

## Quality Improvement and Health Equity Council Minutes Contra Costa Health Plan–Community Plan March 10, 2026

**MEMBERSHIP**

<b>X</b>	*Nicolás Barceló, MD, CCHP Medical Director
<b>X</b>	*Michael Clery, MD, CCHP Medical Consultant
	*Stephen Field, MD
<b>X</b>	*David Gee, MD, CCHP Medical Consultant
	Beth Hernandez, Director, CCHP Quality and Health Equity, Co-chair
<b>X</b>	*Iman Junaid, MD, Medical Consultant, Jiva Health
	*Anita Juvvadi, MD, Medical Consultant, La Clinica de la Raza
<b>X</b>	*Olga Kelly, MD, CCH Medical Consultant, Pediatrics/Clinical Consultant
<b>X</b>	*Sarah Levin, MD, CCHP Senior Medical Director, Chair
	Allison Liu, CCHP Quality and Health Equity Program Manager
	Sefanit Mekuria, MD
<b>X</b>	Jersey Neilson, CCHP Quality and Health Equity Program Manager
	*Yui Nishiike, NP, Chief Medical Information Officer, LifeLong Medical Care
	*Andrea Sandler, MD

\* Voting members. Quorum is one half of eligible voting members.

**GUESTS**

<b>X</b>	Maggie Souza, DNP, CCHP Clinical Quality Assurance
<b>X</b>	Alejandro Fuentes, RN, CCHP Clinical Quality Assurance
<b>X</b>	Kristine Gertler, RN, CCHP Advice Nurse Unit
<b>X</b>	Maybell Stone, RN, CCHP Advice Nurse Unit

**SCRIBE**

<b>X</b>	Arnie DeHerrera, Quality and Health Equity Administrative Assistant
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Topic	Discussion/Decision/Action	Follow up Action and Person Assigned
<b>Call to Order</b>	The Quality Council meeting was called to order at 12:00 PM on March 10, 2026, via Zoom.	
<b>Introductions and Information</b>	There were no introductions at this session of Council.	

Reports		
<b>Deputy CMOs/CHEO Updates</b>	<p>The Deputy CMO, Sara Levin, presented the update. Quality Council and Health Equity Council have been merged to align with DHCS and NCQA standards.</p> <p>CCHP received a renewal of its NCQA Accreditation for another three years. Our goal is to now remain in a state of audit readiness at all times.</p> <p>2026 Quality Work Plan is underway; Dr. Levin requested any input from the Council ongoing throughout the year to guide and improve the Work Plan.</p>	
<b>Annual Advice Nurse Unit Report</b>	The nurse representative from the Advice Nurse Unit (ANU), Kristine Gertler, presented the report. 161,000 calls were received by the	

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	<p>ANU in 2025. This number represents a steady trend of total calls over the last 3 years; top 5 reasons for calls during Q4 2025 included cough, sore throat, emesis, chest pain, and abdominal pain. Dr. Levin asked for clarification of “Wrap Time” for the call unit. Kristine provided a definition.</p> <p>A further call disposition breakdown was presented including low acuity management, timely outpatient follow up, and higher acuity escalation.</p> <p>Program changes in the ANU included schedule optimization, ED follow up implementation, and D-SNP expansion. An ED Pilot was conducted in 2025; visit review and key insights were discussed (i.e. only 8% of ED visitors contacted ANU prior to their visit). Dr. Junaid asked about potentially avoidable ED visits. Kristine explained that the visit could have been avoided if the member had contacted the ANU prior to the visit. Dr. Levin asked if there is path forward to reduce pediatric ED visits. Dr. Clery stated there is a high percentage of members that had avoidable ED visits; analysis of claims data shows this. A concerted effort is now in place to help members avoid these visits (education, printed materials, etc.).</p>	
<p><b>Annual Behavioral Health Report</b></p>	<p>The director of Behavioral Health (BH) and Clinical Quality Assurance, Maggie Souza, presented the report. BH is charged with authorizing and coordinating all mental and behavioral health services for CCHP members. Regarding UM performance, BHD consistently performs at &gt;= 99% for authorization turnaround time standards.</p> <p>Generally, about two-thirds of BHD’s UM workload consists of Behavioral Health Treatment Services for Autism Spectrum Disorder. Currently, there are too few providers for Comprehensive Diagnostic Evaluations. We are working to make care coordination and navigation universal via in-house staff and contracted CHW providers.</p> <p>Non-Specialty Mental Health Services members can access services via Access Line (for screening), referral from PCP, call to Member Services or Advice Nurses, or self-referral via the provider directory. We have fully transitioned ambulatory services to no authorization required for initiation and continuation of routine and ambulatory mental health services; usage of monitoring via new claims data dashboard. In the future, we are working to implement in-house tracking, follow-up, and care coordination for closed-loop referral process. We also hope to expand our provider network to accommodate D-SNP needs.</p> <p>Members with moderate to severe acuity have access with carved out services to fully operational in-house care coordination using the SMHS benefit and entering BHS System of Care, transitioning up and down between systems of care, and discharged from Inpatient Psychiatry hospitalizations and receiving transitions of care. Moving forward, we want to implement ongoing tracking and member follow-up requiring enhanced data sharing, robust collaboration with BHS partners regarding clinical coordination, and continued expansion/collaboration for ECM and CalAIM opportunities.</p>	

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	<p>Substance Use Disorder is also carved out with collaboration between CCHP BHD and BHS DMC-ODS, and local emergency departments regarding coordination of services following ED discharge for substance use concerns. The unit is wants to implement ongoing tracking and member follow-up to ensure members are receiving the care to which they are entitled.</p> <p>CCHP manages all aspects of MH/BH for commercial members. Like Medi-Cal members, commercial members do not require authorization. Ongoing training will be required as criteria are updated.</p> <p>Neuropsych Testing is a small but growing portion of BHD work. Prior authorization is still required with a direct referral from PCP to NPT providers; provider requests authorization if further testing is indicated. We are anticipating increased demand with D-SNP launch and aging population.</p> <p>BHD is involved with the Children and Youth Behavioral Health Initiative for School-based services. We are working to implement full ASO model of data exchange, to receive/pay claims from all districts, charter schools, and higher-ed institutions in the county. We are also looking for opportunities to expand collaboration with schools.</p> <p>BHS is working as a liasion to external partners: Regional Center of the East Bay, and First Five of Contra Costa County. In the future, we want to enhance care coordination and look for opportunities for expansion in CalAIM benefits.</p> <p>Dr. Gee asked about in-person appointments for BH members. In the past, there has been a noticeable backlog with available appointments. Maggie stated that it has drastically improved. On average, a member now has a 2-3 wait for an in-person appointment. If members are willing to utilize telehealth, the wait is significantly shorter. The longest wait is for in-person appointments with a provider that speaks their preferred language. A request from Dr. Olga Kelly regarded member information from an outside provider Zocalo. Maggie will look into making information from Zocalo information available to our providers.</p>	
<p><b>Facility Site Review, Medical Record Review, and Physical Accessibility Review Survey</b></p>	<p>One of our Facility Site Review (FSR) nurses, Alejandro Fuentes, presented this update. Physical Accessibility Review Survey (PARS) determines level of accessibility for members with disabilities. This includes PCP sites, high-volume specialists, ancillary providers and Community Based Adult Services. Alejandro explained the site review process of the facilities which includes FSR and medical record review. 33 facility site reviews were conducted in 2025. They also performed 29 medical record reviews, 68 physical accessibility review surveys, and 27 CAPs.</p> <p>Challenges for the FSR team include the sunset of the Child Health and Disability Program (CHDP) and verification absorption into FSR and training required of all Pediatric PCPs. CHLD Training videos are available statewide to aid in training FSR nurses using CHDP and evidence-based resources.</p>	

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	<p>Medical Record Review (MRR) challenges include lack of use of validated tools and risk assessment with one time lab screenings. MRR interventions include Staying Health Assessment Style tool, emphasis on ordering labs for HIV and Hep C, encouraging use of CDPH TB risk assessment tool, and ongoing lead screening education.</p>	

**Consent Items**

<p><b>Consent Items</b></p>	<p>The Consent Items were included in the distributed document packet for this session of the Council.</p> <ul style="list-style-type: none"> <li>• QHE – Quality Council Minutes 02-17-2026</li> <li>• QHE – CAC Charter</li> </ul> <p>The Consent Items were unanimously approved by the Council.</p>	
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<p><b>Policies and Procedures</b></p>	<ul style="list-style-type: none"> <li>• AGD20.111 Submission of Cases for IRE Review (and attachments)</li> <li>• BHD18.001 Access to Mental Health Services</li> <li>• BHD18.002 Applied Behavioral Analysis</li> <li>• BHD18.004 No Wrong Door</li> <li>• CM16.400 Care Management Program Description for D-SNP Enrollees</li> </ul> <p>All policies were reviewed and unanimously approved by the Quality Council as presented.</p>	
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**Closing**

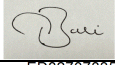
<p><b>Adjournment</b></p>	<p>Meeting in recess at 1:00 PM. The next Quality Council meeting is scheduled for April 14, 2026, at 12:00 PM via Zoom.</p>	
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Unless otherwise indicated below, Contra Costa Health Plan—Community Plan, hereby adopts all issues, findings, or resolutions discussed in the meeting minutes for Contra Costa Health Plan’s Quality Committee, dated March 10, 2026, and attached herein.

Excepted Matters: None

**Approved by CCHP Quality Council:**

Signed by:  5/20/2026  
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Committee Chair Signature Date

Signed by:  5/20/2026  
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Committee Co-Chair Signature Date

Signed by:  5/21/2026  
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Quality Management Administrative Assistant Signature Date