

**Q1 2025 Madera County Public Health & Women Infant Children (WIC) /
MCPs Quarterly MOU Meeting**

Date & Time February 12, 2025, 11:30-1:00 pm
Frequency Quarterly
Location Virtual
Meeting Leader Lali Witrago, Kaiser Permanente. Meeting Note: Rosy Martinez, CalViva Health/HN.

Attendees

Organization	Name & Title	Attended
Madera County Public Health	Alma Rutherford, Administrative Analyst, WIC	<input checked="" type="checkbox"/>
	Amalia Madrigal-Hernandez, Assistant Public Health Director	<input checked="" type="checkbox"/>
	Brenda Vargas, Sr. Administrative Analyst, Operations	<input checked="" type="checkbox"/>
	Brian Gamble, Deputy Director, Fiscal	<input checked="" type="checkbox"/>
	Christopher Jones, Deputy Director, Operations	<input checked="" type="checkbox"/>
	Diego Casillas, Sr. Program Assistant, CCS	<input checked="" type="checkbox"/>
	Elsa Estrada, Supervising Public Health Nurse, CCS	<input checked="" type="checkbox"/>
	Emily Hudak, Public Health Nurse, Foster Care	<input type="checkbox"/>
	Emma Champlin, Public Health Nurse, CCS	<input checked="" type="checkbox"/>
	Ilse Arrambide, Program Manager, WIC	<input type="checkbox"/>
	Lori Gardner, Program Manager, Children’s Medical Services	<input checked="" type="checkbox"/>
	Melanie Magalued, Public Health Nurse, Adult Protective Services	<input checked="" type="checkbox"/>
	Melody Viscara-Kellar, Deputy Director, Clinical & Nursing Services	<input checked="" type="checkbox"/>
	Minh Nguyen, Program Manager, CD/EPI/Vitals	<input checked="" type="checkbox"/>
	Natalie Stein, Program Manager, MCAH	<input checked="" type="checkbox"/>
	Richard Kaz, Program Manager, Fiscal	<input type="checkbox"/>
	Sandra Hishida, Public Health Nurse, Childhood Lead Poisoning Prev.	<input type="checkbox"/>
	Sara Bosse, Public Health Director	<input checked="" type="checkbox"/>
Simon Paul, M.D., Public Health Officer	<input checked="" type="checkbox"/>	
Tiffany Vargas, CCS Nurse	<input checked="" type="checkbox"/>	
Tiara Munoz, Program Manager, Community Wellness	<input checked="" type="checkbox"/>	
Kaiser Permanente	Ava Lillard, LHD MOU Contract Manager	<input checked="" type="checkbox"/>
	Emily Sindon, LHD/Dental Liaison	<input checked="" type="checkbox"/>
	Erica Anderson, PMG Liaison	<input type="checkbox"/>
	Lali Witrago, MOU Coordinator	<input checked="" type="checkbox"/>
	Maribel Soria, WIC Liaison	<input checked="" type="checkbox"/>
	Melissa Gonzales, Local Engagement	<input type="checkbox"/>
CalViva Health	Sukhvir Gill, Public Programs Specialist, CCS	<input type="checkbox"/>
	Virginia Lo, Public Programs Specialist, CCS	<input checked="" type="checkbox"/>
	Connie Lowe, Manager, Public Program Operations / CCS	<input checked="" type="checkbox"/>
	Patricia Frederickson, Manager, Prio Auth/Concur Rev	<input type="checkbox"/>
	Rosy Martinez Urueta, Community Liaison	<input checked="" type="checkbox"/>
Anthem	Chantal Betancourt, Manager, CCS	<input checked="" type="checkbox"/>
	Janet Paine, Director, Program Management	<input type="checkbox"/>
	Kalil Macklin, Program Manager	<input checked="" type="checkbox"/>
	Kimberly Kruse, Provider Clinical Liaison	<input checked="" type="checkbox"/>

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Agenda

Topics		Presenters
I. Welcome & Introductions Lali welcomed everyone to the MCPH quarterly meeting and new attendees from Public Health and MCPs introduced themselves.	All	
II. Follow-up Items 1) Sandra requested collaboration from MCPs regarding blood lead screening (BLS) services to avoid duplication of services. MCPs to provide Sandra with POCs. <ul style="list-style-type: none"> I. Kaiser Permanente provide the following contacts on 12/18/24: Emily Sindon, LHD Liaison, Emily.X.Sindon@kp.org and Marsha Battee, BLS POC, Marsha.A.Battee@kp.org. II. CalViva Health POCs for BLS are: Gilda M. Medrano at Gilda.M.Medrano@healthnet.com and Filomena Pagone at Filomena.L.Pagone@healthnet.com 	All	
III. MOU Updates 1) LHD MOU with Anthem, CalViva Health, and Kaiser Permanente currently under review by LHD. <ul style="list-style-type: none"> a. Meeting scheduled for 2/18/25 to review edits. Brian mentioned Anthem has conflict and needs confirmation/backup, otherwise will re-schedule it. b. Sara expressed the need to identify additional MPCs contacts related to the MOU and PNA/CHA/CHIP to attend kick-off MOU meeting review and discuss Madera’s request for funding. 2) WIC MOU with Anthem, CalViva Health, and Kaiser Permanente executed on 1/7/25. 3) Training and Education for WIC forthcoming. MCPs will plan to send the slide deck over by the end of month.	Kaiser Permanente CalViva Health Anthem	


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<p>IV. County Program Updates</p> <ol style="list-style-type: none"> 1) General Updates – Dr. Paul <ol style="list-style-type: none"> a. Dr. Paul reported high avian flu cases and also informed that dairies started to come off of quarantine. Madera County hasn’t seen any new cases since the initial outbreak, and they hope that this will continue to gradually decrease. b. Madera Community Hospital is carrying out their CDPH inspection, and assuming things proceed smoothly, they are expected to reopen soon. 2) Immunization – Melody <ol style="list-style-type: none"> a. Melody shared clinical services program continues to provide Immunization, STI and TB services. Clinical services have fully transitioned to a temporary location that occurred in December. b. They have their staff services located there including immunization and WIC along with vital statistics, birth and death record services. She added that their CD and HIV programs are also located at their Gateway temporary location. 3) Sexually Transmitted Disease (STD) – Minh <ol style="list-style-type: none"> a. Minh reported BOS approval received for the provider agreement to HIV PrEP and PEP program. The expectation is to get that process with the state soon for them to be able to provide HIV PrEP and PEP services to the uninsured and underinsured persons in Madera County. b. Minh shared that they are reconvening with their mobile health teams and expecting to start doing STI/HIV testing in the community again. 4) Tuberculosis (TB) – Minh <ol style="list-style-type: none"> a. Minh stated there are no updates available. 5) Maternal Child and Adolescent Health (MCAH) – Natalie <ol style="list-style-type: none"> a. Natalie reported that they are working with Healthy Families America which is their home visiting program. They will be having a site visit with two peer reviews on July 28th through the 30th for accreditation that will last for four years. b. Natalie also reported that they are working on self-study to cover all of their best practices, standards and policies and procedures. c. Madera’s Federal MCVE funding expects an additional \$2,000,000 coming to the local health jurisdictions. 	<p align="center">Madera County Public Health Team</p>


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<ul style="list-style-type: none"> d. Madera’s nurse, Sylvia Straford, conducts their safe sleep presentations and have cribs available for low-income families. A referral form is needed and must be submitted to her. e. Starting the Federal Fiscal Year 2025, COVID guidelines now require 75% in-person visits. This will be a requirement across all programs in the USA that are using Healthy Families America. f. Natalie also reported that they are on track to meet its caseload, with referrals from the community. <p>6) California Children Services (CCS) – Elsa</p> <ul style="list-style-type: none"> a. Elsa reported 1,500 CCS active cases with 144 active cases for MTU. Not able to contract for another occupational therapist. Therefore, have a waiting list and trying to work with Valley Children and other providers in the California Children Services. b. Caseload and the SARS documents pending are under control. Have less than 30 SARS pending for review and around 250 SARS pending due to state working on those. Very few SARS are still pending because the children haven’t entered to the hospital, but most of the new documents that they have pending are new cases that were sent to the state. c. Elsa Highlighted the collaboration with Kaiser CCS staff. d. Lori mentioned the renegotiation of the interagency agreement between the State Department of Education and DHCS. <p>7) Childhood Lead Poisoning Prevention Branch (CLPPB) – Blood Level Screening</p> <ul style="list-style-type: none"> a. Elsa reported 8 full state cases, 3 potential cases and 109 basic cases. She stated that 120 clients for the lead poisoning prevention program being followed by their nurses. b. Discussed the need to start preparing for the next contract and involvement of nursing students in new activities. c. They have three projects for the current semester for the Nursing students that come to Madera Public Health. d. Nursing students supporting projects include development of flyers with information about venous testing sites, transportation information, and the need for collaboration with MCPs. <p>8) Women Infant and Children (WIC) – Alma</p> <ul style="list-style-type: none"> a. Alma reported providing services at new temporary location on Gateway and they are getting positive feedback. 	

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<ul style="list-style-type: none"> b. Promoting classes over Phone and zoom. Have participation rate of 8160 participants per month with 97% participation. c. MCPs MOU executed, however CLR details removed and will need to complete an amendment by July. d. Lori mentioned the need for a Farmers market this year and Alma confirmed this will continue and will providing checks <p>9) Other:</p> <ul style="list-style-type: none"> a. Brian reported personnel changes in the Fiscal department, including the departure of key individuals like Richard Kaz and Sean Kirkpatrick. Brian will be the point of contact for direction. b. Sara provided an update on the assessment of Federal funds, mentioning \$7.9 M annually for various public health programs. Also discussed the importance of STD and HIV programs and communicated with legislators on both sides of the aisle at the state level. c. Melanie provided an update on the Foster Care program, mentioning the transition to a standalone program since the sunseting of CHDP. Discussed the development of policies and procedures for the program. Highlights the collaboration with DSS for Well Child exams and dental exams for foster care youth. 	
<p>V. Health Plan Updates</p> <p>1) Kaiser Permanente – Lali provided a high-level overview of the report provided with information relating to items membership, transportation services, and CalAIM programs enrollment data and program flyers.</p> <ul style="list-style-type: none"> I. Membership II. Transportation Services (NMT and NEMT) <ul style="list-style-type: none"> a. Transportation Benefits III. Cal-AIM Programs <ul style="list-style-type: none"> a. ECM and CS Enrollment Data b. Flyers: ECM, CS and CHW IV. Attachments / Reports <div style="text-align: center; margin-top: 10px;">  <p>Madera LHD-WIC MOU - Quarterly Me</p> </div> V. Data Sharing, Close Loop Referrals, and Operating Guidelines 	<p>Kaiser Permanente</p>

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<p>a. Lali shared the need for Kaiser Permanente to have discussions with the county related to the executed WIC MOU. These discussions will also need to take place as they relate to the LHD MOU once executed.</p> <p>1) CalViva Health - Rosy Shared Transportation Services, and NMT & NEMT information, ModivCare app Flyers and CalAIM online resource link. Also reported on the Referral Data, Enrollment Numbers & Transportation Utilization Data.</p> <p>I. Transportation Services:</p> <p>a. How to Get a Ride (ENG, SPA & HMG)</p> <p>b. Routine Medical transportation and NMT & NEMT</p> <p>c. ModivCare App Transportation Flyers</p> <p>II. CalAIM Resources:</p> <p>a. www.healthnet.com/providers/CalAIM</p> <p>III. Referral Data, Enrollment Data & Transportation Utilization Data:</p> <p>a. CalViva Health Data Report – Q1 2025</p>	<p>CalViva Health</p>
<p>2) Anthem – Kalil presented on the report shared by Janet.</p> <p>I. Membership</p> <p>II. Transportation Services (NMT and NEMT)</p> <p>a. Transportation Benefits</p> <p>III. Cal-AIM Programs</p> <p>a. ECM and CS Enrollment Data</p> <p>b. Flyers: ECM, CS and CHW</p> <p>IV. Attachments / Reports</p> <p align="center">  Anthem Data Report Madera County Q1 2025 </p> <p>V. Data Sharing, Close Loop Referrals, and Operating Guidelines</p>	<p>Anthem</p>

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VI. Care Coordination	1) Elsa shared that now that the Foster Care Program is a standalone program (no longer under CHDP), the nurses still need a form with the well child/medical history from the primary care provider. She mentioned the need to inform / educate providers regarding need to provide this information to county’s Foster Care Program. <ul style="list-style-type: none"> a. MCPs to follow up to identify point of contact and relay that to Melanie. 	All
VII. Referrals	1) Lori requested additional information from the MCPs in terms of the new agenda items and what those discussions should include. <ul style="list-style-type: none"> a. MCPs will convene and provide details related to these new agenda items. 2) Lori also asked if there are changes and if now the MCPs and county can speak about members or confidential information during the quarterly meetings. <ul style="list-style-type: none"> a. Lali/Rosy shared nothing has changed related to that, and MCPs / county are to provide general updates with no member level details. If care coordination or anything relating to a member needs to be discussed, those conversations must take place ad hoc between the county and MCP only. 	All
VIII. Strategies to Avoid Duplication of Services – None to report.		All
IX. Dispute Resolutions – None to report.		All
X. Collaboration – None to report.		All
XI. Member Engagement – None to report.		All
XII. Action Items	1) Rosy to provide name/email addresses for CalViva’s POC for BLS to Sandra. 2) MCPs to identify point of contact for Foater Care Program and relay that to Melanie. 3) MCPs will convene and provide details related to these new agenda items to Lori.	All

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XIII. Open Forum Discussion 1) None.	All
XIV. Next Meeting: 1) 2nd Wednesday of the 2nd month of each quarter from 11:30 – 1:00 pm I. May 14 II. August 13 III. November 12	All