



STATEMENT OF PROCEEDINGS  
FOR THE MEETING OF THE  
LOS ANGELES COUNTY  
**PREVENTION AND PROMOTION  
SYSTEMS GOVERNING COMMITTEE**

500 WEST TEMPLE STREET  
LOS ANGELES, CA. 90012

Wednesday, December 18, 2024

10:00 AM

RECORDING FOR THE ENTIRE MEETING. (25-0166)

Attachments: [RECORDING](#)

1. Call to Order, and Los Angeles County Land Acknowledgement. (24-5909)

**Vice Chair Brandon T. Nichols called the meeting to order at 10:09 AM and then read the LA County Land Acknowledgment. Followed by a round of introductions. Member Peter Loo arrived at 10:18 AM, and Member Dr. Lisa Wong arrived at 10:39 AM.**

Attachments: [PUBLIC COMMENT/CORRESPONDENCE](#)

Present: Member Brandon T. Nichols, Member Dr. Barbara Ferrer, Member Peter Loo, Member Karla Pleitéz Howell, Member Dr. D'Artagnan Scorza, Member Cheri Todoroff, and Member Dr. Lisa H. Wong

Absent: Chair Dr. Jackie Contreras, and Member Fesia Davenport

**I. ADMINISTRATIVE MATTERS**

2. Approval of the minutes from the October 2, 2024 meeting. (24-5910)

**On motion of Member Dr. Barbara Ferrer, seconded by Member Dr. D'Artagnan Scorza, there being no oppositions this item was approved by common consent:**

**There were no in person, virtual, or written public comments.**

**Ayes:** 5 - Member Brandon T. Nichols, Member Dr. Barbara Ferrer, Member Karla Pleitéz Howell, Member Dr. D'Artagnan Scorza, and Member Cheri Todoroff

**Absent:** 4 - Chair Dr. Jackie Contreras, Member Fesia Davenport, Member Peter Loo, and Member Dr. Lisa H. Wong

**Attachments:** [100224 PPSGC DRAFT MINUTES](#)  
[PUBLIC COMMENT/CORRESPONDENCE](#)

3. Approval of the Prevention and Promotion Systems Governing Committee's 2025 Meeting Calendar. (24-5911)

**On motion of Member Cheri Todoroff, seconded by Member Dr. D'Artagnan Scorza. There being no oppositions this item was approved by common consent:**

**There were no in person, virtual, or written public comments.**

**Ayes:** 5 - Member Brandon T. Nichols, Member Dr. Barbara Ferrer, Member Karla Pleitéz Howell, Member Dr. D'Artagnan Scorza, and Member Cheri Todoroff

**Absent:** 4 - Chair Dr. Jackie Contreras, Member Fesia Davenport, Member Peter Loo, and Member Dr. Lisa H. Wong

**Attachments:** [2025 PPSGC DRAFT General Meeting Dates](#)  
[PUBLIC COMMENT/CORRESPONDENCE](#)

4. Discussion, vote, any other action deemed necessary, on:

- a. Whether the PPSGC, by and through its Executive Director, should sign the LAP3 Horizons 32K System Partner Sign-On Form indicating its commitment to collaborating to transform our institutions, processes, and systems, in order to serve Opportunity Youth and reduce the number of young adults experiencing disconnection from school and work in LA County by 22% (32,000) by 2028.
- b. Whether PPSGC's Executive Director should represent the PPSGC on the LAP3 Horizons 32K Stewardship Board; and
- c. Whether the PPSGC should allow the use of its logo and name by the LA3 Horizons 32K initiative to show its support as set forth in the Sign-On form. (24-5912)

**Dr. Tamara N. Hunter, Interim Executive Director of the PPSGC, explained that the Opportunity Collaborative is a project led by the Los Angeles County, to address youth disconnection. The Opportunity Collaborative invited the PPSGC, sponsors, and others to collaborate. The PPSGC's logo would be used, and Dr. Hunter would represent the PPSGC on the 32K Stewardship Board.**

**Vice Chair Brandon T. Nichols expressed support for the Opportunity Collaborative and expressed that this was a great opportunity to strengthen a relationship with the group.**

**Member Cheri Todoroff expressed support but shared that she is less familiar and requested additional information about what to expect from**

**this collaboration. Additionally, she inquired about the frequency of reports from Opportunity Collaborative.**

**Dr. Hunter further explained that the PPSGC would have an opportunity to shape the work of the efforts of the Opportunity Collaborative.**

**Member Cheri Todoroff motioned to approve the collaboration, seconded by Member Karla Pleitéz Howell. There being no oppositions this item was approved by acclamation.**

**There were in person, virtual, or written public comments.**

**Ayes:** 6 - Member Brandon T. Nichols, Member Dr. Barbara Ferrer, Member Peter Loo, Member Karla Pleitéz Howell, Member Dr. D'Artagnan Scorza, and Member Cheri Todoroff

**Absent:** 3 - Chair Dr. Jackie Contreras, Member Fesia Davenport, and Member Dr. Lisa H. Wong

**Attachments:** [Item 4 Institutional Commitment Sign On](#)  
[PUBLIC COMMENT/CORRESPONDENCE](#)

## **II. DISCUSSIONS**

5. Exploration of Leveraging Medi-CAL and California Advancing and Innovating Medi-CAL (CalAIM) for Prevention and Promotion.

- Christina Altmayer, Senior Vice President, Health Management Associates
- Kaya Tith, Senior Consultant, Health Management Associates (24-5913)

**Dr. Tamara N. Hunter identified the nine focal systems level priorities.**

- 1) Maximize sustainable funding/redirect flexible funding
- 2) Establish processes for cross departmental funding equity
- 3) Develop a multifaceted information and referral system
- 4) Prioritize access for families at risk of child welfare system involvement.
- 5) Address known system level access barriers
- 6) Understand and address client level access barriers
- 7) Increase state and federal policy advocacy
- 8) Align/Leverage with the System of Care (SOC)
- 9) Improve strategic alignment and coordination globally

**She then stated that Medi-Cal is not a panacea (solution or remedy) to funding all things Prevention and Promotion but should be maximized. She then acknowledged the challenges posed by existing reimbursement rates and complex funding streams. Dr. Hunter also stated that despite these challenges, efforts should be made to maximize funding strategically.**

**Ms. Christina Altmayer (Senior Vice President, Health Management Associates) outlined the objectives of the discussion as follows.**

**Background: Medi-Cal and CalAIM (see “Slide Deck” linked under “Attachments” below for additional information on the presentation).**

**Maximizing CalAIM benefits and services.**

**Supporting Community Based Providers**

**Action Planning: Cross Departmental Collaboration**

To summarize the presentation, Ms. Altmayer discussed the significance of Medi Cal in LA County, noting that 1 in 4 people receive its benefits. Additional statistics shared included: 96% of Medi-Cal recipients are in Medi-Cal managed care, with 30% of enrollees 0-18 years of age, and 1/3 of the children in the child welfare system are enrolled in managed care. Furthermore, she emphasized the responsibility of the Medi-Cal system for a wide range of health services, particularly for high-risk populations. She emphasized that new benefits are primarily accessible through managed care, and not fee for service, and highlighted the importance of county partnerships. She then discussed newly available supports through CalAIM, including intensive case management, housing support, and medically tailored meals for families with complex conditions. She then noted the necessity of cross departmental collaboration for alignment of state systems to avoid confusion for families.

She asked the group how LA County wants to be involved, whether as direct providers or by influencing implementation of new benefits. Finally, she explained the need for alignment between County programs and the new services offered under Medi-Cal/CalAIM.

Member Karla Pleitéz Howell asked how First 5 LA would collaborate with CalAIM and emphasized the importance of cross departmental coordination to maximize resources and noted ongoing discussions within First 5 LA. She also mentioned that First 5 is having these conversations, for example around MOUs, so cross departmental coordination early on will be key to ensure resources are maximized.

Ms. Kaya Tith (Senior Consultant, Health Management Associates) addressed the challenges in implementing Enhanced Care Management (ECM), noting low penetration rates among children and youth and the need to increase awareness. Additionally, she mentioned issues related to contracting and service integration contributing to confusion and fear of duplicating services, particularly with community health worker (CHW) services.

She explained that while 2/3 of children are in youth services, only 1/3 are in managed care and have access to these services. She also shared that some providers are hesitant to adopt ECM due to uncertainty about integration with existing programs. She highlighted the County's efforts to build referral pathways, promote awareness, and address these challenges. Finally, she emphasized the goal to advance a strategic and coordinated approach to maximizing Medi-Cal for PPSGC populations and to find ways for the County to help Managed Care Plans (MCPs) better serve this population upstream.

Member Dr. Barbara Ferrer identified the challenge of the individual focus of plans and the cumbersome nature of pulling together support systems, particularly with billing for individual services. She raised the question of whether community providers could collaborate to batch billing and claiming to support specific populations, such as those in foster care. Furthermore, she recognized the potential benefits of a centralized hub for small community providers, especially for billing.

Ms. Kaya Tith called for examining the role of (MCPs) in preventing negative outcomes for the PPSGC population and focusing on facilitating equity for smaller community based organizations (CBOs).

Ms. Altmayer explained opportunities for the County to leverage resources to create a cross departmental safety net and strengthen community networks. She suggested providing technical assistance, connecting with TA resources, and advocating for the implementation of CalAIM while highlighting the risks and disparities that could arise between larger and smaller organizations. She also discussed the federal landscape, noting potential outcomes of managed care dominance, recognition of social supports, and the continuation of ACA Medicaid expansion, while outlining possible reforms and unknown consequences related to federal and state funding changes.

Dr. Hunter explained the PPSGC's approach involves understanding the current state relative to outcomes. She emphasized the importance of co creating desired outcomes with stakeholders and developing comprehensive change strategies. She proposed enhancing coordination across County departments to maximize Medi-Cal opportunities for TAY (Transition Aged Youth) ages 16-24, especially those at risk of disconnection. Furthermore, she reiterated the significance of addressing youth disconnection and the need for County collaboration.

Vice Chair Brandon T. Nichols discussed the various populations targeted by the group and the need to focus on narrower at-risk populations.

Dr. Hunter noted the serious problems associated with youth disconnection.

Vice Chair Brandon T. Nichols highlighted issues like early mortality, generational poverty, behavioral health problems, and homelessness among disconnected youth.

Ms. Christina Altmayer mentioned optional enrollment for programs focusing on specific groups like former foster youth and those experiencing homelessness. She urged for maximizing benefits through a network of providers who understand available supports.

Member Dr. Barbara Ferrer stressed the goal of leveraging resources from CalAIM and Medi-Cal to support TAY and acknowledged the need for better organization of resources to support youth. She also inquired about what could be done for children enrolled in fee-for-service instead of managed care.

Dr. Christina R. Ghaly, Director of the Department of Health Services, discussed opportunities to repurpose/supplement revenue streams and the importance of enhanced care management. However, she acknowledged that there has to be a clinical justification for the State to continue to put money into the program. The only way this occurs is through actuaries examining data that shows a positive impact on the health care system. She inquired as to whether claiming could be simplified by the State or the Managed Care Plans, since claims are important data to show usefulness of the ECM program. She also shared that the Community Supports offered through CalAIM have great benefit and opportunity to bring in funding.

Member Karla Pleitéz Howell inquired about the coordination of data collection related to these efforts, emphasizing its importance for decision making. She asked if there was a policy solution to make sure that decisions at the State level are informed by community.

Kaya Tith, (Senior Consultant, Health Management Associates) explained the complexity of claims data and its impact on supporting effective programs.

Dr. Clemens Hong (Director of Community Programs, Department of Health Services) highlighted the successful involvement of county efforts in supporting community supports and the importance of a solid infrastructure. He noted the importance of training and technical assistance support from County departments.

Member Dr. Barbara Ferrer addressed the need for clear metrics to assess

the impact of programs on adult populations vs. TAY. She agreed with Vice Chair Brandon Nichols' suggestion concerning emotional well-being.

Dr. Christina R. Ghaly (Director, Department of Health Services) explained that because this program is ultimately a health insurance program, the improvements need to be shown to clearly correlate with positive health outcomes.

Member Cheri Todoroff stated that Community Supports is probably the largest opportunity, and we want to make sure that every client who can benefit does. She also noted that homeless service providers are not typically Medi-Cal providers, so they would need technical assistance and training.

Member Karla Pleitéz Howell suggested recognizing the interests of disconnected youth to identify effective interventions.

Vice Chair Brandon T. Nichols summarized the potential benefits of connecting managed care for preventive care. He discussed the value of guidance concerning the application of these benefit programs.

Ms. Minsun Meeker, Office of Child Protection, stressed the need for specificity in addressing population needs and the importance of a referral process. The County needs to be there to ensure the claims process is as simplified as possible, and that all individuals who fit into the specifications of (ECM) benefit programs are provided funding.

Dr. Clemens Hong, Director of Community Programs of the Department of Health Services discussed a collaboration with community based organizations (CBOs) and the need for clearer benefits for youth.

Member Karla Pleitéz Howell addressed the need for technical support for building organizations and questioned the provision of actual health services. Additionally, that the provided benefits under a program need to be more concrete. This way, health providers and those who need funding, have a better grasp of the program.

Member Dr. Barbara Ferrer explained that all resources need to be examined because there are limitations to what can be drawn down from Medi-Cal. The workgroup should be focused on resources more broadly than Medi-Cal, even if the focus is on insurance. She also suggested starting with what young people need.

Mr. Noah Ng of L.A. Care emphasized the importance of braiding funding

from various sources to support community and health care services. He mentioned that delegation has been challenging on the provider side, and it makes it very hard for people to obtain an L.A. Care or Medi Cal card. He stated that the strongest model is a Management Service Organization (MSO) model, where the hub is there to support all the claims on the back end, allowing the member to connect directly with their plan. Additionally, he discussed that a value of this entitlement program also turns an insurance plan into a driver of change in social determinants of health. The transformation of Medi-Cal is not just cost saving, but also addressing social instruments of health. They have had success working with smaller CBOs.

Member Dr. Scorza recommended that the group move this subcommittee forward. And suggested the PPSGC examine barriers, return to the PPSGC with how to best leverage CalAIM to serve populations, and return in January with a structure that also includes partners.

Dr. Hong stated that treatment for disconnection is engagement, and that ECM is a tool that provides a significant funding opportunity. CBOs are excellent for outreach, but they often do not have the funding to cover the provisions that ECM does. How do we take advantage of this? We cannot lose sight. Justice involved youth are 100% eligible for ECM programs. Additionally, he suggested that partnering with community health partners to treat mental health will help providers manage cases. And that the County could “step into the void” to be able to manage these cases by providing service themselves, make referrals, support (MCOs), and ensure that individuals can find assistance immediately. By working with internal capacity, clearing houses, and community partners the County can ensure collaboration.

Adam Bettino, Senior Deputy Director of Justice Care and Opportunity Department (JCOD), shared that JCOD is providing non clinical services and believes that the target population can benefit from non-clinical access of ECM. JCOD has partnered with community health partners to treat mental health issues and are seeking to implement Community Supports to help providers to be able to manage these cases. He stated that the group must be able to provide services themselves, make a referral, support MCOs, what is possible to get this individual everything in that moment. Additionally, he shared that the goal of JCOD is to cut through as much red tape by working to maximize internal capacity to do billing and contracting with a clearing house, and then utilizing community partners to ensure proper outreach is coordinated.

Dr. Hunter explained that the PPSGC does not need to pass a motion establish a workgroup, but instead focus on meeting to develop a plan with more concrete steps. Dr. Hunter also stated that the PPSGC will be

members to find out ways to leverage expertise, opportunities, and strategies to best leverage resources.

**There were no in person virtual or written public comments.**

**Attachments:** [Slide Deck](#)  
[CCT-PWA-CalAIM-Guide](#)  
[Medi-CAL PPSGC Crosswalk December 2024 v2](#)  
[PUBLIC COMMENT/CORRESPONDENCE](#)

6. Overview of the Prevention and Promotion Systems Governing Committee Progress Report to the Los Angeles County Board of Supervisors.

- Dr. Tamara N. Hunter, Interim Executive Director, PPSGC (24-5914)

**Due to time limitations, this item was not presented and there was no discussion. There were no in person, virtual, or written public comments.**

**Attachments:** [PPSGC December 2024 Progress Update Final Draft](#)  
[PUBLIC COMMENT/CORRESPONDENCE](#)

### **III. MISCELLANEOUS**

#### **Public Comment**

7. Opportunity for members of the public to address the Prevention and Promotion Systems Governing Committee (PPSGC) on items of interest that are within the jurisdiction of the PPSGC. (24-5915)

**There were no in person, virtual, or written public comments.**

**Attachments:** [PUBLIC COMMENT/CORRESPONDENCE](#)

#### **Adjournment**

8. Closing Remarks and Adjournment. (24-5916)

**Vice Chair Brandon T. Nichols announced that the next PPSGC meeting is January 15, 2025. Then adjourned the meeting of Wednesday, December 18, 2024 at 12:00 PM.**