



**NOTICE OF A
SPECIAL JOINT MEETING OF THE
CALOPTIMA BOARD OF DIRECTORS’
MEMBER ADVISORY COMMITTEE,
ONECARE CONNECT CAL MEDICONNECT PLAN
(MEDICARE-MEDICAID PLAN) MEMBER ADVISORY COMMITTEE,
PROVIDER ADVISORY COMMITTEE AND
WHOLE-CHILD MODEL FAMILY ADVISORY COMMITTEE**

THURSDAY, DECEMBER 10, 2020

8:00 A.M.

**CALOPTIMA
505 CITY PARKWAY WEST, SUITE 107
ORANGE, CALIFORNIA 92868**

AGENDA

This agenda contains a brief, general description of each item to be considered. The Committees may take any action on all items listed. Except as otherwise provided by law, no action shall be taken on any item not appearing in the following agenda.

Information related to this agenda may be obtained by contacting the CalOptima Clerk of the Board at 714.246.8806 or by visiting our website at www.caloptima.org. In compliance with the Americans with Disabilities Act, those requiring special accommodations for this meeting should notify the Clerk of the Board’s office at 714.246.8806. Notification at least 72 hours prior to the meeting will allow time to make reasonable arrangements for accessibility to this meeting.

To ensure public safety and compliance with emergency declarations and orders related to the COVID-19 pandemic, individuals are encouraged not to attend the meeting in person. As an alternative, members of the public may:

- 1) Listen to the live audio at +1 (631) 992-3221- Access Code: 287-070-749 or**
- 2) Participate via Webinar at: <https://attendee.gotowebinar.com/register/4102128760717948171> rather than attending in person. Webinar instructions are provided below.**

- I. CALL TO ORDER**
Pledge of Allegiance
- II. ESTABLISH QUORUM**

III. PUBLIC COMMENT

At this time, members of the public may address the Committees on general topics. Public Comment on posted item(s) will follow staff presentation of the item(s) to the Committee. If you wish to speak on an item contained in the agenda, please complete a Public Comment Request Form(s) identifying the item(s) and submit the form to the assistant to the Advisory Committees. When addressing the Committees, it is requested that you state your name for the record. Please address the Committees as a whole through the Chair. Comments to individual Committee members or staff are not permitted. Speakers will be limited to three (3) minutes.

IV. CEO AND MANAGEMENT REPORTS

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

V. INFORMATIONAL ITEMS

- A. [Trends in Early Diagnosis of Autism Spectrum Disorder](#)
- B. [Trends in Adolescent Mental Health](#)
- C. [Compassionate Care and Applied Behavior Analysis Treatment During the Pandemic](#)
- D. [Trauma Informed Care and ACEs Aware Update](#)

VI. COMMITTEE MEMBER UPDATES

VII. ADJOURNMENT

Webinar Information

1. **Please register for the Special Joint Board Advisory Committee Meeting on December 10, 2020 at 8:00 a.m. PST at:**

<https://attendee.gotowebinar.com/register/4102128760717948171>

After registering, you will receive a confirmation email containing a link to join the webinar at the specified time and date.

Note: This link should not be shared with others; it is unique to you.

Before joining, be sure to [check system requirements](#) to avoid any connection issues.

2. **Choose one of the following audio options:**

TO USE YOUR COMPUTER'S AUDIO:

When the webinar begins, you will be connected to audio using your computer's microphone and speakers (VoIP). A headset is recommended.

--OR--

TO USE YOUR TELEPHONE:

If you prefer to use your phone, you must select "Use Telephone" after joining the webinar and call in using the numbers below.

United States: **+1 (631) 992-3221**

Access Code: **287-070-749**

Audio PIN: Shown after joining the webinar

MEMORANDUM

DATE: November 24, 2020
TO: CalOptima Board of Directors
FROM: Richard Sanchez, Interim CEO
SUBJECT: CEO Report — December 3, 2020, Board of Directors Meeting
COPY: Sharon Dwiers, Clerk of the Board; Member Advisory Committee; Provider Advisory Committee; OneCare Connect Member Advisory Committee; and Whole-Child Model Family Advisory Committee

Medi-Cal Rx Transition Is Delayed Until April 1, 2021

On November 16, the Department of Health Care Services (DHCS) notified managed care plans that the transition to the Medi-Cal Rx fee-for-service pharmacy delivery system would move from January 1, 2021, to April 1, 2021. In the interim, all current prescription drug processes and protocols will remain in place. The three-month delay provides more time to ensure a smoother, more complete transition for Medi-Cal members during the pandemic, according to DHCS. In response to the news, CalOptima launched efforts to notify our provider community:

- Health networks were informed in their weekly email communication.
- A Provider Alert was sent to providers via fax blast.
- Provider announcements were posted to the CalOptima website.
- Attendees at the November 19 Health Network Forum received an update.

Members had already received two notices from the state in October and November and were due to get a 30-day notice from CalOptima. In early December, DHCS, in partnership with Magellan, will send a revised member notice to all Medi-Cal members explaining the new Medi-Cal Rx launch date. The state has directed all plans to update their 30-day notices with the new implementation timeline and distribute them no later than March 1, 2021.

Orange County Moves to More Restrictive Tier; CalOptima Participates in Vaccine Group

Orange County transitioned to the more restrictive Purple Tier (Widespread Risk) of California's Blueprint for a Safer Economy on November 16. To support efforts to slow the spread of COVID-19, CalOptima shared information with the community via our social media channels and with our employees via internal communications. As of November 23, 3,626 positive cases, 2,108 hospitalizations and 338 deaths have been reported among CalOptima members. In the meantime, news about promising vaccines from three companies has made recent headlines. Locally, the Orange County Health Care Agency (HCA) has created a COVID-19 Vaccine Taskforce of community leaders and medical experts, including CalOptima Chief Medical Officer David Ramirez, M.D. This group will address prioritization of vaccine recipients, respond to vaccine concerns, and make recommendations to the HCA staff and director. Further, the agency asked for assistance from taskforce members with promoting community participation in a COVID-19 vaccine survey, so CalOptima shared the survey [link](#) widely.

Supreme Court Holds Hearing on Affordable Care Act

On November 10, the U.S. Supreme Court heard oral arguments in the case of *California v. Texas*, which examines the constitutionality of the Affordable Care Act (ACA) following the

repeal of the individual mandate penalty fee through the Tax Cuts and Jobs Act of 2017. A preliminary analysis from the Association for Community Affiliated Plans projects that the ACA will be upheld, even if the individual mandate statute is removed from the ACA. The Supreme Court is expected to issue a final decision by June 2021. CalOptima has more than 250,000 members who are covered under the ACA's expansion of Medicaid (Medi-Cal).

New Behavioral Health Integration Program Boosts Funding for Orange County Services

CalOptima has been awarded \$13.2 million to enhance mental health services in Orange County through the state's Behavioral Health Integration (BHI) Incentive Program. In 2019, DHCS created the Proposition 56-funded BHI Incentive Program to reward efforts in six specific areas (see below) and required Medi-Cal managed care plans to complete administrative, review and oversight tasks on its behalf. By February 2020, CalOptima had made significant progress in identifying program participants. However, the pandemic caused the state to delay further action until late summer, when it announced tentative approval of 12 projects in Orange County. In early November, DHCS gave official approval of those projects from seven organizations. CalOptima will develop agreements with the organizations for the two-year program, from January 1, 2021, to December 31, 2022. The six incentive program areas are: basic behavioral health integration, maternal access to mental health and substance use disorder screening and treatment, medication management for beneficiaries with co-occurring chronic medical and behavioral diagnoses, diabetes screening and treatment for people with Serious Mental Illness, improving follow-up after hospitalization for mental illness, and improving follow-up after emergency department visit for behavioral health diagnosis.

Homelessness Learning Community Selects CalOptima for Participation

After a competitive application process, CalOptima was selected to participate in the California Health Care and Homelessness Learning Community. Described [here](#), the statewide community is overseen by the Center for Health Care Strategies and the California Health Care Foundation. The community was created with two tracks: one for managed care plans and another for providers. Both tracks will meet separately in the same month to address the same topic and then come together the following month to discuss what was shared. Among the community's goals are exploring opportunities to address the health care needs of individuals experiencing homelessness under California Advancing and Innovating Medi-Cal (CalAIM), identifying high-priority areas for response and connecting stakeholders to relevant innovations for accelerated implementation. The first meeting of the one-year effort was November 20, and CalOptima looks forward to gathering information to advance our local Homeless Health Initiatives.

CalOptima Program of All-Inclusive Care for the Elderly Featured on TV, Radio

The CalOptima Program of All-Inclusive Care for the Elderly (PACE) was featured on television and radio this month. On November 18, ABC 7 ran a segment during the 6 p.m. news that highlighted PACE's efforts to keep participants safe during the pandemic by delivering services in the community. Working with CalOptima's Communications team, reporter Tony Cabrera included video of PACE participant Patrick McGee and a Zoom interview with PACE Director Elizabeth Lee in the [piece](#). Separately, Ms. Lee and PACE Medical Director Miles Masatsugu, M.D., were interviewed by broadcaster Tammy Trujillo for Angels Radio (AM 830). Trujillo's KLAA Community Cares program, which aired November 22, also covered PACE's approach to serving seniors amid the pandemic.

State Begins Considering Plans for a Cal MediConnect Transition

DHCS officials recently convened a Cal MediConnect (CMC) Enrollment Transition Workgroup with participants from the Centers for Medicare & Medicaid Services and CMC plans, including CalOptima's OneCare Connect. The goal is to prepare for a transition when CMC plans are due to end on December 31, 2022. The regulators are seeking preliminary input and feedback before following up with a broader stakeholder engagement effort. Simultaneously, CalOptima is also planning for the anticipated transition and will engage stakeholders to consider the impact on members and providers should OneCare Connect not be extended past 2022.

Single Medi-Cal Plan for Foster Youth Members to Be Proposed

Regulators are considering the option of a single, statewide managed care plan for foster youth. If implemented, the program would likely be managed by a commercial health care plan. Because this could impact approximately 8,000–10,000 CalOptima members, we have been sharing best practices from our successful plan-managed program for foster youth with our state associations, Local Health Plans of California and California Association of Health Plans. Through the associations, CalOptima is advocating for the continued enrollment of foster youth in managed care plans, emphasizing the importance of local relationships with organizations that serve foster youth. Such connections enable plans to quickly resolve access and eligibility issues. DHCS is expected to release a draft proposal in the next few months.

CalOptima Health Care Informatician Chosen for Statewide Leadership Program

Congratulations to Marie Jeannis, RN, MSN, Director, Enterprise Analytics, who has been accepted to the California Health Care Foundation Health Care Leadership Program Cohort 20. Selection for this statewide fellowship is competitive, with an application and interview process. The two-year program provides clinically trained professionals with opportunities to further develop leadership in the health care system. CalOptima now has two leaders in the program (Ms. Jeannis and Edwin Poon, Ph.D., Director, Behavioral Health Integration, in his second year) and two alumni (Betsy Ha, RN, Executive Director, Quality and Population Health Management, and Miles Masatsugu, M.D., PACE Medical Director).

Screening, Diagnosis and Treatment Trends in Pediatric Autism

CalOptima MAC/PAC Joint Committee Meeting
12/10/2020

Developmental Screening in Primary Care



Developmental Screening: The Reality



Recommendations for Preventive Pediatric Health Care Bright Futures/American Academy of Pediatrics



Each child and family is unique. Therefore, these recommendations for Preventive Pediatric Health Care are designed for the care of children who (generating) caregivers) have no manifestations of any important health problems, and are growing and developing in a satisfactory fashion. Developmental, behavioral, and chronic disease issues for children and adolescents may require frequent counseling and educational skills separate from preventive care visits. Additional visits may become necessary if circumstances suggest symptoms have emerged.

These recommendations represent a consensus by the American Academy of Pediatrics (AAP) and Bright Futures. The AAP continues to emphasize the great importance of continuity of care in comprehensive health assessment and the need to avoid fragmentation of care. Refer to the specific guidance for age outlined in the Bright Futures Guidelines (Hagan, B., Shaw, D., Duncan, P.H., eds. Bright Futures Guidelines for Health Supervision of Infants, Children, and Adolescents. 4th ed. Elk Grove Village, IL: American Academy of Pediatrics; 2017).

The recommendations in this document do not constitute an exclusive course of treatment or advice for a particular patient. Clinicians, taking into account individual circumstances, may be appropriate. The Bright Futures Guidelines/American Academy of Pediatrics Recommendations for Preventive Pediatric Health Care updated annually. Copyright © 2010 by the American Academy of Pediatrics; updated March 2020. Reprint of this statement may be reproduced in any form or by any means without prior written permission from the American Academy of Pediatrics except for one copy for personal use.

AGE	INFANT								TODDLER/CHILD								ADOLESCENT										
	Precon*	1mo†	2mo†	4mo†	6mo†	9mo†	12mo†	15mo†	18mo†	24mo†	30mo†	36mo†	42mo†	48mo†	54mo†	60mo†	66mo†	72mo†	78mo†	84mo†	90mo†	96mo†	102mo†	108mo†	114mo†	120mo†	
HEALTH	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
HEALTHY WEIGHT		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Length/Weight and Growth		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Head Circumference		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Growth Velocity		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Blood Pressure		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
IMMUNE SYSTEM																											
Vaccines		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Antibody		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
DEVELOPMENTAL/BEHAVIORAL HEALTH																											
Developmental Screening							■																				
Autism Spectrum Disorder Screening										■	■																
Developmental Disabilities		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Functional Skills Assessment		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Screening for ADHD (or Oppositional Defiant Disorder)																											
Depression Screening																											
Screening for Anxiety Disorder																											
PHYSIC EXAMINATION		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
PHYSIC EXAMINATION																											
Neurological Exam		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Cardiovascular Exam		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Physical Examination (Other)		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Immunization		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Antibody		■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Lead										■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■
Fluoridation																											
Oral Health																											
Orally Administered Medication																											
ENT																											
Central Auditory																											
Central Vision																											
ORAL HEALTH																											
Fluoride varnish																											
Sealant Application																											
APPROPRIATE COUNSEL	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■	■

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PEDS RESPONSE FORM

Parent
Provider

Child's Name Russell Richards Parent's Name Mr. and Mrs. Richards

Child's Birthday 3/21/09 Child's Age 30 months Today's Date 9/23/2006

Please list any concerns about your child's learning, development, and behavior.

*Mostly his behavior. He doesn't mind me or seem to listen at all.
Tantrums all the time*

Do you have any concerns about how your child talks and makes speech sounds?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child understands what you say?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her hands and fingers to do things?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child uses his or her arms and legs?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child behaves?

Circle one: No Yes A little COMMENTS:

This may just be the terrible twos but it is really terrible

Do you have any concerns about how your child gets along with others?

Circle one: No Yes A little COMMENTS:

Do you have any concerns about how your child is learning to do things for himself/herself?

Circle one: No Yes A little COMMENTS:

He tries to be too independent

Do you have any concerns about how your child is learning preschool or school skills?

Circle one: No Yes A little COMMENTS:

I think he's too young for that sort of stuff

Please list any other concerns.

Nothing other than behavior and listening.

ASQ³ Ages & Stages Questionnaires[®]

33 Month Questionnaire

31 months 16 days through 34 months 15 days

Please provide the following information. Use black or blue ink only and print legibly when completing this form.

Date ASQ completed: _____

Child's information

Child's first name: _____ Middle initial: _____ Child's last name: _____
Child's gender: Male Female
Child's date of birth: _____

Person filling out questionnaire

First name: _____ Middle initial: _____ Last name: _____
Relationship to child: Parent Grandfather Grandmother Other relative Other caregiver Other
Street address: _____
City: _____ State/Province: _____ ZIP/Postal code: _____
Country: _____ Home telephone number: _____ Other telephone number: _____
E-mail address: _____
Names of people assisting in questionnaire completion: _____

Program information

Child ID #: _____
Program ID #: _____
Program name: _____

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Staying Healthy Assessment

3 - 4 Years

Child's Name (First & Last)	Date of Birth	<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date	In Child Day Care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Person Completing Form <input type="checkbox"/> Parent <input type="checkbox"/> Relative <input type="checkbox"/> Friend <input type="checkbox"/> Guardian <input type="checkbox"/> Other (Specify)			Need Help with Form? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

				Need Interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No	
1	Does your child drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	
2	Does your child eat fruits and vegetables at least two times per day?	Yes	No	Skip	
3	Does your child eat high fat foods, such as fried foods, chips, ice cream, or pizza more than once per week?	No	Yes	Skip	
4	Does your child drink more than one small cup (4 - 5 oz. cup) of juice per day?	No	Yes	Skip	
5	Does your child drink soda, juice drinks, sports drinks, energy drinks, or other sweetened drinks more than once per week?	No	Yes	Skip	
6	Does your child play actively most days of the week?	Yes	No	Skip	
7	Are you concerned about your child's weight?	No	Yes	Skip	
8	Does your child watch TV or play video games less than 2 hours per day?	Yes	No	Skip	
9	Does your home have a working smoke detector?	Yes	No	Skip	
10	Have you turned your water temperature down to low-warm (less than 120 degrees)?	Yes	No	Skip	
11	If your home has more than one floor, do you have safety guards on the windows and gates for the stairs?	Yes	No	Skip	
12	Does your home have cleaning supplies, medicines, and matches locked away?	Yes	No	Skip	
13	Does your home have the phone number of the Poison Control Center (800-222-1222) posted by your phone?	Yes	No	Skip	



Child's name _____

Date _____

Age _____

Relationship to child _____

M-CHAT-R™ (Modified Checklist for Autism in Toddlers - Revised)

Please answer these questions about your child. Keep in mind how your child usually behaves. If you have seen your child do the behavior a few times, but he or she does not usually do it, then please answer **no**. Please circle **yes** or **no** for every question. Thank you very much.

- | | | |
|---|-----|----|
| 1. If you point at something across the room, does your child look at it?
(FOR EXAMPLE, if you point at a toy or an animal, does your child look at the toy or animal?) | Yes | No |
| 2. Have you ever wondered if your child might be deaf? | Yes | No |
| 3. Does your child play pretend or make-believe? (FOR EXAMPLE, pretend to drink from an empty cup, pretend to talk on a phone, or pretend to feed a doll or stuffed animal?) | Yes | No |
| 4. Does your child like climbing on things? (FOR EXAMPLE, furniture, playground equipment, or stairs) | Yes | No |
| 5. Does your child make unusual finger movements near his or her eyes?
(FOR EXAMPLE, does your child wiggle his or her fingers close to his or her eyes?) | Yes | No |
| 6. Does your child point with one finger to ask for something or to get help?
(FOR EXAMPLE, pointing to a snack or toy that is out of reach) | Yes | No |
| 7. Does your child point with one finger to show you something interesting?
(FOR EXAMPLE, pointing to an airplane in the sky or a big truck in the road) | Yes | No |
| 8. Is your child interested in other children? (FOR EXAMPLE, does your child watch other children, smile at them, or go to them?) | Yes | No |
| 9. Does your child show you things by bringing them to you or holding them up for you to see – not to get help, but just to share? (FOR EXAMPLE, showing you a flower, a stuffed animal, or a toy truck) | Yes | No |
| 10. Does your child respond when you call his or her name? (FOR EXAMPLE, does he or she look up, talk or babble, or stop what he or she is doing when you call his or her name?) | Yes | No |
| 11. When you smile at your child, does he or she smile back at you? | Yes | No |
| 12. Does your child get upset by everyday noises? (FOR EXAMPLE, does your child scream or cry to noise such as a vacuum cleaner or loud music?) | Yes | No |
| 13. Does your child walk? | Yes | No |
| 14. Does your child look you in the eye when you are talking to him or her, playing with him or her, or dressing him or her? | Yes | No |
| 15. Does your child try to copy what you do? (FOR EXAMPLE, wave bye-bye, clap, or make a funny noise when you do) | Yes | No |
| 16. If you turn your head to look at something, does your child look around to see what you are looking at? | Yes | No |
| 17. Does your child try to get you to watch him or her? (FOR EXAMPLE, does your child look at you for praise, or say "look" or "watch me"?) | Yes | No |
| 18. Does your child understand when you tell him or her to do something?
(FOR EXAMPLE, if you don't point, can your child understand "put the book on the chair" or "bring me the blanket"?) | Yes | No |
| 19. If something new happens, does your child look at your face to see how you feel about it?
(FOR EXAMPLE, if he or she hears a strange or funny noise, or sees a new toy, will he or she look at your face?) | Yes | No |
| 20. Does your child like movement activities?
(FOR EXAMPLE, being swung or bounced on your shoulders) | Yes | No |

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Orange County: Current State

- AAP Bright Futures
 - Developmental Screens at 9, 18, and 30 months
 - Autism Screen at 18 and 24 months
 - ACE's Screen Annually
- What We Found
 - Only 67/152 (**44%**) of practices use a formal screening tool
 - PEDS: 63%
 - ASQ: 34%
 - Other: 3%
 - MCHAT: 48%
- Top Practice Challenges
 - Time to incorporate screening into workflow
 - Availability of specialty referrals



OC Children's Screening Registry

This developmental screening registry is designed to help clinical and community based providers proactively identify children with at-risk developmental screening results and to reduce duplication of screening efforts. Linkage to referral resources are available for children identified with needs.

This registry is created and maintained through a collaboration of:

- American Academy of Pediatrics, CA Chapter 4
- CalOptima
- Child Abuse Prevention Center
- CHOC Children's
- Comfort Connection Family Resource Center
- Family Support Network
- Help Me Grow Orange County
- MOMS Orange County
- Orange County Department of Education
- Orange County Head Start, Inc.
- Orange County Health Care Agency - Maternal Child Health
- Orange County Social Services Agency
- Pretend City Children's Museum
- Regional Center of Orange County
- Children and Families Commission of Orange County/ School Readiness Nurses
- The Center for Autism & Neurodevelopmental Disorders



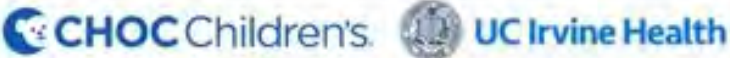
To learn more about the Registry>> [CLICK HERE](#)

Already signed up? Login here>> Username
Password

[Login](#)

To request an account>> [CLICK HERE](#)

To learn more about developmental resources in Orange County, go to Help Me Grow at www.helpmegrowoc.org



Developed with funding from the US Department of Health and Human Services/HRSA, Healthy Tomorrows Partnership for Children Program

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Included Developmental Screening Tools

- Screening tools:
 - Ages & Stages Questionnaires – Third Edition (**ASQ-3**)
 - Social Emotional, Second Edition (**ASQ:SE-2**)
 - Parents Evaluation of Developmental Status (**PEDS**)
 - Modified Checklist for Autism in Toddlers (**M-CHAT –R/F**)
 - Coming Soon: **PEARLS ACES** Screening Tool
- Administered by Help Me Grow/
CHOC Children's



Thompson Autism Center at CHOC: Caring for Children with ASD and Their Families



Thompson Autism Center Services

- Access to diagnostic evaluations for youngest children (0 -6 years)
 - *Confirmatory Assessment Clinic*
 - *Comprehensive Assessment Clinic*
- Managing difficult behaviors
 - *Challenging Behavior Unit*
 - *ABA Consult Program*
 - *Toileting training (Ages 4 – 10)*
- Comprehensive care for comorbid conditions
 - *Co-Occurring Clinic*
 - *Neurobehavioral Disorders (ADHD, Anxiety, OCD, Depression, Aggression)*
 - *Medical Disorders (Epilepsy, Sleep Disorders, GI disorders, Tic Disorders, Other Neurological Disorders)*
- Clinical Research Center of Excellence
 - *Explore innovative approaches to treatment and diagnosis*
 - *Provide a way for families to know they are doing everything they can for their child, in the safe, monitored environs of clinical trials.*

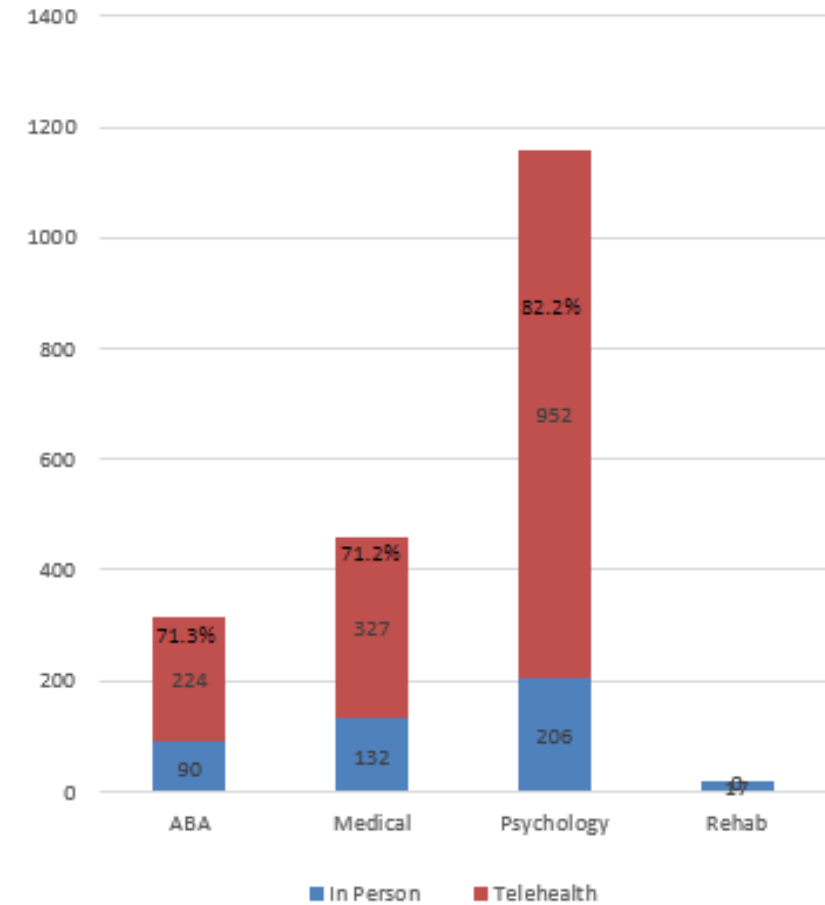


Overview of All Programs Feb – Nov 2020

Visit Trend by Service

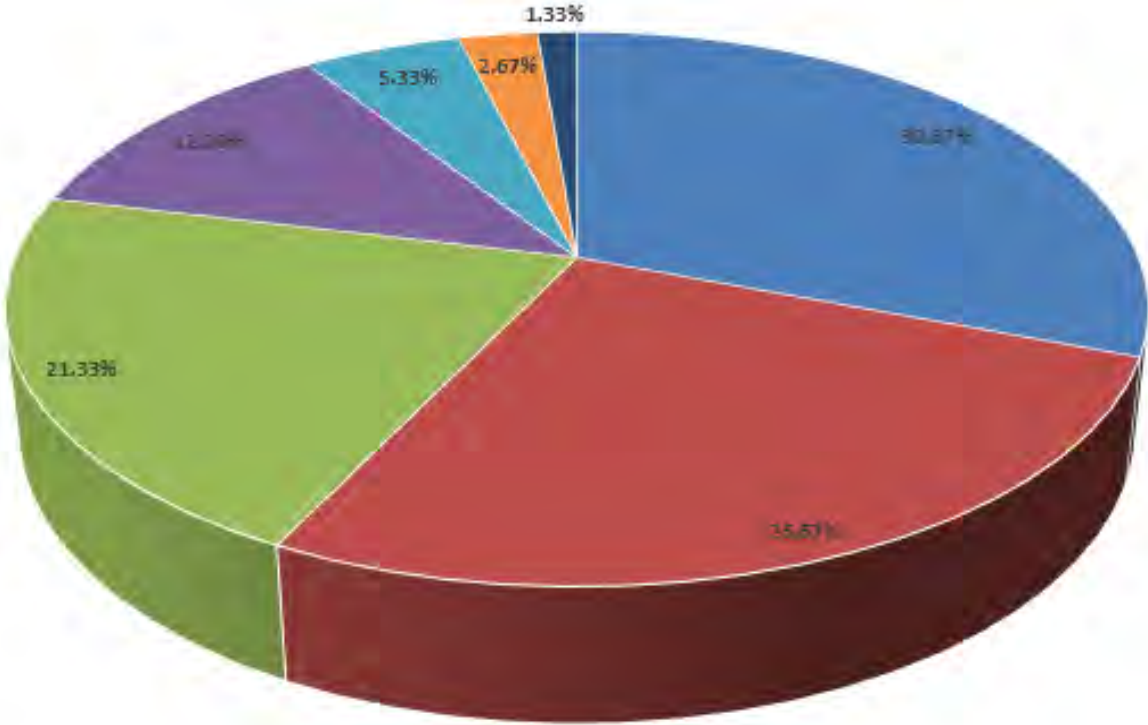


Appointment Type By Service



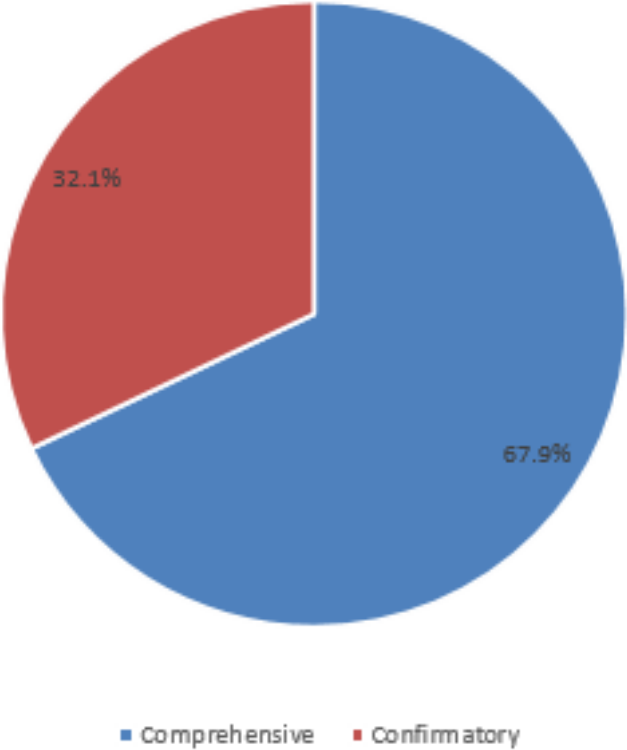
Thompson Autism Center at CHOC Resource Services Requested

Service Demand Breakdown

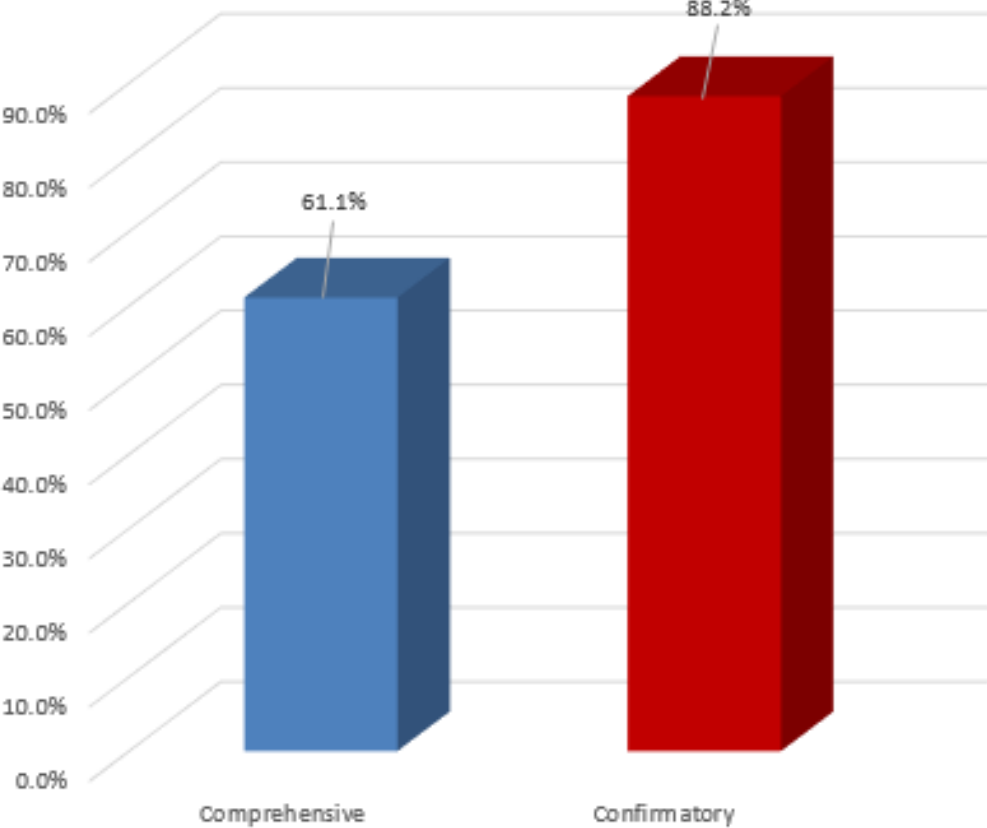


Assessment Program Mar – Nov 2020

Assessment Program

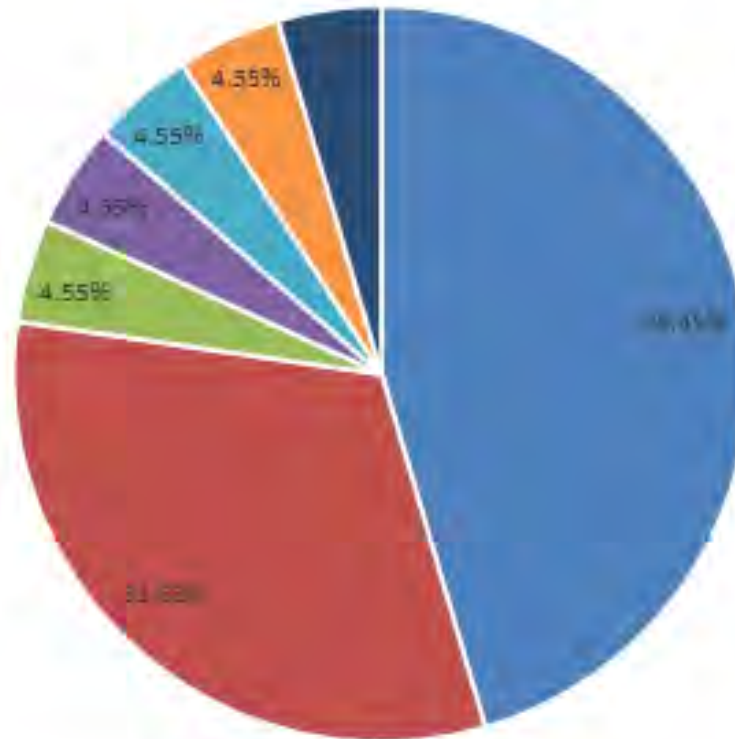


Autism Diagnosis By Assessment Type



Assessment Program Mar – Nov 2020

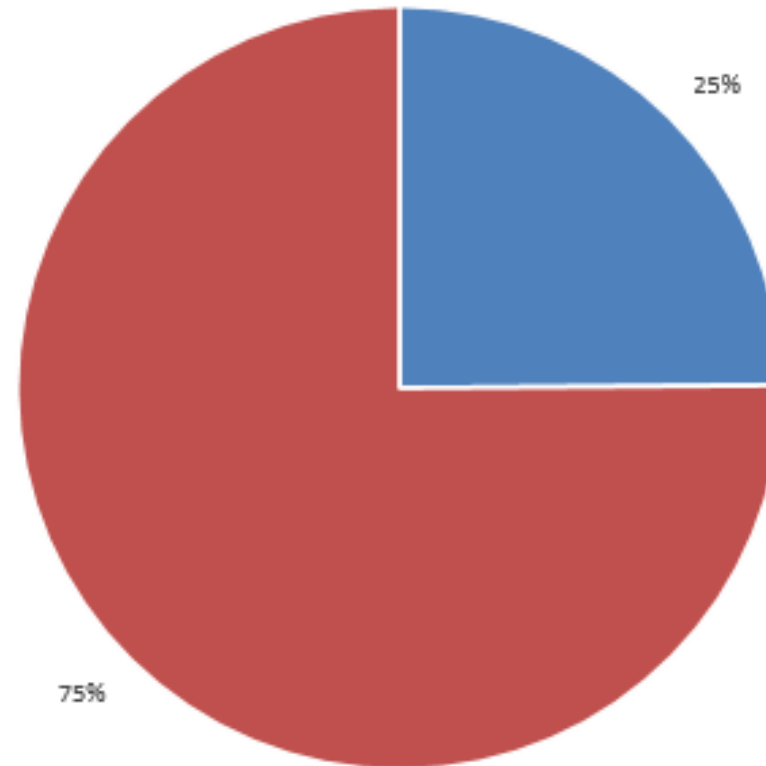
Breakdown of Non-ASD Diagnoses



■ Speech Disorder ■ Developmental Delay ■ Pica ■ Movement Disorder ■ Anxiety ■ ADHD ■ Genetic

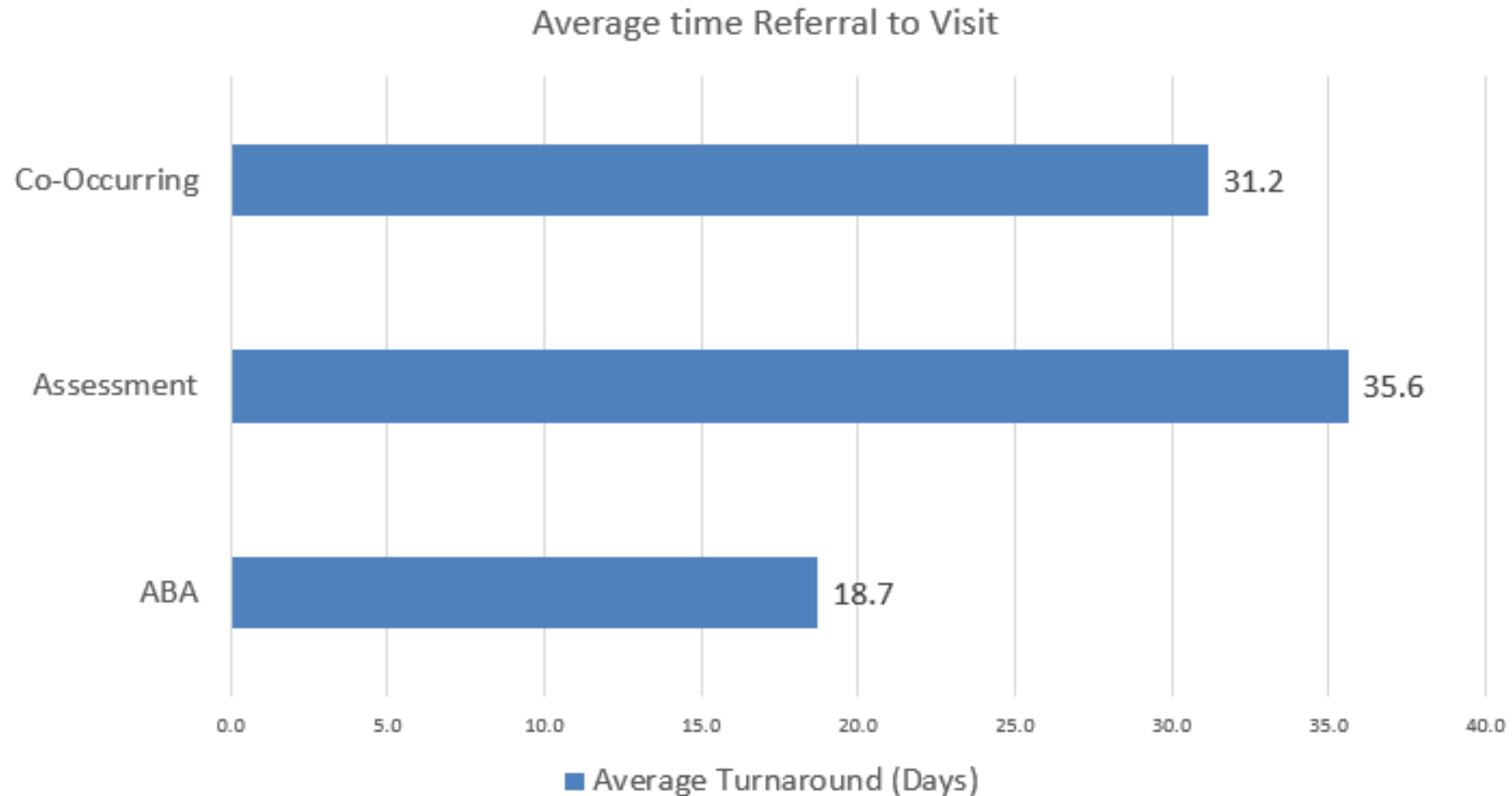
Co-Occurring Appointments

Co-Occurring Appts Scheduled Together



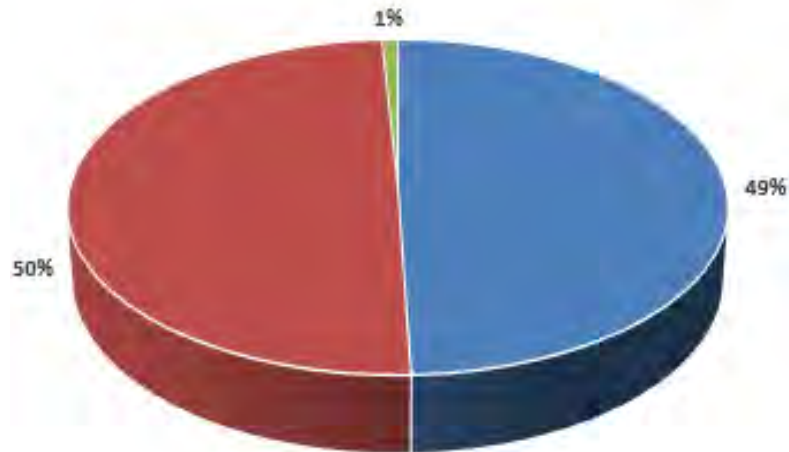
■ No ■ Yes
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Time to Appointment



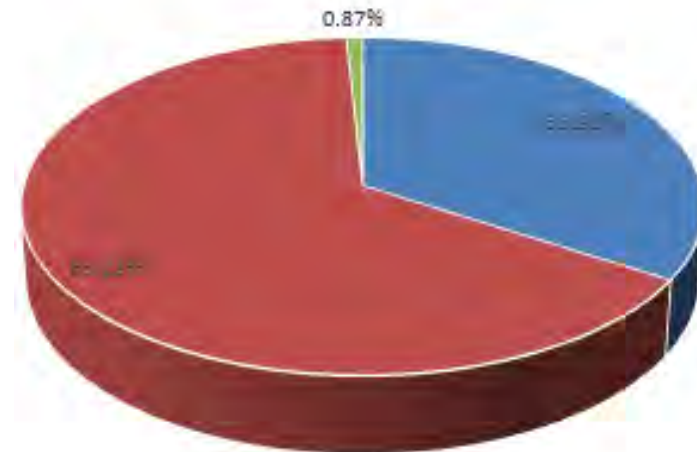
Payor Mix

Payor Mix Overall



■ Commercial ■ Medi-Cal ■ Other

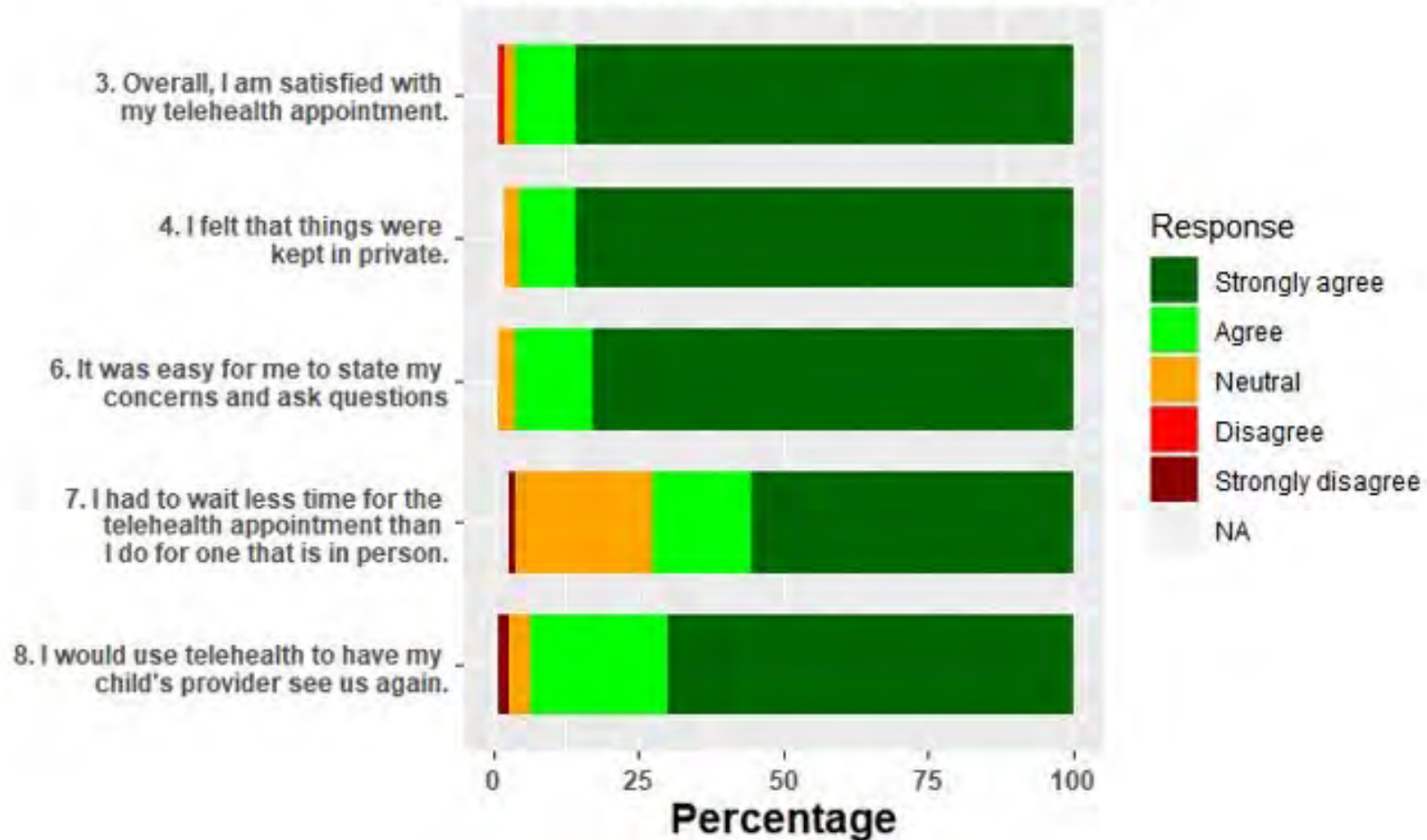
Payor Mix for Assessment



■ Commercial ■ Medi-Cal ■ Other

Parent Telehealth Survey Results

Telehealth Survey Results



Parent Telehealth Survey Results - Comments

"Dr. Couch is amazing! The strategies she has implemented, and the challenges given have been so successful in our daily lives! I feel so blessed to have been given the blessing to work with her"

"Very pleased with the telehealth system. Telehealth makes it possible to maintain regular treatment during this difficult time. We are very thankful."

"It was so nice to see all Jeremy's doctors at once."

"Dr. couch is awesome! Special needs parenting is hard, and she has opened my eyes to a simpler way of doing things. A true blessing!"

Summary

- Despite the challenges of COVID-19, we were able to capitalize on CHOC's rapid commitment and execution of Telehealth
- Worked with leaders from other centers around the country to develop and share best practices for delivering care via Telehealth format.
- Surprised by higher-than-expected referrals of "Comprehensive patients" – Tribute to PCPs identifying truly at-risk children.
- High rate of confirmatory patients with ASD is an opportunity to enable PCPs to make the diagnosis
- Affords opportunity for us to triage and fast-track those children with more complex assessment needs.

LONG LIVE CHILDHOOD

Questions?



LONG LIVE CHILDHOOD

Thank You!



Assessment Clinic

Using multi-disciplinary teams to conduct best-practice assessment and expedite access to early intervention

- Serving children 6 and younger
 - Family receives diagnostic impressions and recommendations same day
- Comprehensive Assessment
 - Psychologist-led
 - Full day evaluation
 - Team includes psychologist, psychological assistant, specialized physician, speech-language pathologists, occupational therapists, and BCBA (as appropriate)
- Confirmatory Assessment
 - Physician-led
 - Brief evaluation to reduce wait time for assessment when diagnosis is clear
 - Team includes specialized physician, psychologist, and other members as appropriate



Challenging Behavior Unit

Addressing the needs of children and families with refractory disabilities or challenging behaviors

- Treatment of challenging behaviors that cannot be safely managed in other settings
 - Property destruction, self-injury, aggression
- Toilet training
 - Promote the acquisition of this crucial adaptive skill by supporting families in implementing evidence-based toilet training interventions
- Consultation services for community-based ABA providers
 - Ensure children have access to effective ABA-services by partnering with current providers and developing effective programming for children who aren't progressing



Co-Occurring Clinic

Become a medical home for children with ASD by meeting their medical, emotional, and behavioral needs

- Consultation and treatment with specialized physicians with expertise in ASD
 - GI, neurology, psychiatry, sleep
- Evidence-based psychological services for children in need of individual or group therapy
 - Treating common mental health concerns including ADHD, depression, anxiety, and OCD
- Providing targeted social skills groups to promote the development of healthy social relationships in children and teens with ASD



Clinical Research Center of Excellence

- The Thompson Autism Center at CHOC will partner with institutions, government, non-profit and industry to bring about innovative diagnostics and treatments for ASDs and related disorders.
- Clinicians will engage in research designed to develop and study optimal behavioral treatments and programs that will improve outcomes for children, adolescents and young adults with ASDs.
- Research will also involve partnerships with schools, public and private organizations with the goal of optimizing strategies to help individuals with ASDs and their families reach their maximal potential for integration into the community.





THE CENTER FOR AUTISM
& NEURODEVELOPMENTAL DISORDERS

Trends in Adolescent Diagnoses of Autism Spectrum Disorder

Chelsea O'Haire, Psy.D.

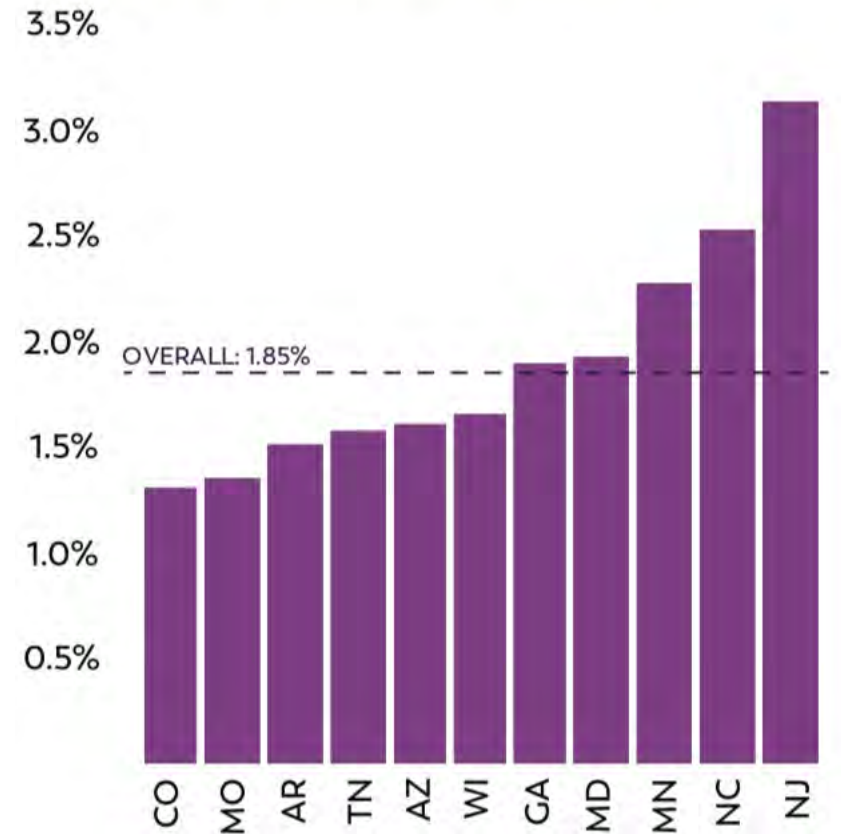


General Trends in the Diagnosis of Autism Spectrum Disorder

Estimated Autism Prevalence 2020



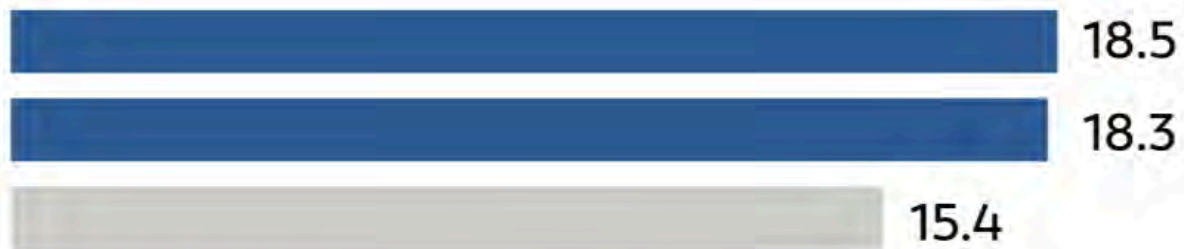
Percentage of children identified with ASD by ADDM Network Site



General Trends in the Diagnosis of Autism Spectrum Disorder

White & black children were 1.2x more likely

To be identified with ASD than Hispanic children



Values indicate prevalence per 1,000 children

For every girl identified with ASD, 4 boys were identified



Age at First Evaluation and ASD Diagnosis

Site/Characteristic	Total no. of children with ASD and a linked birth certificate	Youngest age when child first received a comprehensive evaluation			Median age (mos) at first evaluation
		≤36 mos	37–48 mos	>48 mos	
		No. (%)	No. (%)	No. (%)	
Site					
Arizona	218	83 (38.1)	53 (24.3)	82 (37.6)	43.0
Arkansas	481	157 (32.6)	105 (21.8)	219 (45.5)	46.0
Colorado	388	186 (47.9)	60 (15.5)	142 (36.6)	37.5
Georgia	337	125 (37.1)	79 (23.4)	133 (39.5)	43.0
Maryland	172	83 (48.3)	37 (21.5)	52 (30.2)	38.0
Minnesota	246	96 (39.0)	48 (19.5)	102 (41.5)	44.5
Missouri	147	58 (39.5)	34 (23.1)	55 (37.4)	41.0
New Jersey	816	355 (43.5)	163 (20.0)	298 (36.5)	39.5
North Carolina	371	231 (62.3)	42 (11.3)	98 (26.4)	29.0
Tennessee	314	113 (36.0)	69 (22.0)	132 (42.0)	45.0
Wisconsin	491	247 (50.3)	87 (17.7)	157 (32.0)	36.0

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Age at First Evaluation and ASD Diagnosis: By Gender and IQ

Characteristic					
Sex					
Female	730	352 (48.2)	119 (16.3)	259 (35.5)	38.0
Male	3,251	1,382 (42.5)	658 (20.2)	1,211 (37.3)	41.0
Intellectual disability status					
IQ >70	2,038	787 (38.6)	398 (19.5)	853 (41.9)	43.0
IQ ≤70	1,057	617 (58.4)	188 (17.8)	252 (23.8)	34.0
IQ unknown	886	330 (37.2)	191 (21.6)	365 (41.2)	43.5
Race/Ethnicity					
Non-Hispanic white	2,063	935 (45.3)	399 (19.3)	729 (35.3)	39.0
Non-Hispanic black	859	342 (39.8)	196 (22.8)	321 (37.4)	42.0
Hispanic	730	313 (42.9)	129 (17.7)	288 (39.5)	40.0
Total	3,981	1,734 (43.6)	777 (19.5)	1,470 (36.9)	40.0



The Impact of IQ and on Obtaining a Diagnosis of ASD

Mrs. M

7:45-8:15 Unpac
8:15-8:55 Calenc
8:55-9:25 Tier R
9:30-10:15 Relat
10:32-10:57 Lun
11:00-11:15 Res
11:15-11:45 Rec
11:45-12:45 Mat
12:45-1:15 Litera
1:15-1:30 Litera
1:30-1:45 Reces
1:45-2:45 Litera



1
2
9
3
6
1

7
5
3

7:53
10:00
0:10
2:17

8



Gravitating Towards the Diagnosis with the Best Prognosis



The Cost of Raising a Child: **\$233,610**



Where does the money go?

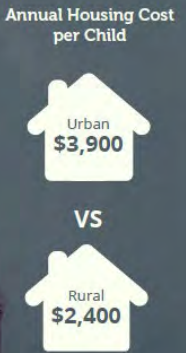


Not including the annual cost of college!

\$45,370
Private

\$20,090
Public

*Includes room and board.



*U.S. average for middle-income, married-couple families. Total costs are from birth through age 17. Source: Expenditures on Children by Families, 2015. U.S. Department of Agriculture, Center for Nutrition Policy and Promotion. Misc. Pub. No. 1528-2015.

January 2017
Revised March 2017
USDA is an equal opportunity provider, employer, and lender.



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“Giving Development a Chance”

EARLY CHILDHOOD DEVELOPMENT MILESTONES

The first four years of a child's life are the most important period of development physically, emotionally, cognitively, socially and morally. This is a guide to what you might expect in their first four years – often called developmental 'milestones'.


NOTE

EVERY CHILD DEVELOPS DIFFERENTLY



3 Months

- Turns head toward direction of sound
- Recognizes familiar faces and smiles back
- Follows moving objects
- Watches faces with interest
- Raises head and chest while lying on stomach
- Brings hand to mouth
- Takes swipes at dangling object with hands
- Begins to babble and imitate some sounds



6 Months

- Responds to other people's emotions
- Enjoys social plays/games (especially peek-a-boo)
- Struggles for out of reach objects
Uses voice to express pleasure and displeasure
- Interested in mirror images
- Responds to their own name
- Babbles chain of sounds
Rolls both ways (front to back, back to front)
- Sits with, and then without support on hands



1 Year

- Pulls up to stand, Walks holding onto furniture
- Tries to imitate during play (like winking when you wink or clapping when you clap)
- Explores objects; finds hidden objects and begins to use objects correctly (drinking from cup, brushing hair, dialing phone, listening to receiver)
- Uses simple gestures like shaking head to say 'NO' or waving to say 'BYE BYE'
- May speak single words like "Mama" and "Dada"
- Cries when Mother or Father leaves
- Babbles with inflection (changes in tone)
- Uses exclamations, such as "oh - oh!"
- Pokes index finger




2 Years

- Excited about the company of other children
- Begins to sort by shapes and colors; starts simple make-believe play
- Follows simple instructions; recognizes names of familiar people
- Walks without help; plays pretend (like talking on a toy phone)
- Points out at the objects, when you name it (like toy or photo)
- Imitates behavior of others, especially adults and older children
- Uses 2-4 word sentences
Repeats word overheard in conversation
- Pulls toys behind him/her while walking



3 Years

- Imitates adults and playmates
- Shows affection for playmates/friends
- Sorts objects by shape and colors; and matches objects to pictures
- Plays make-believe with dolls, animals and people (like feeding a doll)
- Uses pronouns (I, you, me) and sometimes plurals too (cars, dogs)
- Uses simple phrases or micro sentences to communicate with others
- Understands concept of 'mine' and 'his/hers'
- Expresses wide range of emotions
- Walks up and down stairs, alternating feet (one foot per stair step)
- Runs easily and pedals tricycle
- Starts to make friends



4 Years

- Follows three-step commands (like wash your hands, comb your hair)
- Draws circles and squares
- Speaks in sentences of 5-6 words; Speaks clear enough for outsiders to understand
- Names some colors; understands counting
- Shares and take turns with other children
- Knows the difference between boys and girls
- Enjoys humor (like laugh at silly faces or voices)
- Brushes his/her teeth by self
- Dresses and undresses without help except for shoelaces
- Pretends by role playing
- Knows opposite (hot/cold, big/small)

Disclaimer: These are general milestones. All children are different and some will do things faster or slower than others. If you have queries/concerns about your child's development, contact a pediatrician.



For others, it's not because they're not getting diagnosed—it's because they're getting a different diagnosis first.

Attention Deficit Hyperactivity Disorder (ADHD) & Autism Spectrum Disorder (ASD)

ARE DISTINCT & DIFFERENT CONDITIONS.
 “However, in some situations they can, superficially, look similar and in some children, **THEY CAN EXIST TOGETHER**”

	ADHD	CHILD'S BEHAVIOUR	ASD	
CORE FEATURES OF ADHD	LIKELY REASON FOR BEHAVIOUR		LIKELY REASON FOR BEHAVIOUR	CORE FEATURES OF ASD
Easily distracted	Too impulsive & hyperactive but interested in others & can share	Not playing well with other children	Lacks interest in others & poor social reciprocity	Poor eye contact
Find it difficult to remain still	Lacks listening attention & too impulsive to wait for turn to speak	Difficult to have a conversation with	Lacks skills and understanding of social norms of conversation	Poor use of gestures
Poor at organising activities	Attention is mostly poor, though can improve with structure, praise & reward	Hyperactive & poor attention	Lacks social participation but can focus well on own interests	Unusual sensory interests
	May know the risk, but acts before thinking due to impulsivity & poor self-control	Poor awareness of danger	Lacks understanding of social & physical risks	Repetitive behaviours
				Prefer structure & consistency

WWW.NAYI-DISHA.ORG DR. AJAY SHARMA, NEURO-DEVELOPMENTAL PAEDIATRICIAN

Nayi Disha Resource Centre
 An online information resource platform to support families of persons with Intellectual and Developmental Disabilities (IDD)



Autism is a Spectrum with a Wide Range of Behaviors that Requires a Comprehensive Assessment

A screenshot of the ASRS (6-18 Years) PARENT RATINGS Response Form. The form includes fields for the child's name, date of birth, and parent's name. It contains a grid for rating behaviors and a section for additional comments. The form is titled 'ASRS (6-18 Years) PARENT RATINGS' and 'Response Form'.A collage of six photographs showing children in various social situations: two girls talking, a girl pointing, two girls hugging, a girl shouting, a girl with a sad expression, and a girl with a surprised expression. The collage is set against a dark red background.

Measuring
Social Perception
Using the DANVA 2
& the NEPSY-II



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Summary

- The prevalence of Autism Spectrum Disorder continues to increase around the country.
- A diagnosis of Autism Spectrum Disorder may be delayed because:
 - The child possess “splitter skills” that allows them to ”function” throughout childhood until the demands of their academic, social, and home environment increase in middle school and high school.
 - The child receives a diagnosis that does not include Autism Spectrum Disorder.
 - Autism Spectrum Disorder is a spectrum of a range of behaviors that often times requires a comprehensive assessment
 - The child’s support system gravitates towards the diagnosis with the best prognosis.
- If we know that “early intervention is the best intervention”, what can we do to support earlier diagnoses of Autism Spectrum Disorder so that children can be linked with the correct interventions?



Thank you!



STAY CONNECTED



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Instagram
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www.thecenter4autism.org



THE CENTER FOR **AUTISM**
& **NEURODEVELOPMENTAL DISORDERS**

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Compassionate Care and ABA Treatment During COVID-19

PRESENTED BY:

Junelyn Lazo-Pearson, Ph.D., BCBA-D

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Junie Lazo-Pearson, Ph.D., BCBA-D

Chief Clinical Officer

Ph.D. University of Kansas

23+ years of experience in ABA

16+ years BCBA Certification



Lessons in Leadership and Compassion

Pivoting through a Pandemic

- What we did
- What worked
- What we learned



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Managing Fear

“ACTION
EXPRESSES
PRIORITIES.”

-MOHANDAS GANDHI-

Communication

- Stay connected
- Technology
- Training
- Flexibility and compassion

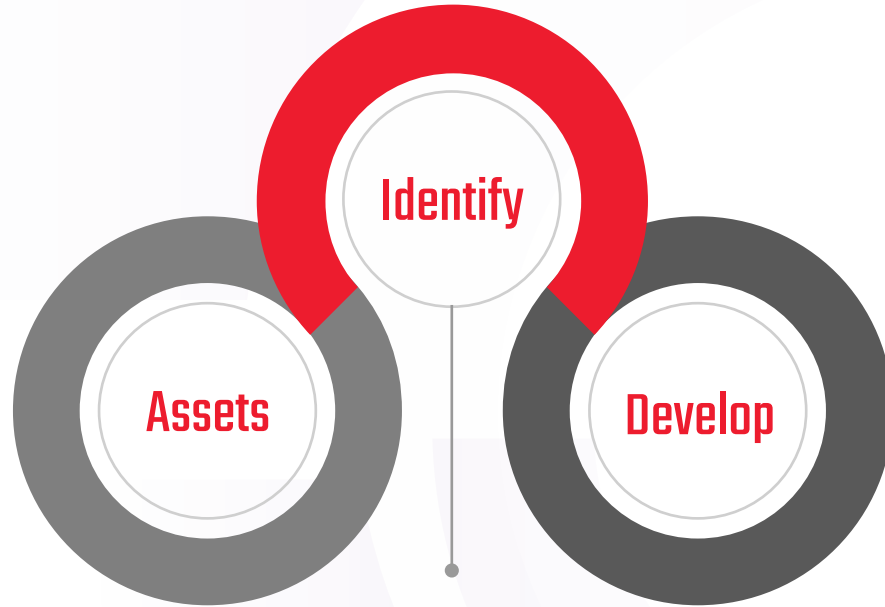


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Framing Issues with Compassion



Assess family strengths and needs



Develop and/or revise treatment goals during COVID-19

Identify barriers to successful treatment

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Compassion for All: Including Providers



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Contingency Plan Updates



Continued Process



Time to prepare for
anticipated resurgence



Develop goals and
pre-teach necessary
skills

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Assess

- Feasibility of model
- Dosage of treatment
- Consistency of sessions
- Family stress
- Child progress
- Prerequisite skills

Collaborate

- Treatment review meeting
- Family preferences for treatment
- Goals during resurgence
- Create plan that includes dosage of treatment, days/times of sessions, goals targeted, and pre-requisite skills needed
- Discuss implementation plan [Back to Agenda](#)

Implement

- Develop protocols
- Pre-teach skills to increase success of selected model
- Incorporate telehealth program components during in-person sessions
- Include home-based sessions practice and maintain skills telehealth for clients

Demonstrates all pre-requisite Skills

- Alarm for joining sessions
- Joining video call from computer/ipad
- Adjusting video/audio settings
- Appropriate/inappropriate video call behaviors
- Staying within view of video

Demonstrates most pre-requisite Skills

- Telehealth pairing protocol
- Instructional control via telehealth
- Transitioning away from call w/o challenging behavior
- Desensitization from viewing self on screen

Demonstrates limited pre-requisite Skills

- Parent training protocols
- iPad pre-requisite skills
- Video modeling
- Activity schedules

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In-person

- Side-by-side w/client and personal technology
- Technician is in an adjacent room
- Naturally occurring opportunities

Telehealth

- Brief sessions (15-30 min)
- Systematically increasing duration and difficulty

Maintaining Client Skills via Telehealth

- Incorporated part of treatment plan
- Add 1-2 home-based sessions per week (clinic)
- Add 1-2 telehealth sessions per week (home)
- Embed naturally occurring opportunities (clinical supervision or calls with family)

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Preparing For Change

- COVID-19 – prepare for the unexpected
- Preparing for the future
- ABA via teletherapy
- Our goal is to prepare for success



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Articles



Behavior Analysis in Practice
<https://doi.org/10.1007/s40617-020-00517-9>



DISCUSSION AND REVIEW PAPER



ABA Finding Its Heart During a Pandemic: An Exploration in Social Validity

Amanda C. Nicolson^{1,2} · Junelyn F. Lazo-Pearson³ · Jackie Shandy⁴

Accepted: 14 September 2020
© Association for Behavior Analysis International 2020

Abstract

The COVID-19 pandemic has presented practitioners of applied behavior analysis (ABA) with new and uncharted challenges. Upholding ethical responsibilities while navigating an international public health crisis has opened areas of uncertainty that have no precedent. Although there is general guidance on how to respond ethically from the Behavior Analyst Certification Board (BACB) in their publication specific to the COVID-19 crisis (BACB, 2020, March 29, *Ethics Guidance for ABA Providers During COVID-19 Pandemic*, retrieved from <https://www.bacb.com/ethics-guidance-for-aba-providers-during-covid-19-pandemic-2/>), there remains a huge responsibility on the individual practitioner to make potentially life-changing decisions. In that regard, practitioners are urged to ensure that they rely on socially significant and valid decision-making processes. The goal of this article is to provide an exercise in accounting for stakeholder feedback and connecting with patients and families regarding their input on the acceptability of treatment during the COVID-19 pandemic. The exercise is in the form of a structured parent interview to help practitioners account for the setting variables and social validity of treatment during a crisis. It is our ethical responsibility to remember this critical dimension of our science and practice.

Keywords Autism · Clinical decision making · Consumer feedback · COVID-19 · Social significance · Social validity

Behavior Analysis in Practice (2020) 13:604–608
<https://doi.org/10.1007/s40617-020-00446-7>



COMMENTARY



The Role of Compassion and Ethics in Decision Making Regarding Access to Applied Behavior Analysis Services During the COVID-19 Crisis: A Response to Cox, Plavnick, and Brodhead

Linda A. LeBlanc¹ · Junelyn F. Lazo-Pearson² · Joy S. Pollard³ · Lorri S. Unumb⁴

Published online: 16 June 2020
© Association for Behavior Analysis International 2020

Abstract

Cox, Plavnick, and Brodhead (2020, "A Proposed Process for Risk Mitigation During the COVID-19 Pandemic") published a position statement in the emergency section of *Behavior Analysis in Practice* in response to the COVID-19 crisis. They argued against a blanket interpretation that in-person applied behavior analysis services for all patients should continue during the pandemic. They strongly argued that the risks of continued services are almost always prohibitive and that only in rare cases would the continuation of in-person services be warranted. Colombo, Wallace, and Taylor (2020, "An Essential Service Decisions Model for Applied Behavior Analytic Providers During Crisis") soon thereafter published a response to the article pointing out the potential dangers associated with the position of the article by Cox et al. They included a detailed decision model to assist providers in making nuanced and informed data-based decisions that provide the opportunity to honor the ethical responsibility for not abandoning patients. We echo the importance of the Colombo et al. response and add points of response centered on balanced ethical decision making informed by compassionate family-centered care.

Keywords Compassion · COVID-19 · Decision making · Ethics



Thank You

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A Public Agency

CalOptima
Better. Together.

Trauma-Informed Care and ACEs Aware Update

Special Joint Meeting of the Board Advisory Committees
December 10, 2020

Betsy Chang Ha, RN, MS, LSSMBB, Executive Director,
Quality and Population Health Management

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Agenda

- Background
- ACEs Aware Grantees and Community Partners
- What is CalOptima Doing?
- Trauma-Informed Care Framework
- ACEs Aware Provider Toolkit, Workflows and Algorithms for Pediatrics and Adults
- Q&A

Adverse Childhood Experiences (ACEs)



*Dr. Nadine Burke Harris
California Surgeon General*

2019:

*“ACEs and toxic stress
represent a
public health crisis.”*

2020:

*“... We cannot just attack the
(COVID-19) pandemic and not
attack the other endemic disease of
American society, which is racism.”*

ACEs Aware Initiative

- Initiative led by the California Surgeon General and the Department of Health Care Services (DHCS)
 - Partner with health care systems and communities to ensure providers have the training, tools and resources to incorporate ACE screening into patient care
 - Fund organizations to help expand the reach and impact of the ACEs Aware Initiative to Medi-Cal providers and organizations serving Medi-Cal beneficiaries



ACEs Aware Initiative Grants

- In June, ACEs Aware Initiative awarded \$14.3 million in grants to 100 organizations across California
- Grants will fund activities
 - Informing and educating Medi-Cal providers about the importance of screening for ACEs
 - Responding to trauma-informed care
- 150 individual grants awarded across three categories
 - Provider Training
 - Provider Engagement
 - Communications

ACEs Aware Grant Categories

- Provider Training — 31 grants
 - Help educate Medi-Cal providers about the importance of incorporating ACE screening, how to administer and provide trauma-informed care.
- Provider Engagement — 83 grants
 - Help organizations offer additional opportunities for providers to share lessons learned and best practices.
 - Tailored to specific geographic areas, patient populations, providers and practice settings
- Communications — 36 grants
 - Inform organizations and key audiences about provider training and engagement opportunities.
 - Increase awareness about the overall initiative.

Local ACEs Aware Grantees

Orange County Organizations

American Academy of Pediatrics Orange County — \$150,000

CHOC Children's — \$180,000

Early Childhood Orange County — \$120,000

Orange County Department of Education — \$100,000

The Raise Foundation — \$60,000

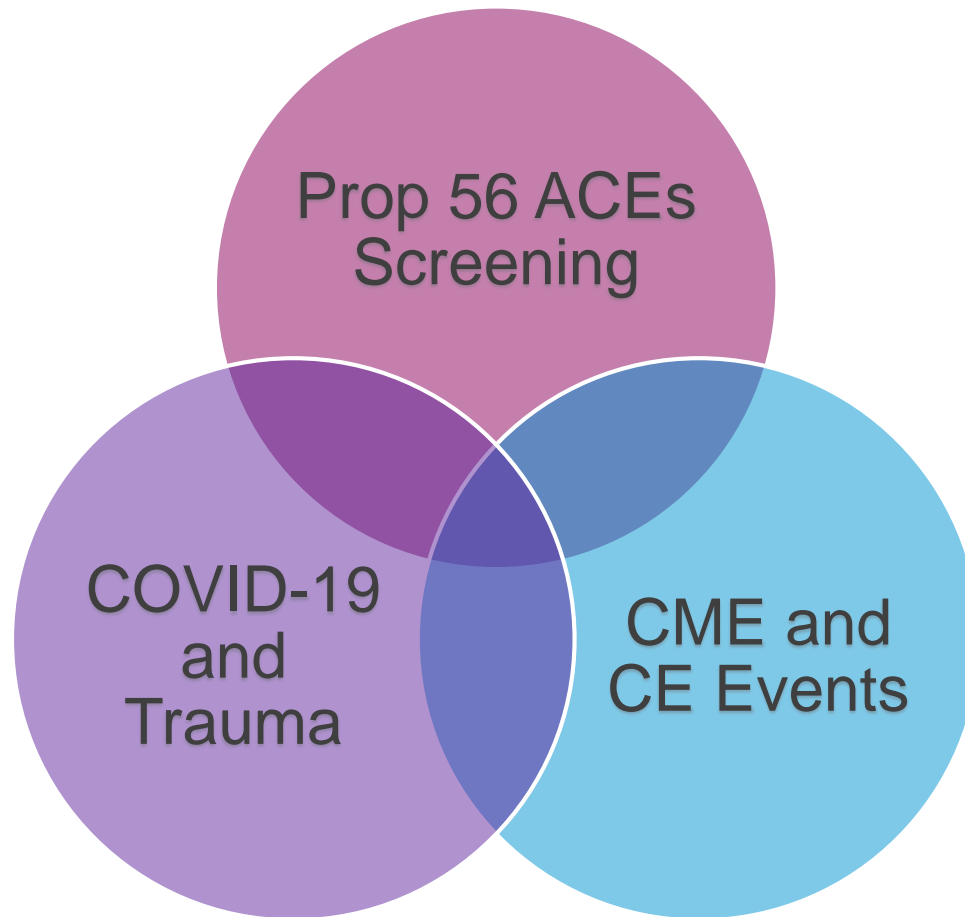
Western Youth Services — \$250,000

ACEs Aware Community Partners and Grantees Meeting

- Community partners and grantees met on August 24, 2020
- Community Partners
 - Aurrera Health (formerly Harbage Consulting)
 - Orange County Health Care Agency
 - First 5 Orange County
 - ACEs Connection
 - Coalition of Orange County Community Health Centers*

* Participating in an ACEs training grant via California Primary Care Association

What Is CalOptima Doing?



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Proposition 56 ACEs Screening

- Funded by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, to support:
 - Provider training for trauma screenings
 - Clinically appropriate trauma screenings for Medi-Cal children and adults
- DHCS requires managed care plans to comply with minimum fee schedule of \$29 for each qualifying ACEs screening
 - Starting January 1, 2020, CalOptima began reimbursing providers \$29 for ACEs screening
 - As of July 1, 2020, CalOptima requires providers to attest to having completed a certified trauma-informed care training program before they can be reimbursed for screenings

ACEs Screening Status

- As of November 3, 2020

Number of Orange County providers who completed ACEs training	1,316
Providers who submitted ACEs screening claims	222
Number of members screened	23,197
Health network members	18,989
CalOptima Community Network members	4,208
Total ACEs screening claims paid	\$691,619.40

CalOptima CME and CE Events

- October 2–3, 2020
 - Mental Health Live Webinar: Compassion Fatigue/Vicarious Trauma for the Provider
 - Host: CHOC Children’s
- October 29, 2020
 - What’s Past Is Prologue: Fundamentals of ACEs
 - Speaker: Brent Sugimoto, M.D.
- March 3, 2021
 - Mindfulness — A Core Resilience Skill for Provider Well-Being
 - Speaker: Reena Kocheta, M.D.

COVID-19 and Trauma

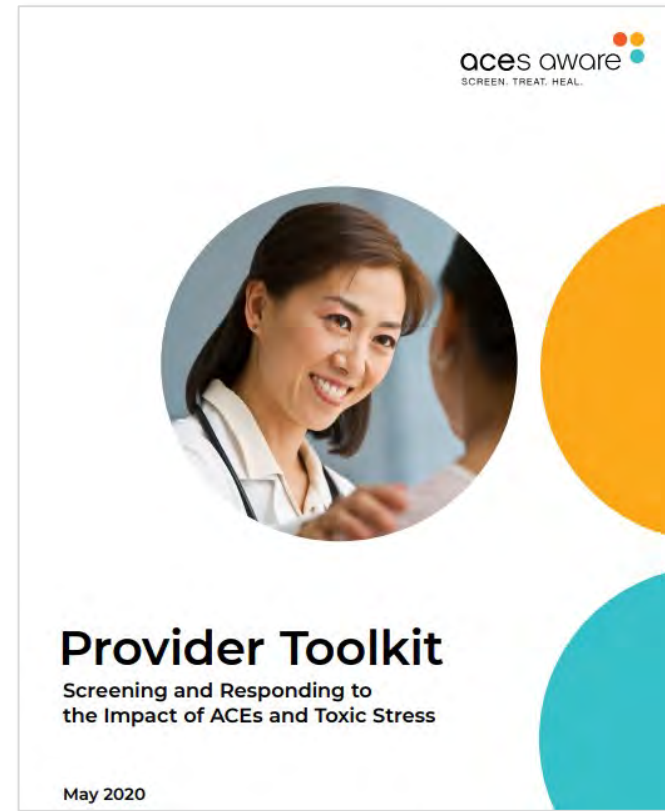
- COVID-19 has impacted the well-being of parents and children
 - 1 in 7 parents reported worsening behavioral problems in their children due to loss of school, childcare, jobs and food insecurity
 - More than 25% of parents say their mental health has worsened during the pandemic
- CalOptima Behavioral Health has seen a 156% increase in therapy referrals compared with the same period last year

CalOptima Responses

- DHCS All Plan Letter (APL 20-008): Mitigating Health Impacts of Secondary Stress Due to COVID-19 Emergency
 - Expand telehealth/virtual care for Behavioral Health
 - Identify providers with specialties in treating childhood trauma
 - Educate health networks, providers and internal staff on how to support members with mental health concerns due to COVID-19
 - Disseminate ACEs Aware Provider Toolkit
 - Implement weekly Mindful Moment with internal staff
 - Conduct population health equity analysis to address health disparities and promote health equity in collaboration with Orange County Health Care Agency

ACEs Aware Provider Toolkit

- Provides information on the ACEs Aware Initiative
- Shares how Medi-Cal providers can get trained and receive payment for doing ACEs screenings
- Explains how to screen for and respond to ACEs
- Offers workflows, algorithms and interventions



www.acesaware.org/heal/provider-toolkit

Trauma-Informed Care Framework

Understanding

- Understanding the prevalence and impact of trauma and adversity on health and behavior

Recognizing

- Recognizing the effects of trauma and adversity on health and behavior

Responding

- Responding by incorporating trauma-informed principles into clinical practices and community support systems

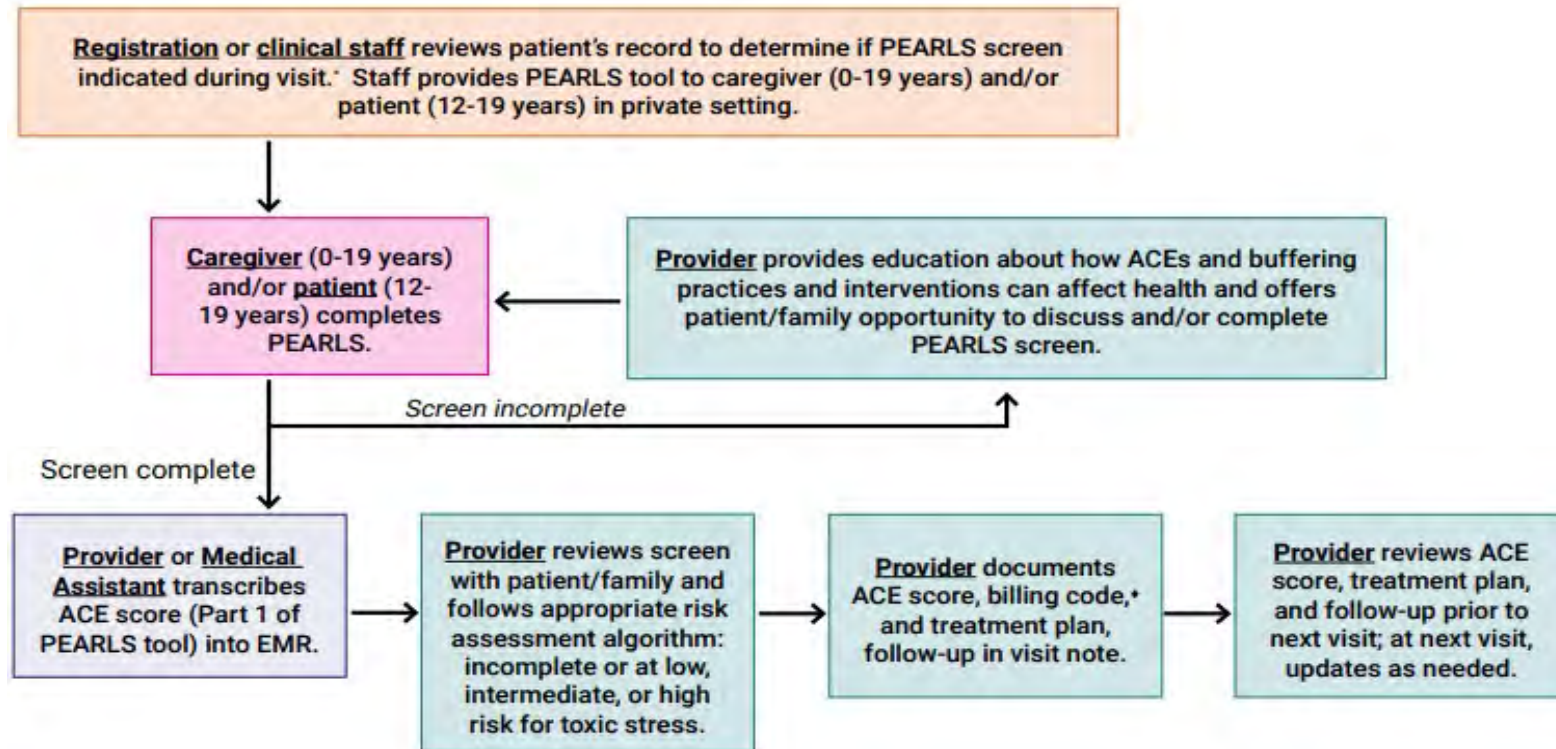
Integrating

- Integrating knowledge about trauma and adversity into policies, procedures, practices and treatment planning

Resisting

- Resisting re-traumatization of patients and staff

ACE Screening Clinical Workflow: Pediatrics



*PEARLS is recommended to be completed once per year.

*Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4 , high risk for toxic stress

G9920: ACE score of 0 – 3, lower risk for toxic stress. For purposes of coding, scores of 1-3 with ACE-Associated Health Conditions should be coded as G9920, even though patient falls into the high-risk category of the clinical algorithm.

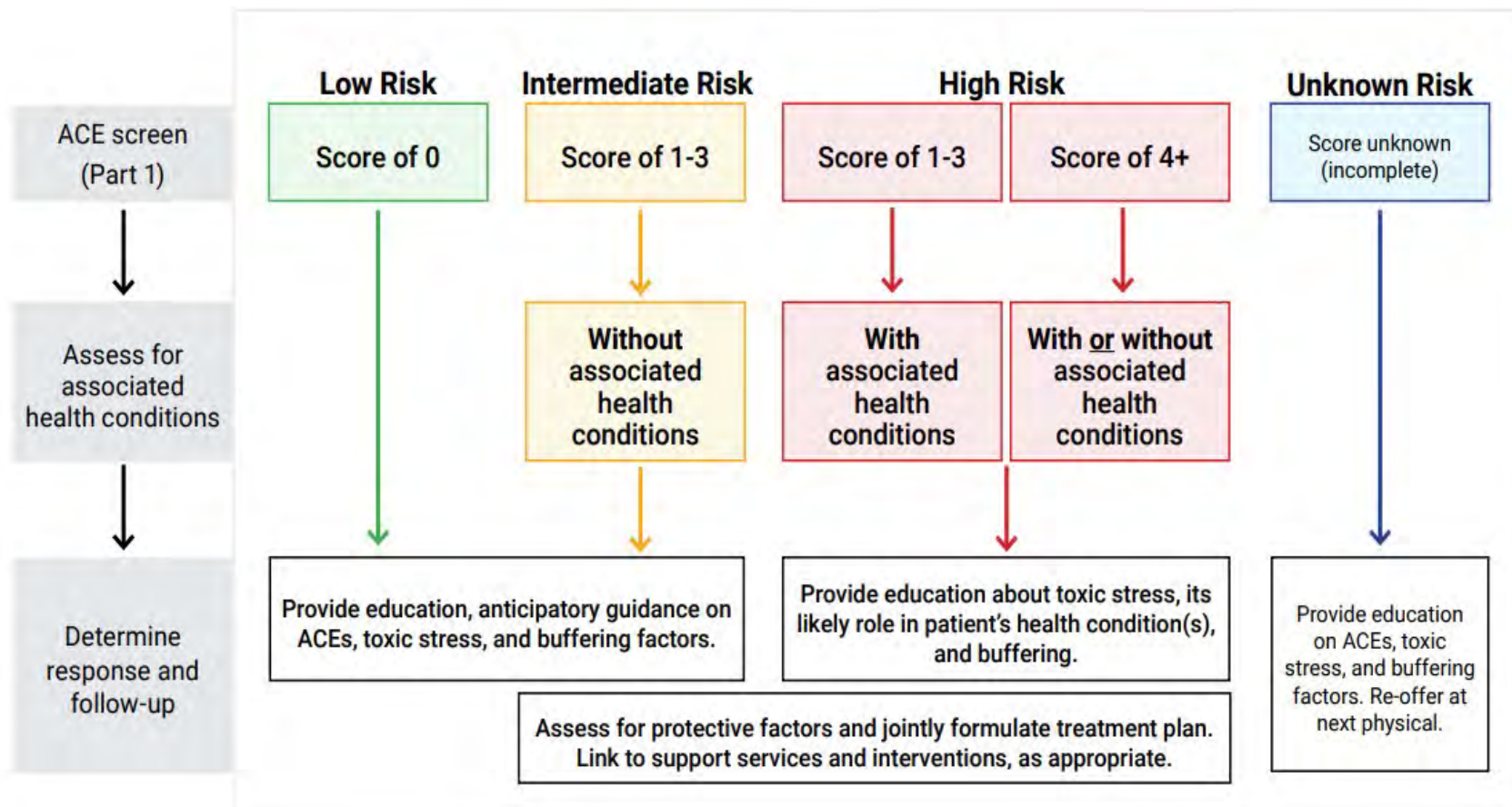
***PEARLS to be completed once per year, and no less often than every 3 years

Source: ACEs Aware Initiative: Overview • ACEsAware.org

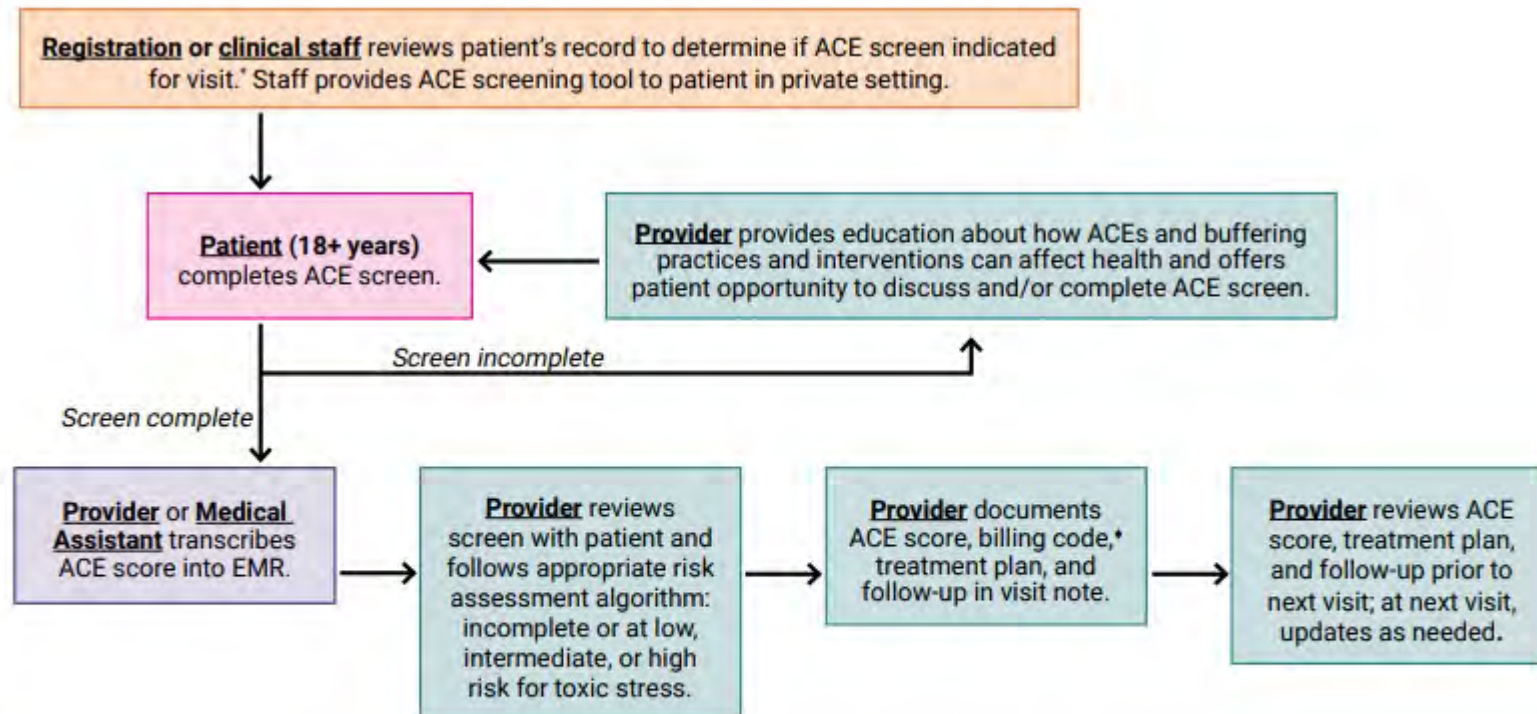
<https://www.acesaware.org/heal/provider-toolkit/>

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ACEs Screening Score Algorithm and Interventions: Pediatrics



ACE Screening Clinical Workflow: Adult



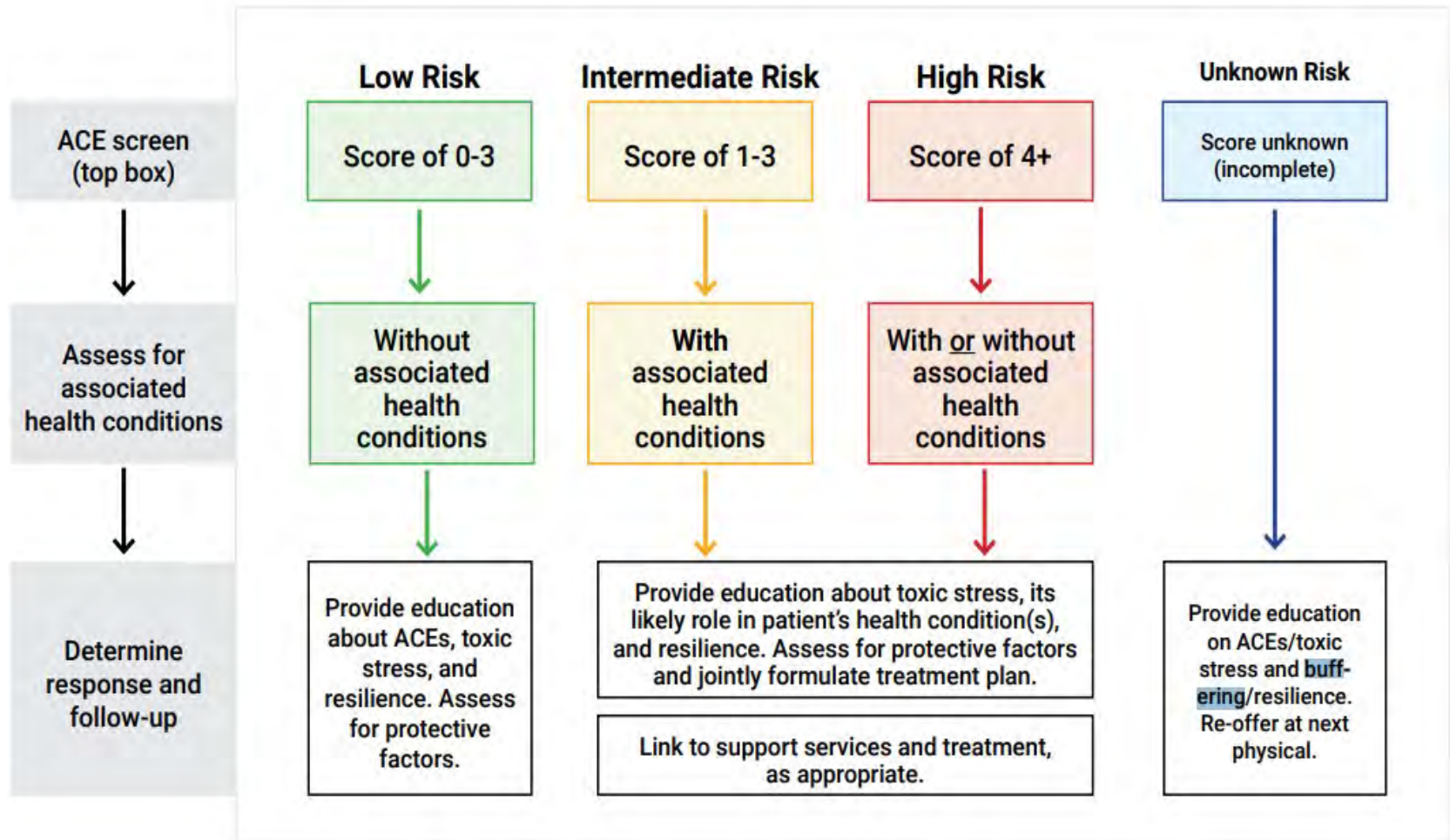
*ACE tool is recommended to be completed once per adult, per lifetime.

•Healthcare Common Procedure System (HCPCS) billing codes for ACE scores:

G9919: ACE score ≥ 4 , at high risk for toxic stress.

G9920: ACE score of 0 – 3, at lower risk for toxic stress (on algorithm, at either low or intermediate risk).

ACEs Screening Score Algorithm and Interventions: Adult



Trauma-Informed Care Resources

- Video: What Is Trauma-Informed Care?
 - <https://youtu.be/fWken5DsJcw>
- Additional trauma-informed care resources
 - www.traumainformedcare.chcs.org
 - www.acesaware.org
 - www.acesconnection.com/g/orange-county-ca-aces-connection

Questions?

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Our Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner