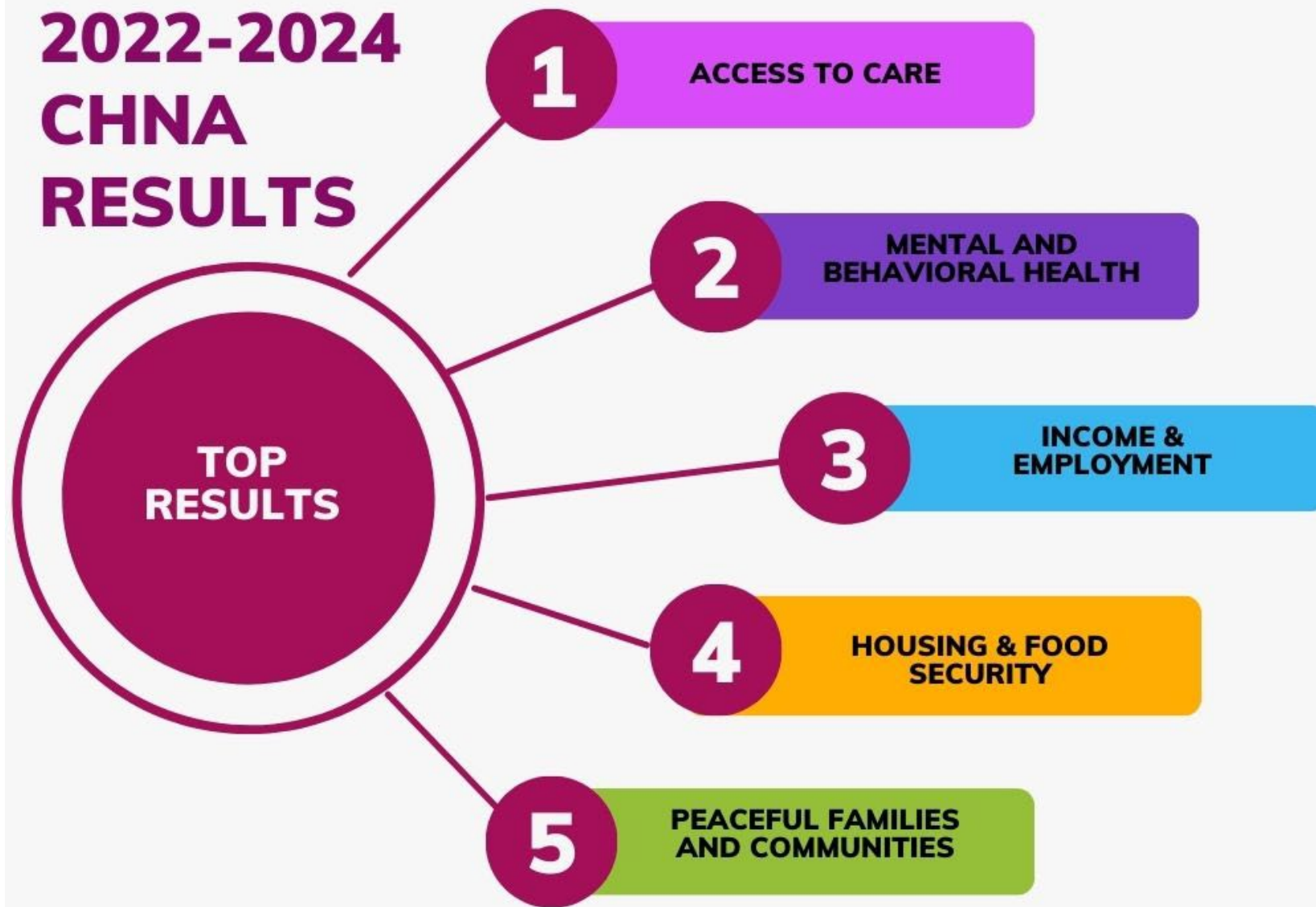
What is a Community Health Improvement Plan?

"An action-oriented plan for addressing the most significant health issues identified by community partners based on quantitative and qualitative data for a given community*."

The CHIP builds upon the Community Health Needs Assessment (CHNA) by addressing Countywide prioritized health needs.

*Healthy Marin Partnership: A Community Health Improvement Plan. Accessed April 21, 2023

https://acphd-web-media.s3-us-west-2.amazonaws.com/media/programs-services/chip/docs/community-health-improvement-plan-2023-25.pdf

ALAMEDA COUNTY HEALTH CARE SERVICES AGENCY
PUBLIC HEALTH DEPARTMENT

Community Health Improvement Plan
2023-2025
January 2024

Public Health Department
Alameda County Health

2023-2025 CHIP Priority Areas

ACCESS TO CARE

- Early screening for chronic conditions: diabetes, heart diseases, STIs, immunization
- Preventative services for pregnant and parenting individuals
- Early childhood screening services and health promotion

PROMOTE ECONOMIC SECURITY & OPPORTUNITIES

- Combat hunger and food insecurity.
- Promote guaranteed basic income among pregnant and parenting individuals
- Connect people to safety net services and programs

COMMUNITIES AND INDIVIDUALS FREE FROM VIOLENCE

- Data collection: Define the nature and scope of the violence problem.
- Narrative change: Understand and convey why violence occurs, who it affects, define risk and protective factors
- Scaling up best and promising practices: researching prevention and intervention strategies.
- Policy Advocacy: Promote and support community power and leadership efforts

Public Health Department
Alameda County Health

CHIP Timeline

Convene External Partnership
May 2024

Identify TA Needs
Summer/Fall 2024
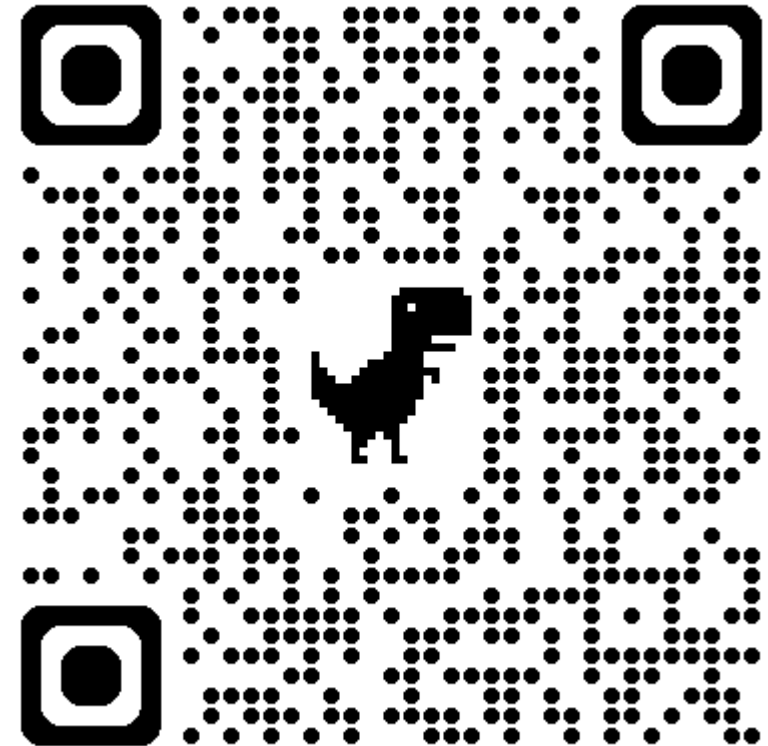
Ongoing Implementation
Fall 2024- Spring 2025

Alameda Co Public Health Department

Sign up for one or more of the Community Health Improvement Plan Workgroups:

1) Access to Care

2) Economic Security

3) Peaceful families and communities

https://app.smartsheet.com/b/form/990207deb74d4f7086791a0eb8f9357e

Public Health Department
Alameda County Health

Contact

- Carolina Guzmán, QI Manager

Carolina.guzman@acgov.org

- Andrea Wise, Program Specialist

Andrea.wise@acgov.org

Public Health Department
Alameda County Health

PQI Updates

Christine Rattray

ALAMEDA
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PQI Dashboard

2024 Q4

Run Date:	01/13/2025

PQI Referrals By Quarter

Quarter	# PQIs
2024 Q1	3204
2024 Q2	2566
2024 Q3	2055
2024 Q4	2030
Total:	9855
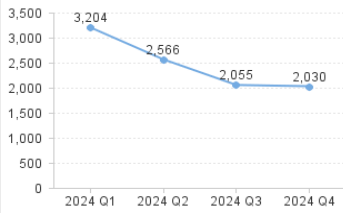
Turn Around Time to Resolve a PQI
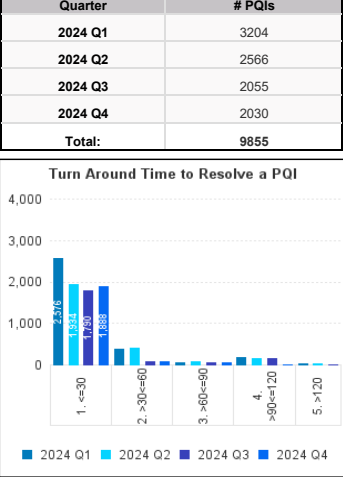
PQIs Still Open by Quarter Received

Quarter	# PQIs
2024 Q3	2
2024 Q4	526
Total:	528

PQI Classification by Quarter
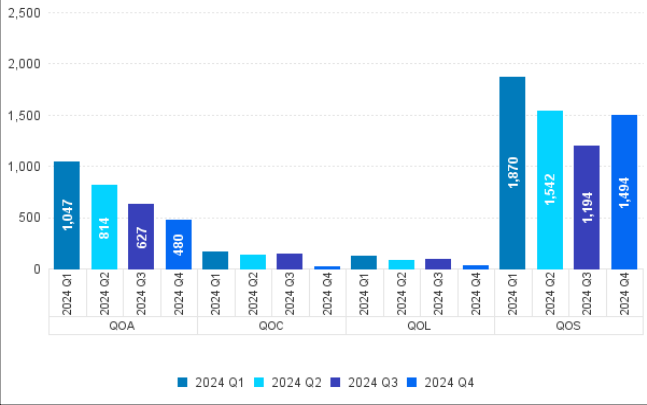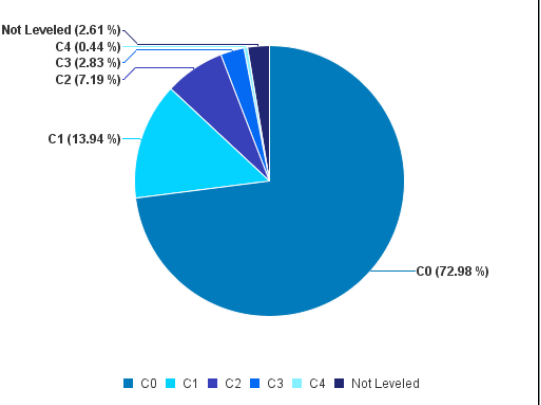
	2024 Q1	2024 Q2	2024 Q3	2024 Q4	Total
QOA	1047	814	627	480	2968
QOC	165	131	141	22	459
QOL	122	79	93	34	328
QOS	1870	1542	1194	1494	6100
Total:	3204	2566	2055	2030	9855

QOC Leveling

Not Leveled (2.61 %)
C4 (0.44 %)
C3 (2.83 %)
C2 (7.19 %)
C1 (13.94 %)
C0 (72.98 %)

	2024 Q1	2024 Q2	2024 Q3	2024 Q4	Total
C0	132	99	96	8	335
C1	19	23	17	5	64
C2	8	7	13	5	33
C3	6	1	5	1	13
C4		1	1		2
Not Leveled			9	3	12
Total:	165	131	141	22	459

Exempt Grievance Audit Report

Q2 2024 – Q3 2024

Presented at IQIC
January 15, 2025

ALAMEDA
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Overview

Purpose:

- To ensure clinical monitoring of Exempt Grievances for Potential Quality of Care, Service, Language and Access Issues per Alliance Policy and Procedure: QI-104, Potential Quality Issues.

Methodology:

- Quarterly review of **100** randomly selected Exempt Grievances from the universe of all Exempt Grievances received during the reporting period. Cases are reviewed to determine if they were correctly identified for referral to the Quality Dept for investigation.

- Goal: ≥ 90% of Exempt Grievances will be correctly identified and appropriately referred to Quality for review.
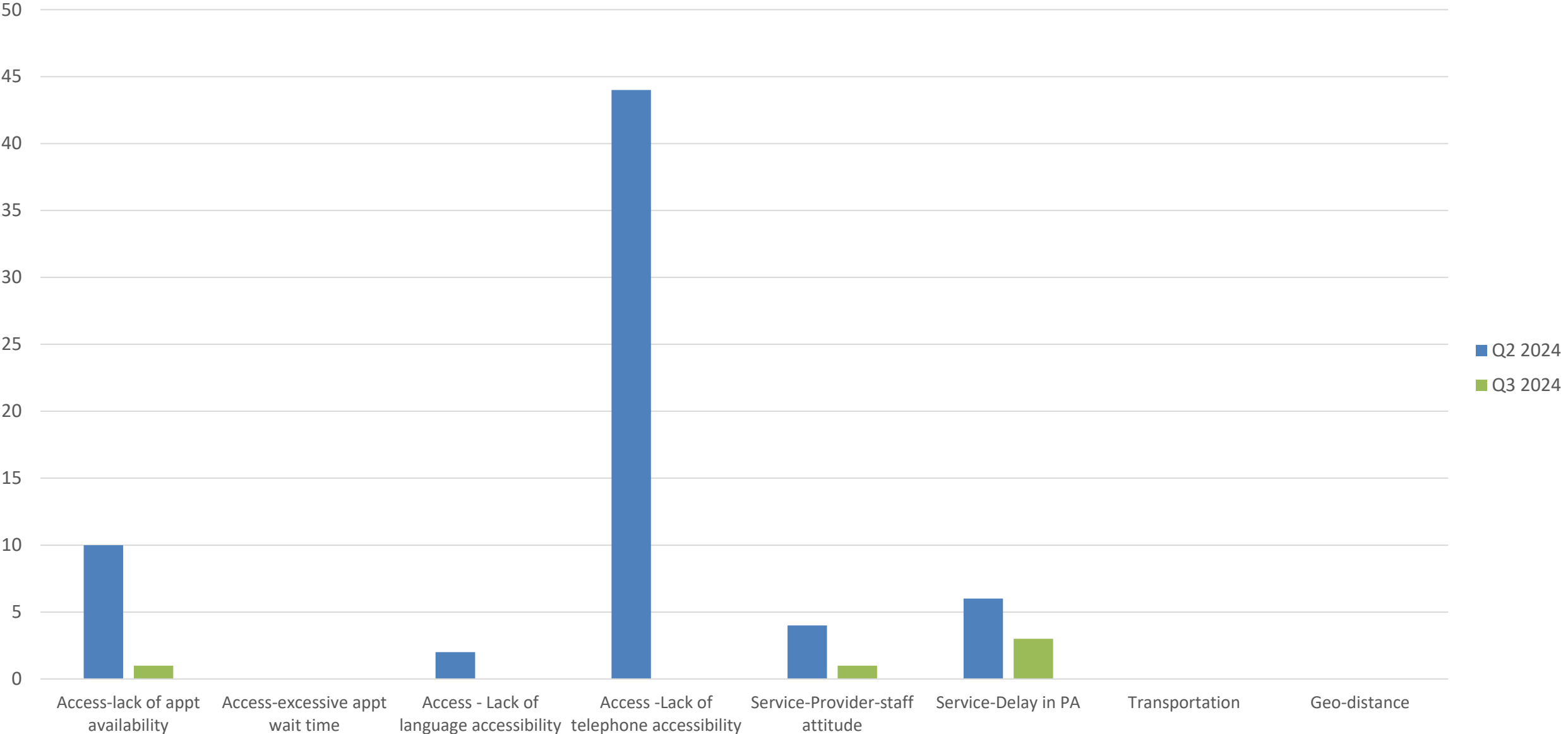
Results

Performance rates

	Q4 2023	Q1 2024	Q2 2024	Q3 2024
Numerator	100	100	100	100
Denominator	100	100	100	100
Performance Rate	100%	100%	100%	100%
Gap to Goal	NA	NA	NA	NA
Universe (n)	4448	7162	5383	5444

Performance Rate Per Quarter
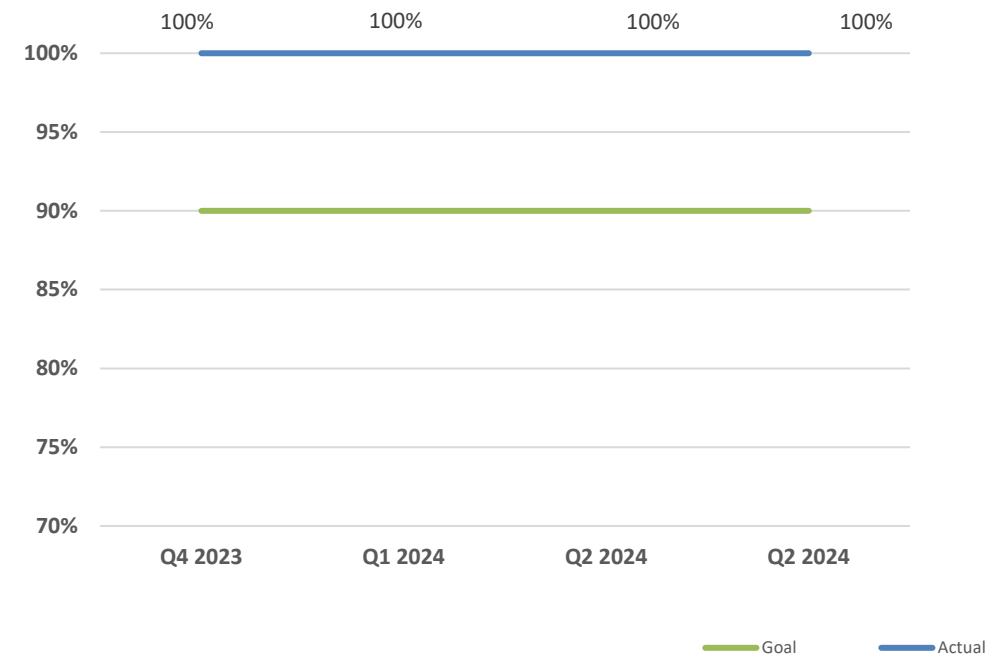
Exempt Grievance Categories referred as PQI
Q2 2024 & Q3 2024

Results and next steps:

▸ Of the subcategories identified as Exempt Grievances that were referred for PQI review in Q2 & Q3, 2024, the majority of grievances received in QI as PQIs were related to Appointment Access and Delay in Prior Authorizations, followed by Telephone Access and Provider/Staff Attitude.

▸ The goal of 90% was met successfully at a rate of 100% in the 200 randomly selected cases for Q2 2024 and Q3 2024. No areas were identified for process improvement.

▸ Quality Improvement will continue to audit, and track and trend Exempt Grievance results at the rate of 100 cases per quarter with collaborative efforts for improvement where appropriate with Member Services and G&A.

Questions?

Name of Report: Clinical Reviewer PQI Case File Audit Report for Quality-of-Service Issues

Reported by: Christine Clark Rattray, RN QI Clinical Supervisor	**Date:** 1/15/25

Reporting period: Q2 2024 – Q3 2024

Purpose: To ensure accurate and appropriate clinical documentation, monitoring, and oversight of   Quality-of-Service (QOS) PQI case files.
Quality of Access (QOA) cases are referred to the Access & Availability team while Quality of Language (QOL) cases are referred to the Cultural and Linguistics team for evaluation and appropriate intervention.
All Quality-of-Care cases are audited by the Senior Medical Director of Quality or designated Medical Director at weekly case review meetings.

Results	**Q4 2023** **Case Files Reviewed Volume** QOS cases = 60 **Compliance Rate: 100%** Goal: ≥90% Goal exceeded **4/4 RN Reviewers**	**Q1 2024** **Case Files Reviewed Volume** QOS cases = 60 **Compliance Rate: 98%** Goal: ≥90% Goal exceeded **4/4 RN Reviewers**	**Q2 2024** **Case Files Reviewed Volume** QOS cases = 59 **Compliance Rate: 98%** Goal: ≥90% Goal exceeded **4/4 RN Reviewers**	**Q3 2024** **Case Files Reviewed Volume** QOS cases = 48 **Compliance Rate: 99%** Goal: ≥90% Goal exceeded **4/4 RN Reviewers** **(QI SVR stopped doing QOS reviews in Q3 2024)**
Oversight Methodology	QI Clinical Supervisor or designated clinical staff audits 5 QOS PQI case files/month for each Quality Review RN. Case files are audited for accurate and appropriate documentation that includes: {::nomarkdown}<ol type="i"> - Timely review and resolution within 120 days - PQI type - appropriately classified - Assessment of problem/grievance - Planned investigation - Intervention carried out according to plan - Evaluation/Resolution {:/} -Pass rate of ≥90% must be met. -Retraining of QI Review Nurse will be conducted for a score of less than 90%.			
Data source:	PQI Application Database			
Improvement Opportunities	No opportunities for improvement identified at this time for any RN reviewer			
Interventions for Improvement Opportunities:	Continuous auditing of Quality of Service (QOS) cases to determine compliance with established TATs and provision of refresher training where appropriate.			
Next Steps:	Ongoing Auditing of PQI case files with identification for training opportunities			

Quality Focused Community Advisory Committee (CAC) Update

QIHEC February 15, 2025

Linda Ayala, Director, Population Health & Equity

Community Advisory Committee

▸ Provides a link between the Alliance and the community.

▸ Reflects the Alliance's member population diversity

▸ Advises the Alliance on the development and implementation of policies and procedures that affect cultural and linguistic access, quality, and health equity.

▸ Meets quarterly: March, June, September and December

2024 CAC Input Summary

CAC Input: Health Education

▷ Promote Member Materials – Use of Benefits

▶ Clinics, Staff, Community partners (IHSS, Regional Center) and Alliance Newsletter to promote materials, care books and benefits.

▶ Focus on preventive care – signs and symptoms of illnesses, cancer screenings. Member Spotlight – stories about seeking preventive care.

▶ "Did you know" regarding benefits - section – coverage during travel, how to file a grievance from member perspective.

▶ Remove silos – ex. connect nutrition to medically tailored meals.

CAC Input – Population Health

▷ Promoting Screenings and Well Visits, inequities

- ▶ Members: Interested in understanding why not coming in for visits
  - → Trust in doctors?
  - → Not affordable to get to?
  - → Consider targeted age groups for feedback and outreach.
- ▶ Suggest having African American staff conduct surveys with African American members to get feedback.
- ▶ It may be difficult for members to go to another location for a mammogram due to disability or family to care for.
- ▶ Consider if there is a shortage of providers offering the service.
- ▶ Telehealth might work for follow-up, or for people who can't come into the office, but also important to have a trusted, compassionate relationship with a doctor, especially for new symptoms and medications or serious matters.

CAC Input – Alliance Services

▷ Doulas

  ▶ Support for Alliance offering doulas, especially for African Americans

  ▶ Promote with OB/GYN, PCPs, and La Leche League

▷ Dissatisfaction on ABA Services: Concerns about high turnover of staff, minimal qualifications, and low pay.

▷ ModivCare

  ▶ Increase outreach – Member Spotlight feature on why people like ModivCare, how easy it is to make a complaint so AAH can improve the program.

  ▶ Challenges with using for regular dialysis appointments

CAC Input – Communications, G&A

▷ Outreach

▶ Radio or television campaigns may work best for certain communities, for example newcomers or older Latinx population

▶ Many members have access to the internet through their phone, face recognition for login to the AAH portal

▶ People may use email and text more than other modes of communication

▶ CAC provided input into proposed logo and Medicare name – liked diverse colors, wanted clear meaning with symbol and name, create a positive response to logo and name

▷ G&A

▶ Concern about ease of filing grievances, and delays in processing, administrative issues (mailing system, etc.)

CAC Input: Alameda County Public Health Needs Assessment

▷ Health Equity

   ▶ Data shows African Americans continuing to experience some of the worst health outcomes year after year.

      → More work is needed to solve problem.

      → If the population is truly outreached successfully, then we should see improvements.

   ▶ Important to assess needs of young adults, elders and children and understanding mental health needs.

▷ Public Health Services

   ▶ Increase ease of accessing public health services, inform members about services.

   ▶ Concern about food quality and access – high prevalence of liquor stores, lack of local grocery stores, billboards promoting unhealthy food.

   ▶ Concern about housing – how to ease rent burden

CAC Input – Non-Specialty Mental Health Outreach and Education plan

▷ Interest in ease of access to talk to someone about mental health problems and how the Alliance helps members connect to services.

▷ Concern that someone with a mental health condition may not be as consistent with follow up.

▷ Clarification requested about need for pre-authorization.

▷ Community organization's social media may be a good way to get information out.

▷ Provider referrals are helpful.

▷ Suggested partnering with sports teams to reduce mental health condition stigma.

Thank you!

Questions?

You can contact me at:

Linda Ayala, MPH

Director, Population Heatlh & Equity

✉ layala@alamedaalliance.org

Non-Specialty Mental Health Services Outreach and Education Plan
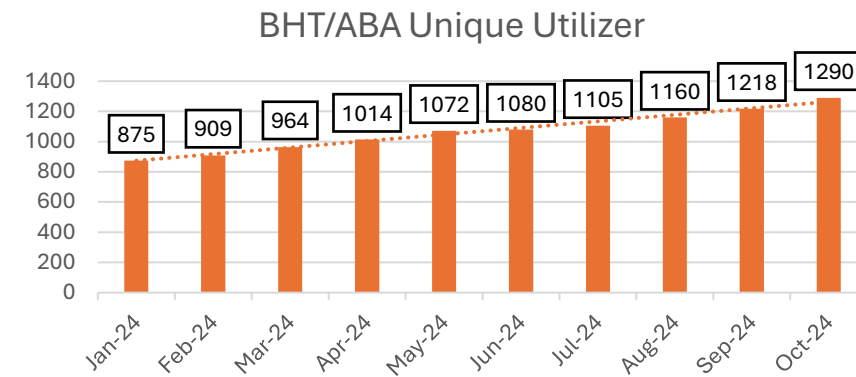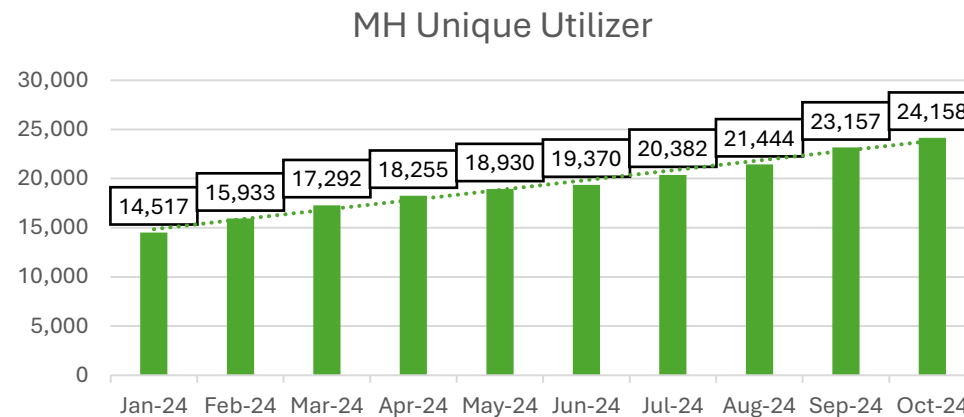
Andrea DeRochi

Behavioral Health

Topics

- Behavioral Health Treatment (BHT)/Applied Behavioral Analysis (ABA)

- Non-Specialty Mental Health Services (NSMHS) Utilization Assessment

- NSMHS Education & Outreach Plan

Topics 2024 Utilization (Jan-Oct)

There has been a consistent increase in the number of unique utilizers each month.

Q4 2024 UM Summary

Q4 2024 Determinations			
	24-Oct	24-Nov	24-Dec
Approvals	589	474	634
Partial Approval	0	0	0
Denials	2	1	2
Total	591	475	636

*Goal ≤ 5% BH Denial Rates		
24-Oct	24-Nov	24-Dec
0.01%	0.01%	0.01%

The increase in authorizations observed in December was due to the established process for BHT authorization, which requires a review of Behavioral Health Treatment Plans every six months.

Q4 2024 UM Summary

MH TAT			
*Goal ≥95%	24-Oct	24-Nov	24-Dec
Determination TAT%	99%	95%	98%
Notification TAT%	94%	97%	97%

| BHT TAT			
*Goal ≥95%	24-Oct	24-Nov	24-Dec
Determination TAT%	97%	98%	100%
Notification TAT%	99%	100%	96%

The Behavioral Health department actively manages the UM TAT requirements set by DHCS for authorization requests. Ongoing monitoring, coaching, and education is maintained to ensure compliance.

Q4 2024 Medi-Cal Screening Tools

Total # Medi-Cal Screening Tools			
	24-Oct	24-Nov	24-Dec
Youth Screenings	60	60	69
Adults Screenings	127	124	134

- In compliance with the No Wrong Door policy, the Alliance completes the DHCS-required screening tools when members are seeking to start new mental health services. The screening tools determine if members meet the criteria to be referred to ACBH for Specialty Mental Health Services.

Q4 2024 Care Coordination

MH Care Coordination

BHT Case Coordination
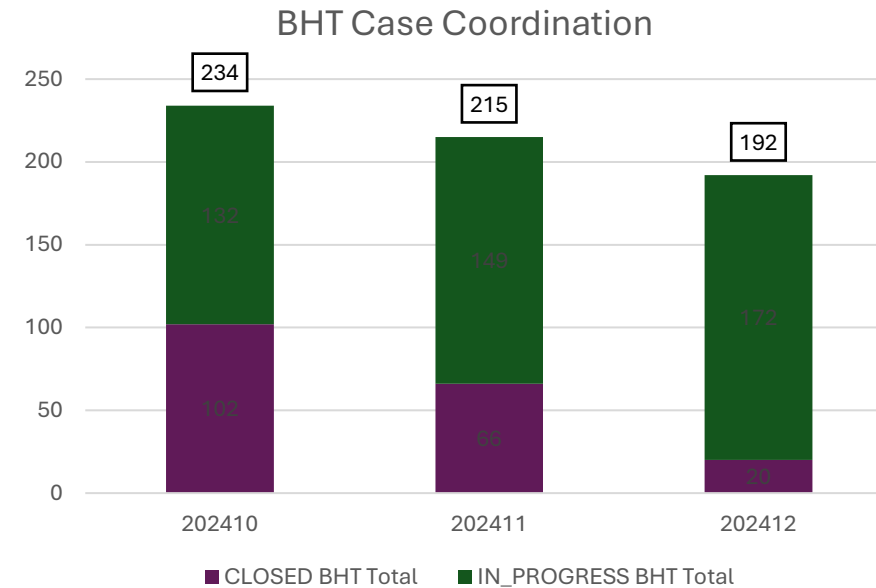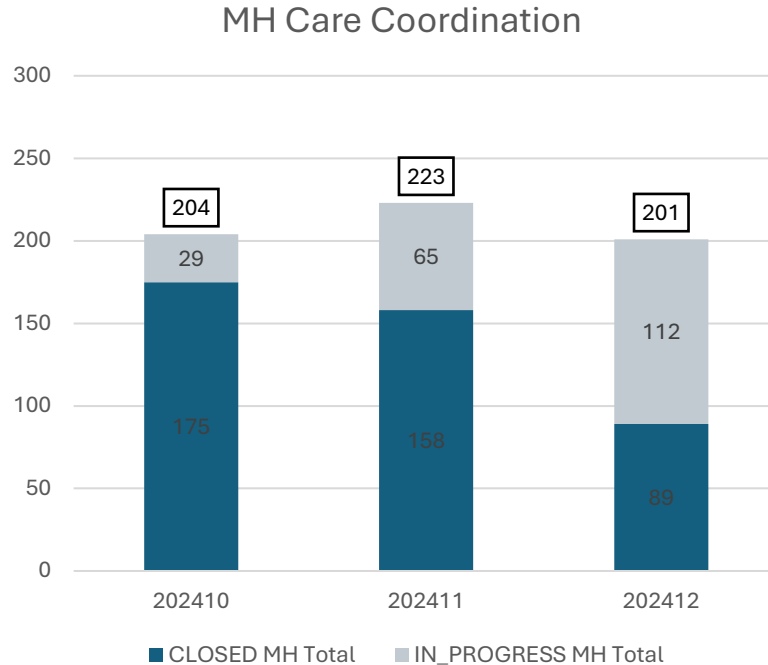
- Children and youth referred for BHT/ABA services including Applied Behavioral Analysis (ABA) and Comprehensive Diagnostic Evaluations (CDE) require Care Coordination to access the services they need. The Alliance manages each child's unique needs and follows up with parents and caregivers to resolve barriers to care.

- Alliance licensed mental health clinicians, psychiatric nurses, and behavioral health navigators provide care coordination for members who need assistance accessing the mental health treatment services they need.

NSMHS by Membership

- *NSMHS from April 1, 2023, through August 31, 2024. The services are categorized as follows: Emergency Room Services, Psychiatry: Medical Evaluation and Management, Psychological and Neuropsychological testing, Psychotherapy, and Screening which were done outpatient, in office, or telehealth to suit the needs of the membership.*

- *Alameda Alliance for Health data shows that six percent of the membership utilizes Non-Specialty Mental Health Services (NSMHS). This is aligned with the fact that many Medi-Cal members experience mental health symptoms that are undertreated each year. This education and outreach plan is intended to promote and bring awareness to the mental health benefits offered at The Alliance so that more members seek treatment when they are experiencing mental health symptoms*

NHSMS Utilization by Total Membership

25624, 6%
400164, 94%

■ Total Membership   ■ % NSMHS UU
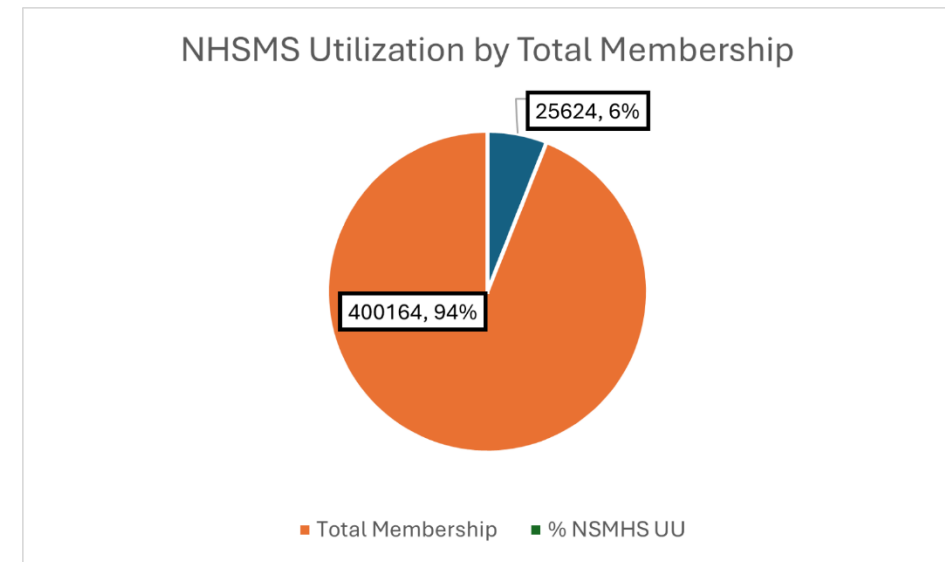
NSMHS by Age Group

- *Members aged 66 and older account for 6% of NSMHS utilization within their subgroup, indicating low engagement with mental health services. While this population tends to be higher utilizers of healthcare overall, their use of mental health services does not align with this trend. One study suggests that older adults face an increased risk of mental health issues, yet they are less likely to seek professional help. Barriers such as stigma, high costs, and negative perceptions of mental health services contribute to this disparity.[1]*

Age Group
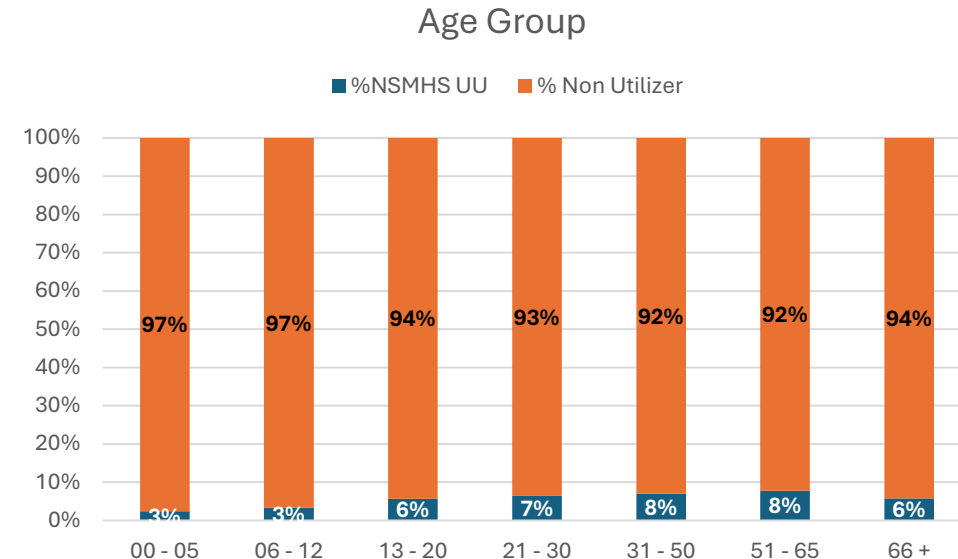
[1] Elshaikh, U., Sheik, R., Saeed, R. K. M., Chivese, T., & Alsayed Hassan, D. (2023). Barriers and facilitators of older adults for professional mental health help-seeking: a systematic review. *BMC geriatrics*, *23*(1), 516. https://doi.org/10.1186/s12877-023-04229-x

NSMHS By Race/Ethnicity

- The underutilization of mental health services among Chinese and Vietnamese-speaking individuals is significantly affected by cultural stigma surrounding mental health, as well as a lack of resources for culturally responsive care and language accessibility. Addressing these factors is essential to meet the unique mental health needs and experiences within Asian communities.


Race/Ethnicity
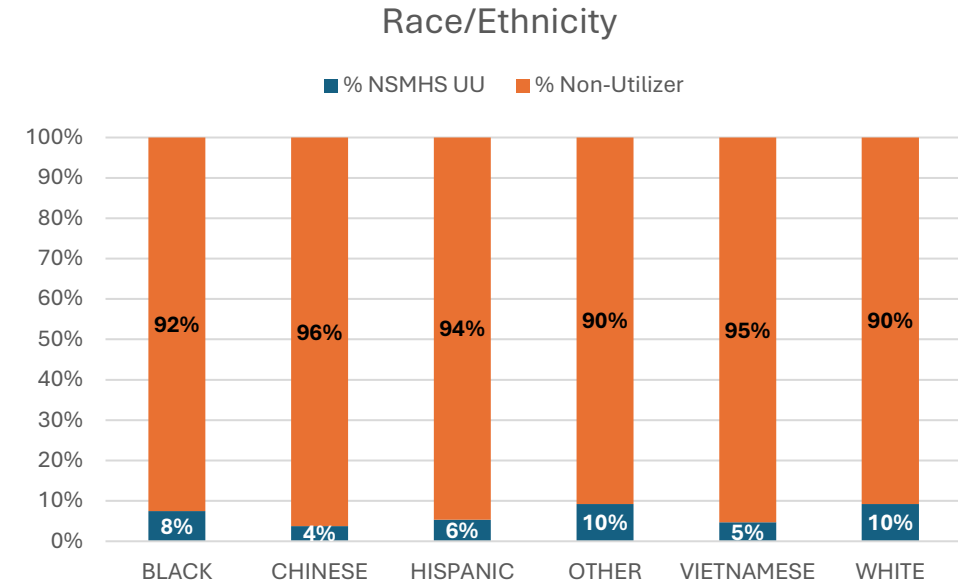
NSMHS by Disability

- Notably, individuals in long-term care (LTC) facilities often consist of aging adults who require around-the-clock nursing care. This finding highlights an important area of focus, as AAH seeks to identify more effective ways to help these individuals access mental health services and understand the barriers preventing them from receiving the care they need.

Disability
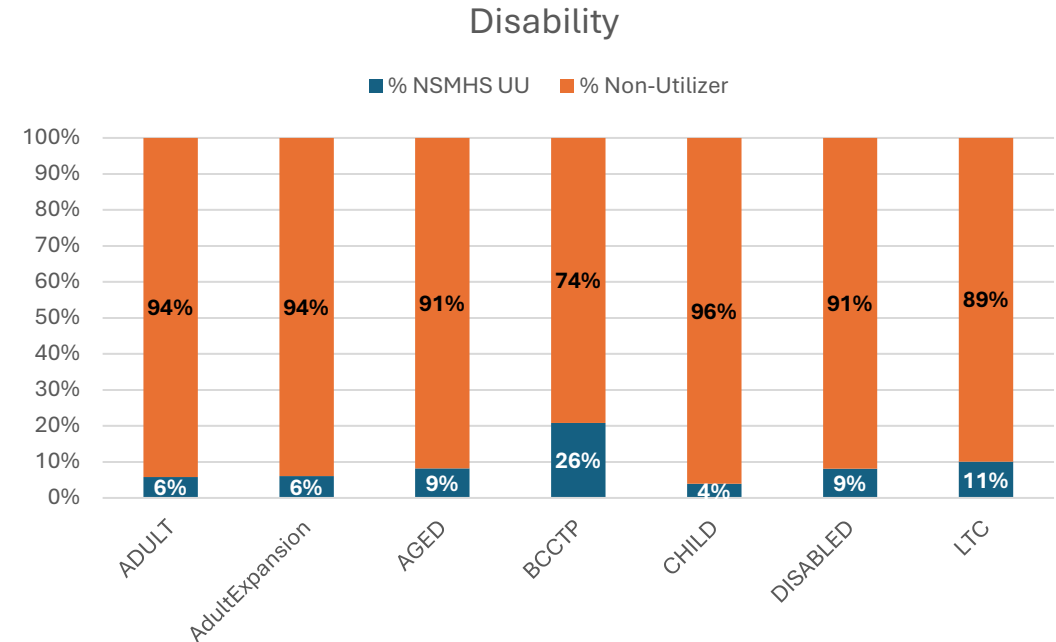
BHT Utilizer by Language

- Limited Spanish speaking providers
  - Resulting in delays in accessing services

- Improve Care Coordination Activity: BHT Team to assist with scheduling interpreter services at the time of appointment to minimize delays in care

Unique Utilizer

(2.8%)
(31.0%)
867 (64.9%)

Language
- ENGLISH
- Spanish
- CHINESE
- Vietnamese
- Tagalog
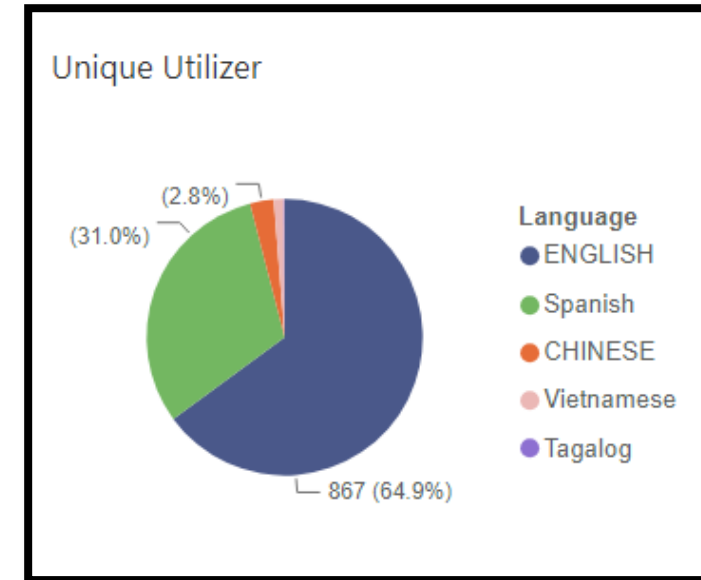
Language	Unique Clm Utilizer
ENGLISH	867
Spanish	414
CHINESE	37
Vietnamese	16
Tagalog	1

Non-Specialty Mental Health Services Outreach and Education Plan

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Non-Specialty Mental Health Services Outreach and Education Plan

- Senate Bill 1019 requires Plans to develop and conduct outreach and education to members and providers regarding covered non-specialty mental health services.

- The goal is to increase knowledge and awareness of mental health services

Requirements

Outreach and education plans for covered mental health services must:

- Align with cultural & linguistic appropriateness standards, population assessments, and mental health utilization assessment.

- Apply best practices in stigma reduction.

- List more than one point of contact for member access.

Current Plan Elements:

- Outreach and education to members via welcome and annual mailings, website posts, and social media outreach

- Outreach and education to providers via provider onboarding, provider manual, and website posts.

Actions Completed & Next Steps

- The Community Advisory Committee discussed the outreach and education engagement plan, providing their comments in the January 2025 meeting.

- The NSMHS Outreach and Education Plan was completed and posted to the AAH website.

- NSMHS plan implementation will occur over this next year.

- The NSMHS Outreach and Education Plan will be evaluated and updated annually.

Questions?

Public Comment

Thank You for Joining Us

Next Meeting: April 11, 2025

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