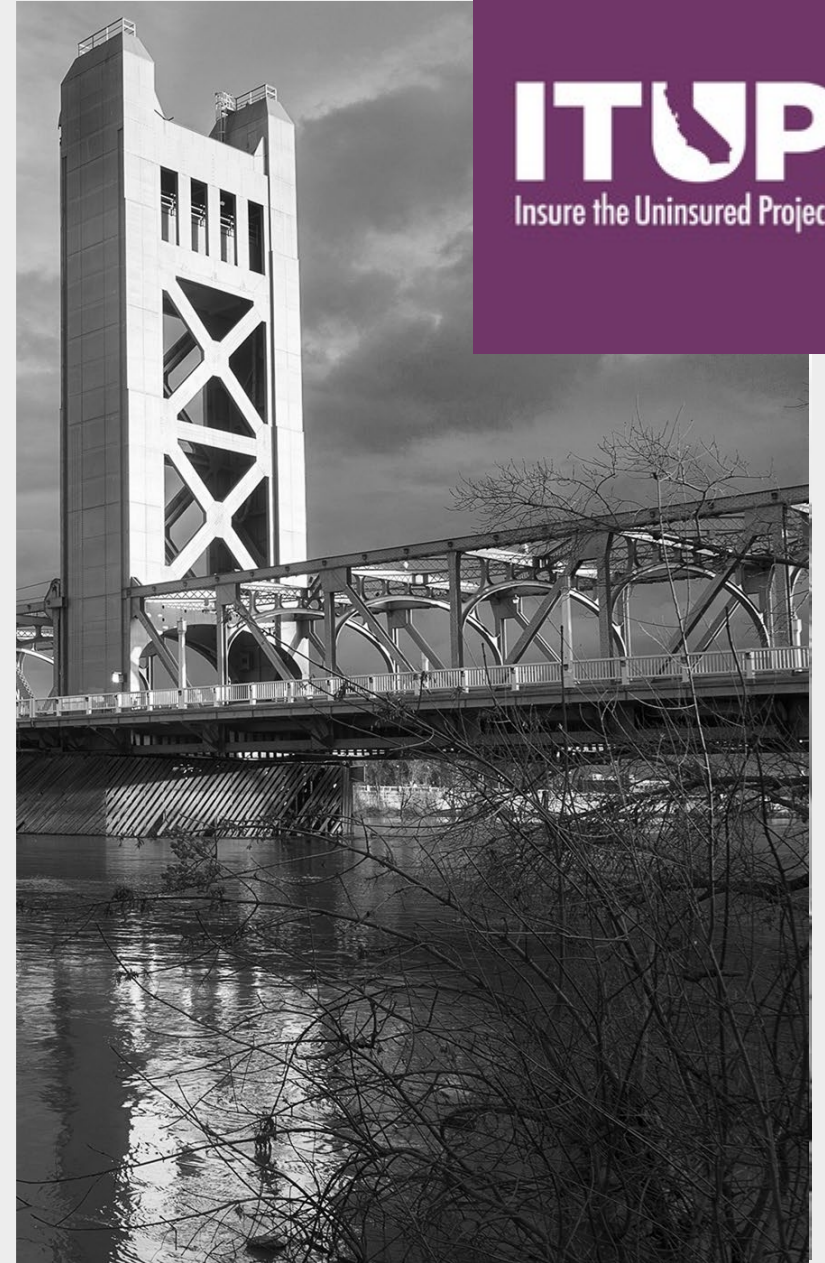


2024 Presidential Election: What's at Stake for Health Equity in California?

Tuesday, October 29, 2024

1:30 p.m. – 3:00 p.m.



Housekeeping



- **This session is being recorded.** The meeting, links and resources will be emailed to participants and posted to the ITUP website after the meeting.
- **Closed Captioning is available.** To enable captions, select the “CC” or transcript icon from your toolbar.
- **Submit your questions** at any time during today’s webinar using the Q&A function on your screen.
- **Chat is open** and we encourage you to engage throughout today’s discussion.

Agenda for Today's Policy Forum



AGENDA*	
1:30 – 1:40 p.m.	Welcome and Introductions Crispin Delgado, MPP (he/him), Executive Director, Insure the Uninsured Project (ITUP)
1:40 – 1:50 p.m.	Setting the Context: Disrupting the Path to Authoritarianism Crispin Delgado, MPP (he/him), Executive Director, Insure the Uninsured Project (ITUP)
1:50 – 2:40 p.m. <i>Including Q&A</i>	Election 2024: A Fireside Chat of the Impacts on Health Equity Crispin Delgado, MPP (he/him), Executive Director, Insure the Uninsured Project (ITUP) (<i>moderator</i>) Kiran Savage-Sangwan, MPA (she/her), Executive Director, California Pan-Ethnic Health Network (CPEHN) Nanette Star, MPH (she/her), Director of Policy & Planning, California Consortium of Urban Indian Health (CCUIH) Carolyn Wang Kong, MPH, MPP (she/her), President and Executive Director, Asian Pacific Fund
2:40 - 2:55 p.m.	Reflections and Discussion Raúl Macías, JD (he/him), Program Director, Democracy, Evelyn & Walter Haas, Jr. Fund
2:55 – 3:00 p.m.	Wrap Up

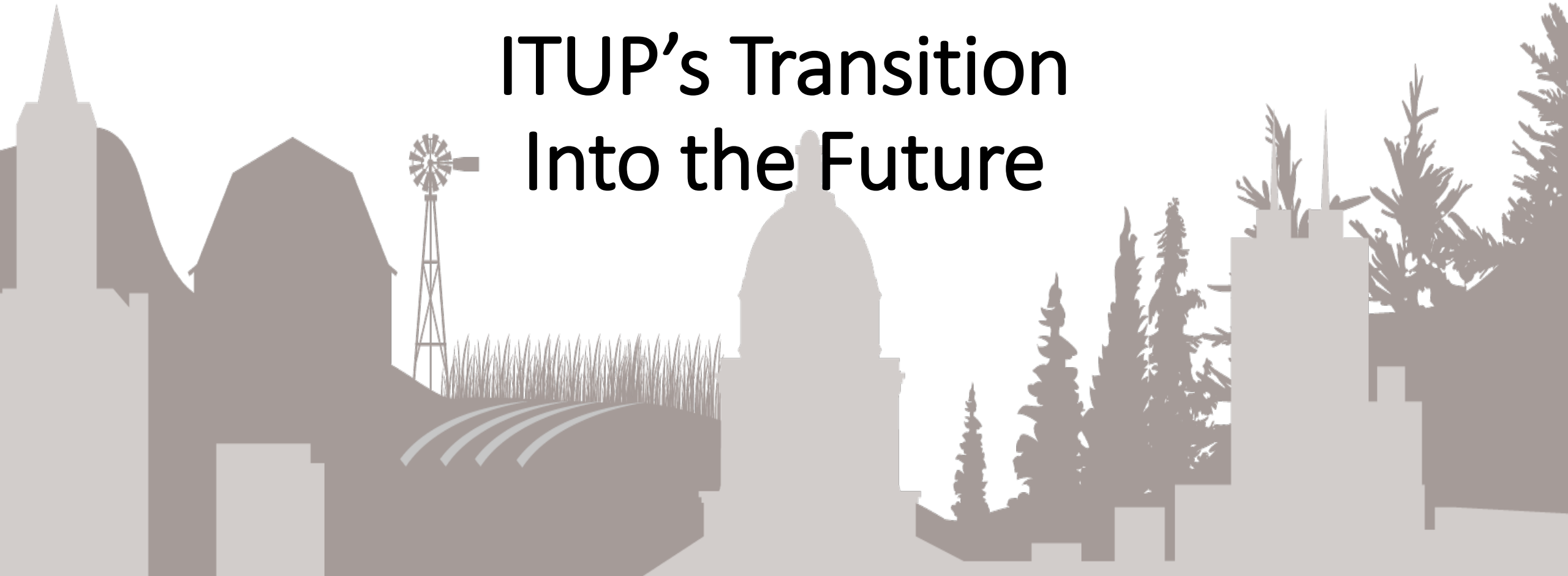
Welcomes and Introductions



Crispin Delgado, MPP (he/him)
Executive Director, Insure the Uninsured
Project (ITUP)



ITUP's Transition Into the Future



ITUP convenes regional stakeholders to identify local health needs



EMPOWER REGIONAL LEADERS TO INFORM HEALTH POLICY EFFORTS

ITUP leads **10 health equity collaboratives across the state, with 500+ active participants.** These forums are a safe space for our multi-sector stakeholders to uplift their community's **voice, needs, and concerns.** Participants candidly share feedback on the implementation of policy efforts. ITUP leverages this unique intelligence to refine policy efforts.

ITUP amplifies **COMMUNITY VOICE**



ITUP WORKS WITH STATE LEADERS TO SHAPE HEALTH POLICY EFFORTS ON BEHALF OF ITS MISSION & STAKEHOLDERS

ITUP staff work with government leaders to understand current and emerging health policy and legislative efforts that impact health equity. Simultaneously, ITUP engages its **4,000+ stakeholders on these matters to provide policy makers with community-informed feedback.**

ACCESS TO EQUITABLE CARE

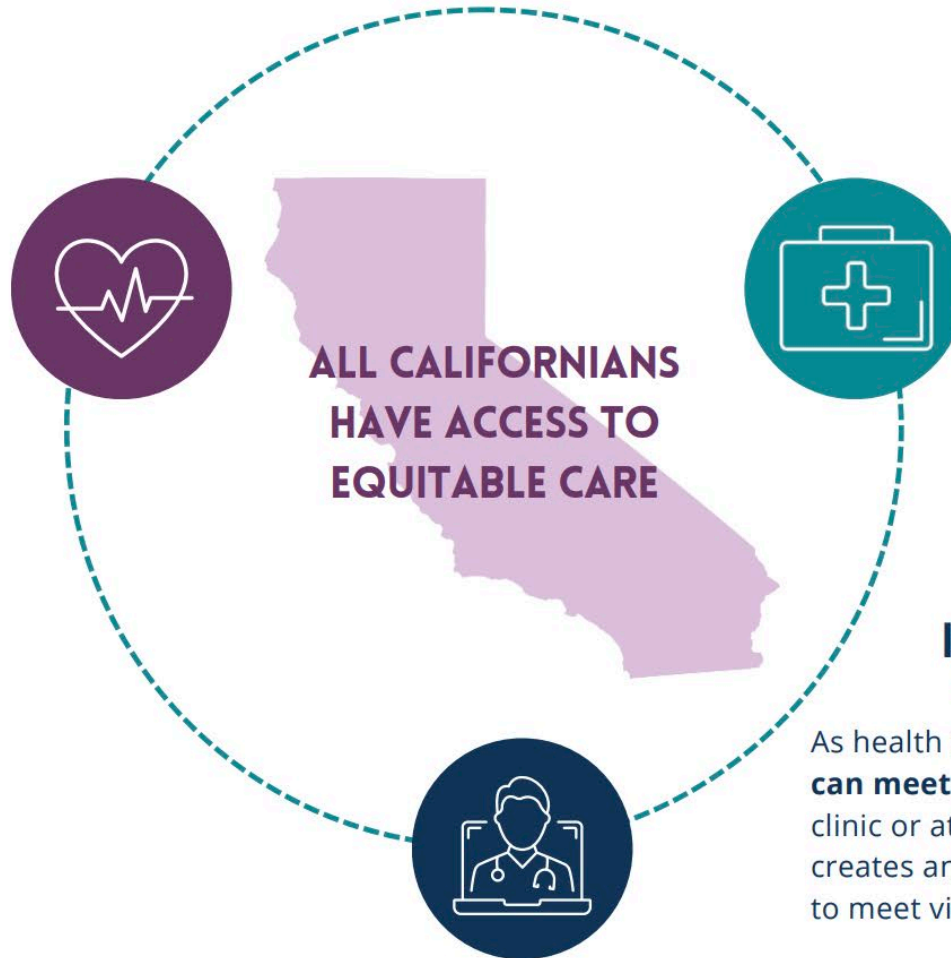


Equitable health is defined as a diverse health workforce that leverages human and technology resources to provide high-quality and effective care to meet patients where they are by identifying & addressing their health and social needs. By diversifying the workforce, fueling data-driven care, and embracing proven technology to improve access, we will see the closing of health outcome disparities.

California's health workforce is diverse and meets the needs of the communities they serve

Primary care teams can assess and create care plans to meet patient health goals, including seamless access to specialty and behavioral health.

Patients receive culturally-responsive care that meet their linguistic and cultural needs, thereby improving compliance and health outcomes.



California's health systems have access to health and social data to drive equitable outcomes

California's local health systems have access to aggregated health and social data through the California's Data-Exchange Framework. This data is crucial to addressing SDOH and Population Health Management strategies.

California's workforce leverages technology-based solutions to expand access

As health care delivery models evolve, providers can meet people where they are, whether in a clinic or at a dining table. Broadband access creates an opportunity for patients and providers to meet virtually.



ITUP Publications



ITUP Insure the Uninsured Project

Issue Brief

Leveraging Data to Advance Health Equity and Success in CalAIM

APRIL 2024

EXECUTIVE SUMMARY

Data exchange is integral to identifying and connecting populations to health and social services, modernizing delivery systems, and improving quality of care for all Medi-Cal patients. This issue brief explores how improved health and social services information exchange through the California Health and Human Services (CalHHS) Data Exchange Framework (DxF) is essential for the foundational success of California's Advancing and Innovating Medi-Cal (CalAIM) Initiative. Data sharing through the DxF directly supports CalAIM's goals to improve whole person care by addressing social determinants of health (SDOH), improving systems of care for Medi-Cal members, generating better health outcomes and advancing health equity.¹ Data sharing is a vital element to measure the impact on health care access and health outcomes for Medi-Cal members.² This brief further examines data sharing needs for **five major CalAIM initiatives**:

Connect
Medi-Cal Members to Community Supports

Transition
Dual-Eligibles to Managed Care

Transform
Behavioral Health Services

Identify and Address
Health and Social Needs of Justice-Involved Medi-Cal Members

Establish
Statewide Population Health Management

CalAIM & DxF TIMELINE

- January 2022**
Enhanced Care Management (ECM) and Community Supportive Initiative launches. Mandatory Managed Care Enrollment for dual-eligibles launches.
- July 2022**
CalHHS establishes Data Sharing Agreement (DSA) and Data Exchange Framework (DxF) as mandated by AB 133, and releases a final version of the DSA and an initial set of policies and procedures to govern the DxF.
- July 2022**
Behavioral Health No Wrong Door Policy goes live.
- November 2022**
DSA signing begins.
- January 2023**
Deadline for DSA to be signed by required signatories in California.
- January 2023**
Justice-Involved Initiative launches, releasing applications for county jail and youth correctional facilities.
- January 2023**
Population Health Management (PHM) launches. Full statewide launch of PHM is still being determined.
- January 2024**
Most required DxF signatories must begin to exchange health information for treatment, payment, health care operations, and public health activities.
- January 2024**
Qualified Health Information Organization (QHIO) for the DxF are announced.
- April 2024**
Beginning of 24-month phase-in period for Justice-Involved pre-release Medi-Cal services.
- January 2025**
All required DxF signatories must begin sharing health information.

ACRONYMS 101: Lingo To Know

BIPOC = Black, Indigenous, and Other People of Color	HIE = Health Information Exchange
CalAIM = California Advancing and Innovating Medi-Cal	HIO = Health Information Organization
CIE = Community Information Exchange	HSSI = Health and Social Services Information
CBQ = Community-Based Organization	MCP = Medi-Cal Managed Care Plan
DxF = Data Exchange Framework	QHIO = Qualified Health Information Organization
DSA = Data Sharing Agreement	SOGI = Sexual Orientation and Gender Identity
ECM = Enhanced Care Management	SOGI = Sexual Orientation and Gender Identity
EHR = Electronic Health Record	SDOH = Social Determinants of Health

ITUP Insure the Uninsured Project

POLICY TOOLKIT

AUGUST 2024

BEHAVIORAL HEALTH IN CALIFORNIA

THIS CURATED POLICY TOOLKIT combines the wide array of California initiatives and resources that support the emotional and behavioral well-being of Californians. It contains hyperlinks to help seamlessly navigate between the federal entities, state agencies, initiatives, policy plans, engagement opportunities, and additional resources that help to ensure a better future of behavioral health care for California communities.

What is Behavioral Health?

Behavioral health refers to the behaviors that affect an individual's wellbeing, encompassing mental, emotional, and social aspects.¹ Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions, such as mental health, substance abuse, etc.²

Key California Behavioral Health Initiatives

Mental Health Services Act (MHSA)

The Mental Health Services Act (MHSA) is a personal income tax on yearly incomes exceeding \$1 million. The MHSA funds California's behavioral health system and allocates the majority of funds to county mental health departments to support implementation of behavioral health services. The Department of Mental Health (DMH) and the Mental Health Services Oversight and Accountability Commission (MHSOAC) provide oversight on the distribution of MHSA funds.

Children & Youth Behavioral Health Initiative (CYBHI)

The Children & Youth Behavioral Health Initiative (CYBHI) is a multi-billion-dollar, multi-year investment plan for California's youth behavioral health system. Streamlined by five state departments, the initiative aims to address the youth mental health crisis in California and transform the behavioral health care and health care delivery system for children, youth, and families.

Mental Health for All (MH4A)

Mental Health for All is a multi-year effort to transform California's behavioral health landscape. Starting in Summer 2024, this effort aims to use Proposition 1 implementation to work toward all counties adopting comprehensive behavioral health services plans by 2026.

Proposition 1 (Prop 1)

Proposition 1 (Prop 1) is a multi-billion dollar bond which intends to expand access to behavioral health systems. Prop 1 changes the legislative language of the MHSA to encompass all of the Behavioral Health Services Act. Prop 1 reduces the allocated MHSA funding and increases state administered funding. This proposition utilizes the funds for treatment facilities and supportive housing for veterans and individuals with behavioral health challenges.

Fast Facts

- 1 in 7** adults experience a mental illness*
- 2/3** of adolescents with major depressive episodes do not get treatment*
- 82%** of people experiencing homelessness had a mental health condition or substance use challenge*
- 66%** of people experiencing homelessness experience mental health problems, such as depression, anxiety, hallucinations, or trouble remembering things*
- 1 in 10** children living below the federal poverty level experience serious emotional disturbances*

ITUP Insure the Uninsured Project

Coverage in California at a Glance

Overview of California

August 2024

FIGURE 1. Race/Ethnicity and Insurance Status Across California¹

	Latinx	White	Black	AI/AN	Asian	NH/PI	2+
Percent of Total Population	39.6%	38.1%	5.5%	0.4%	13.1%	0.4%	2.8%
Percent Insured	91.6%	90.0%	95.3%	95.2%*	95.0%	99.9%*	95.2%
Percent Uninsured	8.4%	2.0%	4.7%	4.8%*	5.0%	-	4.8%

AI/AN—American Indian/Alaska Native | NH/PI—Native Hawaiian/Pacific Islander | 2+ = Two or More Races
* Data for these categories are considered statistically unstable. | (†) Notes a value unavailable due to data rounding.

FIGURE 2. Employer-Sponsored Coverage, 2022²

Employer-Sponsored Coverage: **18.8M** (49.3%)

Race/Ethnicity Breakdown Among Californians with Employer-Sponsored Coverage:

White	42.1%
Latinx	33.1%
Asian	15.8%
Black	4.6%
AI/AN	0.2%
NH/PI	0.4%
Two or More Races	3.6%

AI/AN—American Indian/Alaska Native | NH/PI—Native Hawaiian/Pacific Islander

Setting the Context: Disrupting the Path to Authoritarianism



Crispin Delgado, MPP (he/him)
Executive Director, Insure the Uninsured
Project (ITUP)



Video: Who are California's Voters?



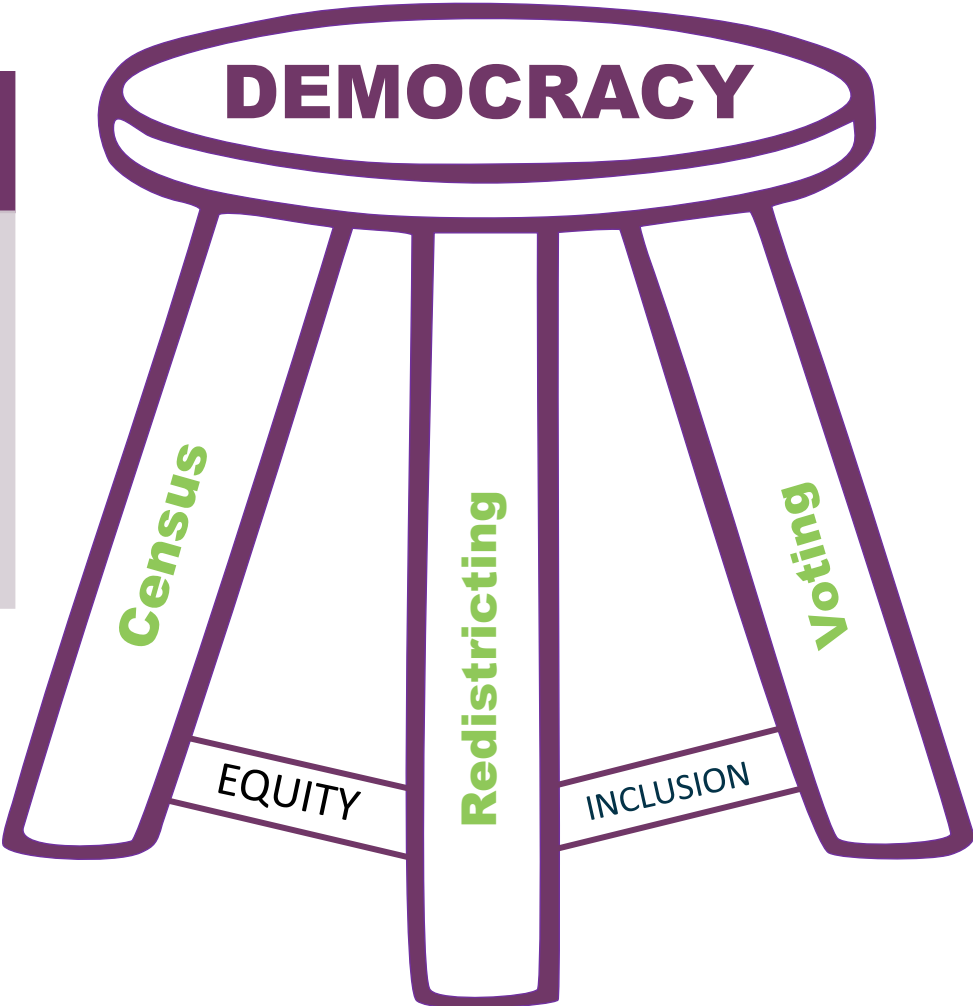
Explainer

Who Are California's Voters?

PROTECTING US DEMOCRACY IN CALIFORNIA

THE THREE-LEGGED STOOL OF DEMOCRACY

CENSUS	REDISTRICTING	VOTING
Support full and complete Census Count of everyone in California	Promote Inclusive redistricting processes for all residents	Protect Free and Fair voting process for all voters



Voter awareness



- Misinformation + Disinformation
- Polarized perspectives and policy agendas
- Democracy at risk
- HAVE A PLAN (For you and your loved ones+ community)

Propositions

- Several statewide propositions on the ballot
- California is one of the few states that allows people collect signatures to add propositions on the ballot
- These can be confusing, as they are very specific to an industry or very general, making implementation difficult to imagine
- Homework to make the right voting decisions, and share

WHAT IS AT RISK IN THE 2024?

PATIENT PROTECTION & AFFORDABLE CARE ACT

HEALTH FOR ALL EFFORTS

DIVERSE HEALTH WORKFORCE

ECONOMIC STABILITY

MEDI-CAL EXPANSION

TELEHEALTH & BROADBAND ACCESS

FUTURE OF DEMOCRACY

REPRODUCTIVE JUSTICE

EDUCATIONAL OPPORTUNITY

IMMIGRATION

JUSTICE-INVOLVED POPULATIONS

GLBTQQIA+ RIGHTS

PUBLIC CHARGE REACTIVATED

HEALTH EQUITY EFFORTS

STATUS AS GLOBAL LEADER

HUMAN RIGHTS

How can we prepare our communities to vote for a more equitable future?



what can we do to be heard if we are not eligible to vote in this election?

Election 2024: A Fireside Chat of the Impacts on Health Equity



Kiran Savage-Sangwan, MPA (she/her)
Executive Director,
California Pan-Ethnic Health Network



Nanette Star, MPH (she/her)
Director of Policy & Planning,
California Consortium for Urban Indian Health



Carolyn Wang Kong, MPH, MPP (she/her)
President and Executive Director,
Asian Pacific Fund

Reflections & Discussion

Raúl Macías, JD (he/him)

Program Director, Democracy, Evelyn & Walter
Haas Jr. Fund



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ADVANCING EQUITY SUSTAINING THE MOVEMENT FROM COVERAGE TO ACCESS

ITUP 29th Annual Conference
February 3-4, 2025 • Sacramento, CA



[Register Today!](#)



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