CenCal HEALTH®
Local. Quality. Healthcare.

2025
Population Needs Assessment

Review/Approval:
Quality Improvement and Health Equity Committee
August 28, 2025

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1. Introduction

CenCal Health's 2025 Population Needs Assessment (PNA) uses available data to identify the needs of the member population as well as health disparities or gaps in services. The annual PNA assesses needs of child and adolescent members, members with disabilities, members of racial or ethnic groups, members with limited English proficiency, members of relevant subpopulations, and needs related to social determinants of health.

CenCal Health uses the findings of the annual assessment to inform the organization's Population Health Management (PHM) program, inclusive of its PHM Strategy.

Summary of Data Sources

Several data sources were used to provide a comprehensive assessment of CenCal Health's member population. Details can be found in Section 2. Unless otherwise noted, data is from Calendar Year 2024.

Assessment of Need

The "Assessment of Need" sections describe needs that members may have as related to the data being presented. Needs described are those which are intervenable by CenCal Health.

Assessment of Activities

The "Assessment of Activities" sections describe CenCal Health operations, programs, and activities that meet member needs described in the "Assessment of Needs" sections. This includes large-scale programs like Basic Population Health Management (BPHM) as well as individual programs or services, like offering Wellness and Prevention campaigns.

Assessment of Resources

The "Assessment of Resources" sections describe resources that CenCal Health has in place to support the programs and activities described in the "Assessment of Activities" sections. Resources include staffing, partnerships with external agencies, contracts with vendors, grant programs, and other resources that support operations.

Plan to Address Gaps

Within the "Plans to Address Gaps" sections, CenCal Health describes whether its activities and resources are sufficient to meet the member needs described. If they do not, a description of the plan to address the gap(s) identified is included.

Report Highlight: Gaps Identified

The 2025 PNA assesses member population data using the data sources and methods described above. Assessments of activities and resources were sufficient for most needs assessed. The following are CenCal Health's plans to address identified gaps where activities and resources were not sufficient to meet member needs:

- Increase member and provider education and resources on condition management or prevention, including for young adults on the prevention of COPD and Hispanic/Spanish speaking members on the prevention of STIs/HIV.
- Increase rates of childhood immunizations through member and provider education and the development of provider resources.
- Distribute alcohol abuse prevention education for both members and providers
- Promote key member benefits and services for pregnant and postpartum members, including lactation education, doula support, and others.
- Reducing health disparities related to:
    - Immunizations for English speaking children in Santa Barbara County
    - Immunizations for White and English-speaking adolescent members in San Luis Obispo County

Health Equity

CenCal Health's vision is to be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together. To ensure operational consistency, CenCal Health considers areas of overlap between the National Committee for Quality Assurance (NCQA) PHM and Health Equity standards. The NCQA Health Equity standards require health plans to annually use race/ethnicity, language, gender identity and/or sexual orientation data to determine if healthcare disparities exist. The data assessed and presented throughout this report assesses these indicators, as available, and is summarized in section 10.

Population Health Management Integration

Upon adoption of this report by the Quality Improvement and Health Equity Committee (QIHEC) annually, CenCal Health's PHM program activities are updated to reflect the plans to address gaps identified within the report. Any activities or resources identified as needing intervention or expansion are collaboratively considered by joint workgroups with Quality, Care Management, Behavioral Health, and Provider Services, as applicable. Specific updates to PHM activities are described in section 11.

2. Data Sources and Integration

2.1. Data Sources

Health Plan Data

This administrative data includes medical claims, behavioral health claims, pharmacy claims, laboratory data feeds that include clinical results that would otherwise not be reported through claims, and California Immunization Registry data feeds received by CenCal Health.

Quality Care Incentive Program (QCIP) Data

The QCIP dashboard is the product of data from claims, pharmacy, laboratory results, immunization registries, and Department of Health Care Services (DHCS) supplemental data feeds received by CenCal Health to identify member gaps in care. The database is updated monthly with results prioritized in alignment with National Committee for Quality Assurance (NCQA) and Healthcare Effectiveness Data and Information Set (HEDIS)®[1] measures using HEDIS-certified software. The QCIP data query and dashboard can drill to county rates, network primary care practitioner (PCP) rates, and member-level details.

Eligibility Data

Member eligibility data files are received monthly from the Department of Social Services (DSS) that identifies all eligible CenCal Health members. It includes members' personal, contact, and demographic information, as well as aid code.

Member Health Survey Tool data

CenCal Health's Adult Health Survey Tool (HST) is CenCal Health's version of the Health Risk Assessment (HRA). All new members in 2024 were sent a Health Survey to obtain information about their current health status and needs and to determine if they are a candidate for care management or referral to other services. Additionally, all existing members were sent an annual "anniversary" HST. In 2024, CenCal Health sent a total of 163,810 Adult HSTs (for members ages 18 and older). 124,427 of the HSTs were sent to existing members, and 39,383 were sent to new members through the new member welcome packet. We received a total of 13,986 completed HSTs, or 8.53%. The number of returned surveys is about same as in 2023, but the rate of return has declined about 5% since the number of surveys sent significantly increased with the new addition of an annual HST mailing to all existing members.

HEDIS and Medi-Cal Accountability Set (MCAS) Data

Both HEDIS and the MCAS are sets of standardized performance measures used by CenCal Health and regulatory bodies to assess effectiveness in areas of preventive care and chronic disease management. CenCal Health's Interactive Data Submissions Set (IDSS), which is used for HEDIS and reported to NCQA, was used to obtain the specific rate calculations used throughout the assessment.

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[1] HEDIS® is a registered trademark of the National Committee for Quality Assurance [NCQA]

2.2. Data Integration

CenCal Health utilizes an NCQA certified software vendor, Cotiviti, to compute member quality of care results. Multiple data sources are collected and integrated into this software to process member data and calculate measure compliance to inform PHM programs. CenCal Health receives a monthly member-level data extract for each measure. This extract is integrated into CenCal Health's data warehouse to be utilized and incorporated into internal software, such as Veritas (used for internal dashboards) and the Health Information System (HIS) (used for member outreach).

Risk Stratification and Segmentation Program

At least annually, CenCal Health segments and stratifies its entire population into subsets for tailored interventions. Stratification is completed through a Risk Stratification System (RSS). Member needs are incorporated into the RSS Algorithm by considering members' behavioral, developmental, physical, and oral health, Long-Term Services and Supports (LTSS) needs, and health risks.

CenCal Health utilizes several integrated data sources as defined in Policy & Procedure "QU-15: Population Risk Stratification/Segmentation and Risk Tiering", including screenings and assessments, claims data, social needs data, electronic health records, and information from community partners. CenCal Health's RSS algorithm incorporates relevant and available data from non-utilization sources to complement utilization-dependent data sources. CenCal Health's non-utilization sources include, but are not limited to:

- Health Risk Assessments, which are distributed to and requested of all new members and annually for adult and California Children Services (CCS) members.
- Race, ethnicity, language, gender, geography, age, and disability data, which provides valuable insight to member risk not influenced by utilization-dependent data collection barriers.
- Disengaged member queries since the probability of risk is high for members that have not previously utilized any CenCal Health benefits and/or are not engaged with care.

3. Member Characteristics & Social Determinants of Health

3.1. Member Demographics

Based on member eligibility data, CenCal Health had 241,969 total members enrolled in 2024. 72% of members reside in Santa Barbara County, while the other 28% live in San Luis Obispo County.

The percentages of member age and sex are shown below; language and race are discussed in sections 5 and 6, Members of Racial or Ethnic Groups and Members with Limited English Proficiency, respectively.

The total member population in Santa Barbara County in 2024 was 174,427.

Figure 3.1.1

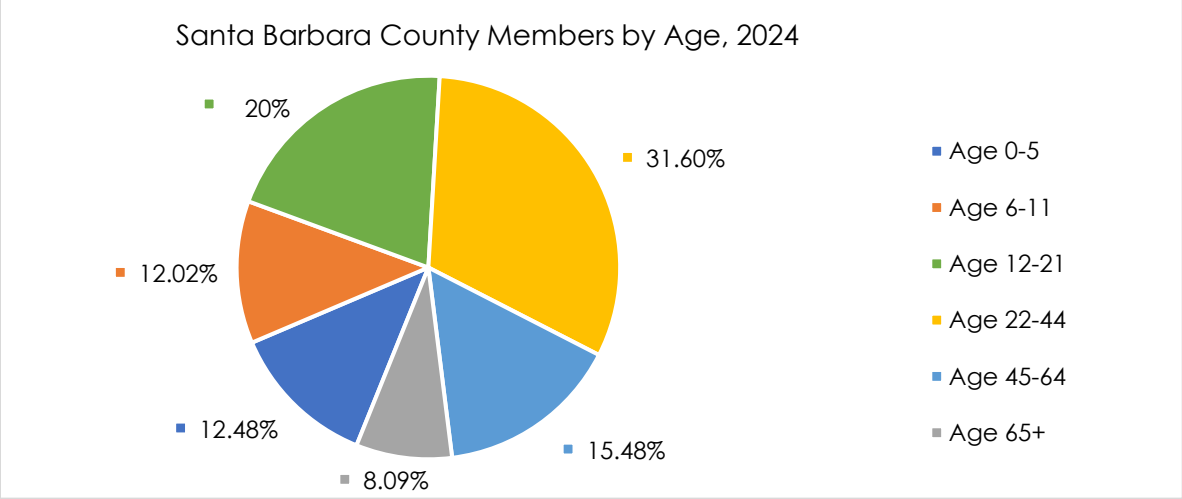
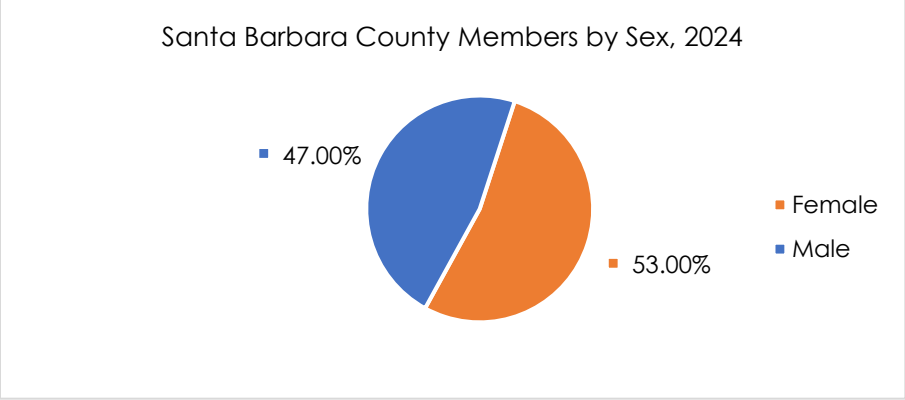


Figure 3.1.2



The total member population in San Luis Obispo County in 2024 was 67,542.

Figure 3.1.3

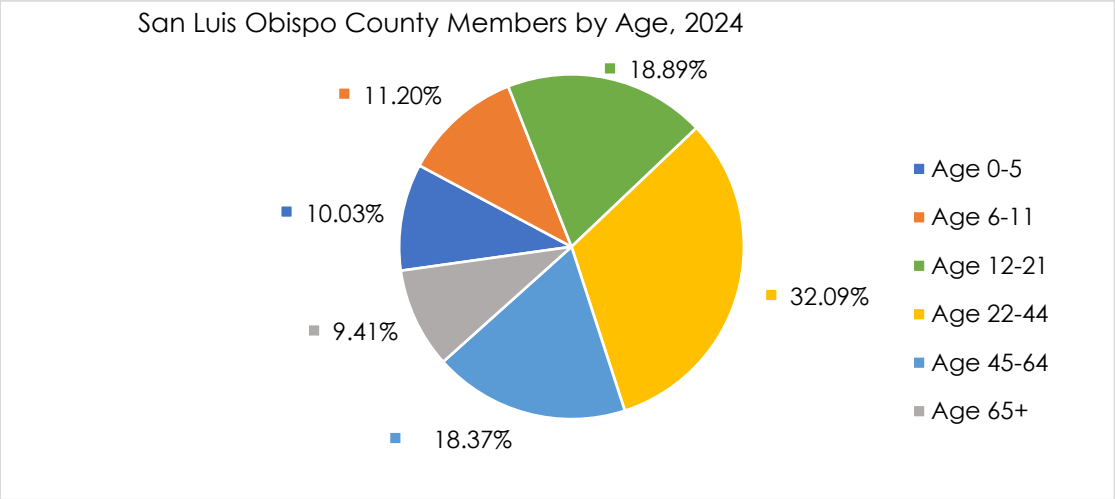
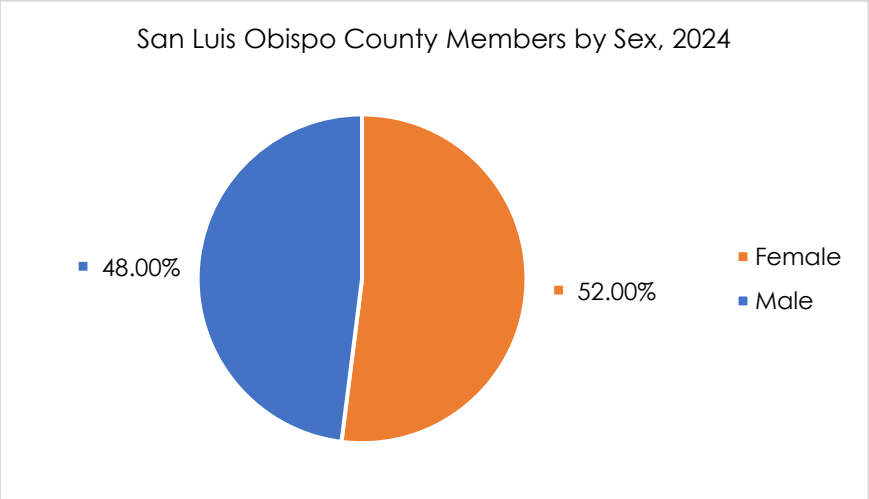


Figure 3.1.4



Assessment of Need

Total membership is fairly evenly split between pediatric and adult members in Santa Barbara County, whereas there are more adult members in San Luis Obispo County. Membership is fairly evenly split between female and male members in both Counties. These data indicate an overall member need for broad-ranging and inclusive services and programs across ages and ranging from preventive care (for pediatrics and low-risk adults) to more involved disease and care management (for children and adults with specific diagnoses). CenCal Health needs adequate activities and resources to meet the needs of these members. CHW's can provide additional support in terms of care coordination and education to members.

Assessment of Activities

As part of Basic Population Health Management (BPHM), CenCal Health ensures needed programs and services are made available to each member, regardless of the member's risk

tier, at the right time and in the right setting. CenCal Health maintains a BPHM system and ensures it promotes health equity and provides all members services in a culturally and linguistically competent manner that are responsive to member needs, beliefs, and preferences. All BPHM services are aligned with the National Standards for Culturally and Linguistically Appropriate Services (CLAS).

The BPHM system includes:

1. Access, Utilization, and Engagement with Primary Care
2. Care Coordination, Navigation, and Referrals Across All Health and Social Services, Including Community Supports
3. Information Sharing and Referral Support Infrastructure
4. Integration of Community Health Workers (CHWs) in PHM
5. Wellness and Prevention Programs
6. Programs Addressing Chronic Disease
7. Programs to Address Maternal Health Outcomes
8. Population Health Management for Children

Descriptions of each BPHM component can be found in detail in CenCal Health's PHM Strategy and Program Description.

Assessment of Resources

The operations of BPHM are resourced by various teams and partnerships. Adult Care Management has a team of 25 staff, including nurses, social workers, administrative support staff, and leadership. Pediatric Care Management has a team of 24 staff, including nurses, social workers, administrative support staff, and leadership. The Enhanced Care Management function has a team of 8. These positions include clinical, administrative, and leadership staff. There are 34 provider contracts for ECM providers. The Community Supports program has a team of 12. These positions include clinical, administrative, and leadership staff. There are 25 contracts with community-based organizations to provide CS services. The Utilization Management team includes 34 staff, including nurses, administrative support staff, and leadership. The Health Promotion and Education team consists of 3 full-time qualified health educators with master's degrees in public health. Behavioral Health has a team of 22, including six licensed clinicians, care managers, health navigators, administrative support staff, and leadership.

CenCal Health has Memorandums of Understanding (MOUs) with County Mental Health Plans and Drug Medi-Cal Organized Delivery Systems Plans to formalize roles to ensure care coordination, care navigation, and referral needs of all members are addressed.

CenCal Health has contracts with 6 CHW providers, located in both Santa Barbara and San Luis Obispo Counties. Overseeing these partnerships includes 4 contracting staff (including 1 manager) and 1 Provider Relations representative.

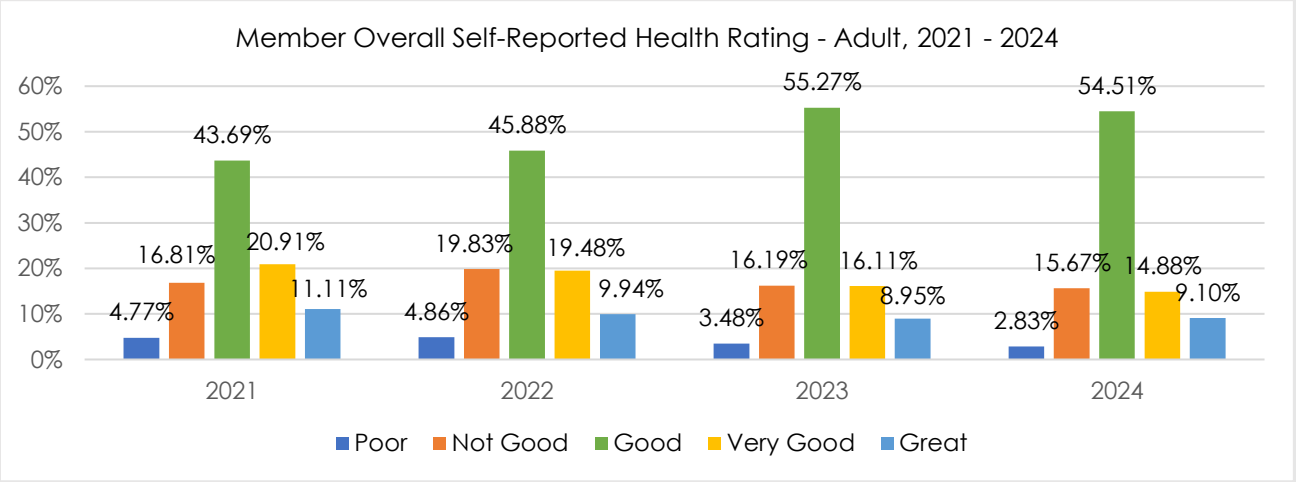
Plan to Address Gaps

CenCal Health has adequate activities in place to address the Basic Population Health Management needs of members in both counties.

3.2. Overall Health Ranking: Adult

Based on self-reported data from 13,986 Adult Health Survey Tools, the percentage of adult members that reported their overall health in 2024 as being good, very good, or great was a total of 78.51%.

Figure 3.2.1



Assessment of Need

The majority of CenCal Health members indicated their health as being good and very good in 2024. Supports such as preventive services and BPHM, as described above, are needed to maintain and improve the health of these members. Additionally, members who rated their health as not good or poor made up 18.5% of survey respondents, a minor decrease from previous years. This indicates an overall need for comprehensive and inclusive services and programs to address their needs. Some examples of this include care management, behavioral health, care coordination/health navigation, health education, and wellness and prevention outreach.

Assessment of Activities

CenCal Health ensures the provision of all physical, behavioral, and oral health services to adult members. This includes Initial Health Appointment (IHA) for Adults Ages 21 and over, Adult Preventive Services, and immunizations. CenCal Health also ensures BPHM for all members, as described in section 3.1.

Enhanced Care Management (ECM) serves adult and children with complex needs. Additionally, care coordination services such as Transitional Care Services (TCS) enhance these programs by supporting members during key transitions in care. CM services are available to all Members who meet the guidelines for each program. Together, these programs work collaboratively to improve health outcomes and Member engagement.

The Behavioral Health Program is designed to evaluate the medical appropriateness of services provided by participating physicians and other practitioners as well as facility providers and other ancillary providers. The goals of the Behavioral Health Program are to promote appropriate

utilization, which includes evaluation of both potential over-utilization and under-utilization and care coordination as it pertains to supporting access to care

CenCal Health implements and maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education for all members. CenCal Health ensures administrative oversight of the health education system by a qualified full-time health educator, as defined by DHCS APL 18-016.

CenCal Health maintains a Wellness and Prevention Program that ensures all members have equitable access to necessary wellness and prevention services. CenCal Health's Wellness and Prevention Program is integrated within its PHM Program, which further ensures care coordination and care management.

As part of its comprehensive Wellness and Prevention Program, CenCal Health offers health education resources to members. This includes the provision of self-management tools, an online health education library, access to a Health Education Request Line to request support or information from a qualified health educator, and various member outreaches including the bi-annual health education-focused member newsletter.

In addition to health education services, CenCal Health also implements 13 specific and focused wellness and prevention campaigns, outreaching to adult, pediatric, pregnant, and postpartum members who are due for certain preventive services.

Assessment of Resources

CenCal Health's resources to maintain the functions necessary to operate BPHM, care management, and Wellness and Prevention are described in section 3.1.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet member needs in this area.

3.3 Adult HEDIS Data

The rates shown below reflect Measurement Year 2023-2024 HEDIS results for measures specific to adult preventive care.

Rates that are below the Minimum Performance Level (MPL) in MY2024 are indicated with an asterisk.

Figure 3.3.1

MY2023-MY2024 HEDIS Results for Adult Measures						
HEDIS Measures	Medicaid 50th Percentile (Minimum Performance Level)	Medicaid 90th Percentile	Santa Barbara County, 2023	San Luis Obispo County, 2023	Santa Barbara County, 2024	San Luis Obispo County, 2024
Follow-Up After Emergency Department Visit for Substance Use (30-Day Follow-Up)	36.18	49.40	36.07	40.5	47.82	54.73
Follow-Up After Emergency Department Visit for Mental Illness (30-Day Follow-Up)	53.82	73.12	43.60	46.39	57.88	61.85
Asthma Medication Ratio	66.24	76.65	81.02	84.08	73.86	77.92
Controlling High Blood Pressure	64.48	72.75	62.56	63.82	65.63	77.92
Glycemic Status Assessment for Patients with Diabetes (>9%)	33.33	27.01	32.16	27.30	27.81	30.83
Breast Cancer Screening	52.68	63.48	61.77	56.29	64.04	56.73
Cervical Cancer Screening	57.18	67.46	66.31	58.81	63.89	58.21

Assessment of Need

Based on the MY2023-MY2024 HEDIS results for adult measures, minimal areas of need emerge. Several metrics show improvement, including Controlling High Blood Pressure, Follow-Up After Emergency Department Use for Mental Illness and Follow-Up After Emergency Department Use for Substance Use. Other measures remain relatively stable and above the NCQA Minimum Performance Level (MPL). There was a slight decrease in the Asthma Medication Ratio measure in 2024, though the measure is still above the MPL.

Assessment of Activities

CenCal Health will continue to implement Basic Population Health Management (BPHM) services, as described in section 3.1. CenCal Health will continue to ensure needed programs and services are made available to each member, regardless of the member's risk tier, at the right time and in the right setting.

Assessment of Resources

Resources related to BPHM are described in section 3.1.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet the member needs in this area.

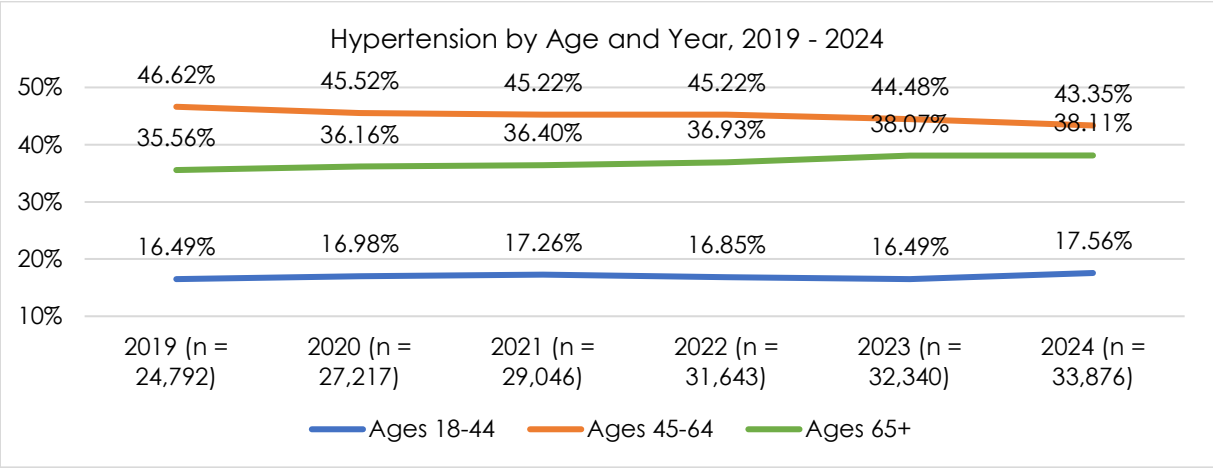
3.4. Member Disease Prevalence

Disease prevalence was assessed by monitoring six of the most prevalent chronic conditions amongst membership, including hypertension, diabetes, asthma, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), and heart failure. Additionally, in 2024 STI/HIV rates were included to monitor prevalence of this important health indicator. The following CenCal Health rates were obtained using medical claims/CPT codes.

Hypertension

The following charts and table show our members diagnosed with hypertension by age, language, and race.

Figure 3.4.1



Of our members diagnosed with hypertension, almost half are between ages 45-64. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.2

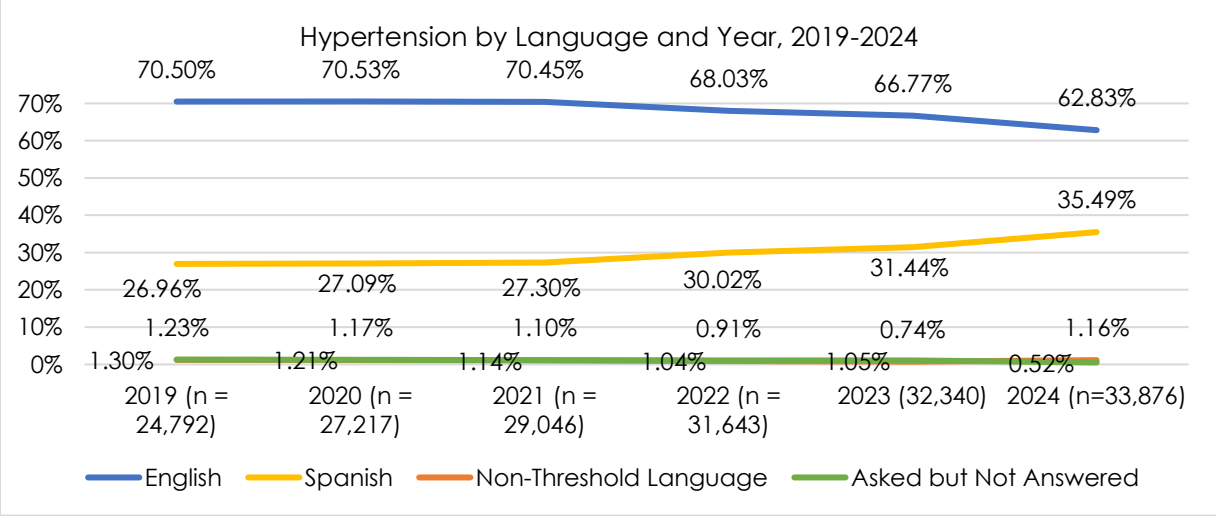


Figure 3.4.3

Members with Hypertension by Language, 2024	
Languages within Figure 3.4.2 "Non-Threshold Language" Category	
Language	Percentage
Tagalog	0.24%
Vietnamese	0.17%
Russian	0.16%
Arabic	0.14%
Chinese	0.13%
Korean	0.08%
Farsi	0.06%
Ukrainian	0.03%
Portuguese	0.02%
Ilocano	0.02%
Khmer	0.02%
Samoan	0.02%
Armenian	0.01%
Sign Language	0.01%
Punjabi	0.01%
Lao	0.01%
Hindi	0.01%
Turkish	0.01%
French	0.01%
Thai	0.01%
Polish	0.00%

Of our members diagnosed with hypertension, about 62% are English speaking, 35% are Spanish speaking, and the rest speak non-threshold languages or did not indicate a primary language. This percentage distribution has remained relatively stable since 2019, with a slight increase in Spanish speakers in recent years.

Figure 3.4.4

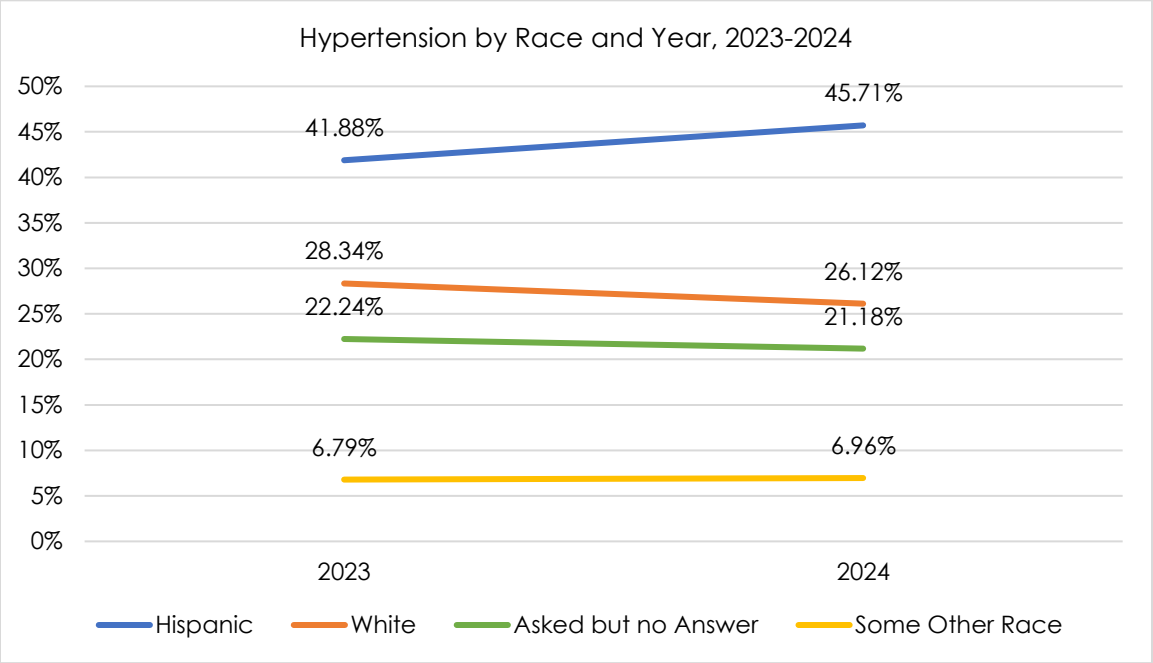


Figure 3.4.5

Hypertension by Race, 2024	
Races within Figure 3.4.4 "Some Other Race" Category	
Race	Total
Other*	2.01%
Black or African American	1.69%
Filipino	1.36%
Asian	0.42%
Alaskan Native or American Indian	0.39%
Vietnamese	0.27%
Asian Indian	0.26%
Chinese	0.21%
Korean	0.18%
Japanese	0.06%
Cambodian	0.04%
Native Hawaiian or Other Pacific Islander	0.03%
Hmong	0.02%
Laotian	0.01%
Samoan	0.01%

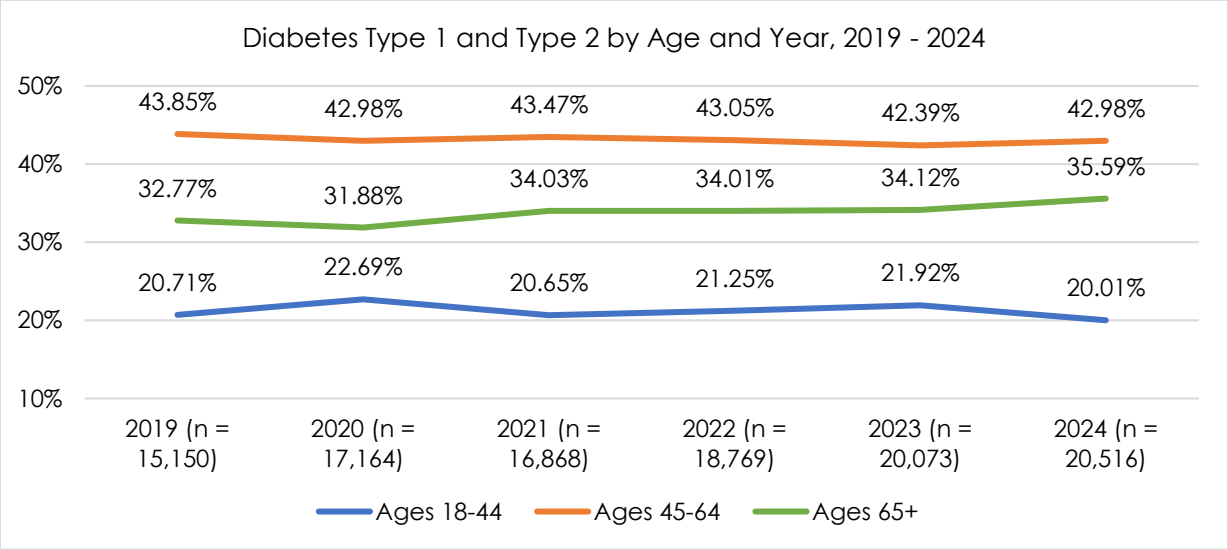
**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with hypertension, about 45% are Hispanic, 26% are White, 21% did not indicate a race, and about 8% are other races.

Diabetes

The following charts and table show our members diagnosed with Type 1 and Type 2 diabetes by age, language, and race.

Figure 3.4.6



Of our members diagnosed with diabetes, about 42% are between ages 45-64, about 35% are ages 65 and older, and about 20% are under age 44. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.7

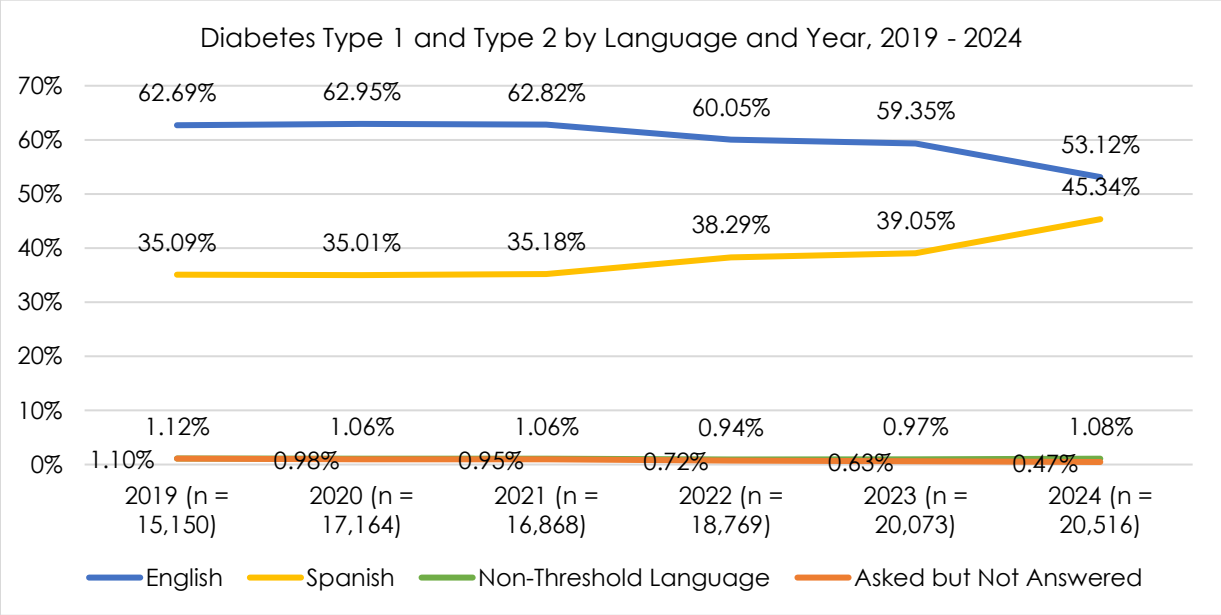


Figure 3.4.8

Diabetes Type 1 and Type 2 by Language, 2024	
Languages within Figure 3.4.7 "Non-Threshold Language" Category	
Language	Percentage
Tagalog	0.24%
Vietnamese	0.19%
Chinese	0.14%
Russian	0.12%
Arabic	0.09%
Korean	0.08%
Farsi	0.04%
Samoan	0.02%
Khmer	0.02%
Ukrainian	0.02%
Portuguese	0.02%
Ilocano	0.02%
Sign Language	0.01%
Lao	0.01%
Punjabi	0.01%
Armenian	0.01%
Turkish	0.01%
Italian	0.00%
French	0.00%

Of our members diagnosed with diabetes, about 53% are English speaking, about 45% are Spanish speaking, and about 2% speak non-threshold languages or did not indicate a languge. This percentage distribution has remained relatively stable since 2019, with a recent downturn in English speaking rate and upturn in Spanish speaking rate.

Figure 3.4.9

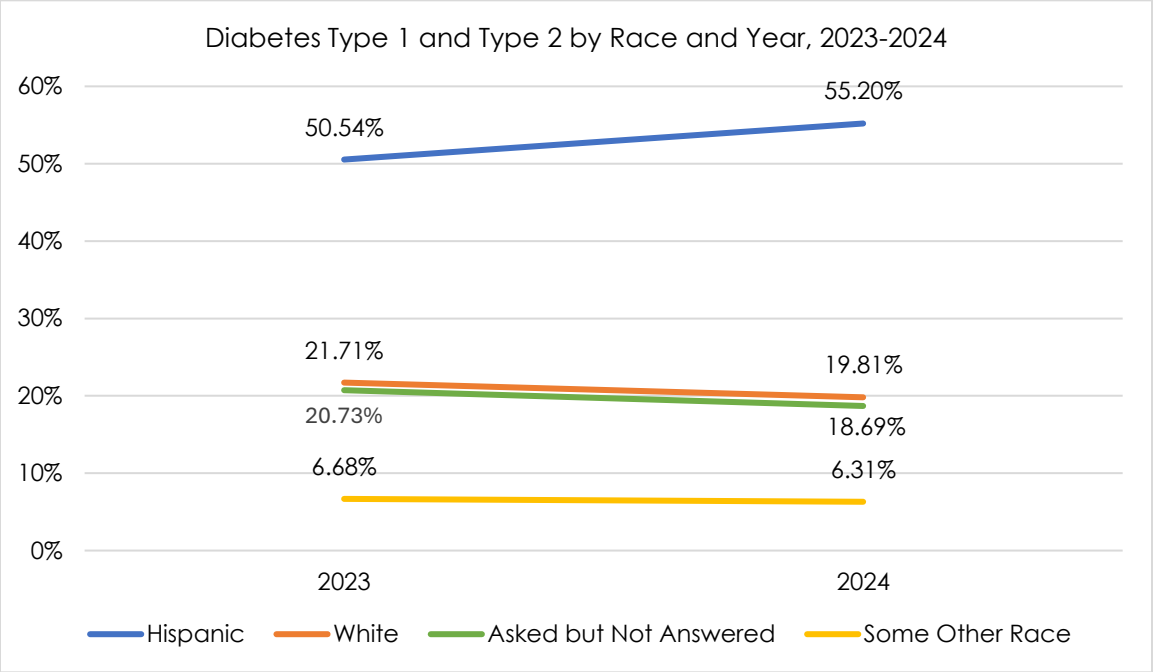


Figure 3.4.10

Diabetes Type 1 and Type 2 by Race, 2024	
Races within Figure 3.4.9 "Some Other Race" Category	
Race	Percent
Other*	2.23%
Black	1.52%
Filipino	1.35%
Alaskan Native or American Indian	0.45%
Asian or Pacific Islander	0.39%
Vietnamese	0.27%
Asian Indian	0.27%
Chinese	0.20%

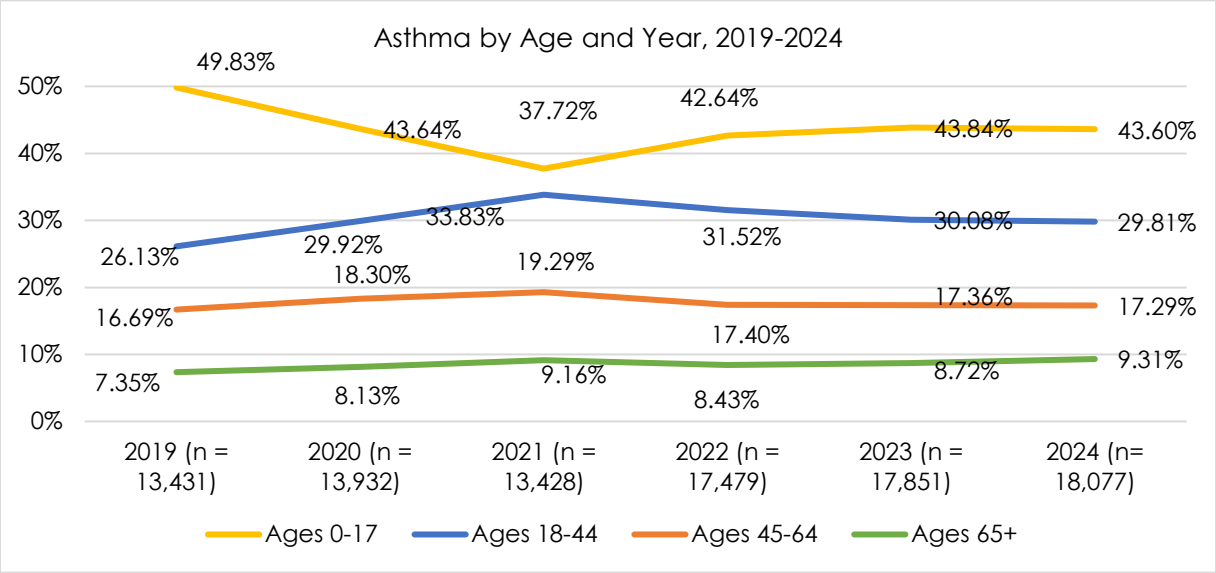
**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with diabetes, about 55% are Hispanic, about 20% are White, about 19% did not indicate a race, and about 6% are some other race. There is a recent increase in Hispanic members with Type 1 and Type 2 Diabetes.

Asthma

The following charts and table show our members diagnosed with asthma by age, language, and race.

Figure 3.4.11



Of our members diagnosed with asthma, about 43% are below age 17, about 29% are between ages 18-44, about 17% are between ages 45-64, and about 9% are ages 65 or older. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.12

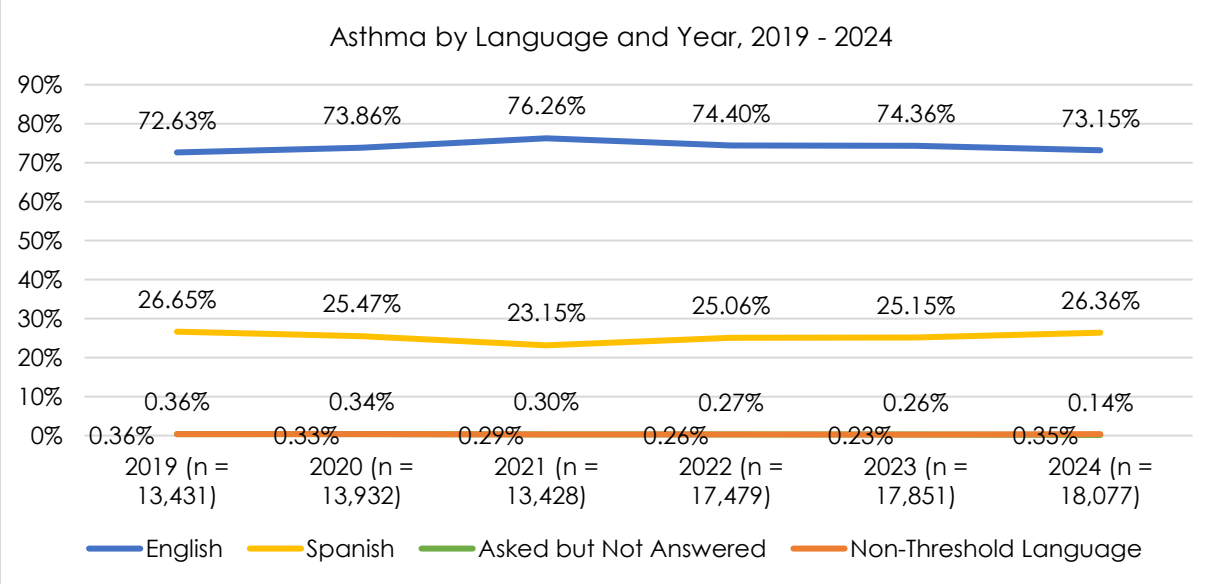


Figure 3.4.13

Asthma by Language, 2024	
Languages within Figure 3.4.12 "Non-Threshold Language" Category	
Language	Percentage

Tagalog	0.08%
Russian	0.04%
Arabic	0.04%
Chinese	0.04%
Vietnamese	0.04%
Farsi	0.03%
Korean	0.02%
Portuguese	0.02%
Sign Language	0.02%
Khmer	0.01%
Samoan	0.01%
Thai	0.01%

Of our members diagnosed with asthma, about 73% are English speaking, about 26% are Spanish speaking, and less than 1% speak non-threshold languages or did not indicate a language. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.14

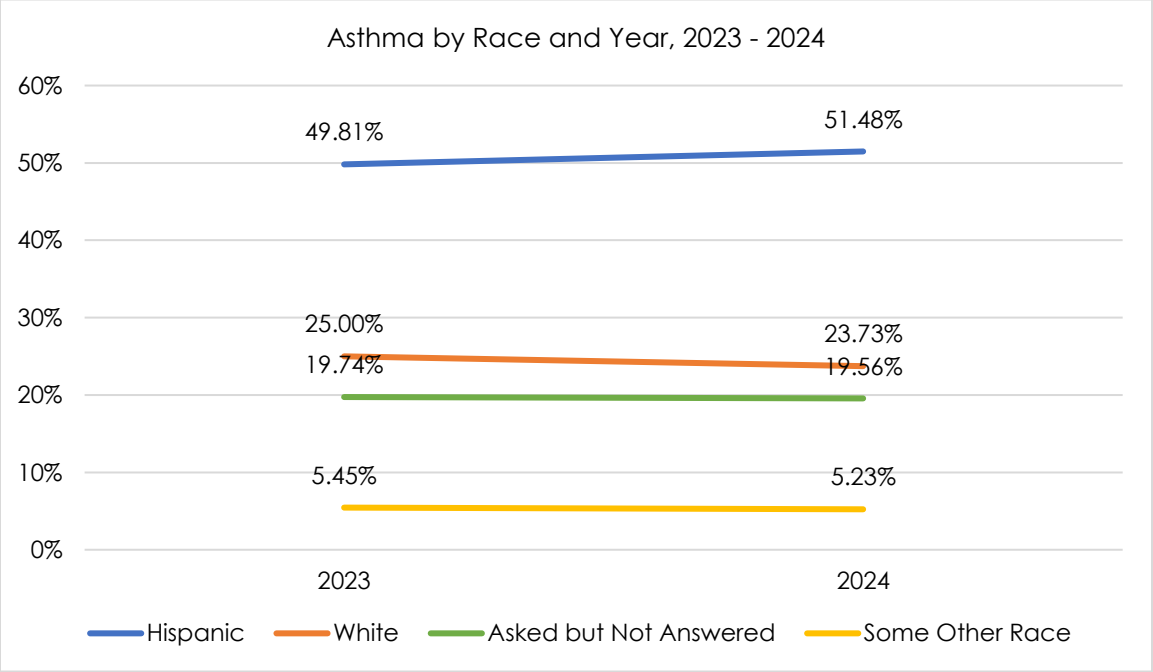


Figure 3.4.15

Asthma by Race, 2024	
Races within Figure 3.4.14 "Some Other Race" Category	
Race	Percentage
Other*	1.75%

Black or African American	1.44%
Filipino	0.50%
American Indian or Alaskan Native	0.31%
Asian	0.20%
Vietnamese	0.18%
Asian Indian	0.11%
Chinese	0.08%
Korean	0.08%
Native Hawaiian or Other Pacific Islander	0.08%
Japanese	0.04%
Hmong	0.03%
Cambodian	0.02%
Guamanian	0.02%
Samoan	0.01%

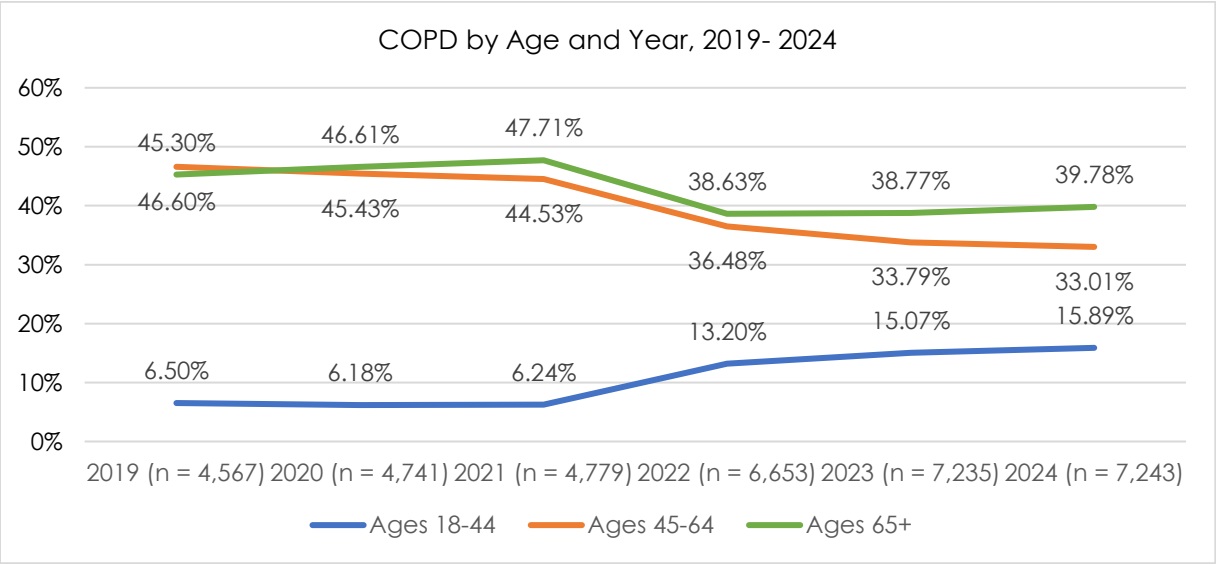
**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with asthma, about 51% are Hispanic, 23% are White, about 19% did not indicate a race, and about 5% are other races.

Chronic Obstructive Pulmonary Disease (COPD)

The following charts and table show our members diagnosed with COPD by age, language, and race.

Figure 3.4.16



Of our members diagnosed with COPD, about 11% are between ages 18-44, about 33% are between ages 45-64, and about 39% are ages 65 or older. There was an increase in COPD diagnoses among the 18-44 population beginning in 2022, which has maintained through 2024.

Figure 3.4.17

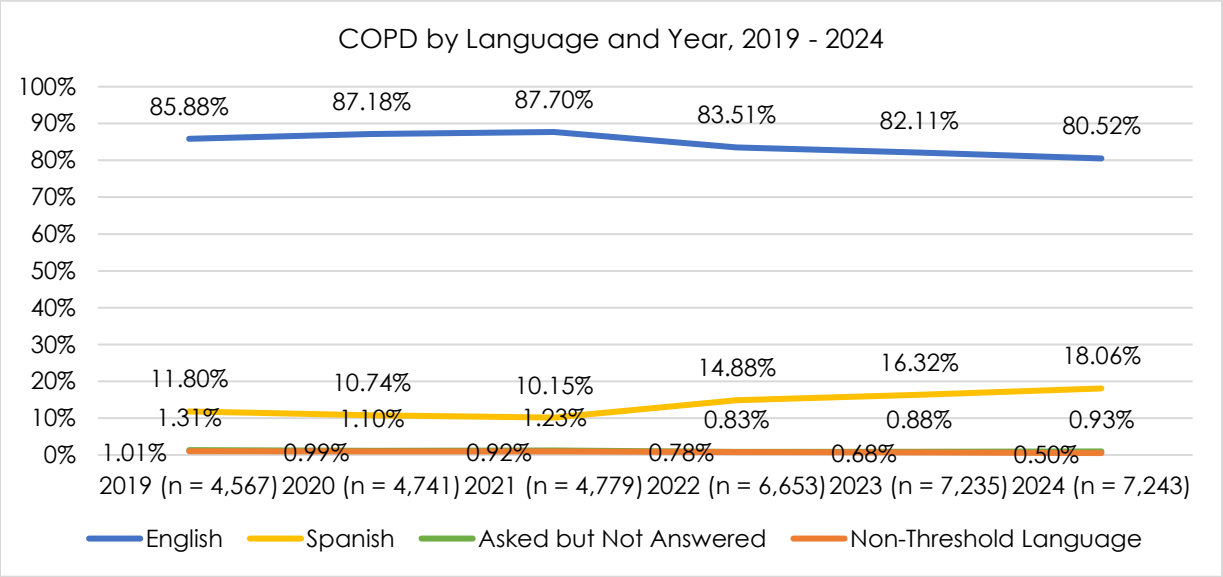


Figure 3.4.18

COPD by Language, 2024	
Languages within Figure 3.4.17 "Non-Threshold Language" Category	
Language	Percentage
Tagalog	0.19%
Arabic	0.17%
Chinese	0.15%
Vietnamese	0.11%
Russian	0.10%
Korean	0.07%
Farsi	0.06%
Ilocano	0.04%
Samoan	0.03%
Polish	0.01%

Of our members diagnosed with COPD, about 80% are English speaking, about 18% are Spanish speaking,and less than 2% speak non-threshold languages or did not indicate a language. This percentage distribution has remained relatively stable since 2019, with a slight increase in Spanish language in recent years.

Figure 3.4.19

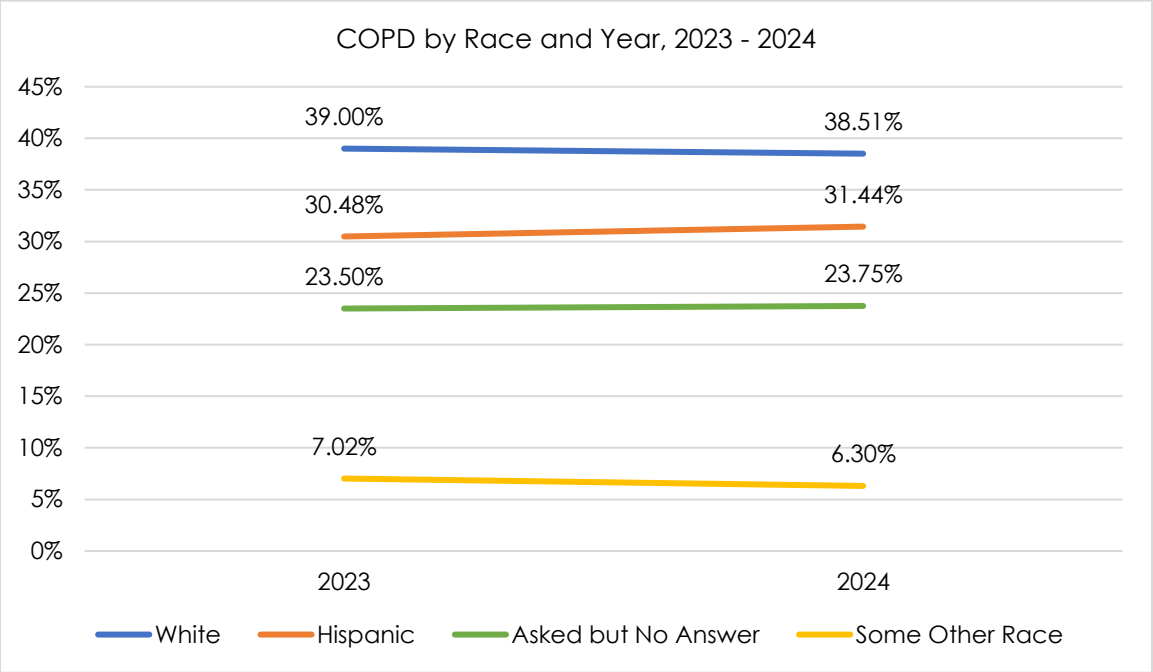


Figure 3.4.20

COPD By Race, 2024	
Races within Figure 3.4.19 "Some Other Race" Category	
Race	Percentage
Other*	2.29%
Black	1.68%
Filipino	0.70%
Alaskan Native or American Indian	0.62%
Asian	0.40%
Vietnamese	0.15%
Chinese	0.15%
Asian Indian	0.15%
Korean	0.08%
Native Hawaiian or Other Pacific Islander	0.03%

Hmong	0.03%
Guamanian	0.01%

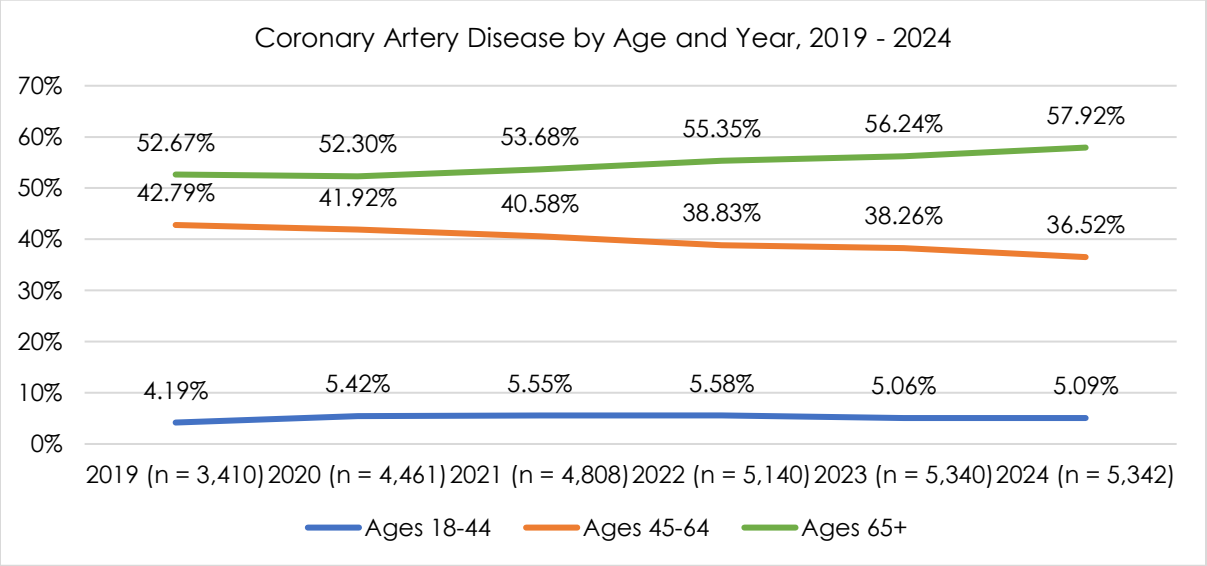
**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with COPD, about 40% are White, about 30% are Hispanic, about 23% did not indicate a race, and about 6% are some other race.

Coronary Artery Disease (CAD)

The following charts and table show our members diagnosed with CAD by age, language, and race.

Figure 3.4.21



Of our members diagnosed with CAD, about 5% are between ages 18-44, about 36% are between ages 45-64, and about 58% are ages 65 or older. This percentage distribution has remained relatively stable since 2019, with a slight increase in the older adult population and slight decrease in the middle-aged adult population.

Figure 3.4.22

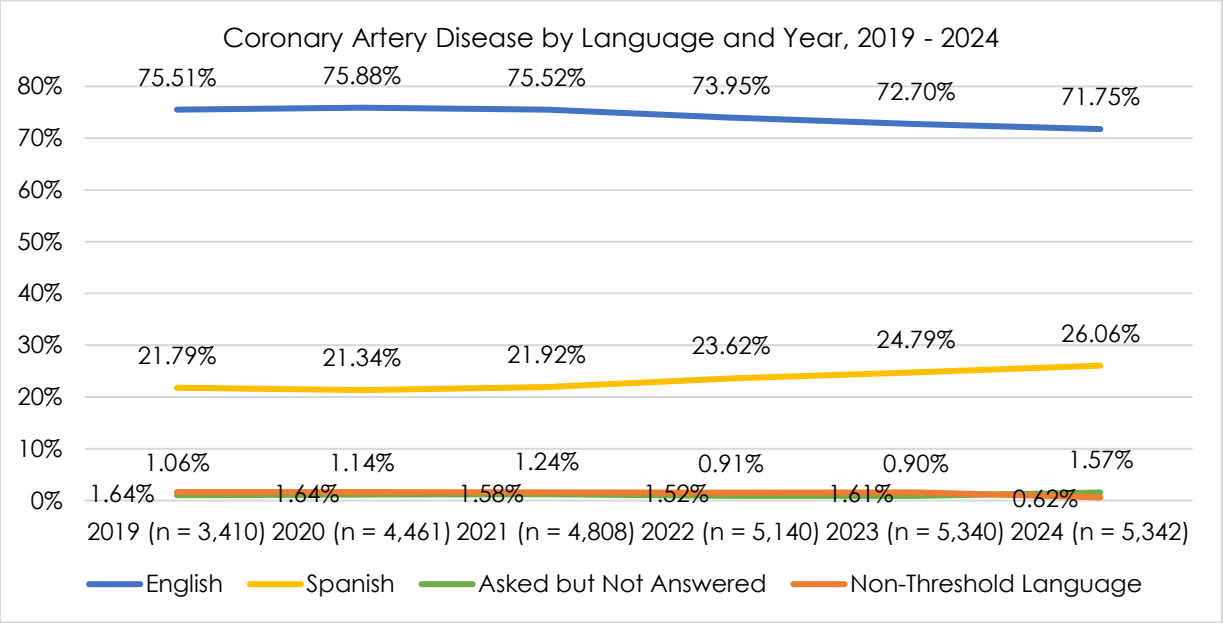


Figure 3.4.23

Members with Coronary Artery Disease by Language, 2024	
Languages within Figure 3.4.22 "Non-Threshold Language" Category	
Language	Percentage
Russian	0.41%
Chinese	0.22%
Arabic	0.19%
Tagalog	0.17%
Vietnamese	0.15%
Korean	0.11%
Farsi	0.09%
Ilocano	0.06%
Ukrainian	0.04%
Portuguese	0.04%
Punjabi	0.02%
Samoan	0.02%
Lao	0.02%
Japanese	0.02%

Turkish	0.02%

Of our members diagnosed with CAD, about 72% are English speaking, about 26% Spanish speaking, and about 2% speak non-threshold languages or did not indicate a language. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.24

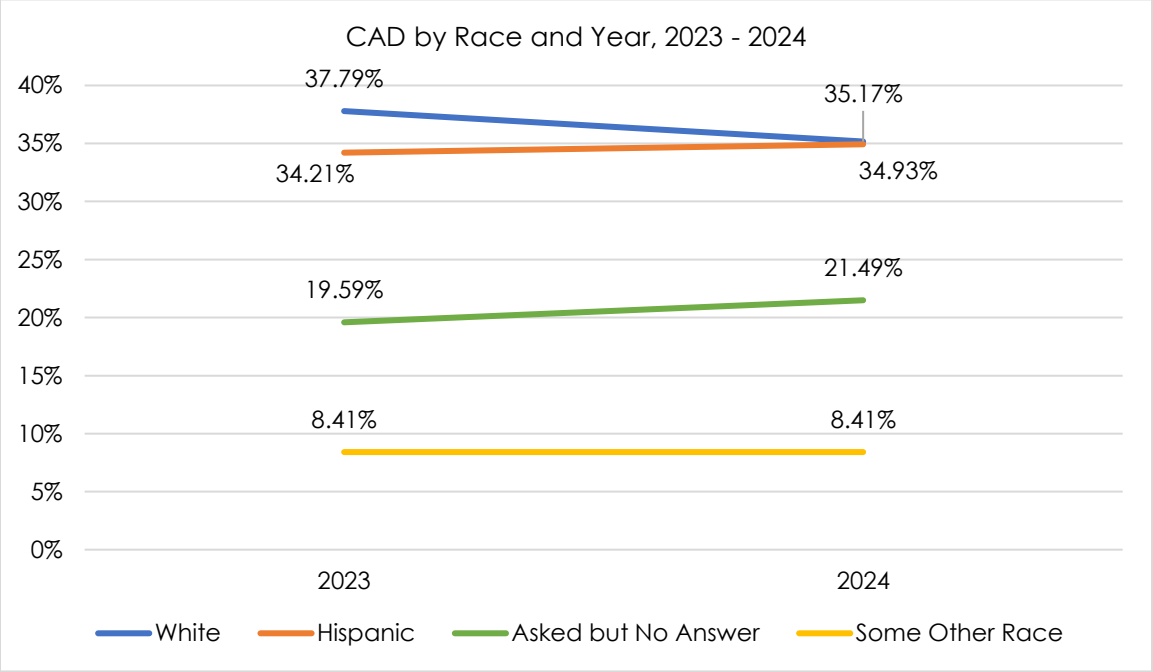


Figure 3.4.25

Coronary Artery Disease by Race, 2024	
Races within Figure 3.4.24 "Some Other Race" Category, 2024	
Race	Percent
Other*	3.00%
Black	1.67%
Filipino	1.18%
Asian	0.51%
American Indian or Alaska Native	0.41%
Asian Indian	0.41%
Chinese	0.39%
Vietnamese	0.28%
Korean	0.28%
Japanese	0.11%
Hmong	0.04%

Native Hawaiian or Other Pacific Islander	0.04%
Laotian	0.02%
Samoan	0.02%
Cambodian	0.02%
Spanish American Indian	0.02%
Syrian	0.02%

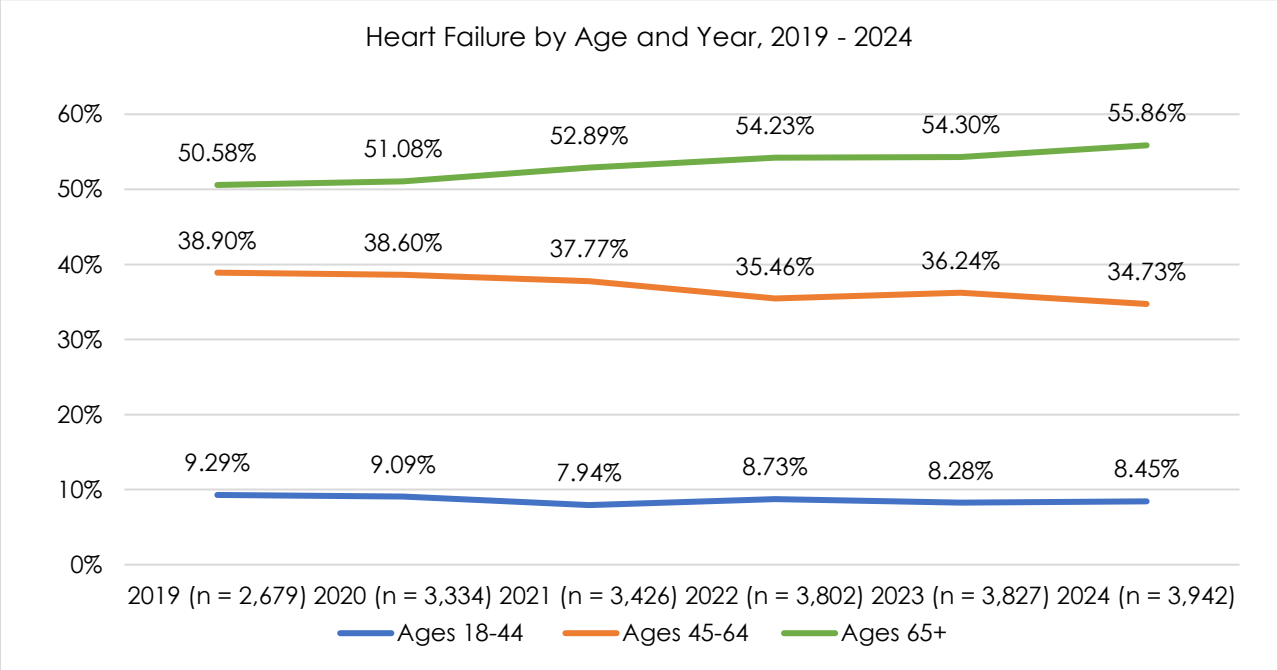
**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with CAD, about 35% are White, about 34% are Hispanic, about 21% did not indicate a race, and about 8% are some other race. There is a slight decline in White members diagnosed with CAD in 2024.

Heart Failure

The following charts and table show our members diagnosed with heart failure by age, language, and race.

Figure 3.4.26



Of our members diagnosed with Heart Failure, about 8% are between ages 18-44, about 34% are between ages 45-64, and about 55% are ages 65 or older. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.27

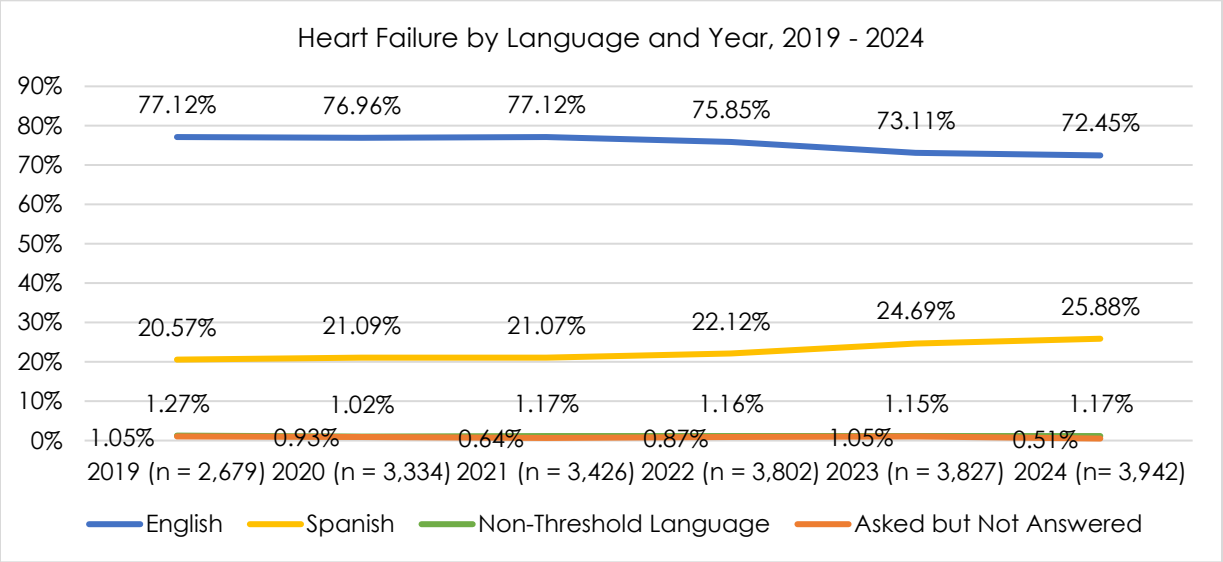


Figure 3.4.28

Members with Heart Failure by Language, 2024	
Languages within Figure 3.4.27 "Non-Threshold Language" Category	
Language	Percentage
Russian	0.23%
Tagalog	0.20%
Chinese	0.13%
Farsi	0.10%
Arabic	0.10%
Vietnamese	0.08%
Ilocano	0.08%
Ukrainian	0.05%
Armenian	0.03%
Lao	0.03%
Samoan	0.03%
Hindi	0.03%
Khmer	0.03%
Punjabi	0.03%
Portuguese	0.03%
Korean	0.03%

Of our members diagnosed with heart failure, about 72% are English speaking, about 25% Spanish speaking,and about 2% speak non-threshold languages or did not indicate a language. This percentage distribution has remained relatively stable since 2019.

Figure 3.4.29

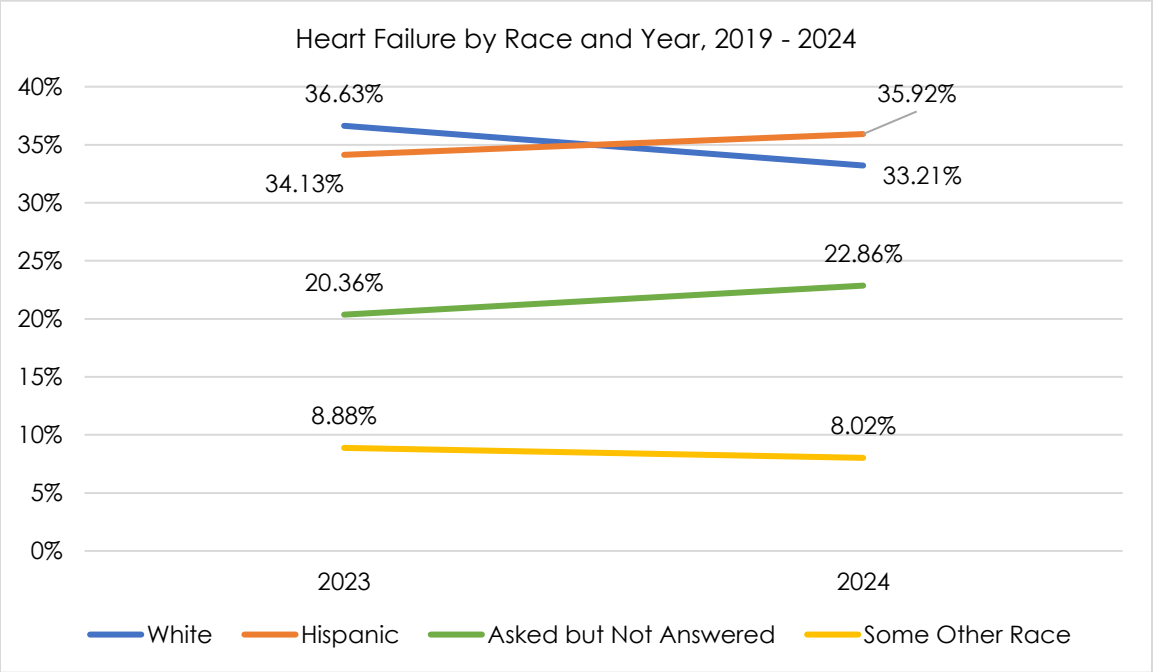


Figure 3.4.30

Heart Failure by Race, 2024	
Races within Figure 3.4.29 "Some Other Race" Category	
Race	Percentage
Other*	2.33%
Black	2.28%
Filipino	1.07%
Asian	0.71%
American Indian or Alaska Native	0.68%
Asian Indian	0.28%
Korean	0.23%
Chinese	0.18%
Vietnamese	0.08%
Japanese	0.05%
Native Hawaiian or Other Pacific Islander	0.05%

Cambodian	0.03%
Laotian	0.03%
Hmong	0.03%

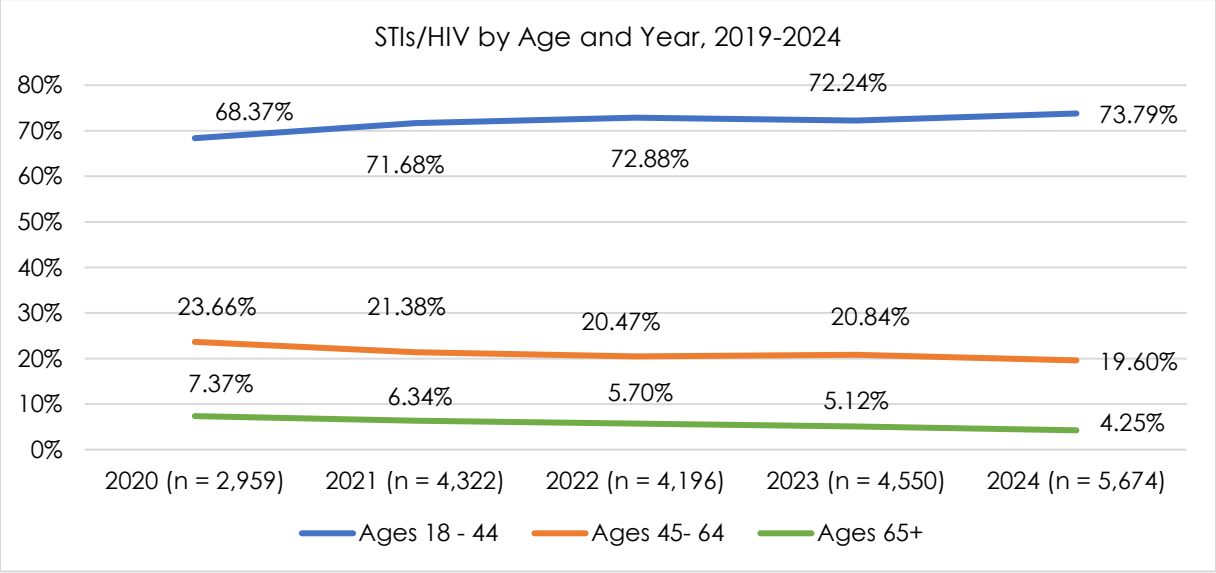
**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with Heart Failure, about 36% are Hispanic, about 33% are White, about 22% did not indicate a race, and about 8.02% are some other race. Notedly, rates in the White population have decreased and rates in the Hispanic population have increased, resulting in Hispanic members having the highest rate of heart failure as compared with 2023 rates.

Sexually Transmitted Infections and Human Immunodeficiency Virus

The following charts and table show our members diagnosed with sexually transmitted infections (STIs) including syphilis, gonorrhea, chlamydia, trichomoniasis, herpes, human papillomavirus (HPV), as well as human immunodeficiency virus (HIV) by age, language, and race.

Figure 3.4.31



Of our members diagnosed with STIs or HIV, about 73% are between ages 18-44, about 19% are between ages 45-64, and about 4% are ages 65 or older. This percentage distribution has remained relatively stable since 2020.

Figure 3.4.32

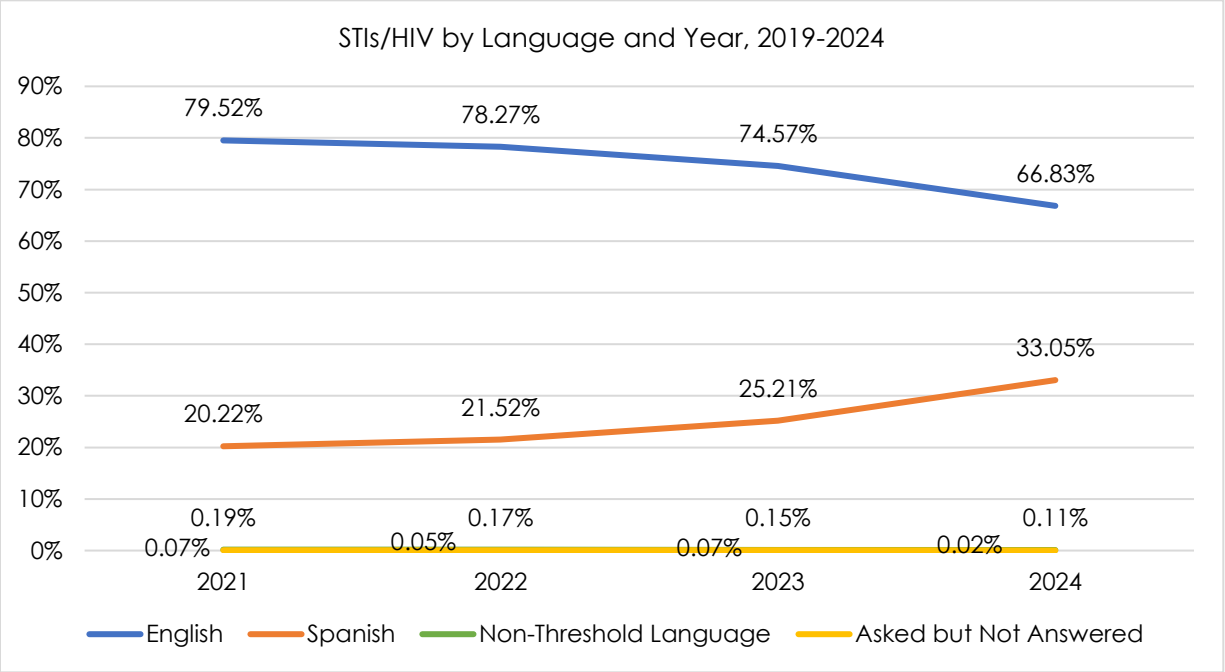


Figure 3.4.33

Members with STIs/HIV by Language, 2024	
Languages within Figure 3.4.32 "Non-Threshold Language" Category	
Language	Percentage
Vietnamese	0.04%
Russian	0.04%
Arabic	0.02%
Japanese	0.02%

Of our members diagnosed with STIs/HIV, about 66% are English speaking and about 33% Spanish speaking. There is a noteable increase in Spanish speaking members diagnosed in STIs/HIV compared to previous years. There is a steady decline in English speaking members diagnosed with STIs/HIV since 2019. About 2% speak non-threshold languages or did not indicate a language.

Figure 3.4.34

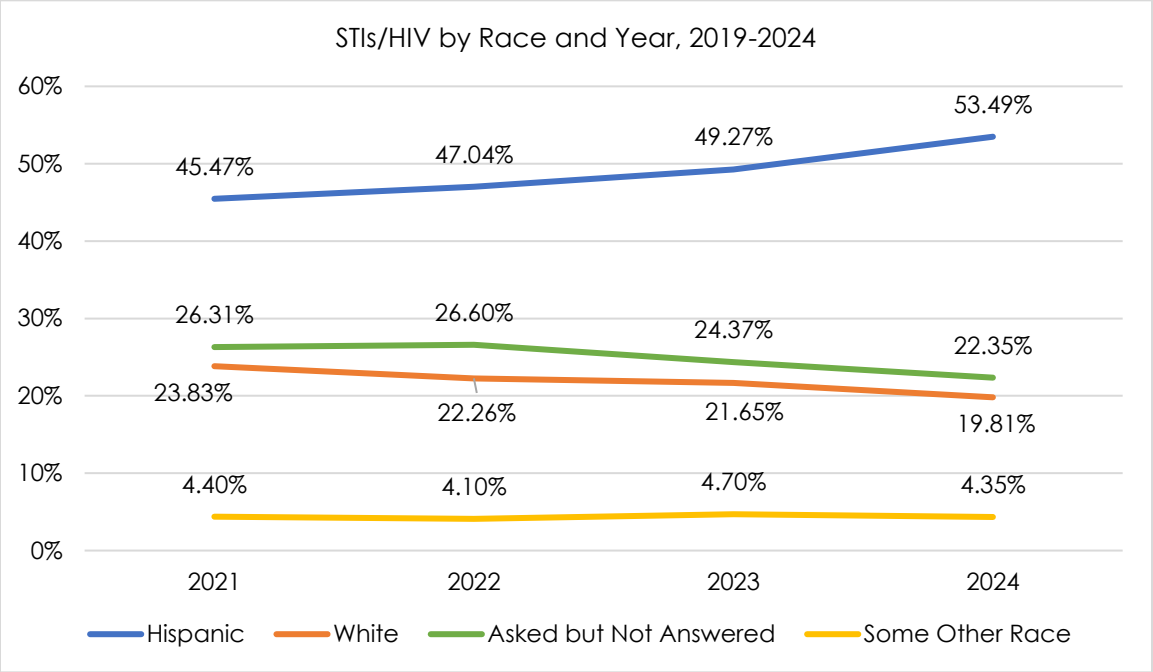


Figure 3.4.35

STIs/HIV by Race, 2024	
Races within Figure 3.4.34 "Some Other Race" Category	
Race	Percent
Black	1.67%
Other*	1.50%
Filipino	0.39%
American Indian or Alaska Native	0.25%
Chinese	0.14%
Vietnamese	0.12%
Asian	0.12%
Japanese	0.07%
Asian Indian	0.05%
Korean	0.05%
Samoan	0.02%
Laotian	0.02%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Of our members diagnosed with STIs or HIV, about 54% are Hispanic, about 20% are White, and about 22 of members did not provide race. In 2024, there is a notable increase in Hispanic member diganosed with STIs/HIV, but the remainer of percentage distribution has remained relatively stable since 2020.

Disease Prevalence and Quality of Care

Asthma: Rates for the "Asthma Medication Ratio" measure for Measurement Year (MY) 2024 are 73.87% for Santa Barbara County, which is above the NCQA 75th percentile and 77.92% for San Luis Obispo County, which is above the NCQA High Performance Level.

Diabetes: Rates for the "Glycemic Status Assessment for Patients with Diabetes" measure for MY2024 are 27.81% in Santa Barbara County and 30.83% in San Luis Obispo County, both of which are above the NCQA Minimum Performance Level (MPL).

Hypertension: Rates for the "Controlling High Blood Pressure" measure for MY2024 are 65.63% in Santa Barbara County and 77.92% in San Luis Obispo County, both of which are above the NCQA MPL.

Chlamydia Screening: Rates for the "Chlamydia Screening for Women" measure for MY2024 are 65.39% in Santa Barbara County and 66.75% in San Luis Obispo County, both of which are above the NCQA 75th percentile.

Assessment of Need

Members ages 65 and older have the highest need across most chronic conditions assessed. Members 65 and older indicated levels of coronary disease, hypertension, diabetes, and heart failure at several percentage points higher than the younger adult age groups. Asthma distribution is relatively even between age groups in recent years and chlamydia screening is more common with women ages 22-24 in Santa Barbara and San Luis Obispo Counties.

English speaking members have the highest prevalence of each of the chronic conditions assessed except for Chlamydia. Hispanic members have the highest prevalence of hypertension, diabetes, and asthma, at about 40-50% of all members diagnosed with the respective conditions. In addition, Hispanic members were slightly more likely to get screened for Chlamydia than White members. Hispanic and White members had a similar prevalence of COPD, CAD, and heart failure of about 30-35%.

These disease prevalence rates reflect the significant need for both disease management and care management for members ages 65+ and for the Hispanic and English-speaking populations. These members would also benefit from education regarding the risks of STIs and the importance of screening for early detection, including self-management tools, health education, decision aids, and preventive reminders related to management of their condition (such as blood pressure screenings, diabetic eye exams, and completing asthma action plans).

Assessment of Activities

CenCal Health provides evidence-based disease management services that target chronic illnesses and mental health. Members with any of the qualifying conditions (asthma,

cardiovascular disease, diabetes, depression, maternal mental health) receive care management services and support from CenCal Health that is appropriate for their medical circumstances and meet NCQA's standards for PHM Complex Care Management. CenCal Health also offers two specific targeted disease management programs, Heart Failure and Diabetes, for members with certain diagnosis codes and utilization patterns, further supporting high-need populations with tailored interventions.

CenCal Health provides resources and information about sexually transmitted infections (STIs), including how to get tested and treated. This is achieved through distribution of CenCal Health's "Know More" video series, which includes information about STIs, member newsletters with information on getting tested for STIs, and CenCal Health's online health library for comprehensive information on STIs/HIV as described in sections 3.1 and 3.2

CenCal Health offers health education and wellness and prevention programs to members, as described in section 3.2, specifically for members diagnosed with asthma and hypertension.

Assessment of Resources

CenCal Health's resources related to care management, health education, and wellness and prevention are described in sections 3.1.

Disease management services are supported by the care management team, as described in section 3.1 as well as a team of two nurses who implement the specific Heart Failure and Diabetes programs.

CenCal Health has staff that can provide care in English and Spanish and represent different cultural and ethnic backgrounds. The staff are also required to take a robust cultural competency training annually so they can be better equipped to meet the cultural needs of members. CenCal Health's resources related to cultural competency are described in section 5.1 and 6.1.

Plan to Address Gaps

CenCal Health's quality scores related to chronic disease are high performing, as described above. Additionally, CenCal Health's dedicated disease management programs are equipped to support members with cardiovascular disease, diabetes, and asthma. CenCal Health should explore additional ways to educate 18-44 year olds on the prevention of COPD, and Hispanic/Spanish speaking members on the prevention of STIs/HIV.

3.5. Social Determinants of Health

Social determinants of health (SDOH), also referred to as social drivers of health, are economic and social conditions that affect a wide range of health, functioning and quality-of-life outcomes and risks. In 2024, CenCal Health contracted providers reported SDOH diagnosis codes for 13,109 total members. This was an increase from the 6,131 total diagnoses submitted in 2023. The following figures provide an overview of the most common codes utilized from 2022 to 2024, which included:

CenCal Health serves a wide range of complex social challenges, as reflected by diagnosis codes predominantly related to homelessness, food insecurity, lack of social support, and other social determinants of health.

Commonly coded social determinants include:

- Z59.0 - Homelessness and housing instability
- Z59.4 - Lack of adequate food
- Z65.8 - Other specified problems related to psychosocial circumstances
- Z64.0 – Problems related to unwanted pregnancy

These social determinants negatively impact management of chronic diseases such as diabetes (often monitored with CPT code 95235), respiratory conditions (94274, 94798), and mental health (99791). The added layer of social challenges results in heightened healthcare utilization and poorer health outcomes.

Figure 3.5.1

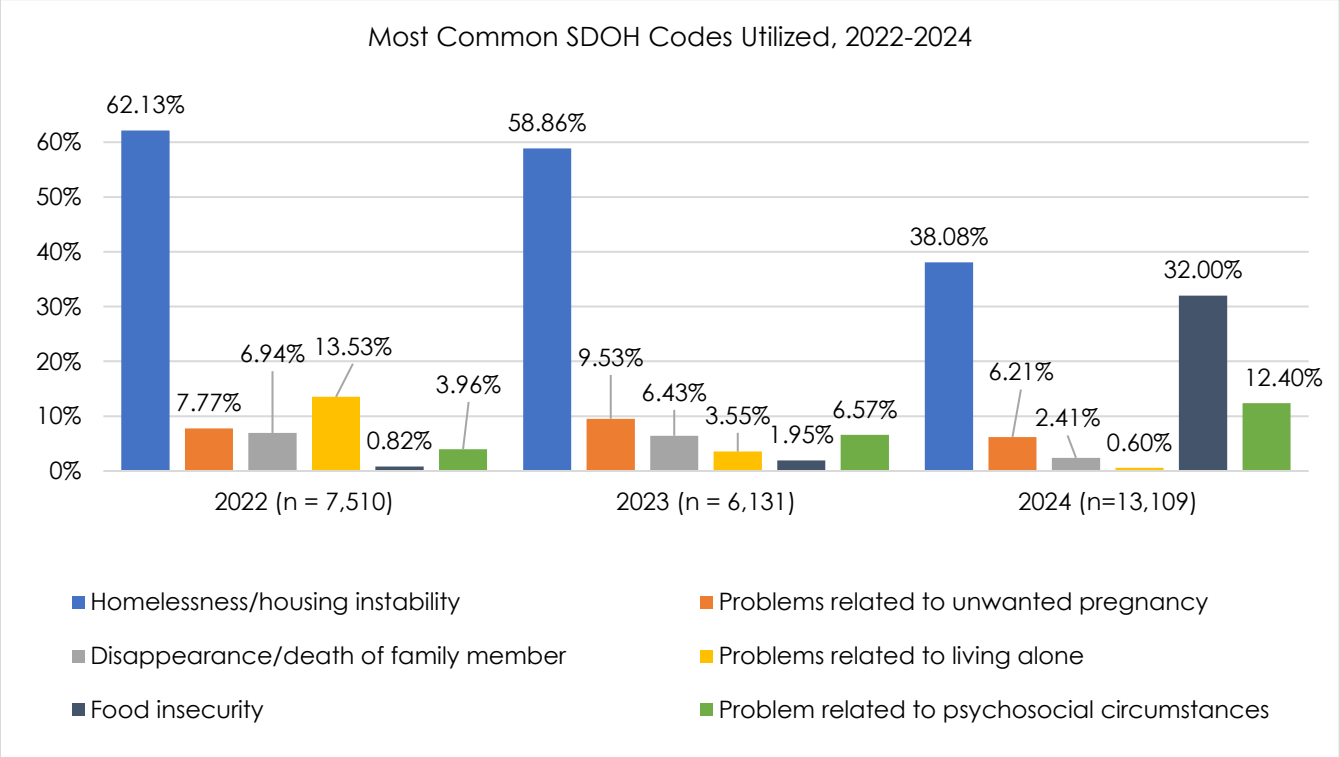


Figure 3.5.2

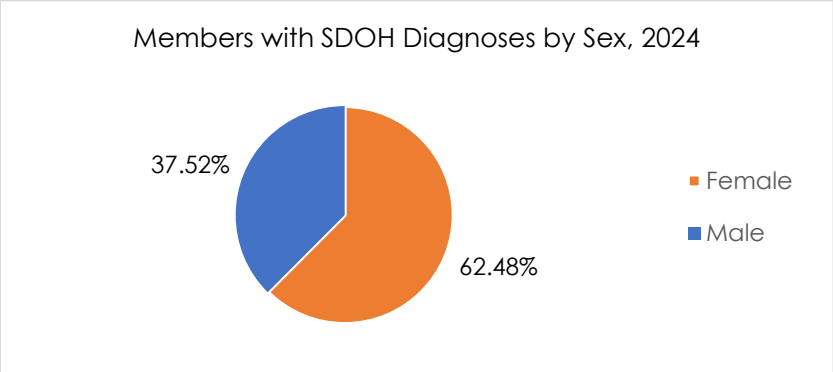


Figure 3.5.3

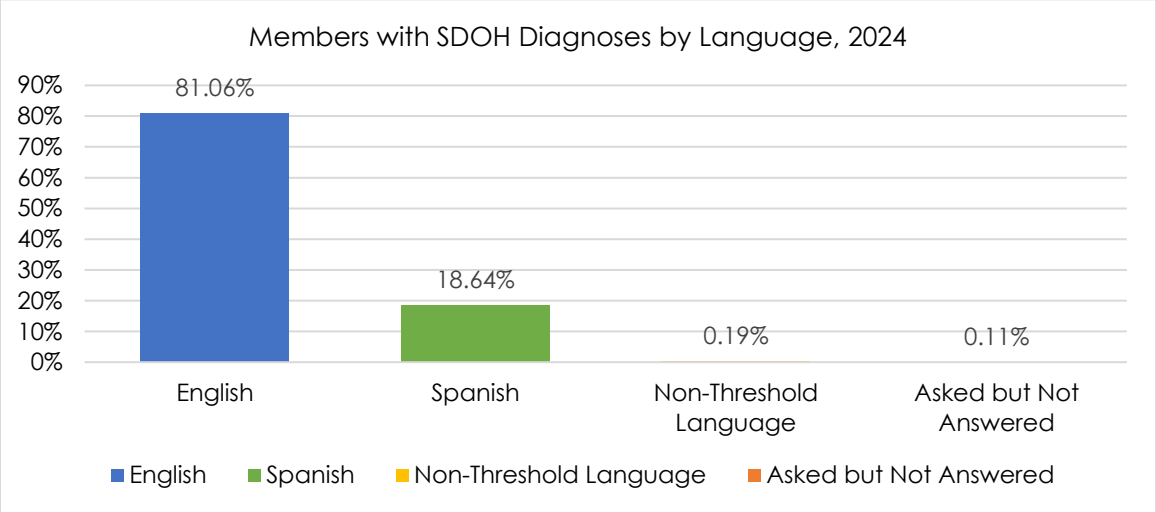


Figure 3.5.4

Members with SDOH Diagnoses by Language, 2024	
Languages within Figure 3.5.3 "Non-Threshold Language" Category	
Language	Percentage
Arabic	0.03%
Russian	0.03%
Ukrainian	0.02%
Chinese	0.02%
Tagalog	0.02%

Farsi	0.02%
French	0.01%
Vietnamese	0.01%

Figure 3.5.5

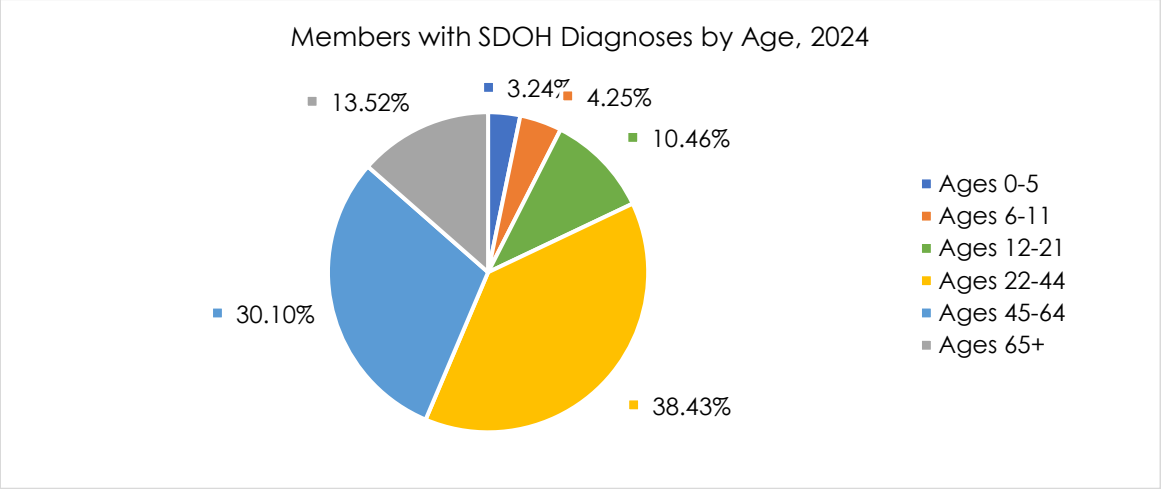


Figure 3.5.6

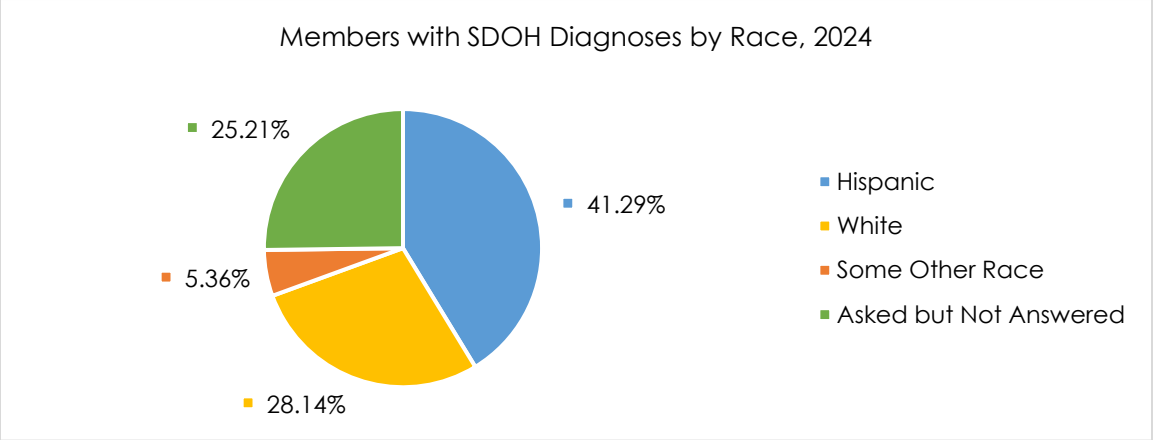


Figure 3.5.7

Members with SDOH Diagnoses by Race, 2024	
Races within Figure 3.5.6 "Some Other Race" Category	
Race	Percent
Black or African American	2.05%
Other*	1.69%

Filipino	0.59%
American Indian or Alaska Native	0.50%
Asian	0.21%
Chinese	0.07%
Native Hawaiian or Other Pacific Islander	0.05%
Vietnamese	0.05%
Korean	0.04%
Asian Indian	0.03%
Samoan	0.02%
Guamanian	0.02%
Japanese	0.02%
Cambodian	0.01%
Laotian	0.01%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Assessment of Need

In 2024, CenCal Health implemented a revised methodology to categorize SDOH diagnoses into broader thematic categories for similar diagnosis topics. For example, all housing related diagnoses were consolidated under the category of "Homelessness/Housing Instability." A total of 13,109 SDOH diagnoses were submitted in 2024, more than double the volume reported in 2023, highlighting an increased identification of members needs in key areas.

The most prevalent needs identified were related to housing (38.08%), food insecurity (32%), and psychosocial circumstances (12.4%).

Homelessness/Housing Instability

While the rate of diagnoses related to this category (38.08%) declined about 20 points from the previous 2 years, housing insecurity remains a barrier to a member's ability to address other basic needs such as healthcare and adequate nutrition. Member experiencing homelessness are more likely to have complex physical, behavioral, and social needs requiring intensive care coordination. The prevalence of housing-related SDOH diagnoses underscores the ongoing need for supportive services and long-term housing solutions. Effective interventions should incorporate best practices like Housing First, Harm Reduction, Progressive Engagement, Motivational Interviewing, and Trauma-Informed Care. Members facing housing instability may also need access to healthy food and medical and behavioral care coordination, including linage to CenCal Health mental health providers or County Alcohol and Drug Programs. Integrated care coordination, including psychotherapy, medication management, and navigation support, is essential to address the multifaceted needs of this vulnerable population.

Food Insecurity

The notable 30 point increase in SDOH diagnoses reported among CenCal Health members in 2024 (32%) compared to the prior year suggests a growing need for access to reliable and nutritious food. Food insecurity is a critical SDOH that can negatively impact members' ability to manage chronic conditions, maintain mental well-being, and adhere to treatment plans. The significant increase in 2024 may also signal improved awareness and provider network reporting, likely influenced by CenCal Health's proactive and broad promotion of available benefits and services, such as Medically Tailored Meals program offered under CalAIM's Community Supports. The awareness of nutrition-related supports may have increased provider screening and documentation for food insecurity. Regardless of contributing factors, the data underscores the growing vulnerability of members in meeting basic nutritional needs. Addressing this issue requires integrating community resources, expanding access to nutritional support programs, and enhancing outreach efforts to ensure members are aware of available assistance.

Psychosocial Circumstances

CenCal Health members with documented psychosocial stressors often experience challenges such as financial hardship, social isolation, and family-related stressors. These factors can exacerbate physical and behavioral health issues and interfere with engagement in their care. The presence of psychosocial diagnoses among 12.4% of members indicates the need for integrated care models that include enhanced care coordination, access to behavioral health services, community-based support programs, and navigation assistance to address their unique circumstances.

Assessment of Activities

Throughout the year, CenCal Health actively promotes the importance of Providers utilizing the SDOH codes to encourage comprehensive and accurate reporting of SDOH diagnoses. This promotion is done to CenCal Health's entire provider network through various channels, including the health plan website, quarterly Provider Bulletin newsletter articles, and Provider collaborative meetings.

Homelessness/Housing Instability

CenCal Health offers the following Community Supports programs to support members who are homeless. These programs are administered by CenCal Health staff in partnership with community-based organizations.

- Housing Transition Navigation Services program, which assists CenCal Health members experiencing homelessness or who are at risk of homelessness to obtain permanent housing. 1450 members accessed this program in 2024.
- Recuperative Care program, which provides short-term residential care for individuals who are homeless or at risk of being homeless, are discharging from the hospital but still need to heal from injury or illness, and whose conditions would be exacerbated by an unstable living environment. 160 members accessed this program in 2024.

- Housing Tenancy and Sustaining Services program, which assists members who are at risk of losing their housing to maintain housing and ensure the space is safe. 630 members accessed this program in 2024.
- Housing Deposits program, which helps members experiencing homelessness pay for services like security deposits, utility set-up fees, services to make the space safe, and more. 457 members accessed this program in 2024.

To further support members experiencing homelessness and housing insecurity, CenCal Health participated in the DHCS Housing and Homelessness Incentive Program (HHIP), which is designed to improve health outcomes and access to services by addressing housing insecurity and homelessness as social determinants of health.

In 2024, CenCal Health allocated a total of $2.3 million in HHIP funding to 13 community partners across Santa Barbara and San Luis Obispo counties, including county agencies and direct service providers, to build community capacity to address issues of homelessness and housing insecurity. Community partners used HHIP funds to provide critical housing and supportive services, including to:

- Support members experiencing homelessness to acquire housing through paying for housing applications, housing deposits, and move-in costs
- Prevent homelessness by expanding supportive services including care management, counseling, and emergency rental assistance
- Provide housing assistance to transitional age youth aging out of the foster care system
- Connect vulnerable members with supportive services to prevent and address homelessness

Since its launch in November 2022, HHIP efforts helped over 3,000 members experiencing homelessness and housing insecurity to become housed, with 89% of these members remaining housed.

Additionally, CenCal Health offers care management and behavioral health services, including for members who are experiencing homelessness, as described in section 3.5.

Food Insecurity

To improve food accessibility for those in need, CenCal Health actively supports food-based community initiatives and provides both grant and sponsorship funding for food-based organizations. CenCal Health has had a strong partnership with Meals that Connect in San Luis Obispo County since 2016. This collaboration aims to tackle the SDOH related to nutrition and healthy aging for local seniors. Each year, the partnership supports nutritional security and fosters social connections for approximately 10,000 clients across Santa Barbara and San Luis Obispo counties, including members of CenCal Health. Free lunches are provided to residents aged 60 and older. In 2024, CenCal Health awarded a $300,000 grant to Meals that Connect as approved by CenCal Health's Board of Directors.

Additionally, in 2024 CenCal Health awarded a $100,000 Incentive Payment Program (IPP) grant to Organic Soup Kitchen to provide soup meals to low-income seniors, individuals diagnosed with cancer, and individuals with chronic conditions in Santa Barbara County, including CenCal Health members.

CenCal Health's Medically Tailored Meals (MTM) program, offered under CalAIM's Community Supports program, delivers nutritionally appropriate meals designed to support individuals in managing or improving specific health conditions. Current meal vendors include Organic Soup Kitchen, Homestyle Direct, and Bento. CenCal Health is currently serving over 8,000 members through this program.

CenCal Health also provided several nutrition-based Sponsorships in 2024 as part of the Community Benefits program. CenCal Health provides sponsorships to nonprofit organizations that align with its mission, vision, and focus areas. Organizations can request sponsorship support for events such as health fairs, outreach initiatives, and annual fundraisers. To be eligible for sponsorship, the event or organization must align with CenCal Health's strategic priorities. Sponsorships in 2024 were provided to El Camino Homeless Organization, Food Bank of Santa Barbara County, Organic Soup Kitchen, and 5 Cities Homeless Coalition.

Psychosocial Circumstances

Regarding members' psychosocial needs, activities implemented by CenCal Health's Behavioral Health team are in place, as described in section 3.1.

Assessment of Resources

CenCal Health's resources to ensure effective implementation of care management, enhanced care management, community supports, and behavioral health are described in sections 3.1 and 3.2.

Two staff members in the Program Development Department oversee HHIP, including managing partnerships with 17 community partners across Santa Barbara County and San Luis Obispo County.

Three staff in the Strategic Engagement Department oversee sponsorships through the Community Benefits program. The Community Benefits program is allocated a specific budget every year, which is approved by CenCal Health's Board of Directors.

Resources within CenCal Health's Behavioral Health team are in place to address members' psychosocial needs, as described in section 3.1.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet member needs in this area. There is no gap in services or programs identified. However, CenCal Health will continue to work closely with community partners to identify any additional supports that can be provided to these subpopulations, including making additional investments in housing and supportive services with the remaining HHIP funds.

3.6. Health Disparities

CenCal Health utilizes HEDIS MY2024 rates to identify health disparities. In the tables below, MCAS measures are included if there are disparities between subgroups of 10% or greater, as for those subgroups that have a denominator of at least 30. If an MCAS measure or subgroup is not included, it indicates that there was no disparity within that measure or population that met these criteria. The reference group refers to the highest performing group within that measure that also meets the inclusion criteria described. All other groups are compared to the reference group to identify disparities present.

Figure 3.6.1

Adults' Access to Preventive & Ambulatory Health Services			
Santa Barbara County			
Sex	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Female	77.77	78.39	Reference Group
Male	57.44	56.60	-21.79
Age	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Ages 12-21	62.84	63.00	-15.93
Ages 22-44	65.38	65.51	-13.42
Ages 65+	76.50	78.93	Reference Group
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Chinese	62.94	50.00	-23.85
Language Unknown	70.33	62.26	-11.59
Non-English	77.78	73.85	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	74.71	72.94	Reference Group
Asian	58.80	60.85	-12.09
Native Hawaiian or Other Pacific Islander	60.76	60.84	-12.10

Ethnicity	MY2023	MY2024	Subgroup MY2024 Difference from Reference Group
African American	73.58	82.61	Reference Group
Hispanic or Latino	69.46	69.05	-13.56
Mexican American	76.79	72.00	-10.61
Other	68.19	68.72	-13.89

Figure 3.6.2

Adults' Access to Preventive & Ambulatory Health Services			
San Luis Obispo County			
Sex	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Female	78.66	79.96	Reference Group
Male	59.91	60.12	-19.84
Age	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Ages 12-21	65.12	65.59	-11.85
Ages 45-64	77.20	77.44	Reference Group

Figure 3.6.3

Breast Cancer Screening			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	52.73	54.27	-18.91
Spanish	75.29	73.18	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked but Not Answered	59.21	58.80	-10.11

Black or African American	53.52	56.06	-12.85
Some Other Race	68.14	68.91	Reference Group
White	52.43	54.93	-13.98
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Mexican	73.48	76.23	Reference Group
Other	54.76	56.65	-19.58

Figure 3.6.4

Breast Cancer Screening			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	52.29	51.27	-24.09
Spanish	76.44	75.36	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked but Not Answered	51.89	52.59	-14.50
Some Other Race	66.94	67.09	Reference Group
White	53.64	51.87	-15.22
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	70.20	70.74	Reference Group
Other	52.41	51.63	-19.11

Figure 3.6.5

Cervical Cancer Screening			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Language Unknown	39.58	38.46	-24.70
Non-English	n/a	63.16	Reference Group
Spanish	59.82	52.91	-10.25
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	41.46	44.05	-10.49
Asked but Not Answered	56.13	54.54	Reference Group
Black or African American	46.79	40.64	-13.90
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	57.25	53.50	-12.13
Mexican American	57.14	65.63	Reference Group
Mexican American Indian	58.24	52.50	-13.13
Other	52.84	52.18	-13.45

Figure 3.6.6

Cervical Cancer Screening			
San Luis Obispo County			
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	42.86	40.00	-16.82
Asian	49.79	44.34	-12.48
Black or African American	39.24	45.12	-11.70

Native Hawaiian or Other Pacific Islander	61.29	56.82	Reference Group
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	54.76	51.36	-11.14
Mexican	52.78	62.50	Reference Group
Other	51.41	51.43	-11.07

Figure 3.6.7

Childhood Immunization Status			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	29.63	25.52	-25.66
Spanish	48.96	51.18	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked but Not Answered	33.49	31.87	-11.28
Some Other Race	41.33	43.15	Reference Group
White	29.95	29.17	-13.98
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	41.81	43.28	Reference Group
Other	30.96	30.70	-12.58

Figure 3.6.8

Childhood Immunization Status			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	23.80	23.53	-10.65
Spanish	43.41	34.18	Reference Group

Figure 3.6.9

Child and Adolescent Well-Care Visits			
Santa Barbara County			
Age	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Ages 0-5	78.39	80.71	Reference Group
Ages 6-11	64.23	65.28	-15.43
Ages 12-21	48.94	51.58	-29.13
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Spanish	64.41	65.12	Reference Group
Asian and Pacific Island Languages	41.18	47.22	-17.90
Language Unknown	60.38	52.83	-12.29
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
White	46.87	50.32	-12.52
Black or African American	42.90	44.38	-18.46
American Indian or Alaska Native	40.91	40.32	-22.52
Asian	44.88	50.12	-12.72
Native Hawaiian or Other Pacific Islander	50.00	50.00	-12.84

Some Other Race	61.35	62.84	Reference Group
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	56.18	63.02	Reference Group
Not Hispanic or Latino	44.71	44.14	-18.88
Asked but Not Answered	58.73	52.25	-10.77

Figure 3.6.10

Child and Adolescent Well-Care Visits			
San Luis Obispo County			
Age	**MY2023 Rate**	**MY2024 Rate**	**Subgroup MY2024 Difference from Reference Group**
Ages 0-5	73.62	77.91	Reference Group
Ages 6-11	60.24	64.96	-12.95
Ages 12-21	49.67	53.09	-24.82
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	52.58	56.43	-13.55
Spanish	66.16	69.98	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
White	47.64	50.93	-14.56
Black or African American	44.68	46.92	-18.57
Native Hawaiian or Other Pacific Islander	42.86	52.08	-13.41
Some Other Race	61.90	65.49	Reference Group
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**

Hispanic or Latino	57.67	66.08	Reference Group
Not Hispanic or Latino	47.79	46.24	-19.84
Asked but Not Answered	56.80	55.95	-10.13

Figure 3.6.11

Chlamydia Screening			
Santa Barbara County			
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asian	57.78	59.09	-12.38
Asked but Not Answered	65.59	71.47	Reference Group
Black or African American	69.77	40.63	-30.84
White	54.72	56.51	-14.96
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Mexican	60.78	63.52	-11.48
Other	59.33	63.46	-11.54
Other Hispanic	66.67	75.00	Reference Group

Figure 3.6.12

Chlamydia Screening			
San Luis Obispo County			
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	68.25	70.72	Reference Group
White	59.52	59.84	-10.88

Figure 3.6.13

Colorectal Cancer Screening			
Santa Barbara County			
Sex	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Female	52.24	56.10	Reference Group
Male	41.38	43.20	-12.90
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asian and Pacific Island Languages	50.00	61.97	Reference Group
Chinese	46.88	37.50	-24.47
English	42.00	44.83	-17.14
Language Unknown	35.00	42.11	-19.86
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	33.33	38.60	-16.10
Asian	48.49	54.70	Reference Group
Black or African American	44.81	43.04	-11.66
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Other	42.91	46.06	-17.18
Other Hispanic	63.01	63.24	Reference Group

Figure 3.6.14

Colorectal Cancer Screening			
San Luis Obispo County			
Sex	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Female	50.28	53.53	Reference Group
Male	39.96	42.77	-10.76

Language	MY2023	MY2024	Subgroup MY2024 Difference from Reference Group
Asian and Pacific Island Languages	58.97	61.36	Reference Group
English	43.34	46.24	-15.12
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	38.78	39.47	-13.53
Some Other Race	51.08	53.00	Reference Group

Figure 3.6.15

Controlling High Blood Pressure			
Santa Barbara County			
Race	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
White	58.57	68.57	Reference Group
Asked but Not Answered	58.06	52.83	-15.74

Figure 3.6.16

Controlling High Blood Pressure			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
English	11.23	17.45	Reference Group
Spanish	6.12	7.40	-10.05
Race	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
White	68.14	68.75	-14.18
Some Other Race	67.44	82.93	Reference Group
Asked but Not Answered	56.93	60.38	-22.55

Ethnicity	MY2023	MY2024	Subgroup MY 2024 Difference from Reference Group
Hispanic or Latino	33.33	78.38	Reference Group
Asked but Not Answered	64.60	64.95	-13.43

Figure 3.6.17

Developmental Screening in the First Three Years of Life			
San Luis Obispo County			
Age	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Age 1	11.54	15.63	-17.74
Age 2	24.08	33.37	Reference Group

Figure 3.6.18

Follow-Up After Emergency Department Visit for Substance Use			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	37.46	50.34	Reference Group
Spanish	26.52	31.53	-18.81
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Black or African American	28.57	37.84	-17.97
Some Other Race	33.60	42.62	-13.19
White	38.70	55.81	Reference Group
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Mexican	25.71	39.47	-12.14

Other	38.19	51.61	Reference Group

Figure 3.6.19

Follow-Up After Emergency Department Visit for Substance Use			
San Luis Obispo County			
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	34.92	41.80	-19.87
White	40.07	61.67	Reference Group
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	33.64	42.06	-15.11
Other	41.44	57.17	Reference Group

Figure 3.6.20

Follow-Up After Emergency Department Visit for Mental Illness			
Santa Barbara County			
Sex	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
Female	44.77	62.66	Reference Group
Male	42.76	52.26	-10.40

Figure 3.6.21

Glycemic Status Assessment for Patients with Diabetes			
Santa Barbara County			
Sex	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
Ages 12-21	69.57	68.85	Reference Group

Ages 45-64	57.96	58.52	-10.33
Ages 65+	51.95	51.89	-16.96

Figure 3.6.22

Immunizations for Adolescents			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	34.71	36.30	-18.28
Spanish	53.25	54.58	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked but Not Answered	34.34	39.29	-10.91
Some Other Race	48.95	50.20	Reference Group
White	27.58	25.36	-24.84
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	49.98	49.80	-11.60
Mexican	47.37	61.40	Reference Group
Other	29.42	29.41	-31.99

Figure 3.6.23

Immunizations for Adolescents			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	24.05	29.25	-29.43
Spanish	52.13	58.68	Reference Group

Race	MY2023	MY2024	Subgroup MY2024 Difference from Reference Group
Asked but Not Answered	23.14	31.11	-18.73
Some Other Race	45.30	49.84	Reference Group
White	14.96	21.09	-28.75
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	46.08	50.00	Reference Group
Other	18.25	25.00	-25.00

Figure 3.6.24

Lead Screening in Children			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	57.26	55.56	-30.16
Spanish	84.33	85.72	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked but Not Answered	53.40	59.97	-17.86
Some Other Race	75.83	77.83	Reference Group
White	55.66	53.85	-23.98
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	76.24	78.38	Reference Group
Other	53.56	57.16	-21.22

Figure 3.6.25

Lead Screening in Children			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	65.39	75.72	-14.46
Spanish	84.50	90.18	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked but Not Answered	66.67	76.60	-10.44
Some Other Race	77.04	87.04	Reference Group
White	65.22	71.84	-15.20
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	78.48	88.32	Reference Group
Other	66.36	75.45	-12.87

Figure 3.6.26

Prenatal Immunization Status-Tdap			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	66.12	74.22	-11.68
Spanish	79.10	85.90	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	74.32	82.77	Reference Group
White	65.63	64.36	-18.41

Figure 3.6.27

Prenatal Immunization Status-Tdap			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	61.17	66.48	-15.4
Spanish	84.58	81.88	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asked But Not Answered	69.80	74.67	Reference Group
White	55.07	63.01	-11.66

Figure 3.6.28

Prenatal Immunization Status-Influenza			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	42.58	39.93	-20.07
Spanish	61.88	60.00	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	54.67	54.04	Reference Group
White	45.31	37.77	-16.27
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Mexican	44.00	58.82	Reference Group
Other	46.99	44.52	-14.30

Figure 3.6.29

Prenatal Immunization Status-Influenza			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	33.40	28.70	-14.92
Spanish	62.69	43.62	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	47.28	38.75	Reference Group
White	23.19	19.86	-18.89
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	48.10	38.84	Reference Group
Other	37.41	28.57	-10.27

Figure 3.6.30

Topical Fluoride for Children – Dental and Oral Health Services			
Santa Barbara County			
Age	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Ages 0-5	45.15	54.79	Reference Group
Ages 6-11	25.98	30.73	-24.06
Ages 12-21	16.77	18.27	-36.52
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Asian and Pacific Island Languages	28.85	21.05	-15.81
English	19.33	24.39	-12.47
Language Unknown	14.06	22.22	-14.64

Spanish	32.65	36.86	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	4.69	4.55	-28.78
Asian	18.75	20.98	-12.35
Asked But Not Answered	22.35	33.33	Reference Group
Black or African American	13.22	15.50	-17.83
Native Hawaiian or Other Pacific Islander	16.49	22.50	-10.83
White	17.64	21.10	-12.23
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	29.20	33.48	Reference Group
Mexican American	11.90	10.81	-22.67
Mexican American Indian	9.68	13.53	-19.95
Mixtec (Mexican Indian)	23.53	22.58	-10.90
Other Hispanic	17.01	18.33	-15.15

Figure 3.6.31

Topical Fluoride for Children – Dental and Oral Health Services			
San Luis Obispo County			
Age	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Ages 0-5	35.11	43.51	Reference Group
Ages 6-11	22.80	30.90	-12.61
Ages 12-21	15.44	19.19	-24.32
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	19.09	23.87	-14.58

Spanish	29.37	38.45	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
American Indian or Alaska Native	13.64	12.82	-19.56
Asian	19.05	22.22	-10.16
Black or African American	6.99	12.90	-19.48
Some Other Race	25.30	32.38	Reference Group
White	16.14	18.92	-13.46

Figure 3.6.32

Timeliness of Postpartum Care			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
English	83.57	86.91	-10.85
Spanish	96.54	97.76	Reference Group

Figure 3.6.33

Timeliness of Postpartum Care			
San Luis Obispo County			
Language	**MY2023**	**MY2024**	**Subgroup MY 2024 Difference from Reference Group**
English	80.25	83.45	-11.01
Spanish	92.77	94.46	Reference Group

Figure 3.6.34

Well-Child Visits in the First 30 Months of Life-15 Months			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	63.27	61.94	-11.82
Spanish	64.69	73.76	Reference Group

Figure 3.6.35

Well-Child Visits in the First 30 Months of Life-15 Months			
San Luis Obispo			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	58.51	63.31	-10.35
Spanish	57.92	73.66	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	57.09	70.81	Reference Group
White	54.32	58.00	-12.81
Ethnicity	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Hispanic or Latino	58.52	73.98	Reference Group
Other	58.30	62.43	-11.55

Figure 3.6.36

Well-Child Visits in the First 30 Months of Life-30 Months			
Santa Barbara County			
Language	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
English	75.88	76.18	-12.35
Spanish	88.16	88.53	Reference Group
Race	**MY2023**	**MY2024**	**Subgroup MY2024 Difference from Reference Group**
Some Other Race	83.85	84.92	Reference Group
White	76.21	74.27	-10.65

Assessment of Need

As demonstrated in Figures 3.6.1 through 3.6.36, there are numerous disparities present between subgroups within MCAS measures. Disparities were identified for the following measures:

- Adults' Access to Preventive & Ambulatory Health Services
- Breast Cancer Screening
- Cervical Cancer Screening
- Childhood Immunization Status
- Child and Adolescent Well-Care Visits
- Chlamydia Screening
- Colorectal Cancer Screening
- Controlling High Blood Pressure
- Developmental Screening in the First Three Years of Life
- Follow-Up After Emergency Department Visit for Substance Use
- Follow-Up After Emergency Department Visit for Mental Illness
- Glycemic Status Assessment for Patients with Diabetes
- Immunization for Adolescents
- Lead Screening in Children
- Prenatal Immunization Status-Tdap
- Prenatal Immunization Status-Influenza
- Topical Fluoride for Children - Dental and Oral Health Services
- Timeliness of Postpartum Care
- Well-Child Visits in the First 30 Months of Life-15 Months
- Well-Child Visits in the First 30 Months of Life-30 Months

Focusing on member needs related to the most significant disparities, the following measures and indicators had disparities over 25%, and denominators greater than 100:

- Childhood Immunization Status
    - Language, Santa Barbara County
- Child and Adolescent Well-Care Visits
    - Age, Santa Barbara County

- Immunizations for Adolescents
    - Language, San Luis Obispo County
    - Race, San Luis Obispo County
    - Ethnicity, Santa Barbara and San Luis Obispo Counties
- Lead Screening in Children
    - Language, Santa Barbara County
- Topical Fluoride for Children-Dental and Oral Health Services
    - Age, Santa Barbara County

English speaking members in Santa Barbara County have a 25.66% lower rate of completed childhood immunizations than Spanish speaking members in Santa Barbara County. This highlights a need for additional health education for parents/guardians. Members would benefit from health education on various topics such as vaccine hesitancy, importance of timely vaccinations, and the importance and schedule of well-child visits. Additional support such as decision aids, access to After-Hours care and transportation may also be needed to increase rates across all measures and ensure patients are getting necessary care in a way that works for them.

Members ages 12-21 years in Santa Barbara County have a 29.13% lower rate of completed well-care visits than younger members in Santa Barbara County. In looking further into the data, members ages 19-21 are lowest performing subgroup in this age range, accounting for the low rates identified. This highlights the need for improved outreach to the 19-21 population, particularly in regard to preventive services. Effective health education and member engagement describing the importance of and schedule for various preventive screenings would benefit this disengaged population. Culturally, effective outreach for this population could involve digital outreach like text message reminders.

Members who selected an ethnicity of "Other" in their Medi-Cal application have a 31.99% lower rate of completed immunizations for adolescents than other ethnicities in Santa Barbara County. Members who selected an ethnicity of "Other" also have a 25.00% lower rate of completed immunizations for adolescents than other ethnicities in San Luis Obispo County. English speaking members in San Luis Obispo County had a 29.43% lower rate of completed immunizations for adolescents than Spanish speaking members in San Luis Obispo County. White members in San Luis Obispo County had a 28.75% lower rate of completed immunizations for adolescents than members of other races in San Luis Obispo County.

English speaking members in Santa Barbara County had a 30.16 lower rate of lead screening than Spanish speaking members in Santa Barbara County. This disparity suggests a need for targeted outreach and education efforts tailored to English-speaking families. Messaging and programs should consider enhancing provider training, improving culturally and linguistically appropriate messaging, and leveraging community partnerships to raise awareness about the importance of early lead screening among English-speaking populations.

Members ages 12-21 in Santa Barbara County have a 36.52% lower rate of completed Topical Fluoride Varnish (TFL) than younger members in Santa Barbara County. This is expected, as the American Academy of Pediatrics (AAP) recommendation for TFL is for application through age 5. There is a disconnect between this published recommendation and the DHCS MCAS TFL

measure age range. For this reason, CenCal Health will not consider this disparity a priority, and will instead remain committed to adhering to the AAP periodicity schedule for TFL.

Assessment of Activities

CenCal Health includes several pediatric HEDIS measures into its provider incentive program, QCIP, to encourage providers to prioritize these aspects of care. These measures include those identified as having disparities, including childhood immunization status—influenza, well-child visits, child and adolescent well-care visits, lead testing, topical fluoride varnish, and immunizations for adolescents.

CenCal Health promotes childhood and adolescent immunizations, as well as pediatric well-care visits and other preventive services through routine and frequent Wellness and Prevention member outreach, as described in section 3.2, and through routine Medi-Cal for Kids and Teens outreach, as described in section 4.1.

CenCal Health's Population Health team meets routinely with provider practices for Quality Collaborative discussions to discuss practice-specific MCAS rates, among other topics. Lead Screening for Children is included in these discussions, to ensure continuous collaboration and learning for both low and high performing providers for this measure. To further enhance provider education and awareness for lead screening, biannual Provider Bulletin articles are published, sharing schedule and best practices. Additionally, CenCal Health's Population Health ractice Transformation team is exploring the implementation of MOUs with specific provider practices to provide lead analyzers to promote increased screening rates. And finally, CenCal Health distributes health education materials to members specific to the importance and schedule of lead screening. This educational material is shared in Member Newsletters, on CenCal Health website, and is promoted to Providers to distribute to patients.

Assessment of Resources

Resources related to the promotion of preventive services for pediatric members are described in section 4.1.

The Population Health team is comprised of three Population Health Specialists, a Population Health Supervisor, and overseen by the Population Health Manager.

Resources related to QCIP are described in section 2.1.

The Practice Transformation team is comprised of two Practice Transformation Strategists with clinical and public health backgrounds. The team aims to implement transformational changes that improve patient outcomes and optimize care delivery. The team is overseen by the Population Health Manager.

Plan to Address Gaps

CenCal Health's activities and resources are sufficient to improve rates across the member population for Lead Screening. Improving rates for Child and Adolescent Well-Care Visits is dependent on the ability to send text messages to members ages 19-21, which CenCal Health is not currently programmatically able to do. Disparities related to childhood immunizations will be prioritized. CenCal Health will develop and implement an additional Wellness and Prevention

Campaign for immunizations to further reach members with information about vaccine schedules and importance.

4. Child and Adolescent Members

This section describes needs and characteristics of CenCal Health's pediatric population, including members ages 0-21.

4.1. Member Demographics

The following charts show the counts per age in the CenCal Health pediatric population. Race and language are shown in subsequent sections. There were 105,304 total pediatric members in 2024.

Figure 4.1.1

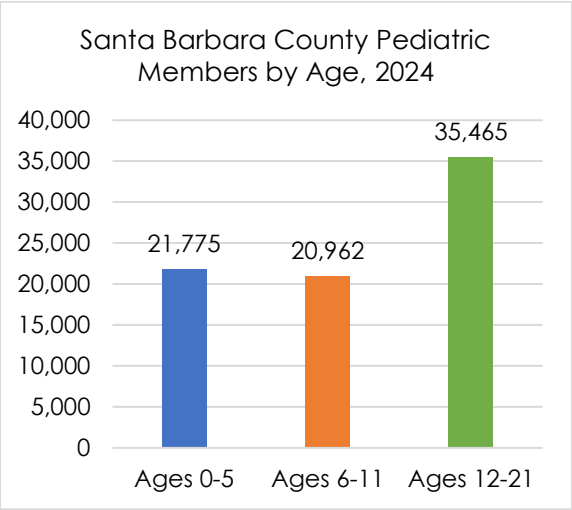
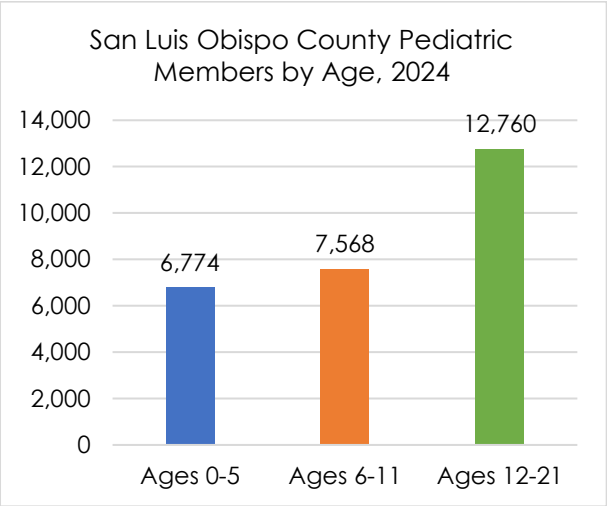


Figure 4.1.2



Assessment of Need

Basic demographic information for pediatric members is obtained from eligibility data. Language and race data for pediatric populations are described in detail in sections 5 and 6.

CenCal Health's pediatric member age groups for Santa Barbara County and San Luis Obispo County are more densely populated in the 12-21 age groups. Parents and/or guardians of pediatric members, as well as pediatric members themselves would benefit from receiving education around health topics such as the importance of fluoride varnish, childhood immunizations, well-child visits, developmental screenings, lead testing, and adolescent immunization.

With most of the pediatric population in the 12-21 age group, members would benefit from receiving a strong focus on the planning and coordination of continuity of care for those members who are receiving care management services. Focusing on the importance of transitioning from pediatric services to adult services promotes positive health outcomes.

Assessment of Activities

CenCal Health's approach to ensure all children under the age 21 receive preventive and primary health services in line with the Medi-Cal for Kids and Teens program (formerly Early and

Periodic Screening, Diagnosis, and Treatment benefit [EPSDT]) is to actively promote preventive visits to providers and members. Medi-Cal for Kids and Teens services are promoted to providers via Provider Bulletins, the Provider Manual, during provider meetings, and through CenCal Health's Quality Care Incentive Program (QCIP) provider trainings.

CenCal Health promotes Medi-Cal for Kids and Teens services to its members through the new member welcome packet, the member handbook, member newsletters, annual mailings, and personalized alerts in a member portal. Preventive Guidelines member handouts promoting the American Academy of Pediatrics (AAP) Bright Futures periodicity schedule are also sent to all member households annually through the member newsletter.

CenCal Health coordinates health and social services for children between settings of care and across delivery systems and ensures that children and their families can access medically necessary physical, behavioral, and dental health services, as well as social and educational services. CenCal Health monitors rates of children's preventive care service utilization using a claims-based dashboard. For any variances identified, staff intervenes with providers through routine outreach and one-on-one meetings.

For example, the "Stay Healthy: Kids" program is offered to the parents of all pediatric members who are due for certain aspects of preventive care, including developmental screening, lead screening, and other Medi-Cal for Kids and Teens services. It includes targeted mailings that provide:

- Health education about the preventive service that the member is due for, including why the service is important for health, and where and how to access the preventive service.
- The ability for members to follow up with a qualified health educator for more support and information.
- Access to our online health education service with information, tools, and resources for preventive care and healthy lifestyles.

Wellness and Prevention campaigns have been developed for the following age groups:

- 0-12 months
- 13-30 months
- 3-12 years
- 13-21 years

Assessment of Resources

Resources needed to operationalize PHM for children, including pediatric care management, care coordination, and wellness and prevention are described in sections 4.1 and 3.1.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet members' needs in this area. There is no gap in services or programs identified.

4.2. Pediatric HEDIS and Non-HEDIS Results

The tables below reflect Measurement Year 2023 and 2024 HEDIS and Non-HEDIS results for measures specific to pediatric preventive care.

Rates that are below the NCQA Minimum Performance Level (MPL) or State Aggregate are indicated with an asterisk.

Figure 4.2.1

MY2023-MY2024 HEDIS Results for Pediatric Measures						
HEDIS Measure	Medicaid 50th Percentile (Minimum Performance Level)	Medicaid 90th Percentile	Santa Barbara County, 2023	San Luis Obispo County, 2023	Santa Barbara County, 2024	San Luis Obispo County, 2024
Childhood Immunizations (CIS-10)	27.49	42.34	40.63	30.41	42.69	21.00*
Immunizations for Adolescents (IMA-2)	34.30	48.66	46.72	32.12	45.05	37.74
Lead Screening for Children (LSC)	63.84	79.51	66.67	69.34	74.03	79.00
Well-Child Exams in the First 15 Months of Life (W30-6 or More Visits)	60.38	69.67	64.16	58.56	68.90	66.55
Well-Child Exams for age 15 Months to 30 Months (W30-2 or More Visits)	69.43	79.94	81.79	75.34	82.44	76.43
Child and Adolescent Well-Care Visits (WCV)	51.81	64.74	58.45	56.65	60.67	60.75

Figure 4.2.2

MY2024 Non-HEDIS Results for Developmental Screening and Fluoride Varnish			
MY2024, Non-HEDIS Measures	State Aggregate 2024	Santa Barbara County	San Luis Obispo County
Developmental Screening in the First Three Years of Life	35.70	51.49	29.04*
Topical Fluoride for Children - Dental or Oral Health Services	19.0	31.24	28.47

Assessment of Need

San Luis Obispo County's rates of childhood immunizations and developmental screenings in the first three years of life remain below the MPL and/or State Aggregate levels, indicating a gap in key early childhood screenings and vaccinations.

These levels all indicate a need for additional health education regarding the clinical importance on low performing measures for both members and parents/guardians. Members would benefit from health education on various topics such as vaccine hesitancy, importance of timely vaccinations, and the importance and schedule of well-child visits. Additional support such as decision aids, access to After-Hours care and transportation may also be needed to increase rates across all measures and ensure patients are getting necessary care in a way that works for them.

Assessment of Activities

CenCal Health promotes Well-Child visits and other preventive services through routine and frequent Wellness and Prevention member outreach, including to members living in San Luis Obispo County, as described in section 3.2.

CenCal Health covers transportation for qualifying members to and from medically necessary services, such as doctor appointments, specialty mental health, substance use disorder, dental, pharmacy pick up, medical supply pick up and more.

CenCal Health's After-Hours Care program gives all members the ability to see a doctor after 5:00 p.m. or on weekends for primary care and urgent care matters. This program is promoted to members on the health plan website, in informational brochures, and other communications.

CenCal Health's Nurse Advice Line (NAL) service is available to all members 24 hours a day, 7 days a week, free of charge. The NAL provides access to advice and triage by a licensed registered nurse and helps to reduce the misuse, overuse of emergency departments, especially after hours. The NAL also helps ensure that CenCal Health members, providers, and staff are receiving and providing care at the appropriate level, time, and place.

Assessment of Resources

CenCal Health partners with Ventura Transit System (VTS) to schedule and manage transportation services for members. Non-Emergency Medical Transportation (NEMT) and Non-Medical Transportation (NMT) are covered services for CenCal Health members. This service is overseen internally by a Transportation Liaison, Vendor Oversight Committee, and Member Services leadership. Transportation-related grievances are monitored monthly, and improvements are implemented as necessary. CenCal Health has adequate contracts in place with transportation vendors to meet member needs.

CenCal Health contracts with CareNet Health to operationalize the NAL service for our members. The service is overseen internally by our Health Services Division.

To deliver the After-Hours program, CenCal Health has contracts with medical clinics in San Luis Obispo and Santa Barbara Counties offer after hours care. This is overseen by Provider Services/Relations, whose staff resources are described in section 3.1.

Resources related to CenCal Health's wellness and prevention outreach are described in section 3.2.

Plan to Address Gaps

While CenCal Health has several activities and resources in place to improve and maintain the health of the pediatric member population, there is need to further address low rates in a few measures.

CenCal Health's Population Health team routinely meets with providers to ensure they are meeting the specified measures of care outlined in the QCIP program, including for childhood immunizations. To improve these measure rates in SLO County, childhood immunizations will be prioritized in routine collaborative meetings, particularly with large scale providers in SLO County, such as the Community Health Centers of the Central Coast (CHCCC). Additionally, practice transformation efforts continuously offer direct, on-site provider support for sites that are low performing in childhood immunizations, among other measures.

CenCal Health will address low rates of childhood immunizations by providing continued trainings to network and community providers. A vaccine confidence training offered in partnership with Merck & Co., Inc. in 2024 was well-received by participants. CenCal Health will explore offering the training again, both virtually and in-person.

Finally, CenCal Health will continue the development of "opportunity reports" for childhood immunizations to proactively identify unvaccinated members who are approaching the age limit for certain vaccines. These reports can be used to promote to providers to assist with patient recall and vaccination administration. These reports will be distributed to providers monthly through the Provider Portal. Providers will be given training on how get access and use this report to address gaps in care.

With regard to developmental screening, this measure is currently included as an informational measure in QCIP. The measure will transition from informational to incentivized in August 2025, with payments beginning in October 2025. This will help ensure Providers are prioritizing this measure to improve quality scores and increase member completion of this recommended service.

4.3. Pediatric Health Disparities

Health Disparities for pediatric MCAS measures are included within section 3.6, Health Disparities. Within that section, the following health disparities were identified:

- Childhood Immunization Status
- Child and Adolescent Well-Care Visits
- Immunizations for Adolescents
- Lead Screening in Children
- Topical Fluoride Varnish for Children

Assessment of Need

Member needs related to identified pediatric health disparities are described in section 3.6.

Assessment of Activities

CenCal Health activities related to addressing identified pediatric health disparities are described in section 3.6.

Assessment of Resources

CenCal Health resources related to addressing identified pediatric health disparities are described in section 3.6.

Plan to Address Gaps

CenCal Health's plans to address identified pediatric health disparities are described in section 3.6.

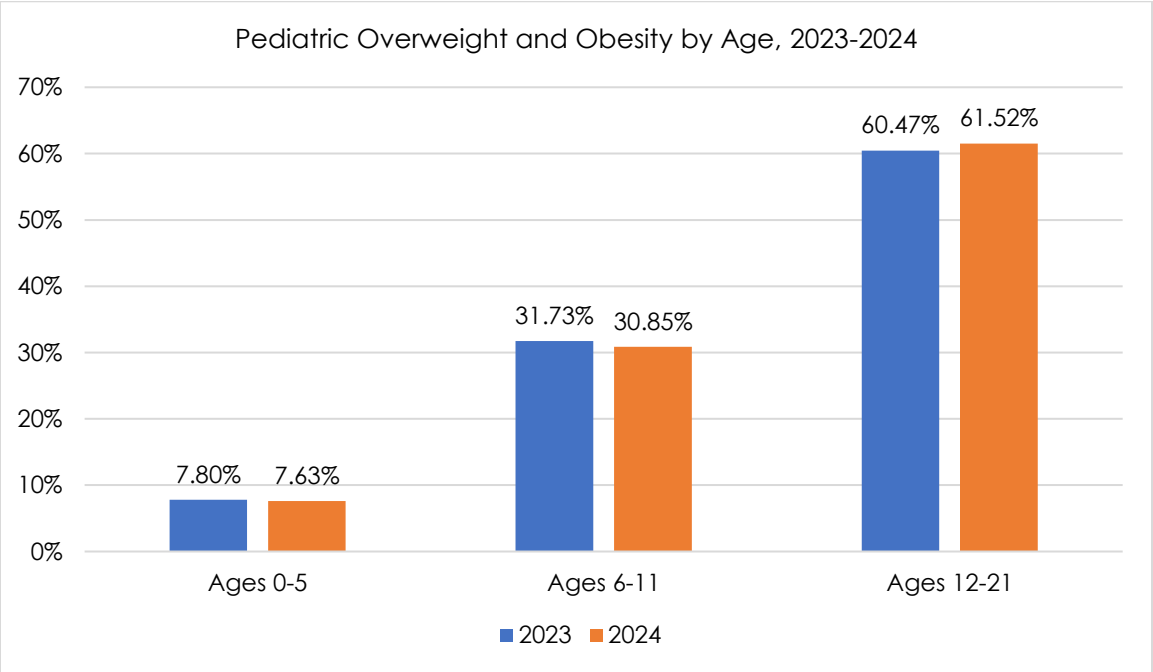
4.4 Pediatric Health Indicators

This section discusses several pediatric health indicators, including obesity rates, most common reason for provider office visits, and a risk-tier summary.

4.4.1. Pediatric Overweight and Obesity

CenCal Health's pediatric overweight and obesity data is obtained from the RSS program. As of December 2024, there were 10,570 members ages 0—21 diagnosed as overweight or obese, or about 10% of the pediatric population.

Figure 4.4.1.1



The above chart shows the percentages of each age group within the pediatric population diagnosed as overweight or obese in 2023 and 2024.

Figure 4.4.1.2

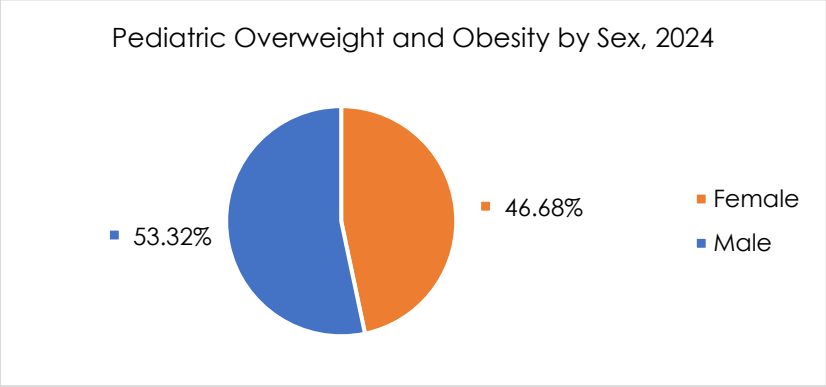


Figure 4.4.1.3

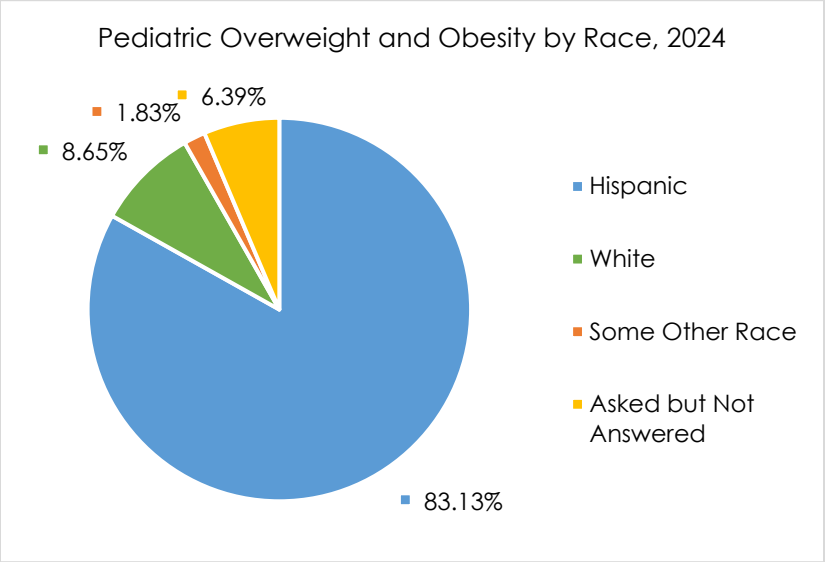


Figure 4.4.1.4

Pediatric Overweight and Obesity by Race, 2024	
Races within Figure 4.4.1.3 "Some Other Race" Category	
Race	Percent
Other*	0.75%
Black	0.41%
Filipino	0.27%
Vietnamese	0.12%
Alaska Native or American Indian	0.07%
Asian or Pacific Islander	0.06%
Asian Indian	0.04%
Laotian	0.02%
Chinese	0.01%
Hawaiian	0.01%
Japanese	0.01%
Korean	0.01%
Samoan	0.01%

**Note: the category "Other" is preset in the DSS member eligibility data file, and thus cannot be broken out further.*

Figure 4.4.1.5

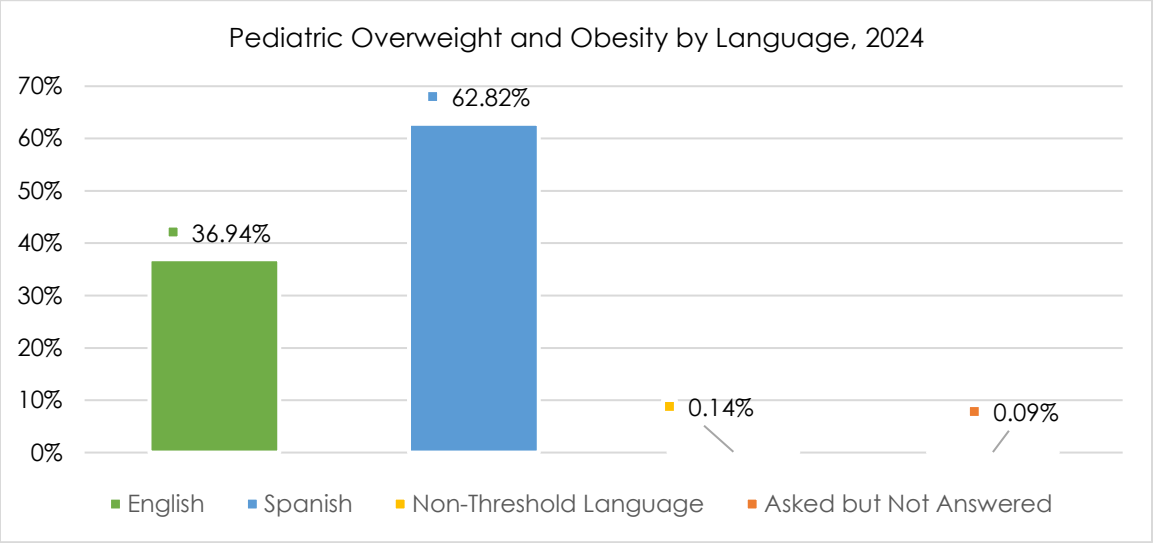


Figure 4.4.1.6

Pediatric Overweight and Obesity by Language, 2024	
Languages within Figure 4.4.1.5 "Non-Threshold Language" Category	
Race	Percentage
Samoan	0.05%
Arabic	0.01%
Chinese	0.01%
Farsi	0.01%
Vietnamese	0.01%

Assessment of Need

The majority of members who are diagnosed as overweight or obese are ages 12-21 (about 61%), Hispanic (about 83%), and Spanish speaking (about 62%). Of note is the discrepancy between the percentage of Hispanic members in the general pediatric member population (66.14 %) and the percentage of Hispanic members in the pediatric overweight or obese population (about 83%).

The distribution is fairly evenly split between female and male.

This indicates a need to focus outreach efforts on the adolescent Hispanic population. Members and their parents or guardians likely need education on nutrition and physical activity, access to healthy foods, and access to affordable physical activity options.

Assessment of Activities

To address pediatric obesity, CenCal Health promotes well-child visits through its routine and frequent wellness and prevention campaigns, as described in section 3.2. Well-child visits are an excellent opportunity for members to receive counseling from their primary care provider.

Additionally, CenCal Health licenses an online health education resource from WebMD Ignite (formerly Healthwise, Inc.). This resource contains an abundance of information, interactive tools, and self-management resources on nutrition, obesity, physical activity, and healthy meal planning.

Providers are also able to refer members who are diagnosed with overweight or obesity to CenCal Health care management, for further follow up and support from care management nurses.

Assessment of Resources

Resources related to wellness and prevention campaigns are described in section 3.2.

Resources related to the WebMD Ignite vendor product include vendor and product coordination by the Health Promotion team, described in section 3.1, as well as a strong account management relationship with WebMD ignite.

Resources related to care management are described in section 3.1.

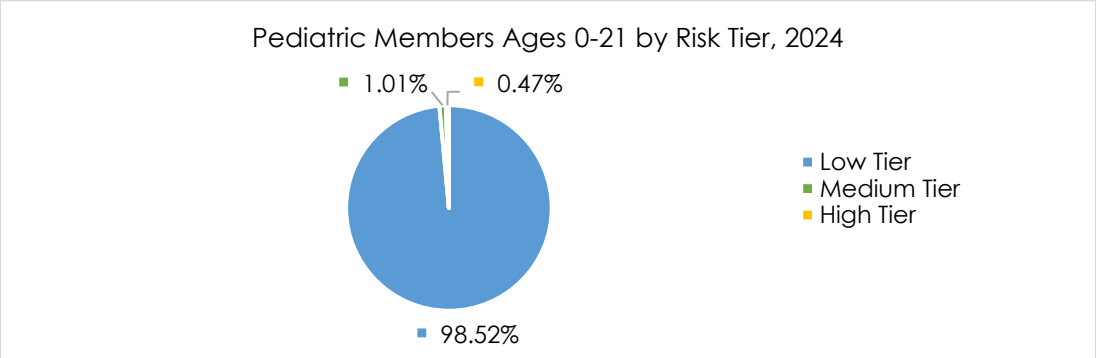
Plan to Address Gaps

CenCal Health has several activities in place to address pediatric overweight and obesity and added additional interventions in response to a similar finding from the 2023 data findings. CenCal Health will continue to promote the recently created dedicated web space to clearly offer tools for healthy eating, information on nutrition and physical activity, and connection to community resources CenCal Health will also continue to promote Provider educational resources to assist with clinic-based overweight and obesity counseling and intervention.

4.4.4.2. Pediatric Risk Tiers

The following chart shows the percentage of pediatric members ages 0—21 categorized by risk tier based on their RSS score as of December 2024.

Figure 4.4.2.1



Assessment of Need

Nearly all pediatric members (98.51%) in 2024 are classified as Low Risk per the RSS program, a 3% increase since 2023. As such, pediatric members in this category and their parents or guardians would benefit from receiving continued education around preventive health topics such as the importance of fluoride varnish, childhood immunizations, well-child visits, developmental screenings, lead testing, and adolescent immunization.

Members that are classified as Medium or High Risk (less than 2%) will need care management, disease management, and/or care coordination services for the management of those diagnoses or characteristics that have contributed to their risk status.

Because most pediatric members are Low Risk, there is not a need to ensure additional disease management or other programs to manage the needs of pediatric members. Instead, member needs can be met through CenCal Health's activities related to promoting preventive services.

Assessment of Activities

Activities related to the promotion of preventive services for pediatric members are described in section 4.1.

Activities related to disease management and pediatric care management are described in sections 3.4 and 7.1.2, respectively.

Assessment of Resources

Resources related to the promotion of preventive services for pediatric members are described in section 4.1.

Resources related to disease management and pediatric care management are described in sections 3.4 and 7.1.2, respectively.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet members' needs in this area.

4.4.3. Pediatric Office Visits

Figure 4.4.3.1

Pediatric Office Visit Primary Diagnosis, 2024	Visit Count	Percentage of Total Pediatric Population
Encounter for immunization	45,587	43.29%
Encounter for routine child health examination without abnormal findings	44,734	42.48%
Encounter for routine child health examination with abnormal findings	18,485	17.55%
Acute upper respiratory infection, unspecified	16,436	15.63%

Body mass index [BMI] pediatric, 5th percentile to less than 85th percentile for age	10,392	9.87%
Encounter for screening for depression	9,819	9.32%
Regular astigmatism, bilateral	8,950	8.50%
Cough, unspecified	7,685	7.29%
Viral infection, unspecified	6,871	6.52%
Contact with and (suspected) exposure to COVID-19	4,379	4.15%

Assessment of Need

The data collected presents a comprehensive view of the health service encounters among the pediatric population. The findings indicate a portion of the population is engaging with healthcare services for preventive measures, particularly immunizations and routine health examinations. However, there are also notable areas that suggest the need for enhanced focus and resources.

Health concerns that are evident include encounters for upper respiratory infection, regular bilateral astigmatism, cough, and viral infections.

With a portion of visits attributed to upper respiratory infections, cough, and viral infections there is an opportunity to educate families about prevention strategies, such as immunizations, proper hygiene practices, and how to access the Nurse Advice Line.

Assessment of Activities

Activities related to the promotion of preventive services for pediatric members are described in section 4.1.

CenCal Health further supports these efforts by incorporating key pediatric HEDIS measures into its provider incentive program,QCIP, to encourage providers to prioritize critical aspects of preventive care. Current pediatric QCIP measures include Childhood Immunization Status (CIS), Immunizations for Adolescents – Combination 2 (IMA), Well-Child Visits in the First 30 Months of Life (W30), Child and Adolescent Well-Care Visits (WCV), Lead Screening in Children (LSC), and Developmental Screening in the First Three Years of Life (DEV).

To support provider engagement and timely care delivery, CenCal Health distributes monthly Gaps in Care lists for these and other key HEDIS measures. Providers can conveniently access and download these lists through the Provider Portal to guide patient outreach and proactively close care gaps. This work is further supported by CenCal Health's Population Health and Practice Transformation Strategy teams, who collaborate with providers to interpret data, implement best practices, and drive sustained quality improvement.

Assessment of Resources

Resources related to the promotion of preventive services for pediatric members are described in section 4.1.

Resources related to QCIP and the Provider Portal include Quality Department staff to maintain the Gaps in Care program and to complete data validation, as well as Provider Services and IT staff to maintain the Provider Portal and troubleshoot any issues with providers.

Plan to Address Gaps

CenCal Health is well positioned to meet the needs of members in this area. However, continued promotion of immunizations is necessary to maintain and increase immunization rates, in particular to prevent respiratory issues, and in areas where vaccine hesitancy may exist.

5. Members of Racial or Ethnic Groups

5.1. Member Demographics

Figure 5.1.1

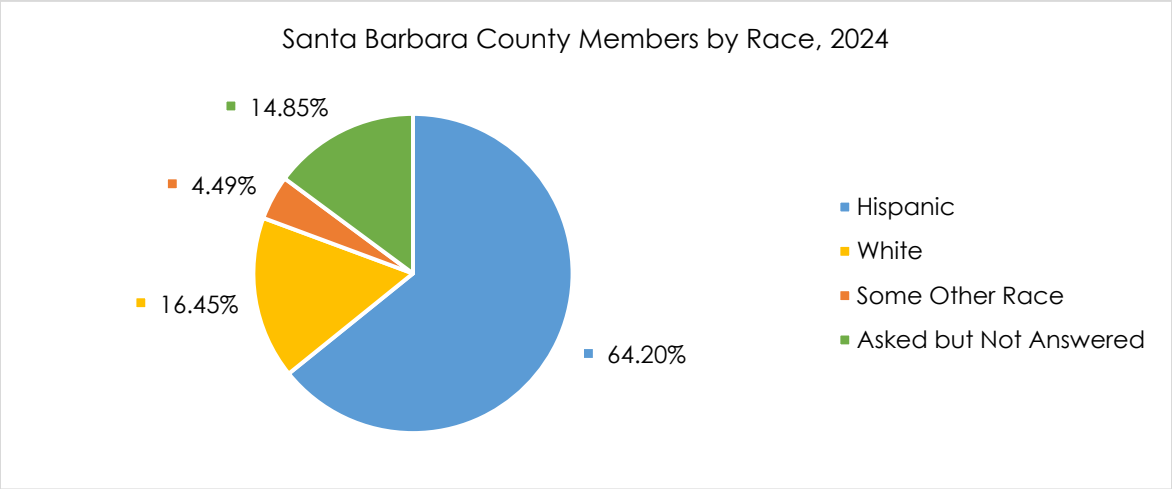


Figure 5.1.2

Santa Barbara County Members by Race, 2024	
Races within Figure 5.1.1 "Some Other Race" Category	
Race	Percent
Other*	1.66%
Black	0.94%
Filipino	0.63%
Vietnamese	0.22%
Chinese	0.22%
Asian or Pacific Islander	0.22%
Alaskan Native or American Indian	0.20%
Korean	0.12%
Asian Indian	0.12%
Japanese	0.05%
Hawaiian	0.03%
Laotian	0.02%
Cambodian	0.02%

Samoan	0.02%
Guamanian	0.006%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 5.1.3

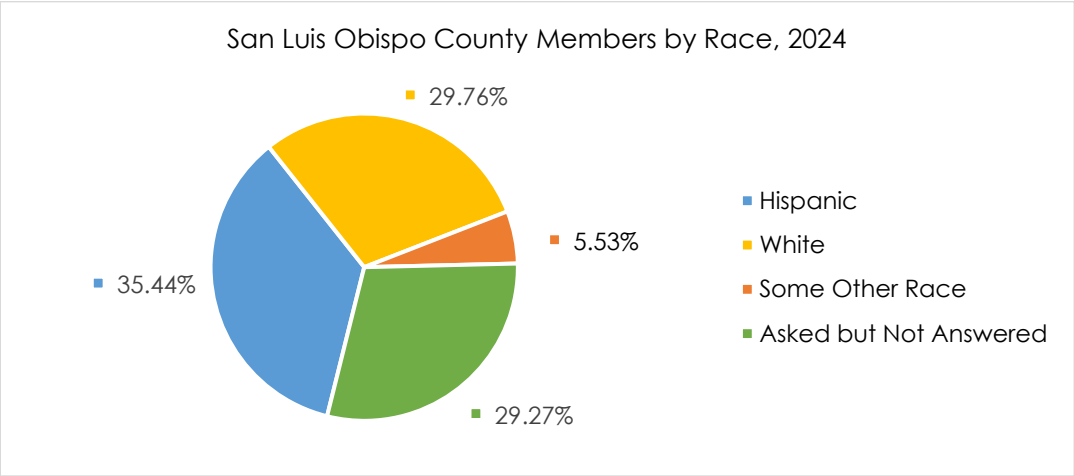


Figure 5.1.4

San Luis Obispo County Members by Race, 2024	
Races within Figure 5.1.3 "Some Other Race" Category	
Race	Percent
Other*	2.41%
Black	0.83%
Filipino	0.56%
Vietnamese	0.33%
Alaska Native or American Indian	0.31%
Chinese	0.26%
Asian or Pacific Islander	0.25%
Asian Indian	0.23%
Korean	0.12%
Japanese	0.07%
Khmer	0.05%
Hawaiian	0.04%

Samoan	0.03%
Laotian	0.02%
Guamanian	0.007%
Hmong	0.006%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 5.1.5

Santa Barbara and San Luis Obispo Counties by Race and Age, 2024									
Age	Hispanic	White	Asian/ Pacific Islander	Black	Alaskan Native/ American Indian	Hawaiian	Other *	Not Provided	Total
Ages 0-5	16,089	2,911	100	75	18	2	569	8,785	28,549
Ages 6-11	19,351	4,983	245	159	35	12	595	3,150	28,530
Ages 12-21	34,215	8,030	860	405	75	35	698	3,907	48,225
Ages 22-44	40,524	15,778	1,243	757	191	48	1,420	16,826	76,787
Ages 45-64	17,875	10,794	884	542	155	25	798	8,336	39,409
Ages 65+	7,846	6,306	832	269	79	8	447	4,682	20,469
Total	135,900	48,802	4,164	2,207	553	130	4,527	45,686	241,969
% of Total	56%	20%	1.72%	0.91%	0.22%	0.05%	1.87%	18%	

**Note: the category "Other" is preset in the DSS member eligibility data file, and thus cannot be broken out further.*

Assessment of Need

In Santa Barbara County, about 64% of members identify as Hispanic, 16% identify as White, and 15% did not indicate a race. In San Luis Obispo County, about 36% of members identify as Hispanic, about 30% identify as White, and about 29% did not indicate a race. Rates remain mostly consistent from previous years in both Counties.

To effectively communicate with members across all racial groups, culturally competent resources are needed to ensure equitable access to care for all members. Information provided to members should be in their language and content should be culturally competent to be most effective.

Assessment of Activities

CenCal Health ensures that all staff, network providers, contractors, and sub-contractors offer services in a manner that are culturally and linguistically appropriate, so they are accessible to every member and potential members, including those with Limited English Proficiency (LEP) and disabilities.

All CenCal Health staff, network providers, contractors, and downstream contractors are required to undergo annual Diversity, Equity, and Inclusion (DEI) training. This training covers cultural and linguistic services, implicit bias, and the importance of delivering appropriate health care and services for members regardless of race, color, national origin, creed, ancestry, religion, language, age, marital status, sex, sexual orientation, or gender identity.

Assessment of Resources

CenCal Health's Health Equity Steering Committee (HESC) leads change efforts to integrate health equity into practice, ensuring that plan operations and programs address the disparities in healthcare access, outcomes, and opportunities that persist in our community. The HESC guides the strategies, programs, and policies that will drive meaningful change in our healthcare system. The HESC is made up of 30 CenCal Health staff from diverse ethnic and cultural backgrounds. All departments within CenCal Health are represented in the HESC, promoting cross-departmental collaboration.

CenCal Health contracted with the Public Health Alliance of Southern California, a coalition of eleven local health departments across Southern California with expertise in developing DEI trainings and leading health equity initiatives, to create a robust DEI training. CenCal Health engaged community leaders and partners in the development of the training to ensure that it is comprehensive and reflective of the communities CenCal Health serves. The DHCS-approved training curriculum was implemented for CenCal Health staff in 2024 and is available for network providers.

CenCal Health's Cultural and Linguistics (C&L) Services Manager oversees the review of all member-facing information to ensure content and images are culturally appropriate. The C&L manager oversees a translation team and interpreter services contracts as described in section 6.1.

CenCal Health's Senior Provider Services Trainer oversees and coordinates all network provider trainings. Virtual trainings, and web based learning management platforms are leveraged to offer online trainings to a wider audience, and in-person options are also offered when training calls for face-to-face learning.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet member needs in this area. There is no gap in services or programs identified.

5.2. Race-Related Health Disparities

Race or ethnicity-related health disparities for MCAS measures are included within section 3.6, Health Disparities. Within that section, the following race or ethnicity-related health disparities were identified:

- Immunizations for Adolescents

Assessment of Need

Member needs related to identified race or ethnicity-related health disparities are described in section 3.6.

Assessment of Activities

CenCal Health activities related to addressing identified race or ethnicity-related health disparities are described in section 3.6.

Assessment of Resources

CenCal Health resources related to addressing identified race or ethnicity-related health disparities are described in section 3.6.

Plan to Address Gaps

CenCal Health's plans to address identified race or ethnicity-related disparities are described in section 3.6.

6. Members with Limited English Proficiency

6.1. Member Demographics and Interpreter Services Utilization

Figure 6.1.1

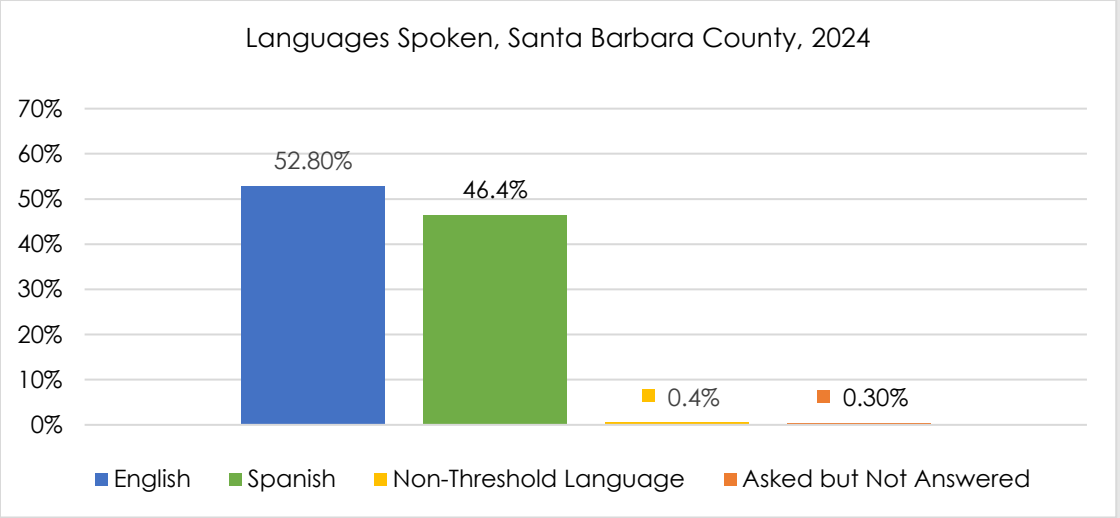


Figure 6.1.2

Languages Spoken, Santa Barbara County, 2024	
Languages within Figure 6.1.1 "Non-Threshold Language" Category	
Language	Percent of Population
Chinese	0.90%
Arabic	0.07%
Russian	0.06%
Vietnamese	0.06%
Korean	0.04%
Tagalog	0.04%
Samoan	0.02%
Farsi	0.01%

Portuguese	0.01%
Sign Language	0.01%

Figure 6.1.3

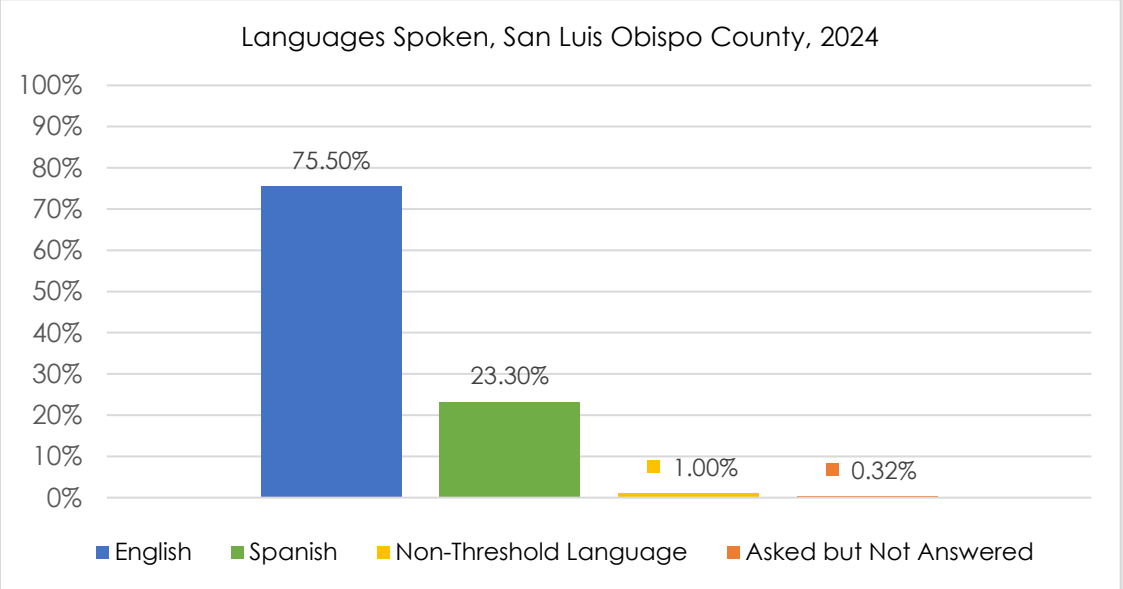


Figure 6.1.4

Languages Spoken, San Luis Obispo County, 2024	
Languages within Figure 6.1.3 "Non-Threshold Language" Category	
Language	Percent of Population
Vietnamese	0.14%
Chinese	0.10%
Arabic	0.08%
Tagalog	0.07%
Russian	0.05%
Farsi	0.04%
Korean	0.03%
Sign Language	0.02%
Khmer	0.01%

Samoan	0.01%
Portuguese	0.01%
French	0.01%
Armenian	0.01%
Ilocano	<0.01%
Japanese	<0.01%
Italian	<0.01%
Thai	<0.01%
Hebrew	<0.01%
Gujarati	<0.01%
Turkish	<0.01%

Figure 6.1.5

Members in Santa Barbara and San Luis Obispo Counties by Language and Age, 2024					
Ages	English	Spanish	Non-Threshold Language	Asked but Not Answered	Grand Total
Ages 0-5	6.46%	5.32%	0.03%	0.06%	11.87%
Ages 6-11	6.57%	5.17%	0.04%	0.00%	11.78%
Ages 12-21	10.27%	9.58%	0.05%	0.03%	19.93%
Ages 22-44	20.68%	10.91%	0.09%	0.06%	31.74%
Ages 45-64	10.03%	6.06%	0.12%	0.06%	16.27%
Ages 65+	5.25%	2.90%	0.16%	0.10%	8.41%
Grand Total	59.27%	39.95%	0.49%	0.31%	100.00%

Figure 6.1.6

Members in Santa Barbara and San Luis Obispo Counties by Language and Age, 2024						
Languages within Figure 6.1.5 "Non-Threshold Language" Category						
Race	0-5	6-11	12-21	22-44	45-64	65+
Arabic	0.79%	1.23%	1.93%	3.77%	4.12%	2.36%
Armenian	<0.01%	0.09%	<0.01%	0.09%	0.09%	0.53%

Chinese	0.88%	1.23%	3.15%	3.85%	3.94%	6.48%
Farsi	0.09%	0.53%	0.53%	0.70%	0.09%	2.10%
French	0.26%	<0.01%	0.09%	0.18%	0.18%	0.09%
Hebrew	0.09%	0.18%	0.09%	0.09%	<0.01%	<0.01%
Ilocano	<0.01%	<0.01%	<0.01%	<0.01%	0.09%	0.44%
Italian	<0.01%	0.09%	<0.01%	<0.01%	<0.01%	0.35%
Japanese	<0.01%	0.09%	0.26%	0.18%	0.18%	<0.01%
Khmer	0.18%	0.18%	<0.01%	0.26%	0.18%	0.79%
Korean	<0.01%	0.26%	0.88%	1.14%	2.28%	2.54%
Lao	<0.01%	<0.01%	<0.01%	<0.01%	0.09%	0.26%
Polish	<0.01%	<0.01%	<0.01%	<0.01%	0.18%	0.09%
Portuguese	<0.01%	0.18%	0.44%	0.44%	0.26%	0.79%
Russian	0.35%	0.35%	0.88%	2.80%	1.75%	5.34%
Samoan	0.88%	0.70%	1.05%	0.70%	0.79%	0.44%
Sign Language	0.35%	0.26%	0.18%	0.88%	0.61%	0.26%
Tagalog	<0.01%	0.09%	0.35%	1.05%	2.19%	7.18%
Thai	<0.01%	0.09%	<0.01%	0.18%	0.09%	0.09%
Turkish	<0.01%	<0.01%	<0.01%	0.09%	0.18%	0.26%
Vietnamese	0.70%	0.44%	2.01%	3.15%	6.92%	3.59%

Figure 6.1.7

Face-to-Face Interpreter Services, 2024	
Language	**Count**
American Sign Language (ASL)	167
Mixteco	321
Spanish	28
Total	**516**

Figure 6.1.8

Certified Languages International (CLI) Utilization, 2024	
Language	**Count**
Video Interpreting Total	**2,308**
Spanish	2,172
ASL	53
Vietnamese	28
Arabic	17

Chinese Mandarin	13
Korean	12
Portuguese (Brazil)	5
French	5
Russian	3
Phone Interpreting Total	**8,856**
Spanish	8,047
Mixteco (ALL)	344
Vietnamese	103
Arabic	78
Russian	57
Chinese Mandarin	46
Korean	41
Hungarian	30
Tagalog	21
Khmer	16
Ukrainian	12
Chinese Cantonese	9
Bengali	6
Thai	5
Portuguese (Brazil)	5
Farsi	4
Turkish	4
Hindi	3
Tigrinya	3
French	3
Dari	2
Swahili	2
Croatian	2
Punjabi	2
Armenian	1
Samoan	1
Gujarati	1
Burmese	1
Hmong	1
Rohingya	1
Portuguese-European	1
Japanese	1

Nepali	1
Karen	1
K'iche'	1
Grand Total	**11,164**

Assessment of Need

The primary languages spoken by CenCal Health members are English and Spanish. These constitute CenCal Health's only "threshold languages" and make up about 99% of the languages spoken by members.

Interpreter Services utilization shows that face-to-face, video, and telephonic interpreting is accessed for members who speak various languages. The most common video and telephonic interpreting is for Spanish speakers, while the most common face-to-face interpreting is for ASL.

Members who speak languages outside of CenCal Health's threshold languages may face challenges with accessing information in their preferred language. Members may experience language barriers when attending medical appointments and speaking with their primary care providers. It is important that members have access to interpreter services and receive culturally competent education, materials, and outreach.

Assessment of Activities

To promote access to care for all members, CenCal Health is committed to providing culturally appropriate materials and language assistance for its members. The Cultural and Language Access program ensures that all CenCal Health Limited English Proficiency (LEP) members have access to Language Assistance at medical points of contact. The Cultural and Linguistics (C&L) dedicated staff within Member Services are responsible for coordinating interpreter services for LEP members and translation of member materials into CenCal Health's only non-English threshold language, Spanish, and other languages as needed.

CenCal Health ensures that members have access to CenCal Health's Cultural and Language Access Services during appointments, where health information is presented in the member's native and/or preferred language. Staff advocate for and ensure each member is aware of their rights and responsibilities in accessing services across delivery systems and address any immediate barriers to care identified due to social determinants of health.

Interpreter services are available to members at medical appointments for spoken languages as well as American Sign Language (ASL) for Health Plan deaf/hearing impaired members. Telephonic and video interpreter services for spoken language are available on a 24-hour basis for medical encounters in over 200+ languages through CenCal Health's access line vendor, Certified Languages International. "Face to Face" Interpreter Services are available for American Sign Language, Mixteco, and Spanish (limited to defined criteria).

CenCal Health covers transportation to and from medically necessary services, as described in section 4.2

CenCal Health provides annual DEI training to staff, providers, contractors, and downstream contractors, as described in section 5.1.

Assessment of Resources

CenCal Health employs a fully staffed Spanish translation team, which consists of 4 qualified translators. This team translates all member education and informing materials from English into Spanish. The translation team follows all contractual regulations as well as cultural and linguistic best practices. Additionally, a limited number of translations are outsourced to a translation vendor, as are translations into languages other than Spanish and Interpreter Services. CenCal Health employs 59 Spanish-speaking staff members across 7 departments. These staff have been assessed for fluency in Spanish and have been found qualified to communicate with members in Spanish.

Face-to-face interpretation is currently provided by three Spanish and three American Sign Language contracted interpreters. Face-to-face interpretation for Mixteco speaking members is provided by contracted interpreters as well. CenCal Health also contracts to provide video and telephone Interpreters for non-face-to-face interpretation.

Plan to Address Gaps

CenCal Health has adequate systems in place to provide all communications in English and Spanish, as well as to accommodate members who request or need information or services in other languages. CenCal Health's network is effectively covering requests, and video or telephonic interpreters are available when needed.

6.2. Language-Related Health Disparities

Language-related health disparities for MCAS measures are included within section 3.6, Health Disparities. Within that section, the following language-related health disparities were identified:

- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening for Children

Assessment of Need

Member needs related to identified language-related health disparities are described in section 3.6.

Assessment of Activities

CenCal Health activities related to addressing identified language-related health disparities are described in section 3.6.

Assessment of Resources

CenCal Health resources related to addressing identified language-related health disparities are described in section 3.6.

Plan to Address Gaps

CenCal Health's plans to address identified language-related health disparities are described in section 3.6.

7. Members with Disabilities

Characteristics and needs of California Children's Services-eligible members and members with Seniors and Persons with Disabilities Medi-Cal aid code are assessed.

7.1 California Children's Services/Whole Child Model

The California Children's Services (CCS) program, otherwise referred to as "Whole Child Model (WCM)," provides diagnostic and treatment services, medical care management, and physical and occupational therapy services to children under age 21 with WCM-eligible medical conditions.

In this section, CenCal Health assesses members with CCS-eligible conditions, which include disabilities. In 2024 there were 4,925 CenCal Health members enrolled in WCM.

7.1.1 CCS/WCM Member Demographics

Figure 7.1.1.1

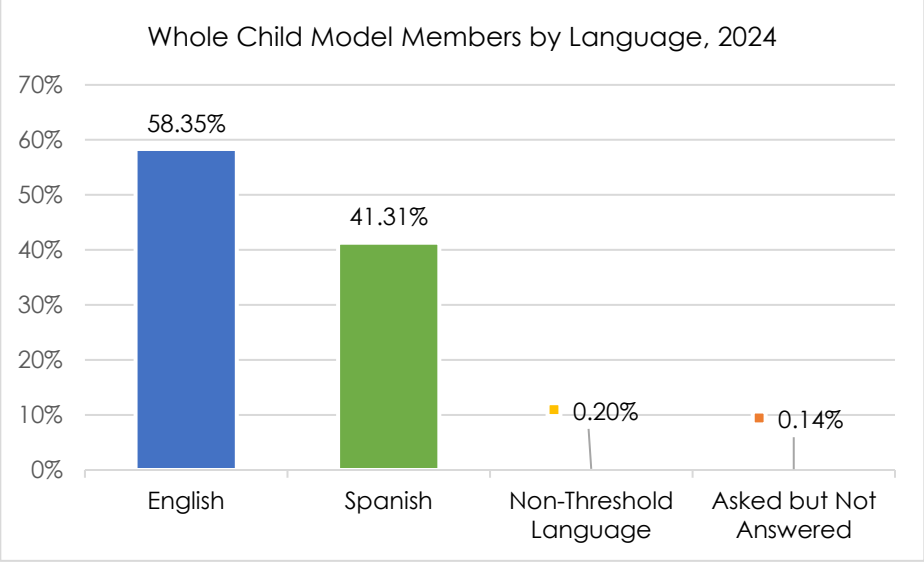


Figure 7.1.1.2

Whole Child Model Members by Language, 2024	
Languages within Figure 7.1.1.1 "Non-Threshold Language" Category	
Language	Percent of WCM Population
Chinese	0.08%
Samoan	0.04%

Sign Language	0.04%
French	0.02%
Russian	0.02%

Figure 7.1.1.3

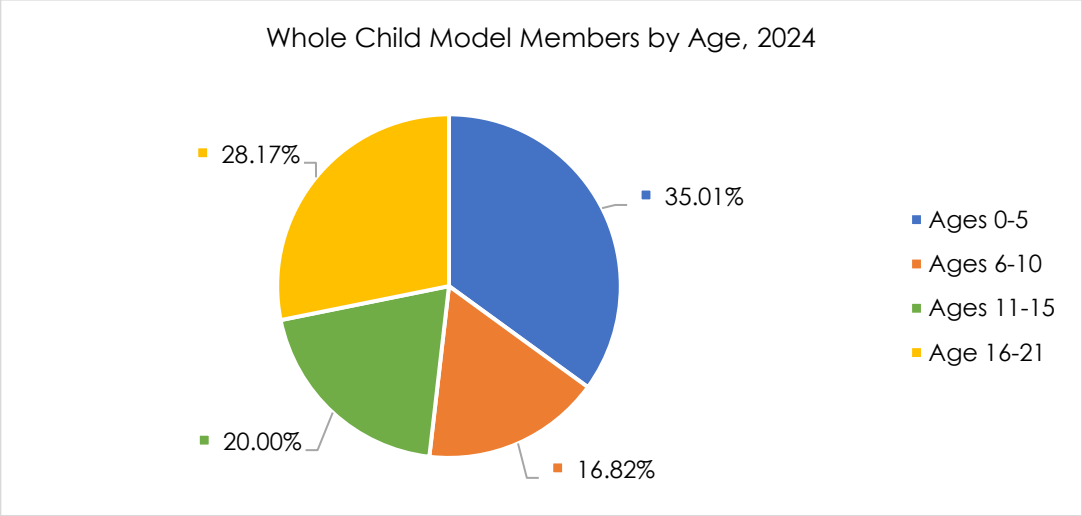


Figure 7.1.1.4

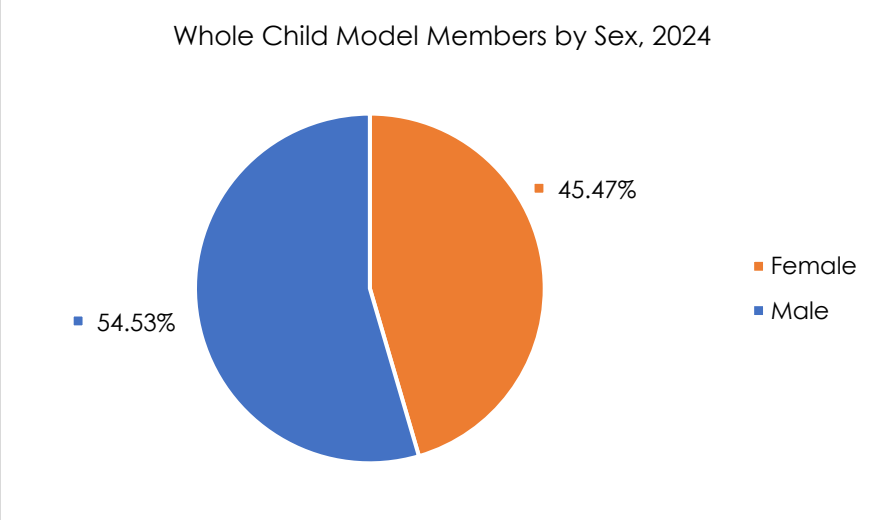


Figure 7.1.1.5

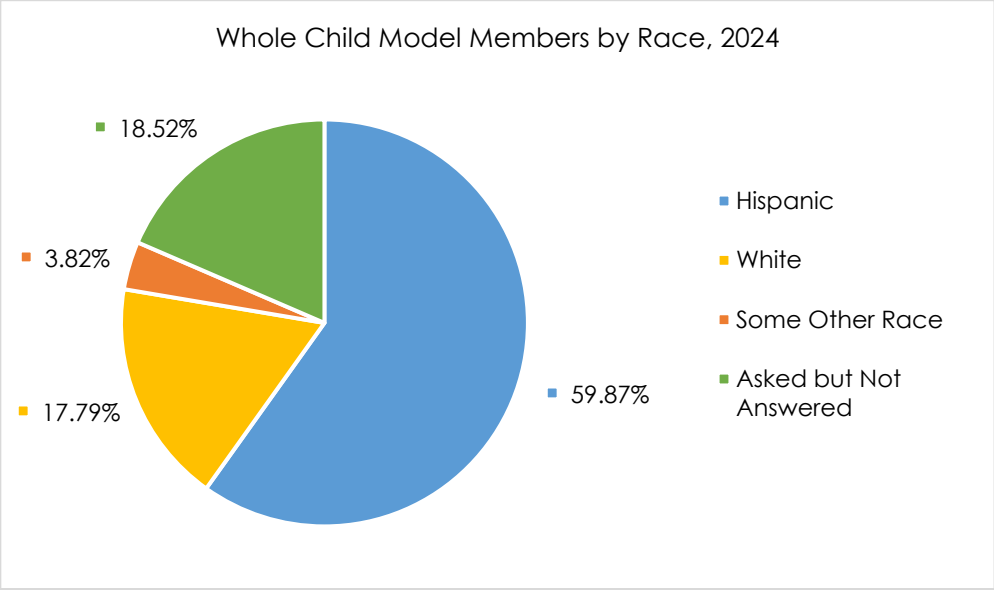


Figure 7.1.1.6

Whole Child Model Member by Race, 2024	
Races within Figure 7.1.1.5 "Some Other Race" Category	
Race	Percent
Other*	1.83%
Black or African American	0.75%
Filipino	0.37%
Vietnamese	0.20%
Chinese	0.14%
American Indian or Alaska Native	0.14%
Asian Indian	0.12%
Asian	0.10%
Korean	0.06%
Native Hawaiian or Other Pacific Islander	0.04%
Guamanian	0.02%
Japanese	0.02%
Hmong	0.02%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Assessment of Need

Members with WCM-eligible disabilities have a slightly skewed distribution to English speaking, male, and Hispanic demographic indicators. Age groups of 0—5 and 16—21 have a slightly larger number of members than the other age groups.

Based on age, language, and race data, members in the WCM population need care in their preferred language, including access to interpreter services. Members also need culturally competent care delivered in a way that is sensitive to their cultural backgrounds.

In general, members need age-appropriate guidance and education from care managers and other providers. For those members that are nearing the age cap for the WCM program, they will need continuity of care and coordination support as they transition to adult services.

Assessment of Activities

CenCal Health ensures that members have access to CenCal Health's Cultural and Language Access Services during appointments, as well as translated materials written in their preferred language, as described in section 6.1

CenCal Health provides annual DEI training to staff, providers, contractors, and downstream contractors, as described in section 5.1.

To ensure age-appropriate guidance is provided to members with WCM-eligible disabilities, appropriate clinical guidelines are followed, and treatment is provided accordingly.

Assessment of Resources

CenCal Health's resources related to cultural competency and pediatric care management (as part of BPHM, PHM for Children) are described in section 3.1.

Plan to Address Gaps

According to an analysis of CCS members and those receiving services at the Tri-Counties Regional Centers, performance on several key quality indicators surpassed that of the general SB and SLO County population. Notably, higher rates were observed for well-care visits across all age groups, the asthma medication ratio for children ages 5–11, and developmental screenings for children ages 1–3. These results suggest strong engagement in preventive and chronic care management within the CCS/TCRC population.

Given these findings, along with existing services and support structures, CenCal Health's current operations appear sufficient to meet the needs of this population. No gaps in services or programs have been identified at this time.

Regarding this CCS-specific quality analysis as well as the current activities and resources in place for this population, CenCal Health's current operations are sufficient to meet the member needs in this area. There is no gap in services or programs identified.

7.1.2. Whole Child Model Members—Diagnoses

The following reflects the top ten most common diagnoses within the 4,925 total WCM members.

Figure 7.1.2.1

Whole Child Model Most Common Diagnoses, 2023-2024	2023 Member Count	2024 Member Count
Unspecified developmental delays, (Z1340)	271	292
Sensorineural hearing loss, bilateral, (H903)	183	186
Atrial septal defect, unspecified, (Q2110)	151	141
Ventricular septal defect, (Q210)	140	136
Type 1 diabetes mellitus without complications, (E109)	114	116
Respiratory distress of newborn, unspecified, (P229)	101	130
Patent ductus arteriosus, (Q250)	90	97
Hypothyroidism, Unspecified, (E039)	77	79
Other specified strabismus, (H5089)	75	101
Spastic hemiplegic cerebral palsy, (G802)	68	78
Feeding problem of newborn, unspecified (P929)	n/a	98

Assessment of Need

Each of the most common diagnoses listed differ in nature from acute to chronic conditions; some will impact the member throughout their life. Members with unspecified developmental delays account for 20.08% of the most common diagnoses for WCM members, less than 1% difference than 2023. Children with spastic hemiplegic cerebral palsy make up 5.36%, equivalent to 2024.Each of these most common diagnoses differ in nature from acute to chronic conditions; some will impact the member throughout their life.

In order to effectively and collaboratively manage chronic conditions and disabilities, members with WCM-eligible disabilities require extensive care management services, including care coordination, referrals and coordination with specialists. For example, members with developmental delays or hearing loss can be referred to Occupational Therapists and to Regional Centers for treatments specific to their conditions.

Assessment of Activities

CenCal Health administers a pediatric care management program called the Whole Child Model (WCM) for the California Children's Services (CCS) Program for all eligible members. The WCM is a delivery system that provides comprehensive, coordinated services for children and youth with special health care needs. This integration focuses on the whole child, including the child's full range of needs as well as their CCS condition.

Assessment of Resources

Resources allocated to the pediatric care management program are described in section 3.1.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet member needs in this area. There is no gap in services or programs identified.

7.2 Seniors and Persons with Disabilities

Members with a DHCS Seniors and Persons with Disabilities (SPD) Aid Code are those that are age 65 or older and/or have a qualifying disability.

7.2.1. SPD Member Demographics

There were 30,930 SPD members in 2024.

Figure 7.2.1.1

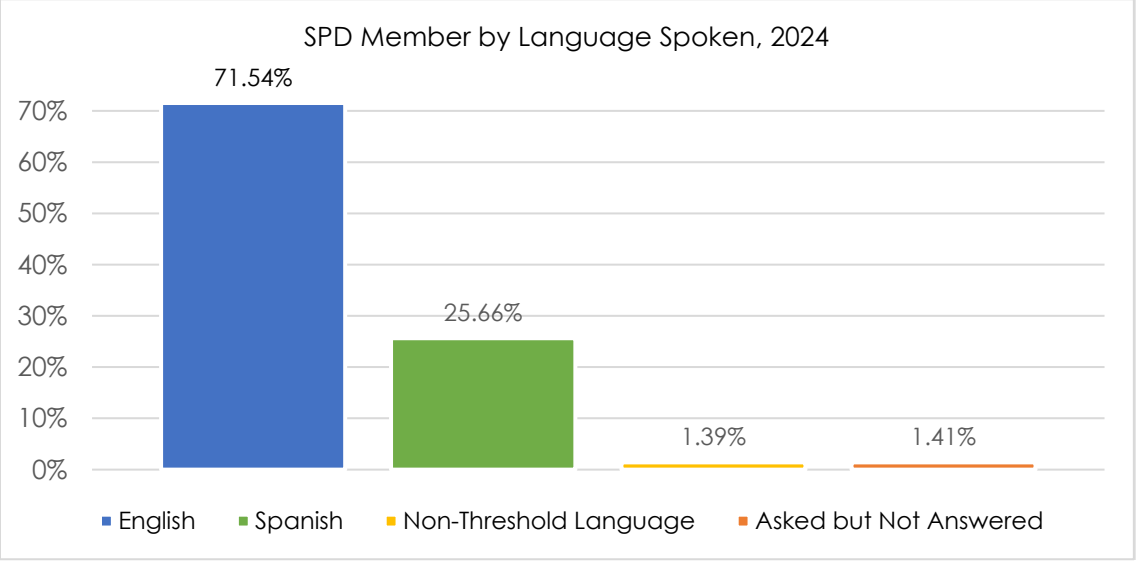


Figure 7.2.1.2

SPD Member by Language, 2024	
Languages within Figure 7.2.1.1 "Non-Threshold Language" Category	
Language	Percent of SPD Population
Tagalog	0.26%
Chinese	0.22%
Russian	0.21%
Vietnamese	0.14%
Arabic	0.10%
Korean	0.10%
Farsi	0.08%
Sign Language	0.05%
Armenian	0.03%
Cambodian	0.03%
Ilocano	0.03%
Portuguese	0.03%
Ukrainian	0.03%

Samoan	0.02%
Hindi	0.01%
Italian	0.01%
Lao	0.01%
Turkish	0.01%

Figure 7.2.1.3

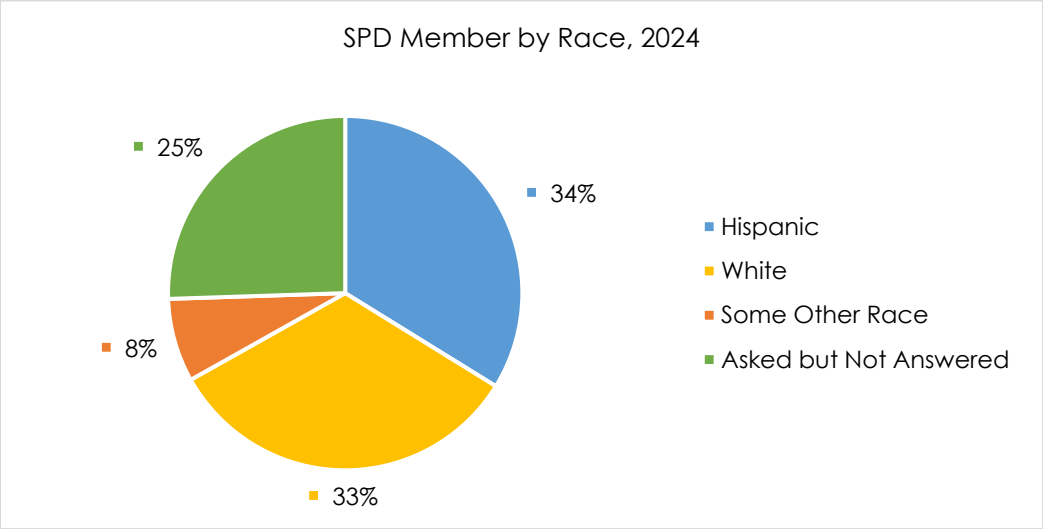


Figure 7.2.1.4

SPD Members by Race, 2024	
Races within Figure 7.2.1.3 "Some Other Race" Category	
Race	Percent of SPD Population
Other*	2.24%
Black or African American	1.94%
Filipino	1.25%
Asian	0.59%
American Indian or Alaska Native	0.44%
Chinese	0.32%
Vietnamese	0.25%
Asian Indian	0.23%
Korean	0.19%
Japanese	0.06%
Cambodian	0.04%
Native Hawaiian or Other Pacific Islander	0.04%
Laotian	0.02%
Hmong	0.01%

Samoan	0.01%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 7.2.1.5

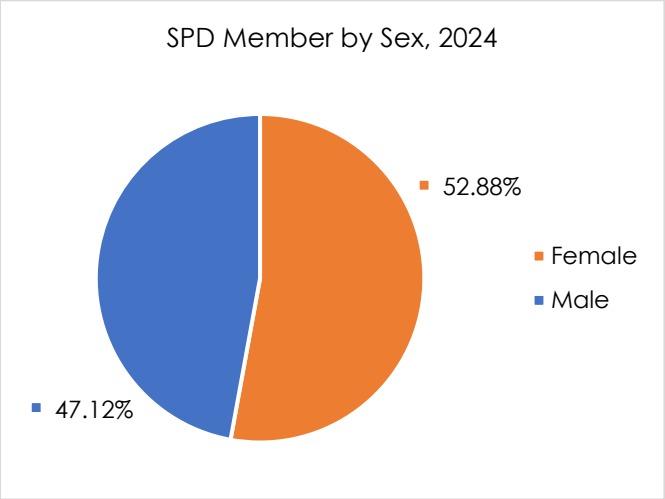
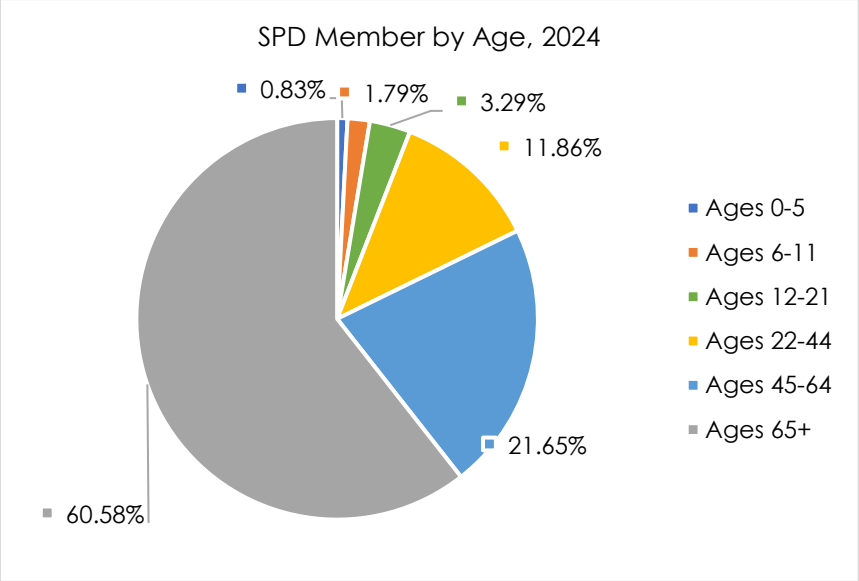


Figure 7.2.1.6



Assessment of Need

SPD members are majority English speaking (71%) and there is a fairly even distribution between male and female members, all of which is similar to the overall population. The most common races within SPD membership are White and Hispanic, with similar percentages for both (33-34%). Over half of SPD members are ages 65 and older, 21% are ages 45-64, and less than 20% are age 44 or younger. This varies greatly from overall membership, in which only about 8% of members are over age 65.

Based on age, language, and race data, members need age-appropriate guidance and education from care managers and other providers. Overall SPD members need broad-ranging and inclusive services and programs across ages. This includes preventive care for low-risk adults as well as more involved disease and care management services for adults with specific diagnoses (most SPD members are over age 65, which is also the most common age group among chronic diseases, as shown in section 3.3).

Assessment of Activities

CenCal Health ensures the provision of all physical, behavioral, and oral health services to adult members. This includes Initial Health Appointment (IHA) for Adults Ages 21 and over, Adult Preventive Services, and immunizations. CenCal Health also ensures BPHM for all members, as described in section 3.1.

CenCal Health offers comprehensive care and disease management services, including for those diagnosed with a chronic illness, as described in sections 3.1 and 3.4.

CenCal Health ensures accommodations for members with disabilities in several ways. Written materials are provided in alternative formats when members request them, including in large print. Telephonic outreach to read time sensitive mailings over the phone is conducted if the production in the members preferred format will delay the mailing. The member can then decide to waive the mailing in their selected preferred format or request that it be sent to them after the phone call. Additionally, deaf members can receive face-to-face or video remote interpreter services, as described in section 6.1.

CenCal Health conducts physical accessibility reviews (PARs) for all PCPs as a requirement for participation in CenCal Health programs. PARS are also performed on other provider sites such as specialists, ancillary, and CBAS providers that serve a high volume of seniors and persons with disabilities (SPDs). PARS assessments enable CenCal Health to collect and publish information about the physical accessibility of a provider site for SPDs, and they are performed on all PCP sites during the initial Facility Site Review. PARS assessments examine access to parking, the exterior building, elevators, the interior building, exam rooms, and restrooms. Surveys also identify if an exam room has a height-adjustable exam table and accessible weight scale for those with disabilities.

Assessment of Resources

CenCal Health's resources to maintain the functions necessary to operate BPHM and care management are described in sections 3.1. Resources related to disease management are described in section 3.4.

In regard to resources for disability accommodations, CenCal Health contracts with AvantPage to assist, when necessary, to convert written materials into large print alternative format. Staff that send out written communications to members (including in Grievance & Appeals, Utilization Management, Care Management, Behavioral Health) alert Cultural and Linguistics of the need to provide the material in an alternative format.

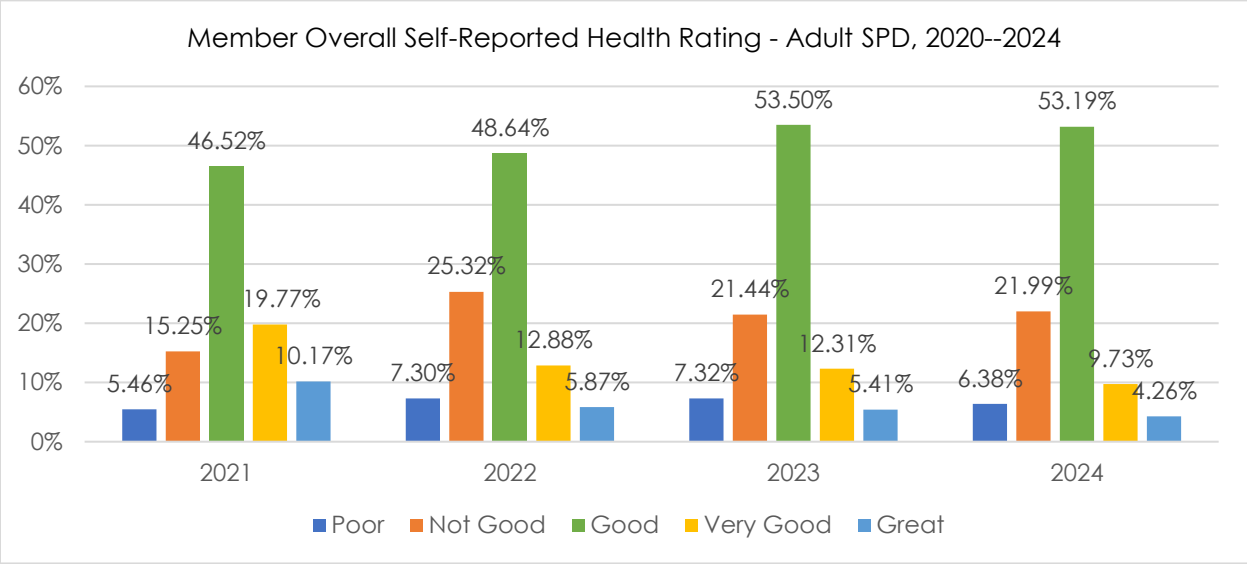
Physical accessibility reviews are completed by CenCal Health's clinically licensed Quality Management Coordinator within the Provider Services department.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet member needs in this area.

7.2.2. SPD Overall Health Rating

Figure 7.2.2.1



Assessment of Need

In 2024, 987 SPD members completed and returned the Health Survey Tool (HST). Within the HST, the majority of CenCal Health SPD members indicated their health as being good in 2024. Supports such as preventive services within BPHM, as described in section 3.1, are needed to maintain and improve the health of these members.

Members who rated their health as not good or poor made up about 28% of survey respondents, a very slight decrease from 2023, and a higher score than the overall adult population. This indicates an overall need for comprehensive and inclusive services and programs to address SPD member needs. Some examples of this include care management, behavioral health, care coordination/health navigation, health education, and wellness and prevention outreach.

Assessment of Activities

CenCal Health ensures the provision of all physical, behavioral, and oral health services to adult members. This includes Initial Health Appointment (IHA) for Adults Ages 21 and over, Adult Preventive Services, and immunizations. CenCal Health also ensures BPHM for all members, as described in section 3.1.

Care management services include general care management, disease management, and Enhanced Care Management (ECM), which work collaboratively to support members through the continuum of care management services, as described in section 3.1.

CenCal Health offers health education and wellness and prevention programs to members for asthma and hypertension as described in section 3.2.

Assessment of Resources

CenCal Health's resources to maintain the functions necessary to operate BPHM, care management, and Wellness and Prevention are described in sections 3.1 and 3.2.

Plan to Address Gaps

CenCal Health's current activities and internal resources are sufficient to meet member needs in this area.

7.2.3. SPD Members—Diagnoses

The following reflects the top ten most common diagnoses within the SPD member population.

Figure 7.2.3.1

SPD Diagnosis	Member Count, 2023	Member Count, 2024
Essential (primary) hypertension	3,299	3,508
Encounter for immunization	2,161	2,035
Encounter for general adult medical examination without abnormal findings	1,905	1,880
Hyperlipidemia, unspecified	1,701	2,505
Type 2 diabetes mellitus without complications	1,634	1,685
Other long term (current) drug therapy	1,430	1,657
Vitamin D deficiency, unspecified	1,136	1,425
Contact with and (suspected) exposure to COVID-19	1,126	n/a
Encounter for screening for depression	1,015	1,520
Cough, unspecified	913	1,002

Assessment of Need

The most common diagnosis among SPD members is hypertension, hyperlipidemia, and type 2 diabetes. The prevalence of hypertension and hyperlipidemia increased by a few hundred each in 2024, consistent with CenCal Health's total membership increase in 2024.

In order to effectively and collaboratively manage chronic conditions and disabilities, SPD members with these diagnoses may require extensive care management services, including care coordination, referrals and coordination with specialists. For example, members with type 2 diabetes would benefit from CenCal Health's diabetes disease management program.

Assessment of Activities

Activities related to care management and disease management are described in sections 3.1 and 3.4, respectively.

In collaboration with CenCal Health's Pharmacy team, Population Health will continue to support the hypertension-focused Retrospective Drug Use Review (DUR) to evaluate the medication profiles of members 18-65 years of age with a diagnosis of hypertension who have not been adherent to their hypertension medications. The DUR collaboration is part of a comprehensive quality strategy to promote optimal drug regimens and improve cardiometabolic outcomes for CenCal Health members.

Assessment of Resources

Resources related to care management and disease management are described in sections 3.1 and 3.4, respectively.

Plan to Address Gaps

CenCal Health's current activities and resources are sufficient to meet member needs in this area. There is no gap in services or programs identified.

7.2.4. SPD Hospital Admissions and Readmissions

The following table shows most frequent reasons for SPD hospital visits in 2023 and 2024.

Figure 7.2.4.1

Hospital Visit Primary Diagnosis, 2024	Count, 2023	Count, 2024
Sepsis, unspecified organism	118	129
Encounter for antineoplastic chemotherapy	33	21
Pneumonia, unspecified organism	23	11
Acute kidney failure, unspecified	23	23
Acute respiratory failure with hypoxia	22	13
Sepsis due to Escherichia coli [E. coli]	21	24
Chronic obstructive pulmonary disease with (acute) exacerbation	21	31
COVID-19	17	12
Hypertensive heart disease with heart failure	16	22
Sepsis due to Methicillin resistant Staphylococcus aureus	15	8

The following table shows the most frequent primary diagnoses present in both 2023 and 2024 associated with SPD hospital readmissions within 30 days of discharge from the previous hospital admission, as well as the count of each readmission type.

Figure 7.2.4.2

Hospital Readmission Primary Diagnosis, 2023 vs 2024	Count, 2023	Count, 2024
Sepsis, unspecified organism	11	4
Chronic obstructive pulmonary disease with (acute) exacerbation	2	2
Other urogenital candidiasis	1	1
Other generalized epilepsy and epileptic syndromes, not intractable, without status epilepticus	1	1

Notably, the amount of hospital readmission for sepsis significantly decreased in 2024.

The following table shows the most frequent primary diagnoses present in 2024 associated with SPD hospital readmissions within 30 days of discharge from the previous hospital admission, as well as the count of each readmission type. This table shows diagnoses with more than one readmission diagnosis instance.

Figure 7.2.4.3

Hospital Readmission Primary Diagnosis, 2024	Count, 2024
Sepsis, unspecified organism	4
Pneumonia, unspecified organism	2
Postprocedural seroma of skin and subcutaneous tissue following other procedure	2
Chronic obstructive pulmonary disease with (acute) exacerbation	2
Type 2 diabetes mellitus with hypoglycemia without coma	2

Assessment of Need

Based on the data, there are a few members who need Complex Care Management (CCM) and Enhanced Care Management (ECM) services, as they are being admitted to the hospital for the diagnoses listed above.

The assessment of data also revealed that hospitalization for SPD members diagnosed with sepsis increased, however readmission for SPD members diagnosed with sepsis decreased. Data indicates that hospitalizations and readmissions among SPD members have decreased in 2024 for many diagnoses and overall. This observation suggests that the overall health status of the membership appears to be relatively robust.

The comparatively low hospitalization and readmission rates for SPD members indicates that most of this population is managing their health effectively. This suggests that they may be adhering to treatment plans, engaging in preventive care, and maintaining stable health conditions.

There is an identified need to educate members on basic yet crucial health practices that can reduce the risk of sepsis. This includes:

- Good hand hygiene: Emphasizing the importance of regular handwashing especially before eating or after using the restroom, to prevent infections.
- Wound care: Providing guidance on how to keep wounds and cuts clean and dry, recognizing signs of infection promptly, and seeking medical attention when necessary.
- Chronic health management: Encouraging members to actively follow up on chronic health conditions, manage their health proactively, and understand the implications of their health status on their overall risk for infections.
- Vaccination awareness: Highlighting the importance of getting recommended vaccines to prevent infections that could lead to sepsis.

Assessment of Activities

Activities related to CCM and ECM are described in section 3.1.

CenCal Health licenses an online health education resource from WebMD Ignite (formerly Healthwise, Inc.). This resource contains an abundance of information, interactive tools, and self-management resources on hand hygiene, wound care, chronic condition management, and vaccines.

CenCal Health's Health Promotion team also includes topics related to chronic condition management and vaccinations in the biannual health education-focused member newsletter.

CenCal Health's disease management programs, as described in section 3.4, include member educational materials and counseling from clinically licensed nurses to assist with chronic condition self-management.

Assessment of Resources

Resources related to CCM and ECM are described in section 3.1.

Resources related to the WebMD Ignite vendor product are described in section 4.4.

Resources related to CenCal Health's Health Promotion team are described in section 3.1.

Resources related to disease management programs are described in section 3.4.

Plan to Address Gaps

CenCal Health will continue to promote member educational resources developed in response to the 2024 PNA, highlighting key information, resources, and tools for the prevention of sepsis.

8. Members with Serious Mental Illness or Serious Emotional Disturbance

This section describes the member population diagnosed with either Serious Mental Illness (SMI) or Serious Emotional Disturbance (SED), including demographics, service utilization, and quality scores.

8.1 SMI/SED Member Demographics

In 2024, there were 42,564 members with SMI/SED diagnoses, or about 17% of the member population. SMI/SED diagnoses include conditions such as schizophrenia, bipolar disorder, major depressive disorder, severe anxiety disorders, and others.

Figure 8.1.1

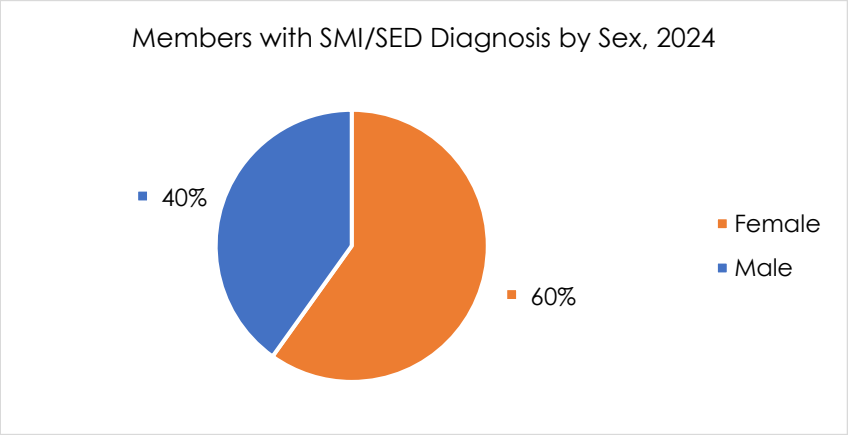


Figure 8.1.2

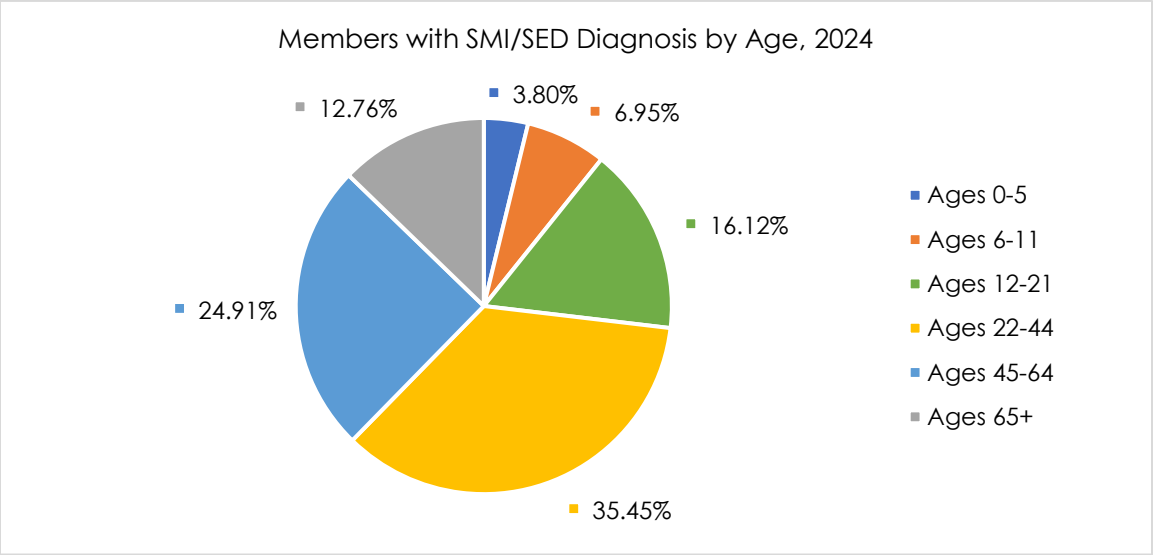


Figure 8.1.3

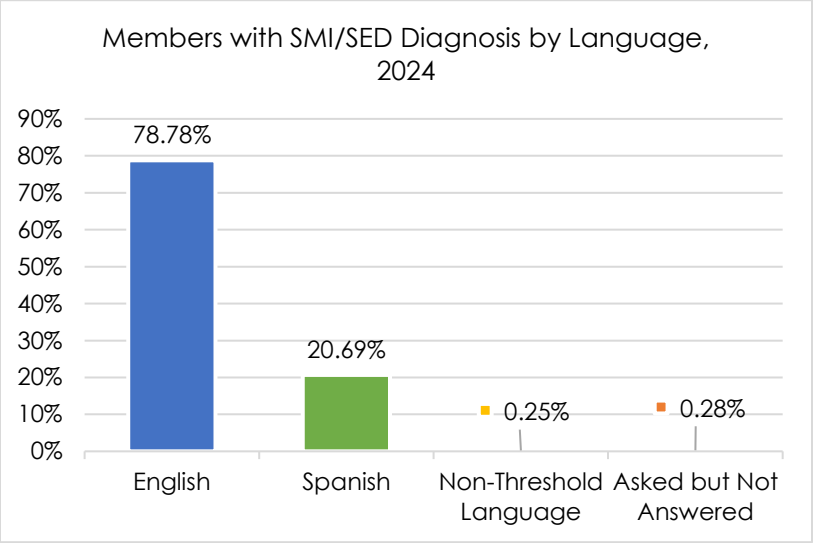


Figure 8.1.4

Members with SMI/SED Diagnosis by Language, 2024	
Languages within Figure 8.1.3 "Non-Threshold Language" Category	
Language	Percentage
Russian	0.06%
Farsi	0.03%
Sign Language	0.02%
Arabic	0.02%
Tagalog	0.02%
Vietnamese	0.02%
Samoan	0.02%
Chinese	0.02%
Korean	0.02%
Portuguese	0.00%
Khmer	0.00%
Punjabi	0.00%
Japanese	0.00%
French	0.00%
Lao	0.00%

Figure 8.1.5

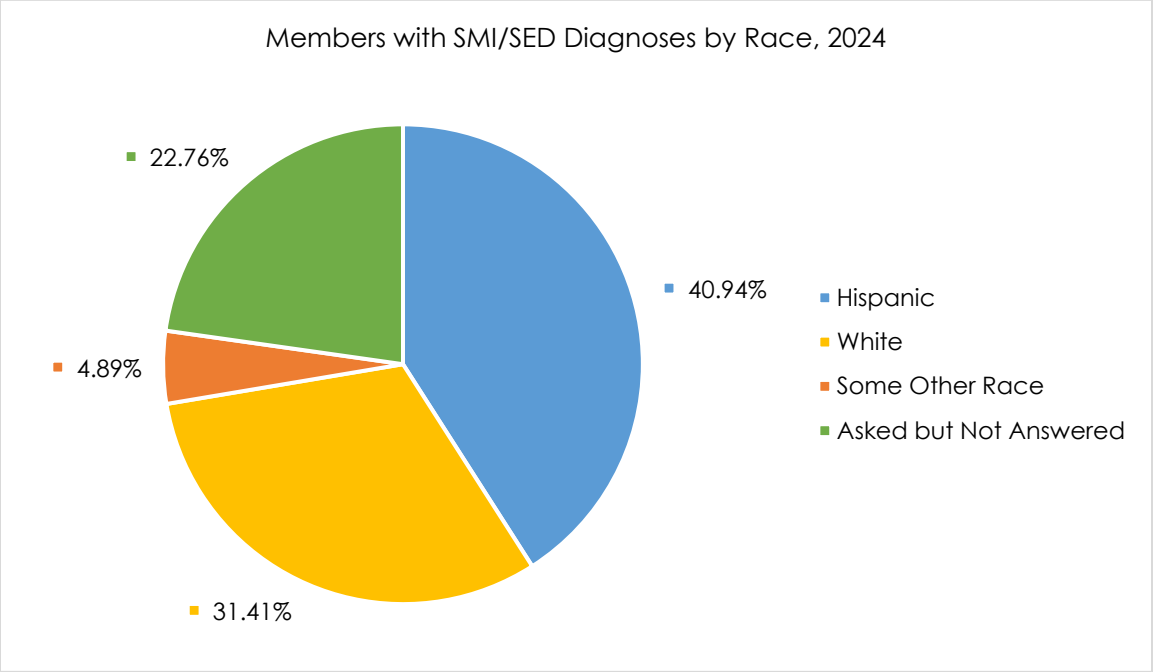


Figure 8.1.6

Members with SMI/SED Diagnoses by Race, 2024	
Races within Figure 8.1.5 "Some Other Race" Category	
Race	Percent
Black or African American	1.33%
Filipino	0.43%
American Indian or Alaska Native	0.39%
Asian	0.20%
Vietnamese	0.12%
Asian Indian	0.11%
Korean	0.09%
Chinese	0.08%
Japanese	0.06%
Native Hawaiian or Other Pacific Islander	0.03%
Samoan	0.02%
Cambodian	0.01%
Laotian	0.01%

Hmong	0.01%
Guamanian	0.01%
Spanish American Indian	0.00%
Chumash	0.00%
African American	0.00%

Assessment of Need

While members with SMI/SED diagnoses are seen in all ages throughout CenCal Health's membership, the age group with the highest rate of diagnosis is ages 22—44, followed by ages 45-64, highlighting a need for age-specific interventions. *Factors such as housing instability, employment challenges, access to healthcare, and social support networks may also impact health outcomes for this population*. Rates of diagnosis are consistent between male and female members. English speaking and Hispanic members have higher rates of SMI/SED than other languages or races. These insights present a clear path to strengthen culturally and linguistically responsive outreach, helping ensure more inclusive, equitable, and effective care across all communities.

Member needs likely include integrated behavioral health services, ensuring coordination between primary care providers, psychiatrists, therapists, and social workers to ensure holistic care. Additionally, members may need targeted interventions such as employment support programs, peer support networks, and crisis intervention services.

Members would also benefit from CenCal Health having data-driven population health strategies, such as analytics to identify high-risk individuals as well as personalized care plans.

Assessment of Activities

Data-driven population health strategies in place to identify high-risk individuals include CenCal Health's RSS system, as described in section 2.2. Specifically, the RSS system includes a measure to identify members who have filled antipsychotic medications within last 90 days. Inclusion in this measure adds to a member's risk score. High risk scores allow for implementation of personalized care plans based on behavioral health history and social determinants within the Behavioral Health team.

An additional data-driven population health strategy to identify high-risk individuals is CenCal Health's Health Survey Tool (HST) process, as described in section 2.1. The HST includes questions about current or previous mental illness and prescription information. Similarly to the RSS scoring system, and as described in section 2.2, a high-risk score as measured by the HST allows for Care Mangers to implement a personalized care plan for these members.

In response to the available data, CenCal Health is implementing culturally and linguistically responsive outreach strategies, including Spanish-language materials and partnerships with community-based organizations.

Engagement among young adults is being supported through peer-led initiatives, digital outreach, and flexible service options. These efforts are continuously evaluated using stratified data, member feedback, and quality metrics to improve access and equity across the region.

Assessment of Resources

CenCal Health's Behavioral Health team includes 22 staff, including 6 licensed clinicians, who provide clinical oversight and support care coordination. Care management for members with behavioral health needs is conducted by the are Management team, which addresses complex medical, behavioral, and social factors. Formal MOUs with County Mental Health Plans and Drug Medi-Cal Organized Delivery System (DMC-ODS) providers enable coordinated referrals, crisis response, shared care transitions, and continuity of services across systems

Plan to Address Gaps

CenCal Health's current activities and internal resources are sufficient to meet the needs of its members in this area.

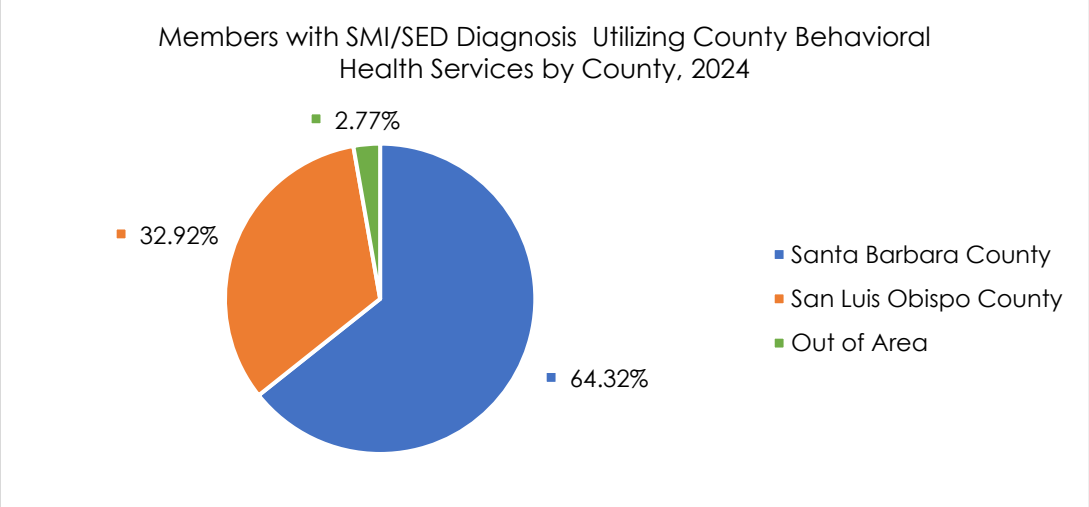
8.2 SMI/SED County Behavioral Health Service Utilization

CenCal Health members with SMI/SED diagnoses are eligible to receive Behavioral Health services through County Behavioral Health Departments for moderate to severe diagnoses. The following table displays the top 10 diagnoses and their prevalence among members diagnosed with SMI/SED who utilized services through the County.

Figure 8.2.1

Diagnosis	Percent
Anxiety disorder, unspecified	17.82%
Generalized anxiety disorder	10.92%
Major depressive disorder, recurrent, moderate	5.48%
Autistic disorder	4.97%
Major depressive disorder, single episode, unspecified	4.79%
Post-traumatic stress disorder, unspecified	3.99%
Adjustment disorder with mixed anxiety and depressed mood	3.68%
Bipolar disorder, unspecified	3.15%
Alcohol dependence, uncomplicated	2.79%
Opioid dependence, uncomplicated	2.72%

Figure 8.2.2



Assessment of Need

Members received County Behavioral Health services for numerous conditions, the most prevalent of which are listed in figure 8.2.1. Anxiety disorders, autistic disorder, and depressive disorders are among the most prevalent conditions. Unspecified anxiety disorder has the highest prevalence rate at 17.82%.

CenCal Health's review of utilization data indicates a strong foundation of service utilization among members with SMI/SED. The analysis revealed meaningful regional differences, with Santa Barbara County showing higher engagement in services. These findings create an

opportunity to apply successful strategies from high-utilization regions to support access in San Luis Obispo County where engagement is lower.

Assessment of Activities

Cross-system coordination is being enhanced through tools like the Transition of Care Tool and collaboration with county Mental Health Plans and DMC-ODS providers.

To further address the needs of members with SMI/SED, CenCal Health coordinates with County Mental Health Plans to ensure timely access to crisis stabilization, intensive care coordination, and psychiatric consultation. Outreach and education initiatives support engagement in non-specialty mental health services, and related services to offer integrated behavioral, physical health, and social services. These efforts ensure that high-risk members not only receive personalized care plans, but also benefit from peer support, employment navigation, and a coordinated transition between service systems.

Assessment of Resources

Resources related to CenCal Health's Behavioral Health team are described in section 8.2. Resources for care management, including for members with behavioral health needs, are described in section 3.1.

Formal MOUs with County Mental Health Plans and DMC-ODS providers enable coordinated referrals, crisis response, shared care transitions, and continuity of services across systems.

Plan to Address Gaps

CenCal Health's current activities and internal resources are sufficient to meet the needs of its members in this area.

8.3 SMI/SED Quality Scores

The following table shows HEDIS rates for select measures, SMI/SED members compared with rates for the general population.

Figure 8.3.1

HEDIS MY2024 Rates for SMI/SED Members						
Measure	Medicaid 50th Percentile (Minimum Performance Level)	Medicaid 90th Percentile (High Performance Level)	SB County MY2024 SMI/SED Rate	SB County MY2024 General Population	SLO County MY2024 SMI/SED Rate	SLO County MY2024 General Population
Child and Adolescent Well Care Visits	51.81	64.74	70.88	60.67	68.59	60.75
Adult Access to Preventive/ Ambulatory Care	74.88	83.25	92.98	69.12	91.86	70.95

Assessment of Need

Based on the quality scores for members with SMI/SED for Child and Adolescent Well-Care Visits and Adult Access to Preventive/Ambulatory Care, members with SMI/SED diagnoses complete these preventive services at a rate much higher than the general population. This suggests that members with SMI/SED are well connected to their care providers and are being seen regularly. Members diagnosed with SMI/SED likely do not need additional support in these areas but will benefit from CenCal Health's continual promotion of preventive services to all members.

Assessment of Activities

Activities related to Basic Population Health Management, including the promotion of preventive services, are described in section 3.1.

Assessment of Resources

Resources related to Basic Population Health Management, including the promotion of preventive services, are described in section 3.1.

Plan to Address Gaps

CenCal Health's current activities and internal resources are sufficient to meet member needs in this area.

9. Characteristics and Needs of Subpopulations

This section describes characteristics and needs of member subpopulations. As defined by NCQA, a subpopulation is a group of individuals within the membership who share characteristics. In this assessment, CenCal Health assessed members who are disengaged from care, members with high-risk ACEs scores, members diagnosed with substance use disorder, and pregnant and postpartum members.

9.1. Members who are Disengaged from Care

CenCal Health routinely monitors members who are disengaged from care and have mechanisms in place to ensure this population received effective outreach and engagement.

Members who are disengaged from care entirely are defined as members who have not utilized any health services within the previous 12 months. Members who are disengaged from primary care are those who have not engaged with their primary care provider in the previous 12 months.

Figure 9.1.1

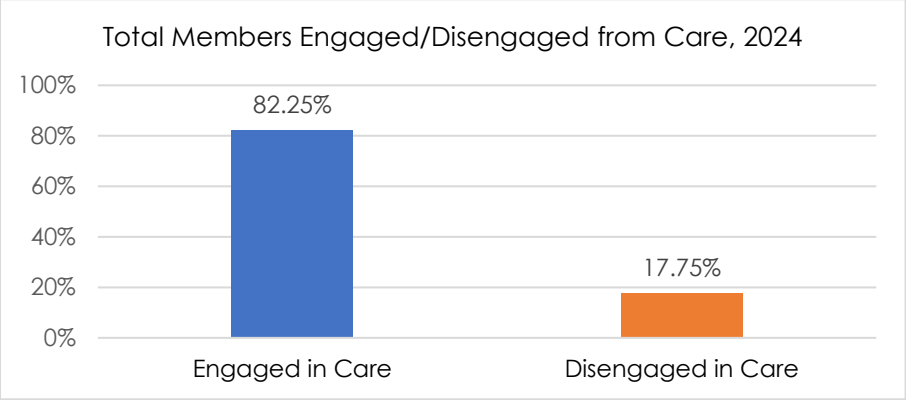


Figure 9.1.2

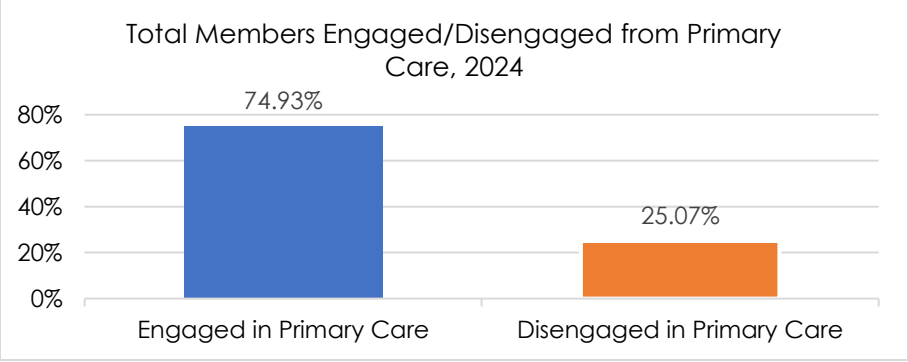


Figure 9.1.3

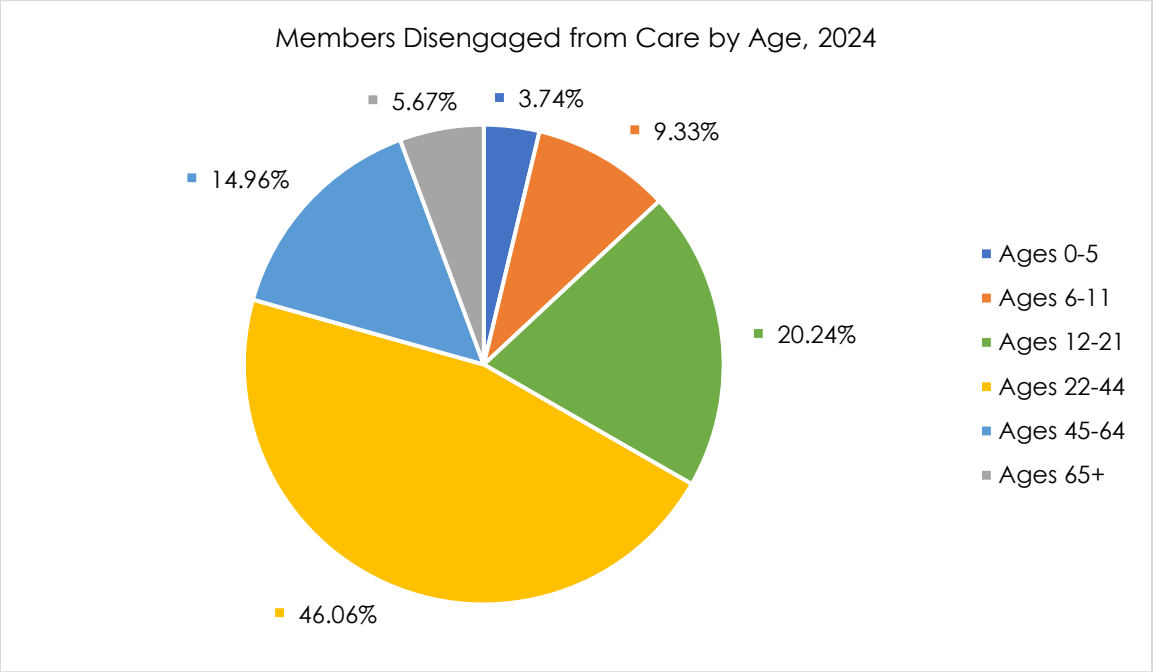


Figure 9.1.4

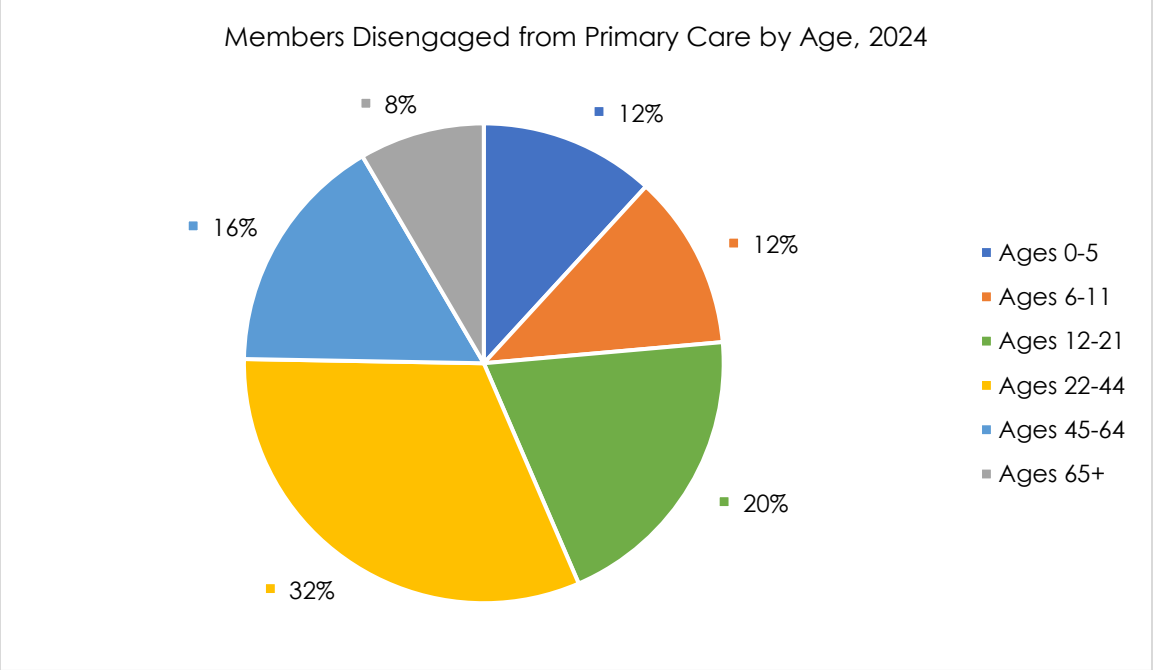


Figure 9.1.5

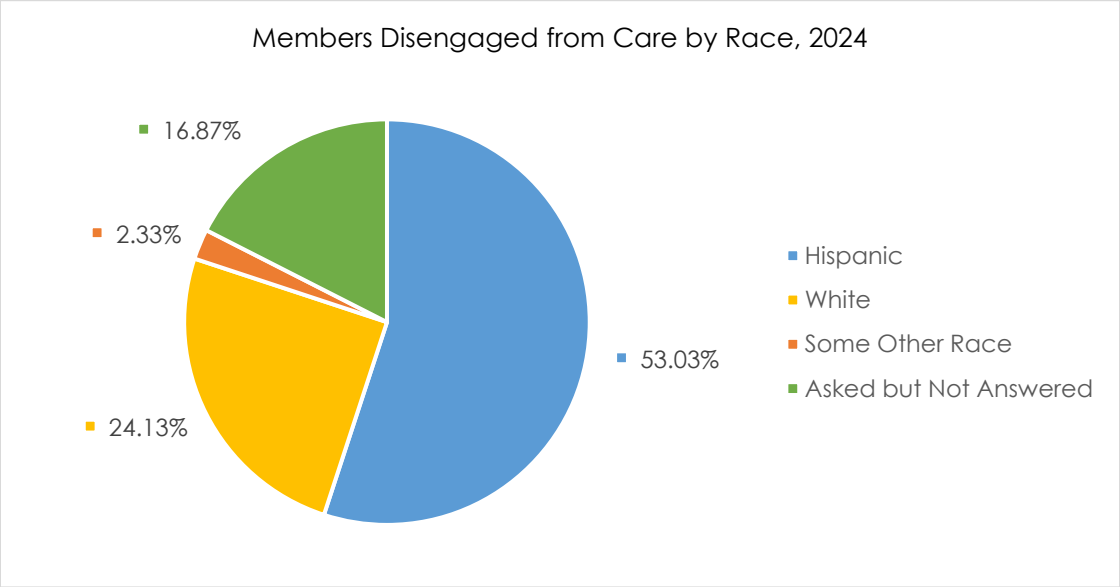


Figure 9.1.6

Members Disengaged from Care by Race, 2024	
Races within Figure 9.1.5 "Some Other Race" Category	
Race	Percentage
Black	1.04%
Filipino	0.81%
Chinese	0.38%
Vietnamese	0.31%
Alaskan Native or American Indian	0.23%
Asian or Pacific Islander	0.22%
Korean	0.21%
Asian Indian	0.17%
Japanese	0.08%
Hawaiian	0.06%
Samoan	0.04%
Laotian	0.04%
Cambodian	0.03%
Hmong	0.02%
Guamanian	0.01%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 9.1.7

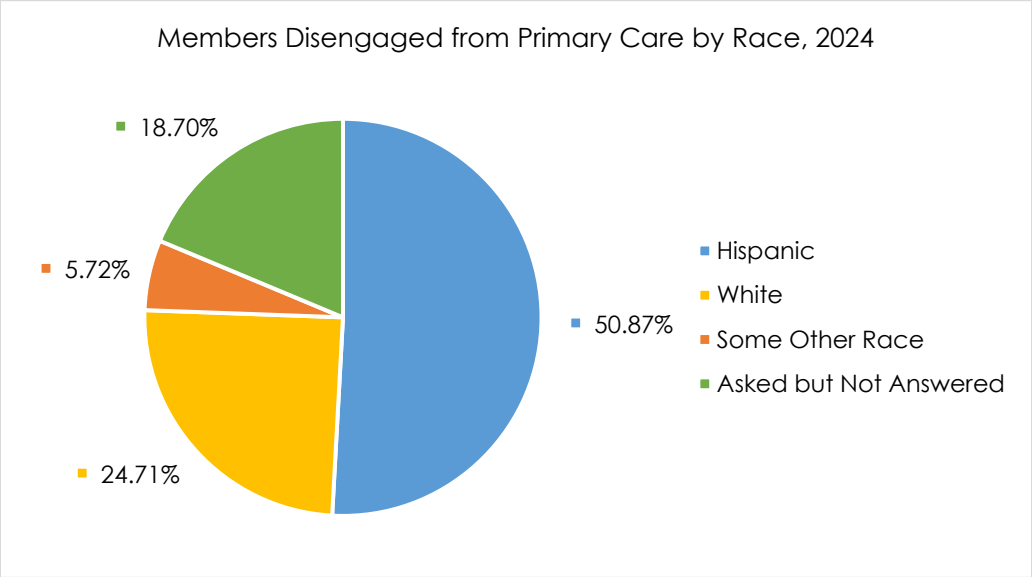


Figure 9.1.8

Members Disengaged from Primary Care by Race, 2024	
Races within Figure 9.1.7 "Some Other Race" Category	
Race	Percentage
Black	0.91%
Filipino	0.62%
Vietnamese	0.25%
Asian or Pacific Islander	0.24%
Chinese	0.23%
Alaskan Native or American Indian	0.22%
Asian Indian	0.15%
Korean	0.12%
Japanese	0.06%
Hawaiian	0.03%
Cambodian	0.03%
Samoan	0.02%
Laotian	0.02%
Hmong	0.01%
Guamanian	0.01%

Figure 9.1.9

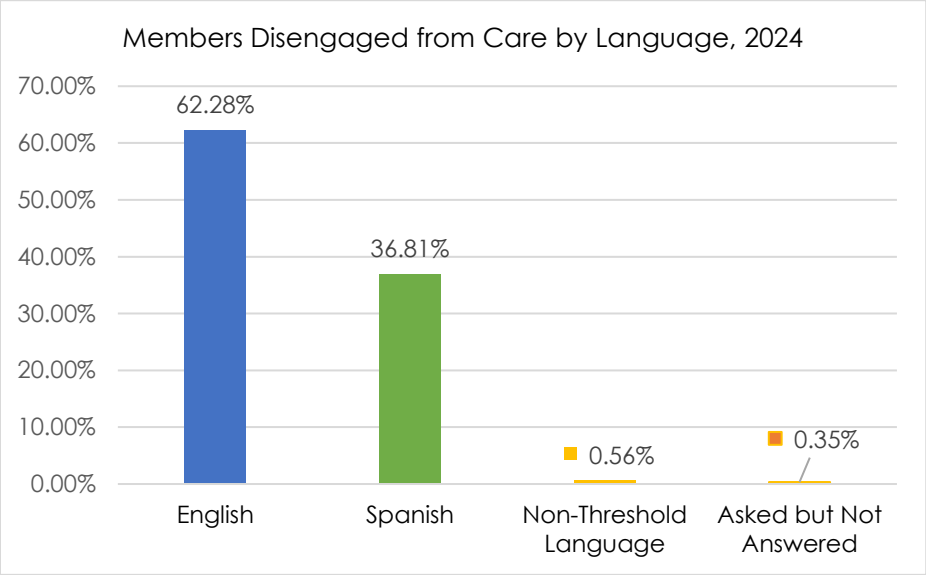


Figure 9.1.10

Members Disengaged from Care by Language, 2024	
Languages within Figure 9.1.9 "Non-Threshold Language" Category	
Language	Percentage
Chinese	0.14%
Vietnamese	0.09%
Arabic	0.08%
Tagalog	0.06%
Korean	0.06%
Russian	0.04%
Samoan	0.02%
Khmer	0.02%
Farsi	0.02%
Sign Language	0.01%
Portuguese	0.01%
Turkish	0.00%
Thai	0.00%
Polish	0.00%
Lao	0.00%
Italian	0.00%
Hebrew	0.00%

Armenian	0.00%

**Note: the category "Other" is preset in the DSS member eligibility data file, and thus cannot be broken out further.*

Figure 9.1.11

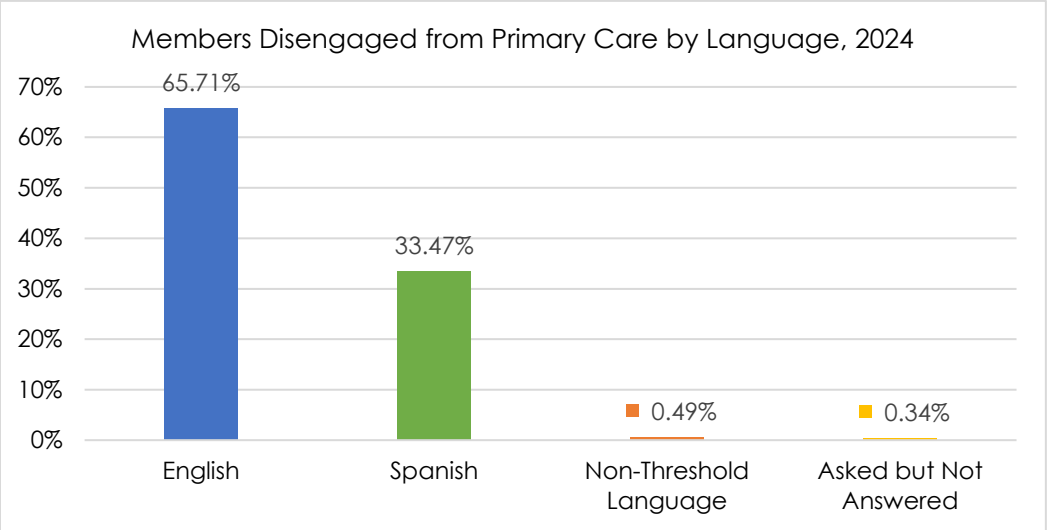


Figure 9.1.12

Members Disengaged from Primary Care by Language, 2024	
Languages within Figure 9.1.11 "Non-Threshold Language" Category	
Language	Percentage
Chinese	0.11%
Vietnamese	0.08%
Arabic	0.06%
Tagalog	0.05%
Korean	0.04%
Russian	0.04%
Khmer	0.02%
Samoan	0.02%
Farsi	0.02%
Sign Language	0.01%
Portuguese	0.01%
Turkish	0.00%
Lao	0.00%
Ilocano	0.00%

Armenian	0.00%
Thai	0.00%
Polish	0.00%
Italian	0.00%
Hebrew	0.00%

Assessment of Need

About 17% of CenCal Health members are considered disengaged from care entirely and about 25% are disengaged from primary care. For both disengaged categories, members who are within the age range of 21 to 64, those who identify as Hispanic, and those who are English-speaking are the populations with the highest level of disengagement. These members may face unique challenges to accessing and engaging with healthcare services, leading to potential gaps in care.

Members who are disengaged from care need effective outreach and engagement from CenCal Health. Members need education regarding the importance of primary care and the schedule of preventive screenings and immunizations, in a manner that is culturally appropriate and effective at resonating with the population.

Members disengaged from care may be facing access barriers including lack of transportation to appointments, telehealth options, or flexible appointment availability.

Assessment of Activity

CenCal Health provides specific, focused wellness and prevention campaigns to all members, as described in section 3.2. Specific to this sub-population, a monthly "Stay Healthy: Adults – PCP Check Up" campaign is sent to all adults who are disengaged from care, to remind them of their member benefits, and to promote the importance of primary care and utilization of preventive services. The parents or guardians of pediatric members are also sent "Stay Healthy: Kids" campaigns when identified as behind on well-child visits to encourage their engagement with primary care.

CenCal Health covers transportation to and from medically necessary services, as described in section 4.2.

To promote engagement in the appropriate level of care, CenCal Health offers a free 24/7 NAL, as described in section 4.2.

CenCal Health offers an After-Hours program, as described in section 4.2

Additionally, CenCal Health offers members telehealth as an alternative method for accessing care. Services offered via telehealth are dependent on the provider and services they offer. For example, primary care providers may offer telehealth for exam follow-up discussions but offer the exam in person. Many mental health providers offer telehealth as they do not need to perform in-person exams.

Assessment of Resources

Resources related to wellness and prevention campaigns, transportation, after hours care, and nurse advice line are described in sections 4.2.

CenCal Health's Provider Services and Relations departments oversee contracts and relationships with providers, including those that offer telehealth. Currently, CenCal Health is contracted with 2,646 providers that offer both in-person and telehealth services, and 445 providers that offer only telehealth.

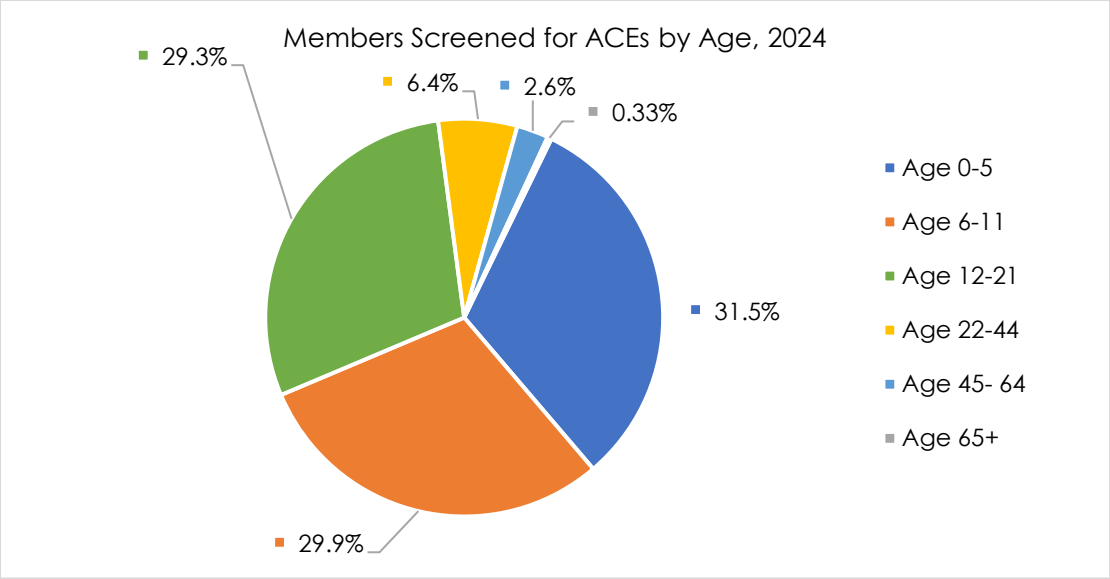
Plan to Address Gaps

While CenCal Health's current activities and resources are sufficient to meet the member needs in this area and no gap in services or programs has been identified, CenCal Health will explore additional methods of increasing member engagement in care and connecting members to important preventive services.

9.2. Members with High-Risk ACEs Scores

Adverse childhood experiences (ACEs) are potentially traumatic events that occur in childhood (0-17 years). Screening for ACEs in children and adults helps providers assess for risk and provide effective treatment and referrals.

Figure 9.2.1



This section assesses the demographics, needs, activities, and resources related to members who have high-risk ACEs screening scores. A score greater than or equal to 4 is considered high-risk. 1,972 members had high-risk ACEs scores in 2024.

Figure 9.2.2

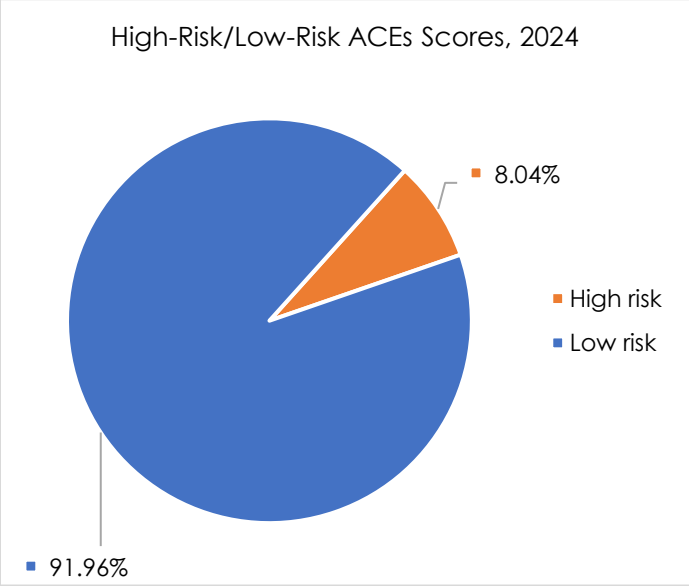
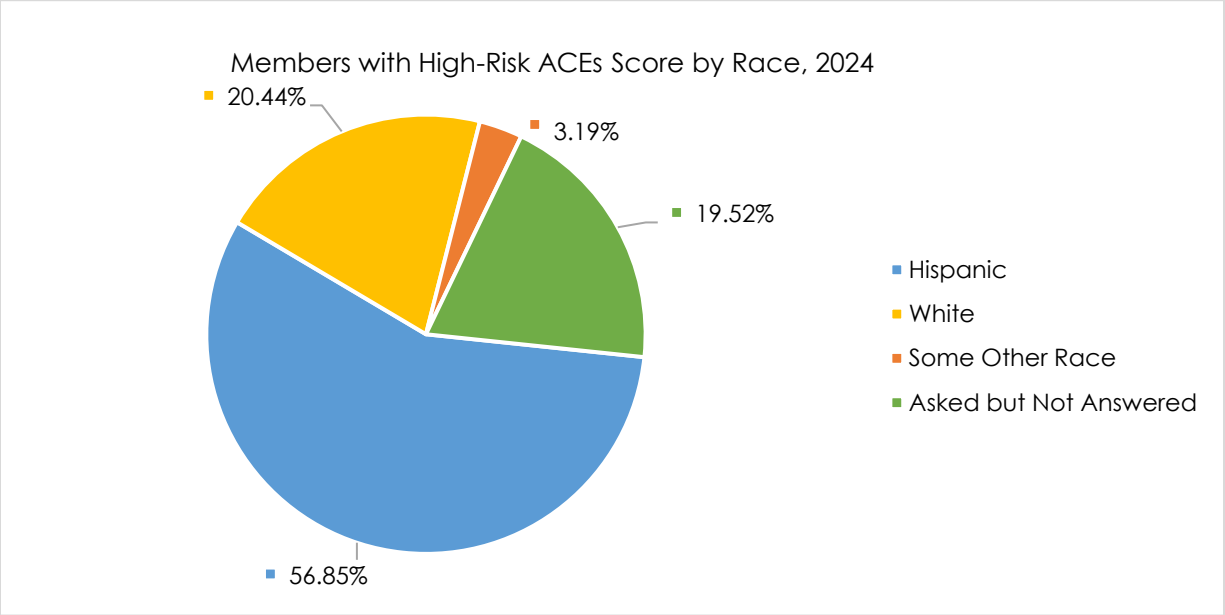


Figure 9.2.3



**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 9.2.4

Members with High-Risk ACEs Score by Race, 2024	
Languages within Figure 9.2.3 "Non-Threshold Language" Category	
Language	Percentage
Other*	1.42%
Black/African American	1.01%
Filipino	0.35%
Asian	0.10%
Korean	0.10%
American Indian/Alaska Native	0.10%
Chinese	0.05%
Khmer	0.05%
Vietnamese	0.05%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 9.2.5

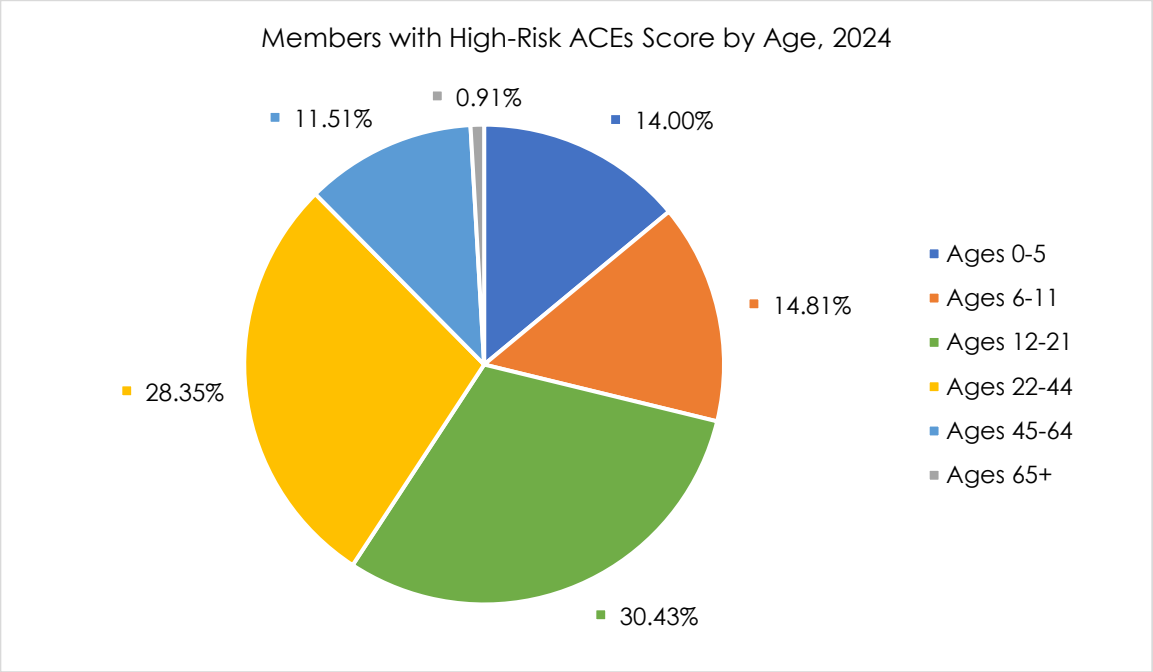
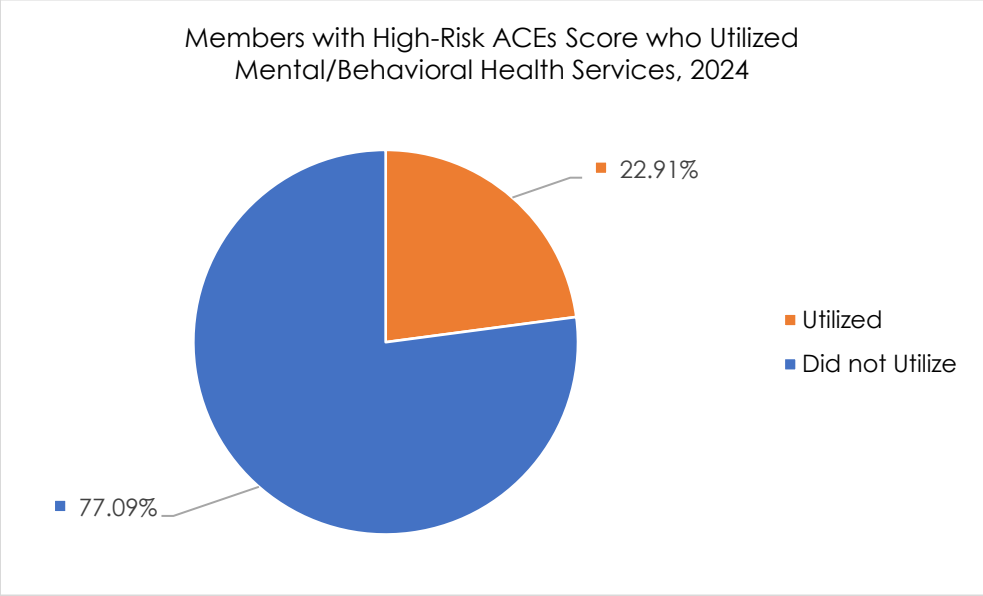


Figure 9.2.6



Assessment of Need

The majority of members screened for ACEs have low-risk scores. Overall screening rates show that adults are screened far less than children. About 45% of members with high-risk scores are between the ages of 6 and 21. The majority are English speaking and Hispanic.

This data indicates a need for adult members to understand the availability of ACEs screening, request the screening, and advocate for referrals, when necessary. There is also a need for improved provider education on the importance of screening both adults and children for ACEs.

For members that do score as high risk, they may need referrals to mental health specialists, community supports services, care management, and for pediatric members, to pediatric social work. Because the majority of members with high-risk ACEs scores, are Hispanic and Spanish-speaking, culturally competent care and services is essential.

Most members that received ACES screenings in 2024 did not receive any mental or behavioral health services. Compared to 2023, there is almost a 10% increase in members with high-risk ACEs scores who utilized Metal/Behavioral Health Services, a positive upward trend in Behavioral Health utilization for at-risk members. Still, members may need increased referrals from Providers to mental health specialists when screening indicates high risk.

Assessment of Activity

CenCal Health offers mental health, Community Supports, and care management services for members, as described in section 3.1. CenCal Health notifies members that they are able to self-refer for services through communications including but not limited to the member newsletter, website, and member handbook.

CenCal Health ensures that all staff, network providers, contractors, and sub-contractors offer services in a manner that are culturally and linguistically appropriate, as described in section 5.1.

Assessment of Resources

Resources related to mental health, care management, Community Supports are described in sections 3.1.

Resources related to culturally competent services are described in section 5.1.

Plan to Address Gaps

CenCal Health will continue to promote member and provider education on ACEs, including who is eligible for screening and why it is important. Also, members should continue to be made aware they can request screening and subsequent referrals to specialists if necessary.

9.3 Members Diagnosed with Substance Use Disorder

In 2024, there were 12,351 total members with some form of substance abuse or dependence, including alcohol, cannabis, opioids, and other substances.

Figure 9.3.1

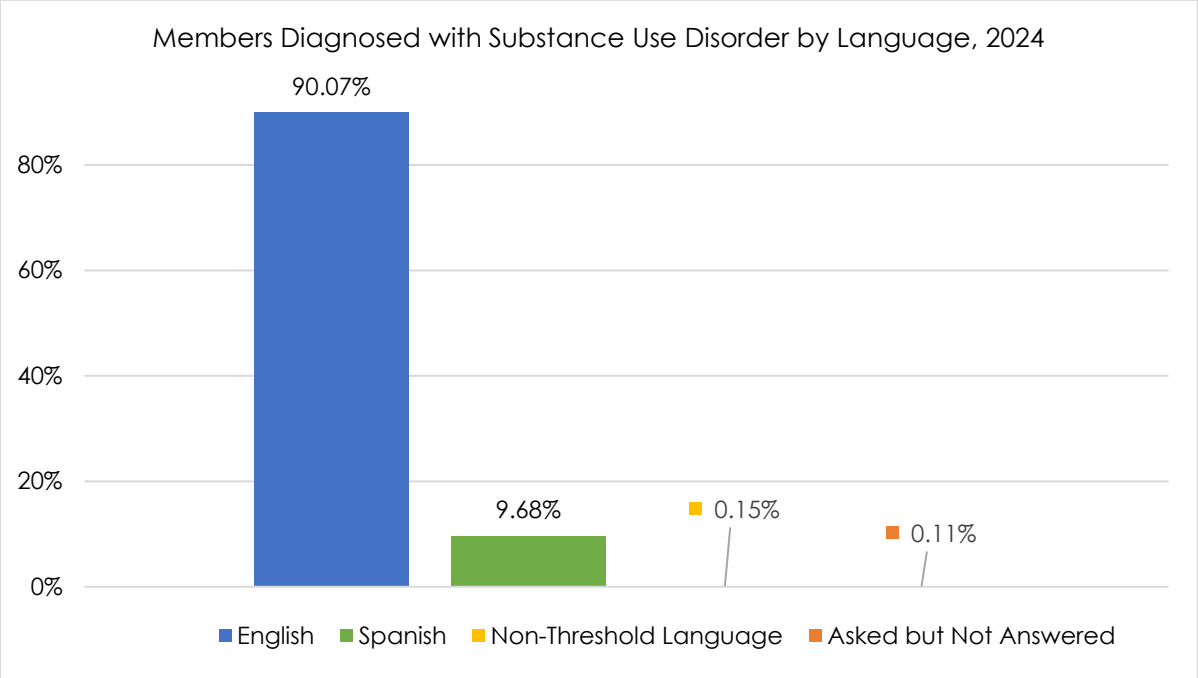


Figure 9.3.2

Members Diagnosed with Substance Use Disorder by Language, 2024	
Languages within Figure 9.3.1 "Non-Threshold Language" Category	
Language	Percentage
Farsi	0.03%
Sign Language	0.03%
Tagalog	0.03%
Vietnamese	0.02%
Chinese	0.01%
Lao	0.01%
Russian	0.01%

Figure 9.3.3

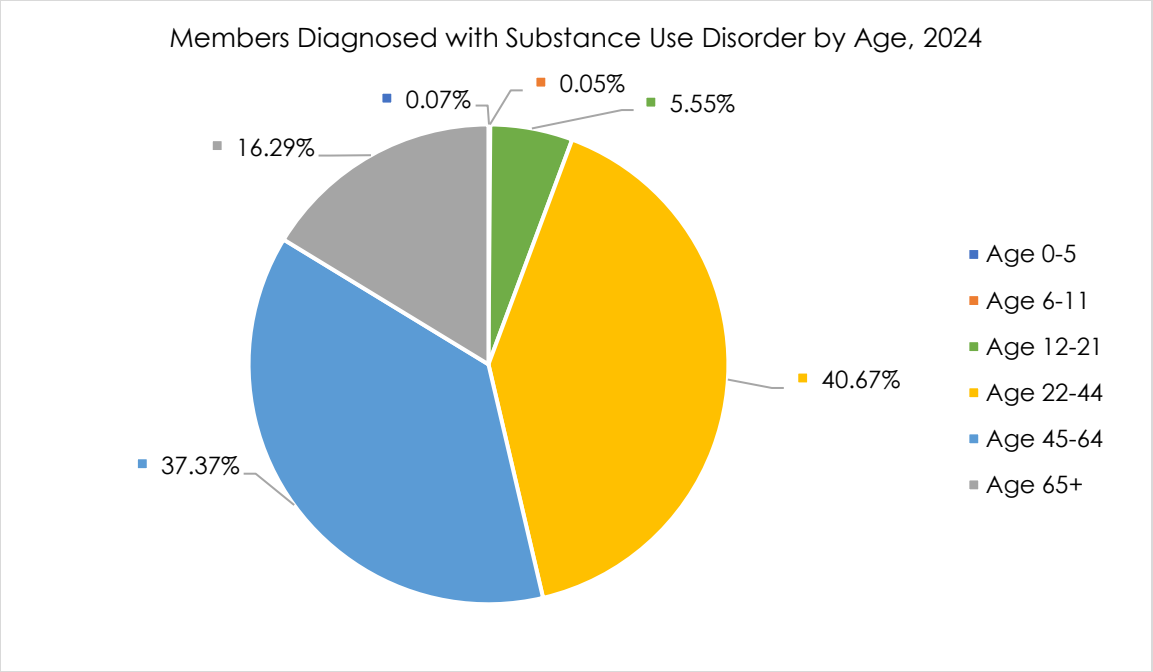


Figure 9.3.4

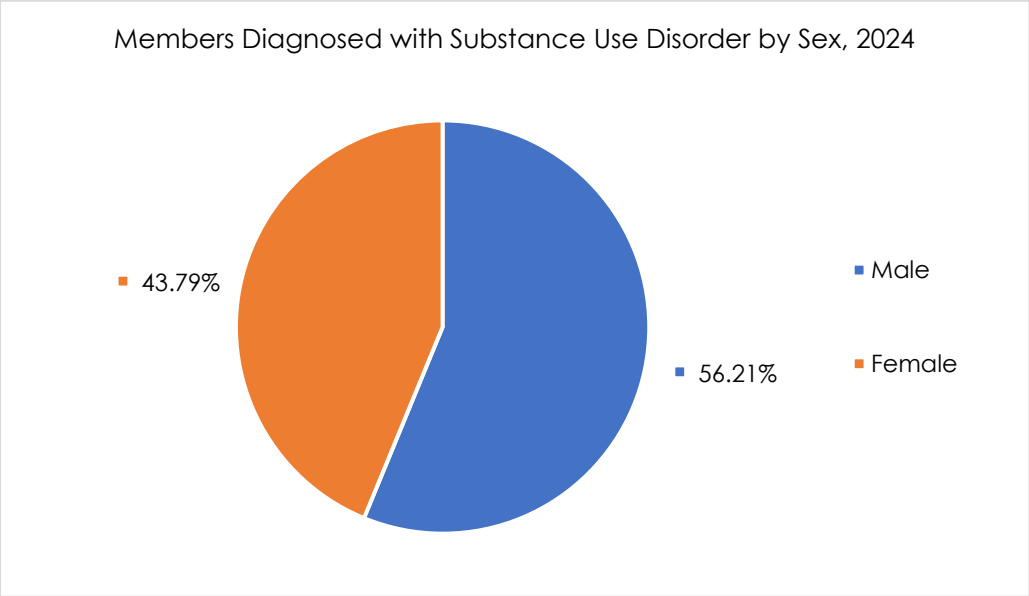


Figure 9.3.5

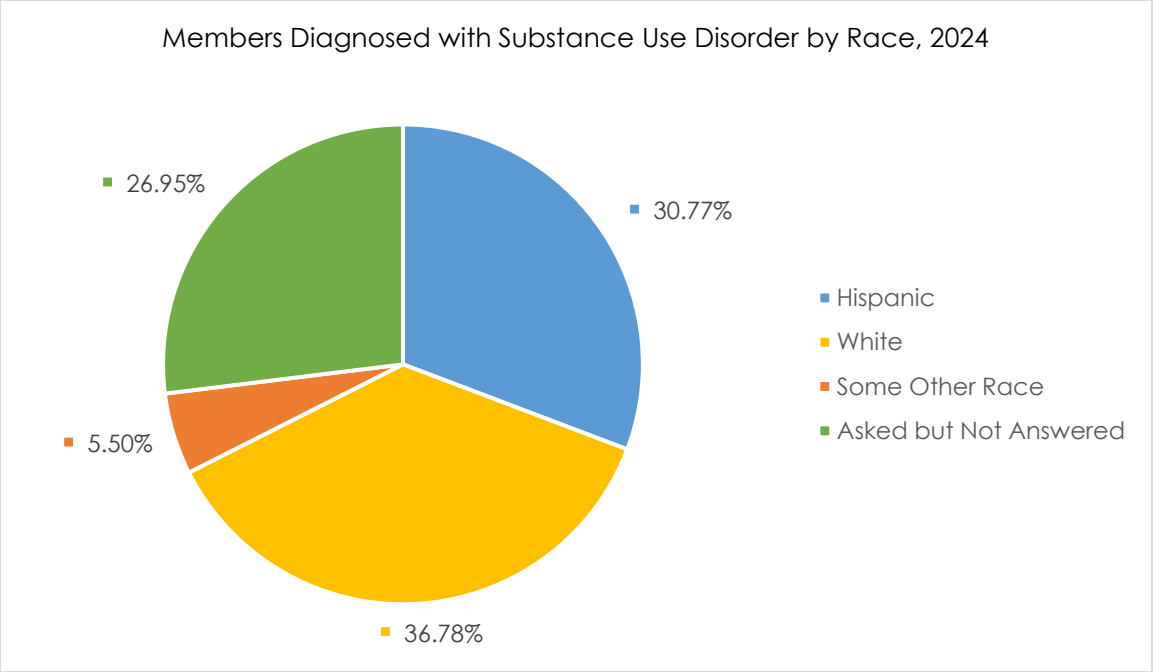


Figure 9.3.6

Members Diagnosed with Substance Use Disorder by Race, 2024	
Races within Figure 9.3.5 "Some Other Race" Category	
Race	Percentage
Black or African American	2.32%
Other*	1.81%
American Indian or Alaska Native	0.62%
Filipino	0.28%
Asian	0.16%
Vietnamese	0.07%
Asian Indian	0.07%
Korean	0.06%
Native Hawaiian or Other Pacific Islander	0.04%
Japanese	0.03%

Khmer	0.02%
Chinese	0.01%
Guamanian	0.01%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

There are instances where one member may have multiple diagnoses. Thus, the following tables show the amount of diagnosis represented within the SUD subpopulation; these diagnosis counts are not necessarily specific to unique members.

Figure 9.3.7

Members Diagnosed with Substance Use Disorder Diagnoses, All Ages, 2024	**Count**	**Percent**
Alcohol Abuse or Dependence	9,170	40.39%
Stimulant Abuse or Dependence	4,211	18.55%
Psychoactive Substance Abuse or Dependence	3,972	17.49%
Opioid Abuse or Dependence	3,074	13.54%
Cannabis Abuse or Dependence	1,513	6.66%
Sedative Abuse or Dependence	468	2.06%
Cocaine Abuse or Dependence	253	1.11%
Hallucinogen Abuse or Dependence	37	0.16%
Inhalant abuse, uncomplicated	8	0.04%

There are 701 pediatric members with SUD diagnoses, most of which are in the 12–21 age group.

Figure 9.3.8

Members Diagnosed with Substance Use Disorder Diagnoses, Pediatric, 2024	**Count**	**Percent**
Alcohol Abuse or Dependence	466	38.39%
Cannabis Abuse or Dependence	306	25.21%
Stimulant Abuse or Dependence	154	12.69%
Psychoactive Substance Abuse or Dependence	133	10.96%
Opioid Abuse or Dependence	102	8.40%
Cocaine Abuse or Dependence	27	2.22%
Sedative Abuse or Dependence	21	1.73%
Hallucinogen Abuse or Dependence	4	0.33%
Inhalant abuse, uncomplicated	1	0.08%

Assessment of Need

Based on the data presented, it is clear that CenCal Health serves a diverse membership with substance use disorder (SUD), primarily composed of English-speaking adults aged 22-64. The majority of members with SUD identify as White or Hispanic, with slightly more males than females.

A key finding in this population is that alcohol abuse or dependence is the most prevalent diagnosis for both pediatric and adult members. Given the diagnoses and demographics data, CenCal Health members with SUD need several resources, described here.

Members diagnosed with SUD need culturally and linguistically appropriate outreach. While the majority of members with SUD speak English, culturally relevant resources tailored for Spanish-speaking members can enhance engagement and effectiveness of treatment.

Members diagnosed with SUD also need age-specific support services. With most affected members falling within the 22-64 age range, specialized programs addressing employment stability, housing, and behavioral health integration should be considered.

Given the high prevalence of alcohol dependence, initiatives focusing on early intervention, detoxification support, and long-term recovery strategies are critical.

While pediatric cases are fewer, the data does demonstrate a need for prevention and education programs aimed at younger members and families could mitigate future substance use risks.

Assessment of Activities

Data-driven population health strategies in place to identify high-risk individuals include CenCal Health's RSS system, as described in section 2.2. Specifically, the RSS system includes a measure to identify members who have alcohol, drug, or opioid use disorders. Inclusion in one or more of these measures adds to a member's risk score. High risk scores allow for implementation of personalized care plans based on behavioral health history and social determinants within the Behavioral Health team.

An additional data-driven population health strategy to identify high-risk individuals is CenCal Health's Health Survey Tool (HST) process, as described in section 2.1. The HST includes questions about substance use, current or previous mental illness, and prescription information. Similarly to the RSS scoring system, and as described in section 2.1, a high-risk score as measured by the HST allows for Care Managers to implement a personalized care plan for these members.

Activities related to providing culturally appropriate outreach and materials, as well as language assistance for members, are described in section 6.1.

CenCal Health addresses the needs of members with SUD through culturally and linguistically appropriate outreach that meets national CLAS standards, with materials available in English and Spanish. In line with state requirements, Screening, Brief Intervention, and Referral to Treatment (SABIRT) services are provided in primary care using validated tools to support early identification of alcohol and drug use. Members diagnosed with SUD are referred to treatment options like counseling, Medication Assisted Treatment (MAT), and residential services through coordination with County DMC-ODS providers. These activities support both recovery and prevention through cross-system coordination and tailored outreach.

Assessment of Resources

Resources related to CenCal Health's Behavioral Health team are described in section 8.2.

Resources for care management, including for members with behavioral health needs, are described in section 3.1.

Formal MOUs with County Mental Health Plans and DMC-ODS providers enable coordinated referrals, crisis response, shared care transitions, and continuity of services across systems.

Resources related to providing culturally appropriate outreach and materials, as well as language assistance for members, are described in section 6.1.

Plan to Address Gaps

While CenCal Health's current activities and internal resources are sufficient to meet the needs of its members in this area, there is an opportunity to enhance the distribution of alcohol abuse prevention education for both members and providers.

9.4 Pregnant and Postpartum Members

In 2024, there were 8,303 pregnant members and 4,894 postpartum members. The following figures show member demographics of all 13,197 pregnant and postpartum members, described in the figures as Perinatal members.

Pregnant and Postpartum Member Demographics

Figure 9.4.1

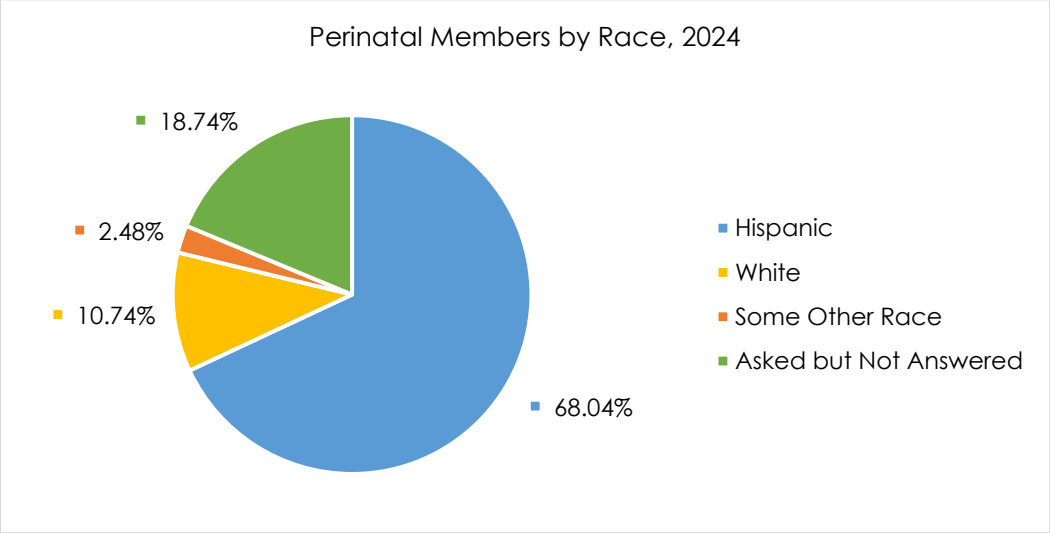


Figure 9.4.2

Perinatal Members by Race, 2024	
Races within Figure 9.4.1 "Some Other Race" Category	
Race	Percentage
Other	1.07%
Black or African American	0.52%
Filipino	0.28%
Asian	0.18%
American Indian or Alaska Native	0.09%
Vietnamese	0.08%
Korean	0.08%
Chinese	0.05%
Native Hawaiian or Other Pacific Islander	0.03%

Japanese	0.02%
Guamanian	0.02%
Asian Indian	0.02%
Chumash	0.01%
Cambodian	0.01%

**Note: the category "Other" is preset in the DSS member eligibility data file and thus cannot be broken out further.*

Figure 9.4.3

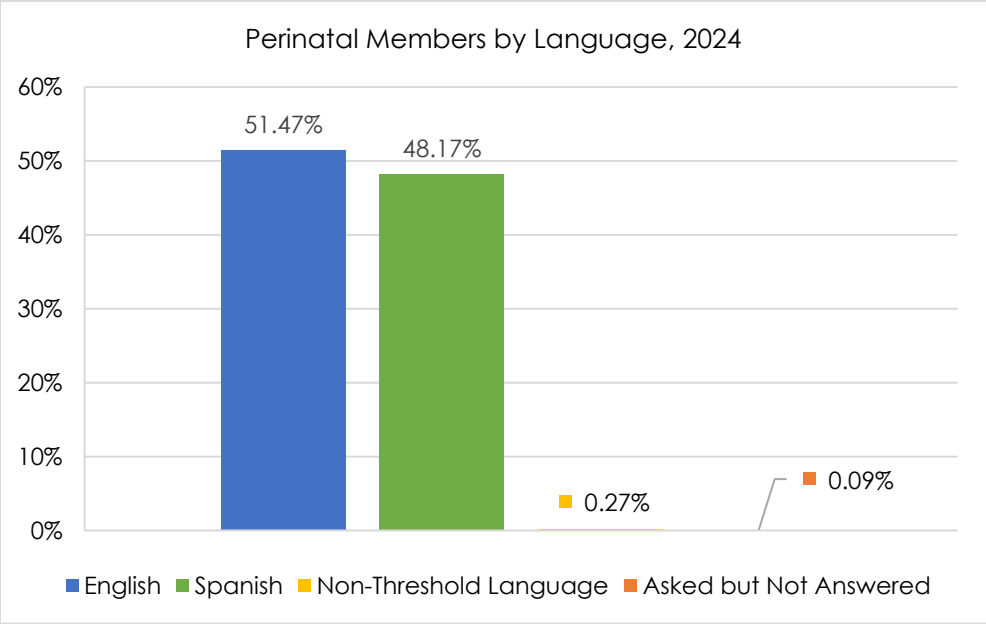


Figure 9.4.4

Perinatal Members by Language, 2024	
Languages within Figure 9.4.3 "Non-Threshold Language" Category	
Language	Percentage
Arabic	0.09%
Korean	0.03%
Russian	0.03%
Vietnamese	0.03%
Chinese	0.02%

Samoan	0.02%
Sign Language	0.01%
Ukrainian	0.01%

Figure 9.4.5

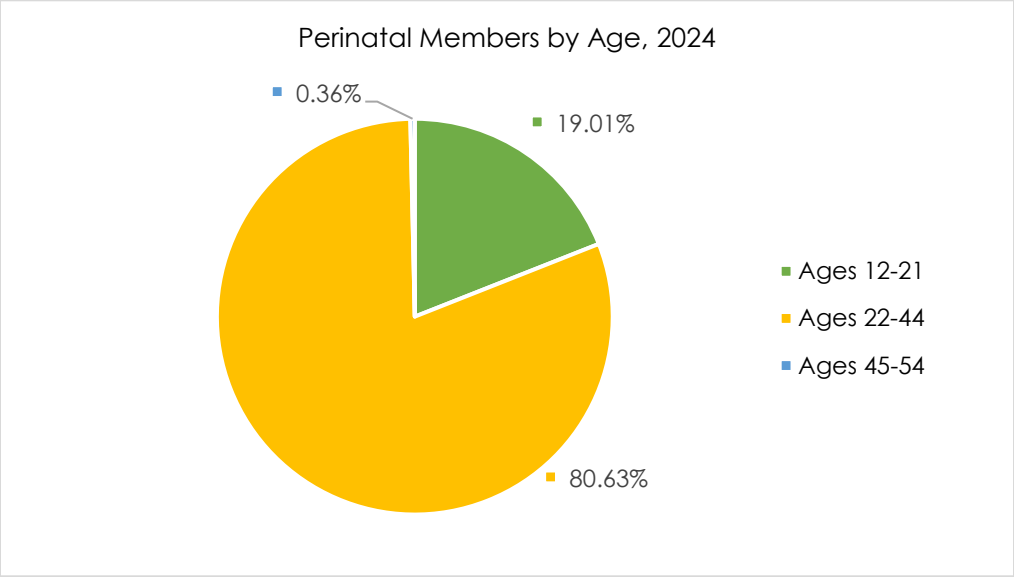
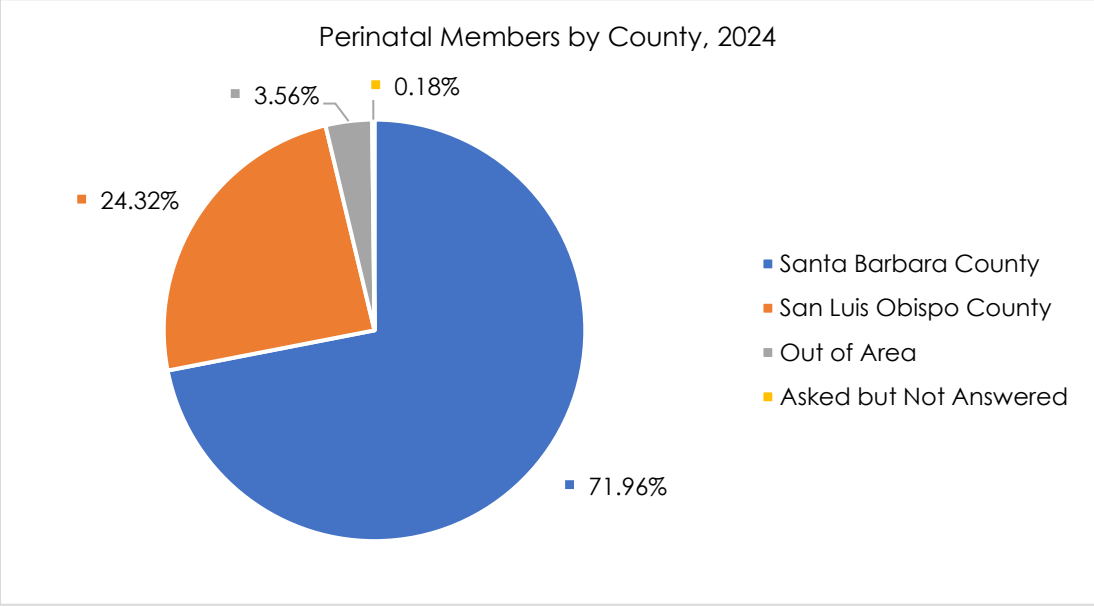


Figure 9.4.6



Pregnant and Postpartum Member Service Utilization

Pregnant and postpartum member service utilization in 2024 was measured to understand if members are taking advantage of benefits and services. The following table shows the amount of pregnant and postpartum members who utilized certain health plan services.

Figure 9.4.7

Service	Member Count	Service Utilization Percentage
Doula Services	37	0.28%
Chiropractic Services	315	2.39%
Breast Pump equipment	1,352	10.24%
Lactation Education Services	19	0.14%

Birth Data

Of the total 13,197 pregnant and postpartum members in 2024, 4,894 delivered. The following table includes information related to the prevalence of particular birthing circumstances or outcomes.

Figure 9.4.8

Birth Circumstance or Outcome	Member Count	Birth Circumstance or Outcome Percentage
Stillbirth	27	0.55%
Preterm Labor and Delivery	292	5.97%
Cesarean Section	1223	24.99%

Pregnancy and Postpartum: Quality Scores

The rates shown below reflect Measurement Year 2023-2024 HEDIS results for measures specific to pregnancy and postpartum care.

Rates that are below the Minimum Performance Level (MPL) are indicated with an asterisk.

Figure 9.4.9

MY2023-MY2024 HEDIS Results for Maternal Health						
MY2024, HEDIS Measures	Medicaid 50th Percentile (Minimum Performance	Medicaid 90th Percentile (High Performance Level)	Santa Barbara County, 2023	San Luis Obispo County, 2023	Santa Barbara County, 2024	San Luis Obispo County, 2024
Timelines of Prenatal Care	84.55	91.85	86.41	91.85	89.78	91.00
Postpartum Care	80.23	86.62	95.65	92.93	95.85	88.00
Postpartum Depression Screening and Follow Up: Screening	1.30	29.84	37.42	54.00	4.47	2.47
Postpartum Depression Screening and Follow up: Follow up	61.70	84.44	84.78	84.44	100	100
Prenatal Depression Screening and Follow up: Screening	5.62	41.38	42.58	65.33	21.82	33.03
Prenatal Depression Screening and Follow up: Follow-up	50.98	66.67	50.98	29.79	41.18*	55.56
Prenatal Immunization Status-Influenza	25.10	38.51	53.68	41.95	52.42	34.33
Prenatal Immunization Status-Tdap	56.53	76.54	80.06	73.37	82.46	73.89
Prenatal Immunization Status-Combo (Flu & Tdap)	20.85	35.60	50.22	39.47	49.51	32.25

Assessment of Need

The relatively low utilization of benefits and services available to pregnant and postpartum members as shown in Figure 9.4.7 highlights a need to improve education about available services to promote maternal wellness.

MY2023-MY2024 HEDIS results for Maternal Health showed high performance for prenatal and postpartum care in San Luis Obispo and Santa Barbara County. Results indicate screening for Prenatal and Postpartum Depression in 2024 surpassed the 50th percentile, but did decrease from 2023. Of those diagnosed with prenatal depression, there is a need for more consistent follow-up, particularly in Santa Barbara County which had a rate below the MPL in 2024. All prenatal immunizations exceeded 90th percentile for both counties.

Assessment of Activities

CenCal Health distributes monthly Wellness and Prevention campaigns to pregnant and postpartum members, as described in section 3.2. These campaigns include important topics for this population, including nutrition, exercise, mental health, birth preparation, breastfeeding, key member benefits, and community resources.

CenCal Health also offers a Maternal Mental Health Disease Management program, as described in section 3.4.

Assessment of Resources

Resources related to Wellness and Prevention campaigns are described in section 3.2.

Resources related to the Maternal Mental Health program are described in section 3.4.

Plan to Address Gaps

To increase access and utilization, CenCal Health will focus on effective promotion of key member benefits and services for pregnant and postpartum members, including lactation education, doula support, acupuncture, and chiropractic.

10. Health Equity

CenCal Health's vision is to be a trusted leader in advancing health equity so that our communities thrive and achieve optimal health together.

CenCal Health's PNA includes an assessment of CenCal Health's population member profile to anticipate and plan for changes in the language services provided to our members. See section 6 "Members with Limited English Proficiency" for a complete assessment of CenCal Health's language profile as well as a description of activities and resources in place to meet members' language needs.

As seen throughout the report, the CenCal Health PNA assesses healthcare disparities stratified by race/ethnicity, language, and other indicators, by utilizing MY2024 MCAS measure data.

Disparities in Measures of Clinical Performance by Race/Ethnicity

The following measures were assessed and showed identified and prioritized disparities of 25% or greater between racial or ethnic groups. For exact rates and a description of activities planned to close the disparity, see section 3.6, Health Disparities.

- Immunizations for Adolescents

Disparities in Measures of Clinical Performance by Language

The following measures were assessed and showed identified and prioritized disparities of 25% or greater between languages. For exact rates and information, see the Health Disparities tables in section 3.6.

- Childhood Immunization Status
- Immunizations for Adolescents
- Lead Screening in Children

Reducing Disparities

Based on the results of the health disparities assessment, CenCal Health prioritizes opportunities to reduce health care inequities. Section 3.6 describes current activities and resources utilized and implemented to address the identified disparities related to race/ethnicity and language. In addition to current activities and resources in place, CenCal Health will implement additional interventions to reduce disparities, including the following:

- Monthly monitoring of rates through the Quality Care Incentive Program dashboard and Health Equity dashboard
- Continuous collaboration with Providers to ensure disparities are addressed timely and effectively
- Periodic provider trainings, both virtually and in-person, to promote best practices for health care delivery and reducing barriers to care
- Continuing, enhancing, and/or adding new member educational interventions

11. Population Health Management Integration

Upon adoption of this report by the Quality Improvement and Health Equity Committee (QIHEC) annually, CenCal Health's PHM program activities are updated to reflect the Plans to Address Gaps identified within the report. Any activities or resources identified as needing intervention or expansion are collaboratively considered by joint workgroups with at minimum Care Management, Behavioral Health, and Provider Services, as applicable.

11.1. Updating PHM Activities to Meet Member Needs

2025 findings have highlighted areas in need of improvement which will be integrated within CenCal Health's PHM program activities. The following are those areas which indicated a need to address gaps, including a high-level description of how the gap will be addressed.

- Disease Prevention
    - Create and distribute member and provider education on the prevention of COPD in young adults, as well as the prevention of STIs/HIV in the Hispanic and Spanish speaking populations
- Childhood Immunizations
    - Implement a targeted Wellness and Prevention Campaign
    - Continue the development of immunization "Opportunity Reports" for providers
- Topical Fluoride Varnish
    - Create and distribute member and provider education for members ages 12-21
- Alcohol Abuse Prevention
    - Create and distribute member and provider education for alcohol abuse prevention
- Prenatal and Postpartum Education
    - Enhance existing Wellness and Prevention Campaigns to more clearly highlight important available benefits and services

11.2. Updating PHM Resources to Meet Member Needs

There were no identified gaps in CenCal Health resources in the 2025 assessment. In response to resource gaps identified in the 2024 PNA, CenCal Health increased its network of Contracted Community Health Workers, and ensured its network of interpreters was sufficient to meet member needs.

11.3. Addressing Identified Health Disparities

Based on the findings of this report as well as the assessment of gaps in activities or resources, CenCal Health will work to address the disparities identified in section 3.6. The identified disparities as well as CenCal Health's high-level plans to address them are listed. CenCal Health's plans to address these health disparities are described in more detail in section 3.6.

- Immunizations for English speaking children in Santa Barbara County
    - Implement a Wellness and Prevention campaign

- Immunizations for White and English-speaking adolescent members in San Luis Obispo County
    - Implement a Wellness and Prevention campaign
    - Offer additional "Vaccine Confidence" trainings

11.4. Community Resource Integration

Utilizing findings from this report, CenCal Health considers areas for improvement in promoting or partnering with community-based organizations. Integration with community resources is an essential component of ensuring CenCal Health responds effectively to member needs.

CenCal Health supports community improvement activities by attending planning meetings and meaningfully collaborating in Local Health Jurisdiction (LHJ) Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP). Participation in these efforts ensures that CenCal Health is able to integrate community programs and interventions into program offerings to meet member needs. CenCal Health staff attend planning and working meetings and provide data and other deliverables to aid in planning and improvement efforts. For Santa Barbara County's CHA, CenCal Health participates in the overall workgroup, as well as the Secondary Data workgroup and the Methodology workgroup. For San Luis Obispo County's CHIP, CenCal Health participates in the "Health Team" related to adolescent mental health.

The goal in collaborating with LHJ CHA/CHIPS is to benefit from cultivating stronger relationships with LHJs as well as with other participating community stakeholders, which may represent different racial/ethnic groups, CBOs, and various sectors—including education, housing, and other health and social providers in the community.

Additionally, CenCal Health engages its Community Advisory Board (CAB) as part of the participation with LHJs. The CAB provides a forum for CenCal members, their representatives, and community agencies to discuss common issues of interest and importance. CenCal Health regularly reports on CHA/CHIP updates and involvement at quarterly CAB meetings, as well as solicits input and advice from CAB members on how best to utilize findings from CHA/CHIPs to influence health plan strategies and workstreams related to wellness and prevention, health equity, health education, and cultural and linguistic needs.

Additionally, CenCal Health connects at-risk members with shelters, and connects food-insecure members with food security programs through Community Supports programs and the Community Benefits Program, as described in section 3.5.

Finally, CenCal Health refers members to community resources based on need. For example, within the 2025 Population Needs Assessment (PNA), CenCal Health identifies Basic Population Health Management (BPHM) as a significant service necessary to meet members' health needs (PNA section 3.1). Within BPHM, "Programs to Address Maternal Health Outcomes" is a key component listed as part of the BPHM system (PNA Section 3.1). To address member health priorities based on the key components of the BPHM system, CenCal Health developed a recurring systematic intervention to provide Wellness and Prevention health education campaigns called "Healthy Pregnancy"

and "Healthy Postpartum" to promote positive maternal health outcomes (PNA section 3.2). Both campaigns include health education materials that contain community resource information relevant to pregnant and postpartum members. These mailings are sent monthly to newly identified pregnant members, ages 18 and older who are at least 12 weeks pregnant, and to newly identified postpartum members, up to 12 months postpartum. This is an example of how CenCal Health connects members to community resources by actively responding to members' need for BPHM identified within the Population Needs Assessment.

Appendix A: List of Figures