



P.O. BOX 161448, SACRAMENTO, CA 95816 | VOICE: (916) 514-4464 | FAX: (916) 514-4499 | WWW.CALYOUTH.ORG

TO: Will Lightbourne, Director, California Department of Health Care Services; Dr. Mark Ghaly, Secretary, California Health and Human Services Agency

FROM: Levi Deatherage, Alejandra Gomez, & Jevon Wilkes, The California Coalition for Youth SUBMITTED: via email to:
CSBRFP8@dhcs.ca.gov

SUBJECT: Draft Request For Proposal #20-10029, Medi-Cal Managed Care Plans

DATE: July 1, 2021

On behalf of The California Coalition for Youth (CCY), we are submitting these comments in response to the incomplete Draft Request for Proposal (RFP) #20-10029 on Medi-Cal Managed Care Plans released for comment by the Department of Health Care Services (DHCS).

CCY is a thirty-nine-year-old grassroots non-profit organization located in Sacramento that, as a statewide coalition, takes positions on and advocates for public policies, programs and services that empower and improve the lives of all California's youth ages 12-24, with a strong focus on disconnected, runaway and homeless youth.

California is at a crossroad in closing health gaps that are wreaking havoc on the lives of BIPOC and LGBTQ+ youth. It is well-documented that youth of color are suffering, experiencing immense trauma, dying from chronic illnesses, suicide, and more. We know that youth on the streets have a mortality rate in excess of ten times that of the state's general youth population. . CCY has, for the past thirty-nine-years, worked to break down barriers, correct health disparities in underinvested communities, and secure investments to bridge people, funding, resources and supports together to position youth to become today and tomorrow's leaders, reach their full potential, and thrive. When our youth thrive, California thrives too.

The upcoming process to reprocur commercial Medi-Cal Managed Care Plans is the first ever statewide competition for commercial plans to contract with Medi-Cal. This represents an enormous opportunity and has the power to shape health care delivery for youth for years to come.

CCY submitted a response to the Medi-Cal Managed Care Plan RFI back in October 2020 and we want to acknowledge DHCS for some of the things we saw included in the draft RFP, including signalling commitment to health equity by requiring Managed Care Organizations (MCOs) to have health equity officers.

However, there are still many unanswered questions and placeholders, and as such, we reiterate some of our previous concerns from the RFI and add some new ones raised by the latest draft RFP.

We continue to request DHCS to mandate that MCP's:

- Require partnerships with homeless youth service providers -- explicitly -- to provide on-site services for the youth – from comprehensive primary care, sexual health services, confidential HIV prevention and testing, behavioral health services (including individual and group therapy) and more.
- Fund street outreach – including providing licensed clinical staff who can provide immediate mental

health, life skills, and social-emotional needs assessments that are both age and culturally and linguistically appropriate.

- Require MCPs to invest in Peer to Peer Programs and track their progress.
- Fund prevention services and hold the MCOs accountable so youth can get support before a crisis. We know MCOs are required to do this now -- and they do not. Our state ranks 44th in the nation for providing children's preventive health services required under EPSDT -- including much needed mental health services. This is shameful and we are dismayed to see the RFP does not have accountability measures (such as incentives or withholding payment).
- Make it easier for all youth to be able to transfer plans when they move to a new county. This could also include making it easier for all youth under 26 to be treated like former foster youth in Medi-Cal by coding them under "Fee For Service" to make it easier for them to access services.
- Ensure that MCPs have available and accessible substance use treatment programs specifically available, and with proportionate capacity, for youth in their service area.
- Include youth in evaluating if the services received are high quality, timely, and relevant.
- Require the MCP to participate in their local homelessness Continuum(s) of Care for their service region.

Given the recent budget discussions, including the Child and Youth Behavioral Health Initiative, there are key components and partners missing from the RFP. For example, the expanded role that schools are to play as part of the healthcare system. It would be valuable if MCPs had partnerships with their schools, school districts and county offices of education, where at least 30 minutes could be dedicated at school orientation (or back to school nights, etc) to express the health benefits and services available to students. Likewise, MCPs partnerships with Workforce Investment Opportunity Act funded-programs to develop and engage youth into health care service career pathways would go a long way to increasing the workforce to be more reflective of the communities they serve.

"We would like to bring attention to the suffering of today's youth. Our youth and young adults have had to endure a global pandemic, racial injustice, and struggle to meet their basic needs. Above we list some sources that can help alleviate some of these current events that are impacting our youth in the wrong ways. With this in mind we want to plant new seeds of hope and prosperity to replace despair and hopelessness youth are currently experiencing." Alejandra Gomez - CCY Youth Specialist.

For all that has been said, we believe the RFP can be stronger and explicitly require MCPs to have youth representation on their governing boards and Community Action Committees. We hope that will be addressed and solidified with clarity in the final RFP. As DHCS is committed to working to eliminate disparities in health care and align health equity efforts of stakeholders, youth must be recognized as an essential part of the solution and share power to develop, implement, execute, and hold us accountable to their social and emotional development.

Young people are living with years of trauma while desperate for healing and someone to care for their whole being. When it comes to pathologizing and stigmatizing them with a diagnosis, this action keeps that trauma attached to them everytime they receive services. This is not the way in which we pursue our betterment. The RFP must make clear that a diagnosis is not needed to receive timely help, especially considering youth may have gone through hardship just to stand at the doorstep of a service provider. Youth, and their caregivers, must be able to identify and choose medically necessary resources and supports to heal, stay healthy, and thrive.

When a youth is coming from a place of deep trauma, as well as a family which places no significance on the struggles they experienced. It is highly improbable that these youth will have the opportunity or foresight to

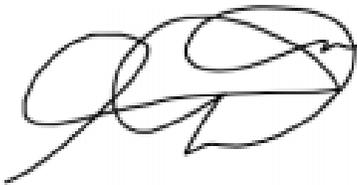
seek medical professionals who can render a diagnosis. This concept of “diagnosis 1st, support 2nd” is truly detrimental to overall progress for our young people. We are more likely to stem the tide of adverse side effects associated with poor mental health if we maintain open doors not hindered by diagnosis requirements.

“We must make explicitly clear that a diagnosis is not required in order for a child to receive mental health services in schools and elsewhere. We believe students (with their caregivers / families / trusted adults) are experts in their own lived experiences and should be able to determine whether their experiences rise to the level of needing emotional support.”

“Coordinate all Medically Necessary services to close any gaps in care and address the Member’s mental health, SUD, developmental, physical, and oral health needs as well as needs due to Social Determinants of Health;”

Thank you for the opportunity to weigh in on the draft Medi-Cal Managed Care Plan RFP. CCY shares and supports the Department’s mission and vision and hope this comments help to drove us towards these goals. This is a critical moment to positively address the systematic racism of the current system, with the opportunity to get it right for all of our youth. For a true California for ALL.

Sincerely,



Jevon Wilkes
Executive Director
California Coalition for Youth



Levi Deatherage
Board Member, Vice Chair of Youth California Coalition
Program Manager, Open Arms Youth Drop-In Center, Family Assistance



Alejandra Gomez
Youth Specialist, California Coalition for Youth