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**PLEASE NOTE:** THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

**I. Meeting Information**

**Meeting Name:** Community Advisory Committee (CAC)

Date	Time	Location
<p>Thursday, March 12, 2026</p>	<p>10:00 AM- 12:00 PM</p>	<p>Video Conference Call and In-person.</p> <p><b>Alameda Alliance for Health</b>            Oakland/Hayward Rooms            1240 South Loop Road            Alameda, CA 94502</p> <p>4051 Lonetree Way            Antioch, CA 94531</p> <p>1926 11th Ave            Oakland, CA 94606</p>

<b>Meeting Chair and Vice Chair</b>	<b>Call-In Number</b>	<b>Webinar URL</b>
<p>Natalie Williams, Chair</p> <p>Tandra DeBose, Vice Chair</p>	<p><b>Telephone Number:</b>  <b>1.510.210.0967</b></p> <p><b>Code:</b>              844 636 224#</p>	<p><a href="#">Join the meeting now</a> in Microsoft Teams. Link is also in your email.</p>

**II. Meeting Objective**

Advise the Alliance on cultural, linguistic and policy concerns and offer the Alliance a member’s point of view about the needs and concerns of special groups such as older adults and persons with disabilities, families with children, and people who speak a primary language other than English.

**III. Voting Members**

Name	Title
<input type="checkbox"/> Biding, Marilen, BSN	Alameda County Healthy Homes Department
<input type="checkbox"/> Brabata Gonzalez, Valeria	Alliance Member
<input type="checkbox"/> DeBose, Tandra	Community Advocate, Vice Chair
<input type="checkbox"/> Garner, Erika	Community Advocate
<input type="checkbox"/> Garcia, Irene	Alliance Member
<input type="checkbox"/> Griggsmurphy, Donna	Alliance Member
<input type="checkbox"/> Harris, Lenore	Parent of Alliance Member
<input type="checkbox"/> Jackson, Reginald	Communities for a Better Environment
<input type="checkbox"/> Le, Mimi	Alliance Member
<input type="checkbox"/> Leonard-Pageau, Donna	Alliance Member
<input type="checkbox"/> Lowe, Kerri, LCSW	Alameda County Public Health
<input type="checkbox"/> Matias Pablo, Mayra	Parent of Alliance Member
<input type="checkbox"/> Moore, Jody	Parent of Alliance Member
<input type="checkbox"/> Omotoso, Omoniyi, MD	Native American Health Center
<input type="checkbox"/> Pageau Jr, Keith	Alliance Member
<input type="checkbox"/> Porter, Kenneth	Greater New Beginnings
<input type="checkbox"/> Richardson, Sonya	Alliance Member
<input type="checkbox"/> Tong, Shirley	Parent of Alliance Member
<input type="checkbox"/> Turner, Len	Greater New Beginnings

**Alameda Alliance for Health  
Community Advisory Committee Meeting Agenda**



<input type="checkbox"/> Williams, Natalie	Alliance Member, Chair
<input type="checkbox"/> Williams, Robert	Alameda County Health and Human Resource Education Center
<input type="checkbox"/> Wynn, Cecelia	Alliance Member

**IV. Meeting Agenda**

Topic	Responsible Party	Time	Vote to Approve or Informational
<b>Welcome and Introductions</b> <ul style="list-style-type: none"> <li>Member Roll Call</li> <li>Alliance Staff</li> <li>Visitors</li> </ul>	<b>Natalie Williams</b> Chair	5	Information
1. Approval of Minutes from <ul style="list-style-type: none"> <li>December 4, 2025</li> </ul>	<b>Natalie Williams</b> Chair	3	Vote
2. Approval of Agenda	<b>Natalie Williams</b> Chair	2	Vote
<b>CEO Update</b>			
1. CEO Report <i>(All Lines of Business)</i>	<b>Matt Woodruff</b> Chief Executive Officer	20	Information
<b>Follow-up Items</b>			
1. Follow-up Items from <ul style="list-style-type: none"> <li>December 4, 2025 <i>(All Lines of Business)</i></li> </ul>	<b>Mao Moua</b> Manager, Cultural and Linguistic Services	5	Information
<b>New Business</b>			
1. Alliance in the Community <i>(All Lines of Business)</i>	<b>Thomas Dinh</b> Community Outreach Coordinator II	10	Information
2. Cultural and Linguistic Services Program Description Annual Review <i>(All Lines of Business)</i>	<b>Mao Moua</b> Manager, Cultural and Linguistic Services	30	Information/ Discussion
3. 2025 Cultural and Linguistic Services Work Plan Goals Update and Evaluation Input <i>(Medi-Cal and Group Care)</i>			
<b>Alliance Reports</b>			
1. Grievance and Appeals	<b>Jennifer Karmelich</b>	30	Information

**Alameda Alliance for Health  
Community Advisory Committee Meeting Agenda**



Topic	Responsible Party	Time	Vote to Approve or Informational
<ul style="list-style-type: none"> <li>Overview of Process <i>(All Lines of Business)</i></li> <li>2025 Report <i>(Medi-Cal and Group Care)</i></li> </ul>	Director, Quality Assurance		
<b>CAC Business</b>			
1. CAC Membership Update <i>(All Lines of Business)</i>	<b>Mao Moua</b> Manager, Cultural and Linguistic Services	3	Information
2. Confidentiality and Conflict of Interest Form <i>(All Lines of Business)</i>	<b>Misha Chi</b> Interpreter Services Coordinator	3	Information
<b>Open Forum</b>			
1. Public Comments 2. Next Meeting Topics	<b>Natalie Williams</b> Chair	5	Information
<b>Adjournment</b>	<b>Natalie Williams</b> Chair	2	Next meeting: <b>June 11, 2026</b>

**Americans with Disabilities Act (ADA):** It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance, such as auxiliary aids and services, beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Misha Chi** at **510.708.4071** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.



**COMMUNITY ADVISORY COMMITTEE (CAC)**

Thursday, December 04, 2025, 10:00 AM – 12:00 PM

<b>Committee Members</b>	<b>Role</b>	<b>Present</b>
Cecelia Wynn	Alliance Member	X
Donna Griggsmurphy	Alliance Member	X
Donna Leonard-Pageau	Alliance Member	X
Erika Garner	Alliance Member	X
Irene Garcia	Alliance Member	X
Jennifer Gudiel	Alameda County Asthma Start Program	
Jody Moore	Parent of Alliance Member	X
Keith Pageau Jr.	Alliance Member	X
Kenneth Porter	Greater New Beginnings	X
Len Turner	Greater New Beginnings	X
Lenore Harris	Parent of Alliance Member	X
Kerrie Lowe	Social Worker, Alameda County Public Health	X
Marilen Biding, MSN	Alameda County Health Homes Department	
Mayra Matias Pablo	Parent of Alliance Member	
MiMi Le	Alliance Member	
Natalie Williams	Alliance Member	X
Omoniyi Omotoso	Native American Health Center	X
Reginald Jackson	Communities for a Better Environment	
Robert Williams	Alameda County Health and Human Resource Education Center	X
Shirley Tong	Parent of Alliance Member	X
Sonya Richardson	Alliance Member	
Tandra DeBose	Alliance Member	X
Valeria Brabata Gonzalez	Alliance Member	X

<b>Other Attendees</b>	<b>Organization</b>	<b>Present</b>
Andrea Wise	Alameda County Public Health	X
Carolina Guzman	Alameda County Public Health	X
Jesus Verduzco	Alameda County Public Health	X
Kellie Knox	City of Berkeley	X
Kristen Golden Teste	Golden Policy Partners	X
Mary Kim-Dickson	CHME	X
Melodie Shubat	CHME	X

<b>Alliance Staff Members</b>	<b>Title</b>	<b>Present</b>
Beverly Juan	Medical Director, Case Management and Community Health	x
Cecilia Gomez	Senior Manager, Provider Services	x
Farashta Zainal	Manager, Quality Improvement	x
Gabriela Perez-Pablo	Outreach Coordinator	x
Gil Duran	Manager, Population Health and Equity	x
Isaac Liang	Outreach Coordinator	x
Jessica Jew	Population Health and Equity Specialist	x
Julio Sandoval	IT Service Desk Coordinator	x
Karina Rivera	Director, Public Affairs and Medica Relations	x
Katrina Vo	Senior Communications and Content Specialist	x
Kayla Williams	Manager, Member Experience and Program Management	x
Lao Paul Vang	Chief Health Equity Officer	x
Linda Ayala	Director, Population Health and Equity	x
Loc Tran	Manager, Access to Care	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Outreach and Communications	x
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Health Education Coordinator	x
Monique Rubalcava	Health Education Specialist	x
Peter Currie	Senior Director, Behavioral Health	x
Rosa Carrodus	Disease Management Health Educator	x
Shivani Pillay	Policy Analyst	x
Stephanie Brown	Medical Director, Medical Services	x
Steve Le	Outreach Coordinator	x
Thomas Dinh	Outreach Coordinator	x
Yemaya Teague	Senior Analyst, Health Equity	x
Yen Ang	Director, Health Equity	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
<b>1. WELCOME AND INTRODUCTIONS</b>			
N. Williams	N. Williams called the meeting to order at 10:03 am. A roll call was taken, and a quorum was established. Introduction of staff and visitors was completed.	None	None
<b>2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM</b>			
N. Williams	Motion to approve September 11, 2025, CAC Meeting Minutes.	<u>Motion:</u> T. Debose <u>Second:</u> O. Omotoso <u>Vote:</u> Approved by consensus.	None
<b>2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA</b>			
N. Williams	Motion to approve December 4, 2025, CAC Meeting Agenda.	<u>Motion:</u> T. Debose <u>Second:</u> V. Gonzalez <u>Vote:</u> Approved by consensus.	None
<b>3. CEO UPDATE – CEO Report</b>			
M. Woodruff	<p>Matthew Woodruff, Chief Executive Officer (CEO), presented on the Alliance Updates.</p> <p>Financials</p> <ul style="list-style-type: none"> <li>• FY 2023 and 2024: \$150 million total loss. Net loss for 13 consecutive months.</li> <li>• Starting February 2025, net income amounted anywhere from \$500,000 to \$6 million per month.</li> <li>• Tangible Net Equity (TNE) is the amount of reserves required by the state. Healthy TNE is between 300% and 600% of the requirement.</li> <li>• The Alliance was at 700% before it started to lose money and took on Anthem members. Today, the Alliance is at 220% TNE, not considered to be in the healthy range despite the net incomes since February 2025.</li> <li>• Goal is to review the budget with the Board of Governors (BOG) on 12/12/2025.</li> <li>• When the budget was presented to the BOG last June 2025, it was projected to lose about \$20 million but now projecting to make \$21 million instead. The shift is due to all changes made and advocacy work.</li> <li>• Budget presentation/report to be shared with CAC members after it is presented to the Board of Governors on 12/12/2025.</li> </ul>	None	<p>Alliance staff to share the CEO Report-Budget with CAC members after the 12/12/2025 BOG meeting.</p> <p>Alliance staff to relay feedback regarding sharing information with families regarding benefits for children with special needs, with the D-SNP team.</p>

#### Quality Scores

- 10 years ago: 40% met
- 2022: 67% met
- 2023 and 2024: 83% met
- Overall improvement in quality measures.
- Need improvement in child measures including lead screening and topical fluoride treatment.

#### State Budget and Policy

- State budget will be released in January, revised in May, and will be effective July 2026.
- There is an \$18 billion budget gap for California with just covering current services, and yet there are new services being proposed such as transitional rent and other community supports. Still unclear where the funding will come from.
- The Federal government considers community support programs as abusive spending and fraud.
- There are statewide proposals on how California can cover healthcare for undocumented immigrants. Federal government states that they should not be allowed in Medi-Cal managed care.
- *Member Question-N. Williams: When you say managed care, is it involving all age groups of undocumented immigrants or just a certain age group?*
- *Response-M. Woodruff: The federal government states that we cannot have undocumented immigrants in Medi-Cal managed care. We need to start talking with the state about the possibility of keeping them as members of the Alliance via pay-for service, and the state will pay us, however, it will not be the full range of services.*

#### Artificial Intelligence (AI)

- Federal government will come up with a set of rules for use of AI in healthcare. Healthcare decisions cannot be made by a computer, must be made by a live person. The Alliance is well within those rules.
- ❖ *Member Feedback-D. Leonard-Pageau: Regarding the dental quality measures for children, it would be helpful to have information or promotion on the computer display screens at the doctor's office so that the parents can be aware.*

	<ul style="list-style-type: none"> <li>➤ <i>Response-M. Woodruff: That's an excellent point. The weird part about the quality incentive is that the state only gives provider incentives on the services for children ages 0-5, however we are graded on ages 0-19.</i></li> <li>❖ <i>Member Feedback: When I went to apply for Medicare at 65, the good news is that my daughter who has special needs and has Medi-Cal, will also receive Medicare before she turns 65. She will receive it as soon as I start receiving Social Security benefits. But the sad thing is that they are not sharing that information with families that need that information. We shouldn't know it only when we turn 65. We should know it now, and I'm just wondering if there's any way the Alliance could start informing families in advance of the services that will be provided to them? I'm just finding out that there's so many services out there to support our children, but we are not finding out until the last minute.</i></li> <li>➤ <i>Response-M. Woodruff: I will take that back to the Medicare Team.</i></li> <li>➤ <i>Member Question-V. Gonzales: When it comes to the Alliance's financial difficulties, what are the key measures or drivers? And what are the plans to get back to a healthy financial state without sacrificing quality of care?</i></li> <li>➤ <i>Response-M. Woodruff: In 2024, the Alliance lost \$68 million. The state took back \$69 million saying that they paid the Alliance too much money. So, it was interesting that there was a takeback even though we had a loss of \$68 million. The Anthem members that transitioned to the Alliance needed a lot of care and there was a high cost in hospitalizations.</i></li> <li>➤ <i>Member Question-T. Debose: What was the outcome of that money? Did the state give it back?</i></li> <li>➤ <i>Response-M. Woodruff: No, they did not.</i></li> </ul>		
<b>4. FOLLOW-UP ITEMS</b>			
M. Moua	<p>Mao Moua, Manager of Cultural and Linguistic Services provided updates on the follow-up items from September 11, 2025</p> <ul style="list-style-type: none"> <li>• Share Analysis on any expected changes to IHSS: information was sent to CAC members via email on 11/20/2025.</li> <li>• Explore possible outreach to members before their coverage expires: Department of Health Care Services (DHCS) sent letters to members in mid-September to inform them of changes to their coverage.</li> </ul>	None	None

	<ul style="list-style-type: none"> <li>• Include Alliance Grievance and Appeals as a future agenda topic, including information on their workflow, process, and staffing: added the agenda topic and details to the CAC agenda tracker a future agenda item.</li> <li>• Clarify what CAC members can share back to their communities or organizations from the CAC meeting. Confidentiality Guidelines: <ul style="list-style-type: none"> <li>○ Information discussed during the public meeting and included in the agenda or meeting materials can be shared.</li> <li>○ The confidentiality form refers to information learned outside of the public meeting, such as conversations overheard before or after the meeting and discussions between individuals that fall outside of the scope of the public meeting agenda topics.</li> <li>○ Any information obtained through these interactions or outside what is shared at the public meeting must remain confidential.</li> </ul> </li> </ul>		
<b>5. a. NEW BUSINESS – ALLIANCE PROVIDER MANUAL</b>			
M. Lewis	<p>Michelle Lewis, Senior Manager of Communications and Outreach presented the annual review of the Alliance Provider Manual.</p> <p>Background</p> <ul style="list-style-type: none"> <li>• The annual Alliance review of the Provider Manual with the CAC to invite any suggestions or feedback.</li> <li>• Requirements <ul style="list-style-type: none"> <li>○ Solicit feedback from the contractor committees including but not limited to the CAC.</li> <li>○ In August 2025, the Provider Manual was reviewed by the Quality Improvement Health Equity Committee (QIHEC).</li> </ul> </li> </ul> <p>Summary of Changes: 2025 Updates</p> <ul style="list-style-type: none"> <li>• New and Expanded Benefits <ul style="list-style-type: none"> <li>○ Launch of Alliance Wellness Dual Eligible Special Needs (D-SNP) program.</li> <li>○ Vision services transition to Vision Service Plan (VSP)</li> </ul> </li> <li>• Regulatory Compliance Updates <ul style="list-style-type: none"> <li>○ Timely Access Standards &amp; Minimum Performance Levels</li> <li>○ Continuity of Care (CoC) policy clarifications</li> <li>○ Credentialing, Community Health Worker (CHW) requirements, Medicare opt-out rules</li> </ul> </li> <li>• Timely Access Standards for D-SNP <ul style="list-style-type: none"> <li>○ Urgent Care: immediately</li> </ul> </li> </ul>	None	<p>CAC Planning Team to add to potential CAC topics network adequacy presentation from Provider Services</p> <p>Alliance staff to coordinate provision of the Alliance Provider Manual in an alternative format to CAC member, D. Leonard-Pageau.</p>

	<ul style="list-style-type: none"> <li>○ Non-Urgent Primary Care: appointment within 7 business days</li> <li>○ Routine and Preventive Care: appointment within 30 business days</li> <li>• Timely Access Standards for Long-Term Support Services (LTSS) <ul style="list-style-type: none"> <li>○ Skilled Nursing Facilities: appointment within 5 business days</li> <li>○ Intermediate Care Facility for Developmentally Disabled: appointment within 5 business days</li> </ul> </li> <li>• Timely Access Standards for Community-Based Adult Services (CBAS): within 5 business days</li> </ul> <p>➤ <i>Member Question-N. Williams: Will these updates be carried on to 2026?</i></p> <p>➤ <i>Response-M. Lewis: Yes, they will be carried on to 2026.</i></p> <p>➤ <i>Member Question-J. Moore: Do you have the compliance rates for these timely access standards? Explain to me what you're saying. Is it that we are out of compliance, and we are trying to be in compliance?</i></p> <p>➤ <i>Response-M. Lewis: These standards are listed in our provider manual to let providers and members know that if someone requests an appointment, the appointment must be given within these time frames.</i></p> <p>❖ <i>Member Comment-J. Moore: Okay, now I understand. And so, I want to provide feedback on those services. Some of those services are not available at all. While we have these standards, often, we don't have much to offer, which sometimes leads to people having to go to other places like Utah, to access these types of facilities.</i></p> <p>➤ <i>Response-M. Lewis: Thank you for your feedback. So, what I'm hearing is that the standards don't reflect reality.</i></p> <p>❖ <i>Member Feedback-J. Moore: We can really put some strategies together but it's hard to provide those services when we don't have the budget, we don't have land to build facilities for these types of services for adults in Alameda County. I just wanted to offer feedback that we need to be realistic.</i></p> <p>➤ <i>Response-M. Lewis: The Provider Services team is working on increasing our network and there are some initiatives. Maybe we can do a presentation on that at another time. Network adequacy is important and we do have reports for that, and so if the CAC is interested in, we could take a deeper dive into that.</i></p> <p>❖ <i>Member Comment-D. Leonard-Pageau: It has a lot of pages, and due to my vision problems, I cannot read it. Maybe you can send it to me as a</i></p>		
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*PDF. This is very important information so you need to make sure everyone can access it.*

- *Response-M. Lewis: We do have alternative formats that we can provide the document to you in. So, if we could connect with Member Services afterwards, we can get the document to you in an alternative format.*
- *Response-L. Ayala: The CAC planning team will be happy to follow up to see what we can do to assist you with that.*
  
- Operational and Process Changes
  - Claims submission: new addresses, timelines, interest rules
  - Prior Authorization: updated turn-around times (TATs), standing referrals utilization management (UM) delegation
  - Telehealth: new requirements, Centers for Medicare and Medicaid Services (CMS) guidance for D-SNP
- Member Services and Communication
  - New member identification (ID) cards (samples for lines of business)
  - Interpreter and language access enhancements
  - Diversity, Equity, and Inclusion (DEI) and Transgender, Gender Diverse, and Intersex (TGI) cultural competency.
- Behavioral Health: benefit carve-outs, referral/prior authorization (PA) updates
- Pharmacy/Formulary: D-SNP formulary, new vendor, PA process
- Care Management: California Integrated Care Management (CICM) for D-SNP, Enhanced Care management (ECM) for Medi-Cal
- Resources and Contacts
  - Key phone numbers and emails (Provider Services, Member Services, Compliance)
  - Website links for forms, directories, and training
  
- ❖ *Member Feedback-K. Pageau: The numbers on the ID cards are rubbed off in the wallet. I photocopied mine and laminated it. Maybe you can have the member ID cards laminated and have them available online so they can print out a copy.*
- *Response-M. Lewis: We are looking at different materials to print the card on for that reason, so that it doesn't rub off, and you'll be happy to know that you can request a new one online, as well as print a temporary one through the Alliance Member Portal.*

<p>G. Duran C. Guzman A. Weiss</p>	<p>Gil Duran, Population and Health Equity introduced presenters, Carolina Guzman and Andrea Weiss from the Alameda County Public Health, who are presenting on the results of the Alameda County Community Health Assessment.</p> <p>Community Health Assessment (CHA) Purpose</p> <ul style="list-style-type: none"> <li>• Foundational plan for Alameda County (AC) and used for setting priorities, policy changes, and addressing health equity.</li> </ul> <p>Data</p> <ul style="list-style-type: none"> <li>• Primarily comes from voices of the community and a range of qualitative data sources. <ul style="list-style-type: none"> <li>○ Conducted 36 focus groups</li> <li>○ Conducted in 7 languages</li> <li>○ 12 community organizations hosted focus groups</li> <li>○ Spoke with 400 residents</li> </ul> </li> </ul> <p>Quantitative Efforts: Population-Level Data</p> <ul style="list-style-type: none"> <li>• Collaboration with Community Assessment Planning and Evaluation Unit to gather data from various sources.</li> <li>• Quantitative data is used to supplement community stories.</li> </ul> <p>Needs Identification Criteria for 2025 CHA</p> <ul style="list-style-type: none"> <li>• Severity and magnitude of need</li> <li>• Community priority</li> <li>• Clear disparities or inequities</li> </ul> <p>2025 Community Health Needs List</p> <ul style="list-style-type: none"> <li>• Social determinants of health: economic and environmental factors</li> <li>• Chronic diseases: screening and timely treatment</li> <li>• Communicable diseases: awareness and education</li> <li>• Behavioral health: access, culturally relevant</li> </ul> <p>Health Need: Social Determinants of Health</p> <ul style="list-style-type: none"> <li>• Built environment <ul style="list-style-type: none"> <li>○ Traffic accidents <ul style="list-style-type: none"> <li>▪ AC motor vehicle death rates are significantly worse for people who identify as Black or Latino/a/x.</li> </ul> </li> </ul> </li> </ul>	<p>None</p>	<p>None</p>
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	<ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li> <ul style="list-style-type: none"> <li>▪ Collaboration with the different cities in AC to have better signage, more speed bumps, and other remediation processes.</li> </ul> </li> <li>○ Workplace accidents (special concern for workers who are undocumented)</li> </ul> </li> <li>• Healthcare access and quality <ul style="list-style-type: none"> <li>○ Long wait-times for appointments (low availability of providers)</li> <li>○ People who are economically unstable or those who don't have insurance may wait to get care for an injury unless it is an emergency.</li> <li>○ "Providers don't follow up with us."</li> <li>○ Feeling disrespect from providers</li> <li>○ Language barriers</li> <li>○ "Our cultural preferences and individual differences not acknowledged.</li> <li>○ Transportation challenges</li> <li>○ Costs</li> <li>○ "Signing up for benefits is difficult."</li> <li>○ Ratio of nurses for the population is worse in AC than CA overall <ul style="list-style-type: none"> <li>▪ 1 doctor exists for every 884 people</li> <li>▪ 1 nurse exists for every 1,496 people</li> </ul> </li> </ul> </li> <li>• Violence (community and family) <ul style="list-style-type: none"> <li>○ Economic stressors</li> <li>○ Built environment: lack of streetlights, other infrastructure</li> <li>○ Discrimination and inadequate policing contribute to safety concerns</li> <li>○ Black, indigenous and people of color, immigrants, and children/youth are most affected.</li> <li>○ Homicide deaths are among the top 3 causes of death in AC for people under the age 35.</li> </ul> </li> <li>• Economic security <ul style="list-style-type: none"> <li>○ Working multiple jobs-wages do not keep pace with rising costs</li> <li>○ Cutting back on essentials like food or meds</li> <li>○ Homelessness, doubling up=overcrowded homes</li> <li>○ People forced out of the area</li> <li>○ Disengagement from education</li> <li>○ Rents rising, lack of affordable housing</li> <li>○ Getting low-income housing is complicated</li> <li>○ Lack of tenant right awareness</li> <li>○ Broader systemic issues such as structural racism/discrimination</li> </ul> </li> </ul>		
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- Older adults, people with disabilities, families with young children, and undocumented immigrants are most affected.
- Inequities in Poverty
  - African Americans' poverty rate is 3 times more than their White counterparts.
- Concentrated inequities in child poverty
  - African American children's poverty rate is 7 times more than their White counterparts.
- Disproportionate burden of poverty among people who are living with disabilities
  - People living with disabilities poverty rate is 2 times higher than people not living with disabilities.
- Social/community context, including racism and discrimination
  - Negatively impacts:
    - Neighborhoods and schools (such as digital divide, educational quality)
    - Economic insecurity (especially for formerly incarcerated)
    - Healthcare quality
    - Mental health-constant stress
  - Other forms of discrimination: against people who identify as LGBTQ+, people with disabilities people with severe mental illness
  - Life expectancy varies depending on race/ethnicity.
    - For people born in 2023, there is a 14-year difference between life expectancy of Asians (89) and African Americans/Blacks (75).

Health Need: Behavioral Health

- Mental Health
- Emotional well-being
- Substance use disorders
- Caused by economic insecurity, loneliness/isolation, experience of discrimination, lack of education in coping skills and substance use risk.
- Mental health disorders are among top 10 causes of hospitalizations in AC.
- Accidental overdose is in the top 5 causes of death overall in AC and the no.1 cause for people aged 18-44, a new finding in 2023.

Health Need: Communicable Diseases

- COVID-19
- Influenza
- Sexually transmitted infections
  - Among people aged 10-19, chlamydia and gonorrhea rates are significantly higher in AC than CA.
- Other communicable diseases

Health Need: Chronic Diseases

- Heart diseases/stroke
- Cancer
- Diabetes
- Obesity
- Chronic liver/cirrhosis
- Asthma
- Alzheimer's disease/dementias
- Other chronic diseases
- Chronic diseases are the leading causes for 65 years or older in Alameda County.

CHA/CHIP Planning Map

- September 2025-January 2026: Finalize CHA report.
  - February-March 2026: Share CHA report. Begin research and planning.
  - April-June 2026-Develop CHIP strategies. Begin drafting CHIP report.
- ❖ *Member Comment-D. Griggsmurphy: Thanks to Alameda County Public Health so much for this report. It was very thorough and knowing that we have voices of community that are affected by all the social determinants of health. This is my first meeting, but kudos to Alameda Alliance for making sure we have these reports that kind of help guide how we give healthcare to the community. This was very informative.*
- *Member Question-O. Omotoso: I have a context question, when you talk about poverty rates, how are you defining poverty level? Because I worry at times that the definition is actually low and so we're still missing data.*
- *Response-C. Guzman: Yes, that's a really good point. But you're right. I think that there's a lot of missing information on groups that are perhaps not even captured. The other issue we have in our team of epidemiologists is trying to disaggregate the data further by race and ethnicity. So, you saw in some of the poverty data the Pacific Islanders*

*for example, have disproportionately higher levels of poverty, and that is new information that we've been able to gather through the Community Health Interview Survey, alongside the census. So, no one database is perfect as we know, but we're really trying hard to discern by different types of characteristics like race, ethnicity, and gender.*

- ❖ *Member Comment-T. Debose: I just want to say I agree with you what you said from beginning. This report was horrible and it's not going to get any better if we don't have a plan on how to get people out of poverty. I believe it's a generational problem. Family after family generation, people are staying on welfare on programs, and I don't know if they have programs that are making it aspirational to move beyond the support that they're getting because I don't understand if you're giving them limited funds and they're staying in this poverty hole, they can never get out of it. To hear that motor vehicle deaths are higher in Hispanic and Black communities, it makes no sense to me. Are you saying that we're driving bad because we're poor? I don't understand what's happening and it just seems like we need a comprehensive plan to say how do we change the dynamics because we keep talking about this year after year, and nothing is changing. Nothing is changing in the school system and the medical system, but we keep saying it's hard to be Black and it's hard to be Hispanic. It's hard to be a minority in this community, in this world we're living in and we're not addressing the problems. And so, to hear these reports, I feel so blessed that I don't feel touched by it. I feel like we're not really trying to solve the problem. The problem is like we're throwing food at people but not helping them with making their own food. It's like we're saying, here are these food banks, but we're not solving the problem of poverty. People are poorer and we have more food banks. We have health systems and people are getting sicker and sicker, so we need to address what the problem is and how do we solve it by working together. And so, it's so disheartening to see these reports year after year, and nothing is changing. And we are the voices that are saying what Alameda Alliance is doing to support these efforts, but it just goes deeper than the reporting that you're giving because the reporting that you're giving is just depressing. And I can't imagine the life that the people are living, and we're just putting it like numbers on paper, and what does it really mean? It just makes me so frustrated that we're the richest country in the world, and the most dynamic, and we are failing our people. So, I appreciate the reporting, but it seems like we just need solutions and we're not solving anything, we're just reporting that people*

*are getting sicker and sicker, and having trouble. That's all we hear. So, I just had to get that out.*

- *Response-C. Guzman: I really appreciate your comment and your thinking. I think that that's right in line with where we're going. And you know, I think Andrea mentioned towards the end that this is just the first step, what we're going to do next is convene stakeholders like yourselves, with Alameda Alliance, and help us strategize what we can do for solutions. Because this is hard to hear, but that doesn't mean that there's not actually resources and brilliant ideas that come from communities in terms of motor vehicle crashes and injuries. What I would say is that, you know, you drive to some communities and they have really nice street calming strategies like speed bumps or roundabouts. Where I live in East Oakland, I've asked many, many times to get some speed bumps in my own street and they're like, no, we don't have resources for that. So, it depends on how you allocate it and how you advocate for it. So, I think we can use your passion and your thinking and your feedback so that we can have some good strategies. So, we'll make sure to send information about when we're holding those meetings, because that's going to be important.*
  
- ❖ *Member Comment-T. Debose: Thank you for that, but I don't think it's the speed bumps. It's like guns, it's not the people that are shooting people. It's about the guns that they have access to. It's not the speed bumps that are going to slow the person down. We need to find out what's wrong with that person and why they can't follow the rules.*
- ❖ *Member Comment-N. Williams: It seems more punitive than supportive in changing anything.*
- ❖ *Member Comment-J. Moore: When you don't live a life where you can plan for your future, you're in survival mode every day, every second, you don't have the same psychological foundation, so you take more risks, including turning into things like drugs because you have nothing to lose when you're so alone. Past studies suggest that by giving somebody social opportunities and activities that are engaging, they are less likely to engage in risky behaviors.*
- ❖ *Member Comment-D. Leonard-Pageau: I wanted to get out of poverty, I got a job, I got punished, I lost my benefits. How are you going to ever leave poverty if every time you make a dollar, they take two away?*
- ❖ *Member Comment-N. Williams: It is designed as a punitive system, and it needs to be reorganized, and the goals need to be realized for the people to come out of poverty.*

	<p>❖ <i>Staff Comment-G. Duran: If I may just add a final closing thought. I know the magnitude of the issue seems daunting and quite unsolvable at times, but it will require all of us here at the table today to think about how in our roles and even expanding beyond our roles today, how we direct additional resources to where the highest need is at. The purpose of showing some of these terrible statistics on these reports is to think about how we can work better together, how we involve the people that are experiencing this daily and how we use community voices to create new solutions together and then direct additional resources that way. And so, thank you again to my colleagues and all of you for engaging with the information, and we'll look forward to inviting them back next year to hear about some of those updates and including invitations to you all to participate in those work groups. Thank you.</i></p>		
<b>5. c. NEW BUSINESS – NON-SPECIALTY MENTAL HEALTH SERVICES</b>			
M. Rubalcava	<p>Monique Rubalcava, Health Education Specialist presented on the Non-Specialty Mental Health Services (NSMHS).</p> <p>What are non-Specialty Mental Health Services?</p> <ul style="list-style-type: none"> <li>• The state separates mental health care into two levels based on how severe the condition is. <ul style="list-style-type: none"> <li>○ Specialty Mental Health Services: managed by AC for people with severe conditions.</li> <li>○ Non-Specialty Mental Health Services: managed by Alameda Alliance for people with mild to moderate mental health needs. <ul style="list-style-type: none"> <li>▪ Assessment and screening for mild to moderate mental health conditions</li> <li>▪ Individual or group psychotherapy</li> <li>▪ Medication management and monitoring</li> <li>▪ Case management or care coordination</li> <li>▪ And more</li> </ul> </li> </ul> </li> </ul> <p>Problem</p> <ul style="list-style-type: none"> <li>• Many Medi-Cal members have mental health symptoms that do not get enough care each year.</li> <li>• Only 6% of the Alliance members use NSMHS.</li> <li>• Some key groups are not using these services as much as they need, compared to all members (6%).</li> </ul>	None	None

- Older Adults (66+): 5%
- Chinese members: 4%
- Vietnamese members: 5%
- Members with disabilities and in long-term care
- Barriers include stigma, cost concerns, and lack of culturally/linguistically accessible resources.

Solution

- Senate Bill 1019 requires the Alliance to develop and implement an annual NSMHS Outreach and Education Plan for members and Primary Care Providers (PCPs).
- The Alliance's outreach and education plan is based on data, looks at community needs and service use, and was created with input from many partners.
- The goal is to increase awareness, destigmatize seeking care and increase use of covered mental health benefits.

Requirements: The Outreach and Education Plan must include:

- Stakeholder (partners) & Tribal Engagement
  - Developed with input from the CAC, the Native American Health Center (NAHC), and other community-based organizations.
- Alignment with Assessments
  - Strategies based on member demographics, health issues, and use of service by race, ethnicity, language, and age.
- Cultural and Linguistic Appropriateness
  - All materials are provided in threshold languages (English, Spanish, Chinese, Vietnamese, and Farsi) and other formats at no cost.
- Reduce Stigma
  - Uses plain and person-centered language, and materials reviewed for cultural appropriateness to reduce mental health stigma.
- Multiple Points of Contact
  - Members can access services via phone, website, member portal, Ombudsman, social media, and mailings.
- PCP Outreach
  - Annual education for providers through newsletters, fax blasts, provider communications, and town halls to ensure they can effectively refer members.

Alliance Outreach Strategies

- Tailored Member Communication
  - Flyers and newsletters in different languages that have stigma-reduction messaging.
  - Social media campaigns for groups not using services (e.g., Chinese, Vietnamese, Spanish speakers, older adults).
  - Outreach at community events (e.g., health fairs, cultural events).
- Enhanced Provider Engagement
  - Educate PCPs on NSMHS benefits and referral process.
- Community Partnerships
  - Collaborate with organizations like Asian Health Services and Lifelong Medical Care to share messages and build trust.
- Coordinated System Approach
  - Partner with Alameda County Behavioral Health Department to ensure “No Wrong Door” experience for members between specialty and non-specialty care.

Discussion

- How can the Alliance encourage more members to use mental health services?
- Specific group questions:
  - Older adults: What methods would help older adults learn about mental health services?
  - Chinese/Vietnamese members: How can we make mental health information easier to access?
  - Members with disabilities and in long-term care: Are there ways to involve caregivers in promoting mental health support?
- ❖ *Member Feedback-D. Leonard-Pageau: You can have the information available on information boards in senior centers, supermarkets, school, and apartment complex lobbies. It is also critical that the doctors refer people to mental health services depending on the mental health screening results at each visit.*
- ❖ *Member Feedback-R. Williams: I work hand in hand in senior centers and the easiest way to get someone to do something is to offer incentives such as giving \$10 gift cards or providing snacks.*
- ❖ *Member Feedback-K. Pageau: I just want to agree with you. I went to one of the senior centers and they had a free health screening, they took your temperature and blood pressure, and they gave us a bag of goodies. I think Alliance can do something similar in their outreach.*

	<ul style="list-style-type: none"> <li>❖ <i>Member Feedback-D. Griggsmurphy: I just wanted to comment on cultural competency, how important it is to have family members involved when we try to get information to older adults, especially in different communities of color. They trust their families, so they bring their younger daughter or caregiver or whoever's in their life to kind of learn about the information. And I want to echo the sentiments of the person before me. Freebies always work. Every event I had that was the most well attended was when we gave little goodies to the older adults and they were very excited about that.</i></li> </ul>		
<b>5. d. NEW BUSINESS – ANNUAL ALLIANCE ONLINE RESOURCE SURVEY</b>			
M. Lewis	<p>Michelle Lewis, Senior Director of Communications and Outreach discussed the annual Alliance Online Resource Survey.</p> <ul style="list-style-type: none"> <li>• All the CAC members were invited to stay after the meeting to complete the Alliance online provider directory, pharmacy, and benefits information survey. Lunch is provided and an incentive of a \$50 gift card will be given after completing the survey.</li> </ul>	None	None
<b>5. e. NEW BUSINESS – ALLIANCE IN THE COMMUNITY: COMMUNITY CONVERSATIONS</b>			
G. Perez-Pablo T. Dinh	<p>Gabriela Perez-Pablo and Thomas Dinh, Outreach Coordinators presented on the Alliance in the Community: Community Conversations Initiative.</p> <ul style="list-style-type: none"> <li>• Definition: a series of community-based dialogues bringing the Alliance, CAC, and members in the community together.</li> <li>• Goals <ul style="list-style-type: none"> <li>○ Enhance member engagement.</li> <li>○ Provide more inclusive opportunities for members who cannot attend regularly scheduled CAC meetings.</li> </ul> </li> <li>• Why It Matters <ul style="list-style-type: none"> <li>○ Alliance's 30-year Anniversary: a milestone to reflect and connect.</li> <li>○ Opportunity to: <ul style="list-style-type: none"> <li>▪ Celebrate achievements</li> <li>▪ Build more connections with members</li> <li>▪ Gather more member feedback for future initiatives</li> </ul> </li> </ul> </li> <li>• Invitation to Join the Planning Committee <ul style="list-style-type: none"> <li>○ To sign-up, contact outreach@alamedalliance.org by Thursday, January 1, 2026.</li> <li>○ Planning Committee responsibilities:</li> </ul> </li> </ul>	None	None

	<ul style="list-style-type: none"> <li>▪ Set days, times, and locations</li> <li>▪ Help set agenda topics</li> </ul>		
<b>6. CAC BUSINESS – CAC MEMBERSHIP RECRUITMENT</b>			
L. Ayala	<ul style="list-style-type: none"> <li>• This agenda item was not covered due to time constraints.</li> </ul>	None	None
<b>7. ALLIANCE CARE BAGS</b>			
M. Lewis	<ul style="list-style-type: none"> <li>• Pioneered by former CAC Chair, Melinda Mello and Current CAC Chair, Natalie Williams. It started with distributing 50 bags.</li> <li>• This year, 5,000 will be shared with people in the community who may be experiencing homelessness.</li> <li>• Meaningful items may include: <ul style="list-style-type: none"> <li>○ A face mask</li> <li>○ A first aid kit</li> <li>○ A list of local shelters and winter warming stations</li> <li>○ And sanitizer</li> <li>○ Non-perishable food items</li> <li>○ Personal hygiene items</li> </ul> </li> <li>• 2025 Care Bag Distributions <ul style="list-style-type: none"> <li>○ Alliance CAC members</li> <li>○ Local Alameda County Shelters</li> <li>○ Local Churches</li> <li>○ Street Medicine Teams</li> <li>○ Warming Centers</li> </ul> </li> </ul>	None	None
<b>8. OPEN FORUM</b>			
N. Williams	<ul style="list-style-type: none"> <li>• Ian, Community Based Learning (CBL) Coordinator of the Human Resource and Education Center provided information on the CBL program. Training courses are available for providers e.g., how to better service their communities, how to take care of themselves, burnout prevention, etc.</li> <li>• M. Rubalcava announced a health education material review opportunity. Three new health education materials include information on taking care of your brain cognitive function, signs and symptoms of Alzheimer’s and dementia, and guide for caregivers. A \$30 gift card incentive will be given to members who choose to participate. CAC members were instructed to approach M. Chi after the meeting if interested.</li> <li>• L. Ayala announced the City of Berkeley Public Health Department’s event called the “World Café”. This is a part of their process for their</li> </ul>	None	Alliance staff to send information on the City of Berkeley’s “World Café” event via email.

	community assessment and community health plan work. Details will be sent to CAC members via email.		
<b>9. ADJOURNMENT</b>			
N. Williams	<ul style="list-style-type: none"> <li>N. Williams announced that the next meeting will be on March 12, 2026.</li> <li>Motion to adjourn the meeting.</li> <li>Meeting adjourned at 12:06 pm.</li> </ul>	<u>Motion:</u> D. Leonard-Pagaeu <u>Second:</u> K. Pageau <u>Vote:</u> Approved by consensus.	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator  
 Approved by: \_\_\_\_\_

Date: 12/30/2025  
 Date:

DRAFT

# CEO Update

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Matthew Woodruff, Chief Executive Officer

# Follow-up Items

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# Follow-up Items from 12/04/2025



Follow-up Item	Outcome(s)	Status
Include network adequacy as a future agenda topic	<ul style="list-style-type: none"> <li>Added the agenda topic and details to the CAC agenda tracker as a future agenda item.</li> </ul>	Completed
Share CEO Report-Budget	<ul style="list-style-type: none"> <li>Sent CAC an email on 02/12/2026 with a direct link to the Board of Governors (BOG) webpage where the report could be accessed.</li> </ul>	Completed
Share feedback regarding how to provide information to families about Social Security benefits for children with special needs	<ul style="list-style-type: none"> <li>Shared feedback with the Case Management (CM) team.</li> <li>CM noted this information varies case by case.</li> <li>CM shared with team a screening tool to help guide staff in providing information to members.</li> </ul>	Completed
Send information on the City of Berkeley’s World Café event via email	<ul style="list-style-type: none"> <li>Due to the tight turnaround, the event information was not shared via email as planned.</li> <li>Alliance staff attended and represented the Alliance at the World Café.</li> <li>Going forward, we will ensure future events and opportunities for input are shared in a timely manner.</li> </ul>	Partially Completed

# Alliance in the Community

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Community Advisory Committee (CAC) Meeting

Thursday, March 12, 2026

**Thomas Dinh, Community Outreach Coordinator II**

# Community Conversations Initiative

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Planning Committee Update

# Coffee & Conversations

## A Community Chat with the Alliance + CAC

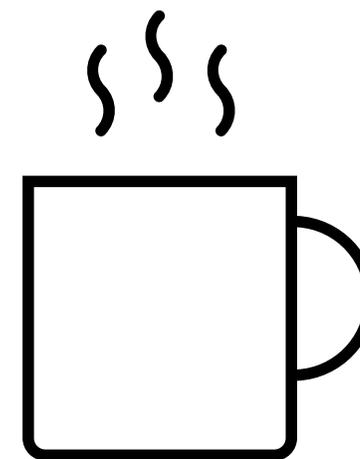
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### ▶ 2026

- ▶ Roots Community Center – Armstead Hall 7830 MacArthur Blvd, Oakland, CA
  - **Saturday, April 11, 2026, 10:30 am – 11:30 am**
  - Doors open at 10 am. No RSVP required. Space is limited.
  - Light refreshments will be served. (*Coffee, bagels and cream cheese, donuts, pastries, fruit, hard boiled eggs salt and pepper, yogurt, sausage, bacon, juice, water, tea, cocoa*)
- ▶ Lifelong Medical Care
  - LifeLong Medical Care West Oakland Middle School
  - LifeLong Medical Care Emeryville Highschool Clinic
  - **Saturday, September 19, 2026, 10: 30 am – 11:30 am**
  - Doors open at 10 am. No RSVP required. Space is limited.
  - Light refreshments will be served.

### ▶ 2027

- La Clinica Havenscourt – Pending (Spring 2027)
- La Clinica Hawthorne Elementary – Pending (Spring 2027)
- La Clinica San Lorenzo Highschool Location – Pending (Spring 2027)



**Thank you.**

Questions?

# Cultural and Linguistic Services (CLS) Program Description Annual Review

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# CLS Program Description Annual Review



## Brief Description of Change(s)

- Yearly review, minor grammar and formatting.
- Updated areas for input and advice to align with new All Plan Letter requirements.
- Included Alliance Wellness (D-SNP) activities and work plan.

# Cultural and Linguistic Services: 2025 Program Review & Evaluation Input

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# Cultural & Linguistic Services (CLS): 2025 Focus Areas

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## CLS Recap

- ▶ Most CLS goals were met
  - Some goals will continue into 2026
- ▶ Interpreter services were available when members needed them
- ▶ Overall membership decreased
  - Membership increased for Spanish, Chinese, and Farsi speakers
- ▶ Members shared positive feedback about interpreter services
- ▶ Interpreter use and language access tracking improved
- ▶ Outreach efforts led to 12 new CAC members

## What This Means for Members

- ▶ Members were more likely to get help in their preferred language
- ▶ Services were provided in person, by phone, and by video
- ▶ CLS continues to look for ways to improve our language assistance services

# Language Assistance & Member Satisfaction

## Interpreter Services

- ▶ Interpreter services met the goal of being available 95% or more of the time
- ▶ Behavioral health interpreter use is now being tracked
- ▶ Focus on using faster, on-demand interpreter services

## Member Survey Feedback

- ▶ Most members said they received an interpreter when they needed one
- ▶ Adult and child survey results met or exceeded goals for qualified interpreters
- ▶ Member Satisfaction survey response rates increased compared to past years



# Challenges and Focus Areas for 2026

## Challenges

- ▶ Limited staff makes some work harder to complete quickly
- ▶ Some language-related issues took longer than planned to close due to delays from providers or vendors
- ▶ Incomplete ethnicity and language data limits our ability to connect members with services that meet their needs.

## 2026 Focus Areas



Better understanding of member language and culture needs



Teaching members and providers how to request interpreter services



Growing the Community Advisory Committee (CAC)



Learning more about members in “Other” language groups



Improving how quickly language-related problems are resolved

# Program Evaluation and Your Input

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## What We're Doing

- ▶ We are reviewing our Cultural and Linguistic Services program

## Why Your Feedback is Needed

- ▶ To learn what is working well
- ▶ To understand what is not working
- ▶ To make sure services meet member needs

## What We're Asking

- ▶ Do our goals match what you see in your community?
- ▶ What services are helpful?
- ▶ What should we change or improve?

## How Your Feedback Helps

- ▶ Used in the final CLS program evaluation
- ▶ Shared with Alliance committees
- ▶ Guide 2026 workplan goals and priorities



**Thank you.**

Questions?

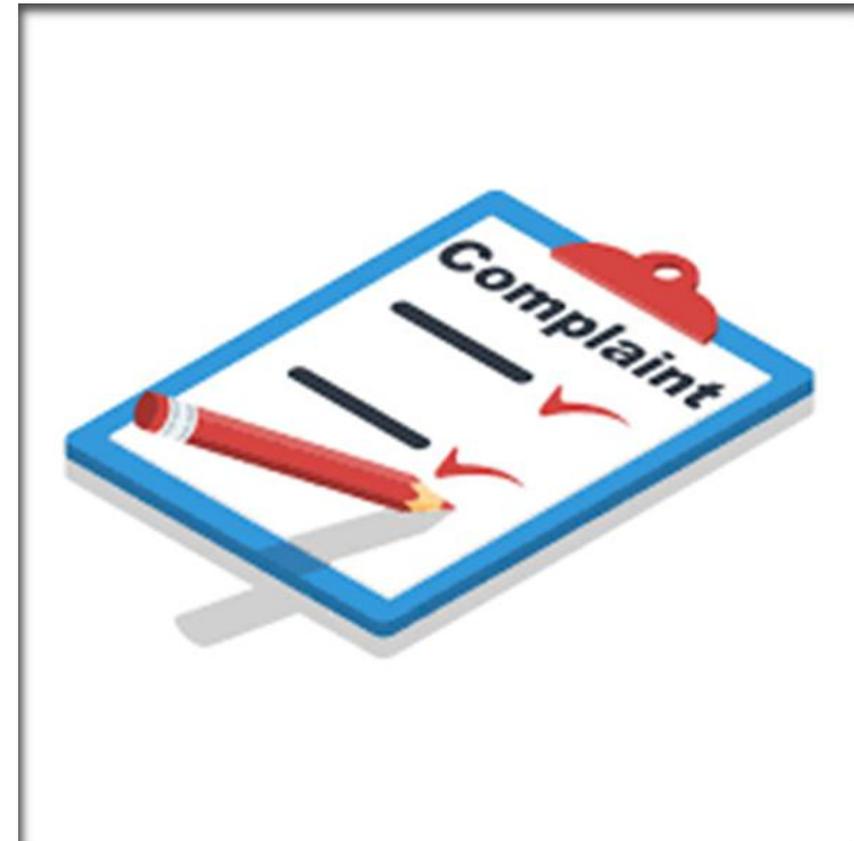
# Grievance and Appeals Process

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# What is a Grievance?

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- ▶ A **grievance** is when a member is unhappy about something other than when a benefit is denied
- ▶ It can be about:
  - ▶ Services
  - ▶ Staff behavior
  - ▶ Access to care
- ▶ Members do not have to say “grievance” for it to count
- ▶ A grievance can be filed any time after the problem happens
- ▶ All complaints are handled as grievances, even if the member does not ask to file one



# Grievance Examples

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Trouble getting an appointment or waiting too long to be seen



Rude or disrespectful behavior from doctors, nurses, or staff



Problems getting referrals or approvals for care



Poor coordination between providers



Issues with clinic or office condition

# Types of Grievances

## Access to Care

- Long wait times to get an appointment
- Not enough primary care doctors or specialists
- Phone calls not answered or returned
- No interpreter or language help
- Buildings that are hard to access (no ramps, small waiting rooms)

## Quality of Service

- Rude or unhelpful staff or providers
- Clinics or offices that are dirty or poorly maintained
- Poor customer service from the health plan

## Coverage Issues

- Getting a bill for costs the member did not expect
- Being charged when the member believes the plan should pay

## Other Issues

- Problems with eligibility or enrollment
- Concerns about fraud, waste, or abuse
- Privacy or HIPAA concerns

# Quality of Care Grievances

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- ▶ A **quality of care (QOC)** grievance is a complaint about the care a member received.
- ▶ The member feels the care was not safe, appropriate, or what they needed.
- ▶ These complaints are reviewed by medical professionals.
  - ▶ The medical director is responsible for the final resolution.
- ▶ QOC cases are reviewed for a **potential quality issue (PQI)**
  - ▶ If identified as a PQI, the case will with reviewed by the Quality Improvement Department for further action.

# Discrimination Grievances

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- ▶ A complaint about being treated unfairly or differently
- ▶ These complaints are handled by the Alliance's Compliance Department
- ▶ Discrimination is not allowed under state and federal law:
  - ▶ California Unruh Civil Rights Act and Government Code – Section 11135
  - ▶ Title VI (race, color, national origin)
  - ▶ Title IX (sex)
  - ▶ Age Discrimination Act
  - ▶ Americans with Disabilities Act (ADA) and Rehabilitation Act (Sections 504 & 508)
  - ▶ Affordable Care Act – Section 1557
- ▶ The Alliance is required to report discrimination grievances to the State

# What is an Appeal?

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- ▶ An appeal is when a member asks the Alliance to review the decision made about their benefits
- ▶ A member or their authorized representative can file an appeal
- ▶ Time limits to file an appeal:
  - ▶ DHCS: within 60 days of the decision
  - ▶ DMHC: within 180 days of the decision

# Appeal Communications:

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- ▶ **Notice of Action (NOA):** A letter that explains a decision about your benefits
- ▶ **Notice of Appeals Resolution (NAR):** A letter that tells you the result of an appeal
- ▶ **“Your Rights” Attachment:** Explains your right to appeal, ask for a State Hearing, or request an Independent Medical Review (IMR)

# Appeal Examples

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You can file an appeal if:



A service is denied or only partly approved



Payment for a service is denied



You are asked to pay for care you believe should be covered



You are denied care from a provider outside the Alliance network



A service you were getting is reduced, stopped, or ended

# How can members file a grievance or appeal?

There are four ways to file a grievance or appeal with the Alliance:



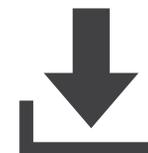
1. Calling Member Services



2. At the Alliance office



3. Mailing the Alliance



4. Online - Member Grievance Form

- ▶ A member or authorized representative can file for help
- ▶ The Alliance can help complete forms and steps
- ▶ Help is available in member's preferred language

# Processing a Grievance:

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- ▶ **Exempt grievance:** Resolved by the next business day (no letter required)
- ▶ **Standard grievance:**
  - ▶ Acknowledgment within 5 days
  - ▶ Written decision within 30 days
- ▶ **Expedited grievance:**
  - ▶ For serious or urgent health concerns
  - ▶ Resolved within 72 hours

# Processing an Appeal:

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- ▶ **Expedited appeal:**
  - ▶ For urgent health needs
  - ▶ Decision within 72 hours
- ▶ **Standard appeal:**
  - ▶ Acknowledgment within 5 days
  - ▶ Decision within 30 days
- ▶ The decision letter explains the reason and your next steps

# If you do not agree with the decision

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- ▷ You can request a State Hearing with a judge
- ▷ You can file a complaint or request an **Independent Medical Review (IMR)**
  - ▶ With the Department of Managed Health Care (DMHC)
- ▷ These reviews are done by an outside doctor who is not related to the Alliance

### Grievance and Appeals Report - Medi-Cal

To:	Community Advisory Committee Meeting
Date:	March 12, 2026
From:	Alma Pena – Sr. Manager, Grievance and Appeals
Reporting Period:	Resolved 2025

**Purpose:** In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

**Standards/Benchmark:**

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	27,649	30 Calendar Days	95% compliance within standard	25,795	93.3%	
Expedited Grievance	28	72 Hours	95% compliance within standard	24	85.7%	
Exempt Grievance	20,745	Next Business Day	95% compliance within standard	20,719	99.9%	
Standard Appeal	782	30 Calendar Days	95% compliance within standard	740	94.6%	
Expedited Appeal	27	72 Hours	95% compliance within standard	23	85.1%	
<b>2025 Total Cases:</b>	49,231		95% compliance within standard	47,301	96.1%	8.37

\*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

**Tracking and Trending:**

- There were 40,471 unique grievance cases resolved during the reporting period, with a total of 48,422 grievances including all shadow cases.
- Grievances related to quality of care were forwarded to Quality Improvement Department as Potential Quality Issue (PQI).\*
- Grievances related to discrimination, fraud, waste, and abuse were forwarded to Compliance Department for further investigation.

- Grievances against Delegates/Vendors have been reported during quarterly Joint Operation Meetings with each entity.

**Appeal Data/Analysis:**

Prior Authorization Appeals	CFMG	CHCN	Plan	Total
Inpatient	0	3	89	92
Pharmacy Appeal	0	0	1	1
Preservice - Outpatient	3	101	481	582
Postservice - Outpatient	0	8	125	133
<b>Overturn Total:</b>	<b>1</b>	<b>13</b>	<b>165</b>	<b>179</b>
<b>Grand Total:</b>	<b>3</b>	<b>112</b>	<b>703</b>	<b>818</b>
<b>Overturned %:</b>	<b>33%</b>	<b>12%</b>	<b>24%</b>	<b>22%</b>

- The Alliance did meet the overturn goal of 25% or less in 2025, with an overall overturn rate of 22%.

**Grievance Data/Analysis:**

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	571	1,412	22	19	367	2,391
Clinic	8,381	1,175	166	373	2,861	12,956
Delegate	241	60	45	3	230	579
Hospital	236	862	13	151	191	1,453
Long-term Care	4	1	1	8	3	17
Mental Health Facility	171	21	5	17	201	415
Mental Health Professional	205	30	4	17	150	406
Other	57	78	13	4	119	271
Out-of-Network	517	453	21	29	158	1,178
PCP	2,203	30	21	98	881	3,233
PCP Non-Physician Medical Practitioner	34	22	0	4	15	75
Plan	8,042	381	6,577	18	6,440	21,458
Skilled Nursing Facility	14	3	6	76	35	134
Specialist	797	126	18	80	476	1,497
Specialist Non-Physician Medical Practitioner	7	16	0	0	4	27
Vendor	316	56	60	47	1,853	2,332
<b>Grand Total</b>	<b>21,796</b>	<b>4,726</b>	<b>6,972</b>	<b>944</b>	<b>13,984</b>	<b>48,422</b>

**Grievances filed against the Plan:**

- Access to Care (8,042): Members have difficulty accessing/navigating through the AAH member portal, not receiving their member ID cards timely, other health insurance errors in the system, and unable to reach AAH staff by telephone
- Coverage Disputes (381): Disputes related to benefit and reimbursement requests.
- Other (6,577): Complaints about enrollment, eligibility, protected health information, and fraud/waste/abuse.
- Quality of care (18): Complaints about the quality of care received from the plan.
- Quality of Service (6,440): Complaints against our internal departments, such as G&A, Member Services, Behavioral Health, and Case Management regarding customer service.

**Grievances filed against our Delegated Networks/Vendors:**

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
<b>Delegate</b>	<b>241</b>	<b>60</b>	<b>45</b>	<b>3</b>	<b>230</b>	<b>579</b>
Beacon	0	0	0	0	1	1
CFMG	21	1	0	0	12	34
CHCN	137	2	1	1	130	271
Kaiser	0	16	1	0	1	18
March Vision	83	41	43	2	85	254
PerformRx	0	0	0	0	1	1
<b>Vendor</b>	<b>316</b>	<b>56</b>	<b>60</b>	<b>47</b>	<b>1,853</b>	<b>2,332</b>
CHME	120	12	5	2	186	325
Crisis Support Center	1	0	0	0	0	1
CyraCom	18	0	0	0	11	29
Hanna	25	0	0	1	18	44
Human Arc	1	0	0	0	7	8
ModivCare	118	42	37	41	1,325	1,563
Nations	0	0	0	0	12	12
Optum	2	0	1	0	11	14
Teladoc	22	2	16	3	31	74
Xaqt	9	0	1	0	252	262
<b>Grand Total</b>	<b>557</b>	<b>116</b>	<b>105</b>	<b>50</b>	<b>2,083</b>	<b>2,911</b>

Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

- Beacon Health Strategies – Behavioral Health Benefit Provider (through Q1 2023)
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider (through 2023)
- March Vision Care Group – Vision Benefit Provider (through Q4 2025)
  - ModivCare had the highest number of complaints out of all vendors in 2025.

**Grievance and Appeals Report - IHSS (Commercial)**

To:	Community Advisory Committee Meeting
Date:	March 12, 2026
From:	Alma Pena – Sr. Manager, Grievance and Appeals
Reporting Period:	Resolved 2025

**Purpose:** In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

**Standards/Benchmark:**

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	1,484	30 Calendar Days	95% compliance within standard	1,401	94.4%	
Expedited Grievance	6	72 Hours	95% compliance within standard	6	100.0%	
Exempt Grievance	680	Next Business Day	95% compliance within standard	675	99.2%	
Standard Appeal	78	30 Calendar Days	95% compliance within standard	77	98.7%	
Expedited Appeal	3	72 Hours	95% compliance within standard	3	100.0%	
<b>2025 Total Cases:</b>	2,251		95% compliance within standard	2,162	96.0%	24.7

\*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

**Tracking and Trending:**

- There were 1,769 unique grievance cases for IHSS members resolved during the reporting period, with a total of 2,170 grievances including all shadow cases.
- Grievances related to quality of care were forwarded to Quality Improvement Department as Potential Quality Issue (PQI).\*
- Grievances related to discrimination, fraud, waste, and abuse were forwarded to Compliance Department for further investigation.
- Grievances against Delegates/Vendors have been reported during quarterly Joint Operation Meetings with each entity.

**Appeal Data/Analysis:**

Prior Authorization Appeals	CHCN	Plan	Total
Pharmacy Appeal	1	55	56
Preservice - Outpatient	5	19	24
Postservive - Outpatient	0	1	1
<b>Overturn Total:</b>	<b>2</b>	<b>6</b>	<b>8</b>
<b>Grand Total:</b>	<b>6</b>	<b>75</b>	<b>81</b>
<b>Overturned %:</b>	<b>33%</b>	<b>8%</b>	<b>10%</b>

- The Alliance did meet the overturn goal of 25% or less in 2025, with an overall overturn rate of 10%.

**Grievance Data/Analysis:**

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	57	76	6	2	31	172
Clinic	300	38	9	7	78	432
Delegate	20	9	1	0	10	40
Hospital	17	39	1	2	6	65
Mental Health Facility	4	1	0	1	1	7
Mental Health Professional	5	2	0	0	1	8
Other	24	9	1	1	33	68
Out-of-Network	28	18	4	3	9	62
PCP	136	3	1	3	43	186
PCP Non-Physician Medical Practitioner	4	2	0	0	0	6
Plan	360	109	120	0	254	843
Specialist	78	8	0	4	45	135
Vendor	6	9	1	1	25	42
<b>Grand Total</b>	<b>1,107</b>	<b>334</b>	<b>145</b>	<b>31</b>	<b>553</b>	<b>2,170</b>

**Grievances filed against the Plan:**

- Access to Care (360): Members have difficulty accessing/navigating through the AAH member portal, not receiving their member ID cards timely, other health insurance errors in the system, and unable to reach AAH staff by telephone
- Coverage Disputes (109): Disputes related to benefit and reimbursement requests.
- Other (120): Complaints about enrollment, eligibility, protected health information, and fraud/waste/abuse.
- Quality of Service (254): Complaints against our internal departments, such as G&A, Member Services, Behavioral Health, and Case Management regarding customer service.

**Grievances filed against our Delegated Networks/Vendors:**

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
<b>Delegate</b>	<b>20</b>	<b>9</b>	<b>1</b>	<b>0</b>	<b>10</b>	<b>40</b>
CHCN	8	1	0	0	5	14
Kaiser	1	1	1	0	0	3
PerformRx	12	7	0	0	5	24
<b>Vendor</b>	<b>6</b>	<b>9</b>	<b>1</b>	<b>1</b>	<b>25</b>	<b>42</b>
CHME	3	3	0	1	6	13
Cyracom	2	0	0	0	0	2
ModivCare	0	6	1	0	4	11
Teladoc	0	0	0	0	2	2
Xaqt	1	0	0	0	13	14
<b>Grand Total</b>	<b>26</b>	<b>18</b>	<b>2</b>	<b>1</b>	<b>35</b>	<b>82</b>

# CAC Membership Update

*(All Lines of Business)*

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Mao Moua

# Confidentiality and Conflict of Interest Form

*(All Lines of Business)*

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Misha Chi



## **Cultural and Linguistic Program Description**

**2026**

Quality Improvement Health Equity Committee Approval: TBD

## **Alameda Alliance for Health Cultural and Linguistic Services Program Description 2026**

### **Overview**

The Alameda Alliance for Health (Alliance) is committed to delivering culturally and linguistically appropriate services (CLAS), to all eligible Medi-Cal, D-SNP and Group Care members. The Alliance's Cultural and Linguistic Services Program complies with 22 CCR sections 51202.5 and 51309.5(a), 28 CCR sections 1300.67.04(c)(2)(A) - (B) and 1300.67.04 (c)(2)(G)(v) - (c)(4), 42 CFR section 438.206(c)(2), Title VI of the Civil Rights Act of 1964, section 1557 of the Affordable Care Act of 2010, 42 CFR section 438.10, Exhibit A, Attachment III, Section 5.2.10 (Access Rights), and APL 21-004: Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services. The Alliance CLS Program aligns with the National Standards for Cultural and Linguistically Appropriate Services (CLAS) created by the U.S. Department of Health & Human Services ([CLAS Standards - Think Cultural Health \(hhs.gov\)](https://www.hhs.gov/oc/office-of-equity-and-access/standards-for-cultural-and-linguistically-appropriate-services)).

The goal of the Cultural and Linguistic Services (CLS) Program is to ensure that all members receive equitable access to high quality health care services, including behavioral health services, that are culturally and linguistically appropriate. This includes ensuring culturally appropriate services and access for members regardless of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, sexual orientation, creed, health status, or identification with any other persons or groups defined in Penal Code section 422.56.

Program objectives include:

- Comply with state and federal guidelines related to assessment of enrollees to offer its members culturally and linguistically appropriate services.
- Provide no-cost language assistance services at all points of contact for covered benefits.
- Ensure that all staff, providers, and subcontractors are compliant with the cultural and linguistic program through cultural competency training.
- Identify, inform, and assist limited English proficiency (LEP) members in accessing quality interpretation services.
- Ensure that Alliance health care providers follow the Alliance CLS Program.
- Integrate community input and population assessments into the development and implementation of Alliance cultural and linguistic accessibility standards and procedures.
- Monitor and continuously improve Alliance activities aimed at achieving cultural competence and reducing health care disparities.

### **Cultural and Linguistic Services Workplan**

A workplan is developed to outline program goals and activities. This workplan is incorporated into the overarching Quality Improvement (QI) Department's Workplan and is reviewed and approved annually by the Quality Improvement and Health Equity Committee (QIHEC), which is a subcommittee of the Alliance Board of Governors. Please see the *Alliance Quality Improvement Workplan* for details.

## Culturally and Linguistically Appropriate Services (CLAS) Goals

There is also regular evaluation of the program performance to improve the delivery of CLAS and reduce health care inequities among Alliance members. The Alliance Cultural and Linguistic Services Manager monitors performance on goals quarterly, reviews and solicits input on outcomes with the Alliance Cultural and Linguistic Services (CLS) Subcommittee. The CLS Subcommittee reports to the Alliance QIHEC.

Measurable CLAS improvement goals include:

Priority	Opportunity	Action Taken	Rationale for Action Decision	Intervention	Plan to Measure Effectiveness
1	Expand Outreach to Underserved Language Groups	Yes	These groups (Arabic, Farsi, Korean, Russian, Hindi, Khmer and Mien) meet NCQA threshold criteria but are currently underrepresented in outreach materials.	Create member facing outreach and education on access to interpreter services in additional languages and distribute through providers.	Track changes in engagement metrics and interpreter services utilization among speakers of these languages. Maintain or increase rate of utilization.
2	Increase Specificity in Language Data Collection	Yes	Over 8,543 members are grouped under "Other Chinese and Unknown," preventing tailored services.	Use interpreter services provision data to identify language needs for the "Other Chinese and Unknown groups." Share with key leaders at internal and external committees.	Use improved specificity of language data to improve program alignment with language preferences.
3	Reinforce Member Awareness	Yes	Despite high satisfaction, continuous reinforcement is needed to maintain awareness, especially among newer or LEP members.	Launch multilingual education campaign reinforcing interpreter service rights.	Evaluate awareness via CAHPS and Timely Access survey questions and increased interpreter service utilization.

The **Organizational Chart** in Appendix B displays reporting relationships for the Alliance organization and identifies key staff with overall responsibility for the operation of the CLS Program.

### Cultural and Linguistic Services Leadership

The **Quality Improvement Department** is responsible for developing, implementing, and evaluating the Alliance’s Cultural and Linguistic Services Program in coordination with other Alliance departments including Provider Services, Human Resources, Analytics and Performance, Member Services, Communications and Outreach, Quality Assurance, Vendor Management and Compliance.

**Population Health and Equity** is a part of the Alliance’s Quality Improvement Department. The Manager of Cultural and Linguistic Services, under the direction of the Director of Population Health and Equity, and in collaboration with the aforementioned departments, develops the CLS Program work plan and integrates information and resources on cultural competency into the Alliance’s programs and services. The Manager of Cultural and Linguistic Services also facilitates the Cultural and Linguistic Services Subcommittee (CLSS).

The **Director of Population Health and Equity** who oversees the Manager of Cultural and Linguistic Services has a Master’s in Public Health with a concentration in Community Health Education and over 30 years’ experience leading culturally and linguistically appropriate services. The staff include individuals who have bilingual capacity and experience in medical interpretation, program development in diverse Medi-Cal populations, and working with people with disabilities.

The **Chief Health Equity Officer** partners with leaders across the organization to develop and drive forward the key strategies of the organization as they relate to Diversity, Equity, and Inclusion (DEI) for members, providers, and employees.

The Manager of Cultural and Linguistic Services and the Communications and Outreach Senior Manager are responsible for supporting the **Alliance Community Advisory Committee (CAC)** (see below for description) in accordance with Title 22, CCR, Section 53876 (c). The Cultural and Linguistic Services Specialist responsibilities include providing administrative support to the CAC.

### **Other Departmental Roles Related to the Provision of Cultural and Linguistic Services**

The **Behavioral Health (BH) Department** oversees services provided for members with Mental Health Disease and Autism Spectrum Disorder. In April of 2023, Alameda Alliance has de-delegated responsibility of these services and is now responsible for the Program work plan. The BH team integrates information and resources on cultural competency into the Alliance’s programs. It is also responsible for behavioral health utilization and case management activities including triage and referral and participation on the multi-disciplinary case management teams. The team is led by the Senior Director of Behavioral Health (Licensed Psychologist).

The **Communications and Outreach Department** is responsible for ensuring that marketing practices for eligible beneficiaries or potential enrollees do not discriminate due to race, color, national origin, creed, ancestry, religion, language, age, gender, marital status, sexual orientation, health status or disability. In addition, they take into consideration results from member surveys and assessments, community feedback and other CLS monitoring activities when producing member materials. The department is also responsible for quality translations of member written materials, providing communications in alternative formats, and assists all departments in sending the appropriate non-discrimination and language assistance service notices to members.

**Compliance** is responsible for conducting audits of the Alliance CLS Program and ensuring that all state and federal regulations are followed and distributes the annual Cultural Sensitivity Training

**Health Education**, also a part of Quality Improvement, staff make health education materials available to members and providers that meet the literacy, cultural, linguistic, clinical, and regulatory standards.

The **Human Resources (HR) Department** is responsible for multilingual assessment of new staff who will use their language skills with members. They maintain a listing of Alliance multilingual staff and ensure quality monitoring of multilingual staff is not monitored through the Member Services quality assurance program. HR also ensures Alliance staff complete Diversity, Equity, and Inclusion (DEI) trainings.

The **Member Services Department** assesses member cultural and linguistic needs at each contact by identifying and verifying language preferences, reported ethnicity and preference for use of interpreter services. Members are informed that they can access no cost oral interpretation in their preferred language and written materials translated into Alliance threshold languages or provided in alternative formats. Member Services also monitors call quality of Member Services Representatives' ability to follow cultural and linguistic protocols.

The **Provider Services Department** is responsible for ensuring that the Alliance provider network composition continuously meets members' cultural and linguistic needs. Provider Services also trains providers on the Alliance Cultural and Linguistic program requirements. Language capabilities of clinicians and other provider office staff are identified during the credentialing process and providers update language capacity with the Alliance regularly.

The **Grievance and Appeals (G&A) Department** supports the CLS program through monitoring and reporting of grievances related to CLS services In collaboration with CLS staff who monitor trends and collaborate with G&A on needed corrective actions.

**Quality Improvement Specialists** conduct member and provider surveys, and Quality Nurses conduct medical record and facility site reviews that monitor CLS requirement implementation at the provider office level and issue corrective action plans as needed.

**Vendor Management** supports compliance oversight of language services vendors and implements corrective action plans as needed.

### **Cultural and Linguistic Services Subcommittee**

The Alliance ***Cultural and Linguistic Services Subcommittee (CLSS)*** role is to ensure members receive culturally and linguistically appropriate health care services and to monitor the Alliance's Cultural and Linguistic Services Program. The CLSS reports to the Quality Improvement Health Equity Committee which is a standing committee of the Alliance Board of Governors.

The **Community Advisory Committee (CAC)** purpose is to provide a link between the Alliance and the community. The CAC advises the Alliance on the development and implementation of policies and procedures that affect cultural and linguistic access, quality, and health equity. It offers the opportunity for our culturally diverse community to provide input into identifying and prioritizing opportunities for improvement. The CAC is supported by the Manager of Cultural and Linguistic Services and the Senior Manager of Communications and Outreach and their respective departments.

The CAC reports to the Community Advisory Committee (CAC) Selection Committee, which reports to the Alliance Board of Governors.

The committee's responsibilities include:

- a. Identify and advocate for preventive care practices to be used by the Alliance.
- b. Develop and update cultural and linguistic policy and procedures related to cultural competency issues, educational and operational issues affecting seniors, people who speak a primary language other than English, and people who have a disability.
- c. Advise on Alliance member and provider-targeted services, programs, and trainings.
- d. Provide and make recommendations about the cultural appropriateness of communications, partnerships, and services.
- e. Review findings from the Population Needs Assessment (PNA) and discuss improvement opportunities on Health Equity and Social Drivers of Health and provide input on selecting targeted health education, cultural and linguistic, and Quality Improvement (QI) strategies.
- f. Provide input and advice, including, but not limited to, the following:
  - i. Culturally appropriate service or program design
  - ii. Priorities for health education and outreach program
  - iii. Member satisfaction survey results
  - iv. Plan marketing materials and campaigns
  - v. Communication of needs for network development and assessment
  - vi. Community resources and information
  - vii. Population Health Management
  - viii. Quality
  - ix. Carved Out Services
  - x. Development of the covered, Non-Specialty Mental Health Services (NSMHS) outreach and education plan
  - xi. Input on Quality Improvement and Health Equity and the Population Needs Assessment
  - xii. Reforms to improve health outcomes, accessibility of services, and coordination of care for Members
  - xiii. Inform the development of the provider manual.

The Alliance CAC is comprised of over 51% members or their caregivers/parents. The Alliance actively recruits CAC members who reflect the cultural diversity of the Alliance membership. At minimum, the CAC includes individuals representing the racial, ethnic and linguistic groups that comprise at least 5% of the population.

The CAC enables the Alliance to maintain community partnerships with consumers, community advocates and traditional and safety net providers regarding CLAS, ensuring diverse perspectives and inclusive decision-making.

### **Standards and Performance Requirements**

The Alliance's policies and procedures comply with standards and performance requirements for the delivery of culturally and linguistically appropriate health care services. The Alliance has systems and processes to:

- Provide all members, including those with mental health and autism spectrum disorder, access to no cost language assistance services at all points of contact, 24 hours a day, 7 days a week. Educate members and providers about the availability of language

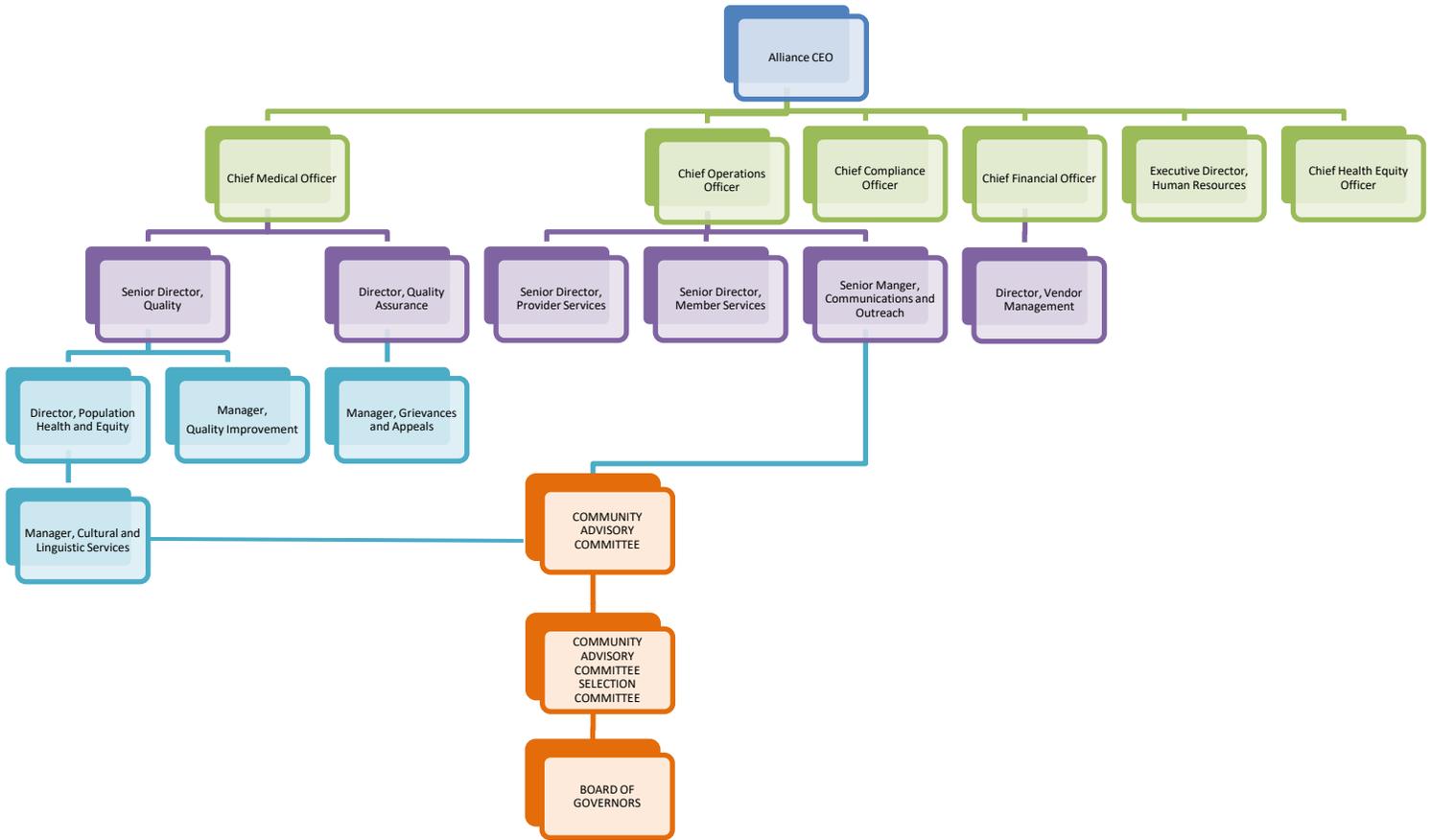
services and how to access them.

- Assess and track linguistic capability of interpreters, bilingual employees, and contracted staff in medical and non-medical settings. Implement a system to provide adequate training regarding the Alliance language assistance programs to all employees and contracted staff that have routine contact with LEP Members or Potential Members.
- Conduct a Population Assessment according to the Department of Health Care Services (DHCS) and Centers for Medicare and Medicaid Services (CMS) timeline to:
  - Identify member health needs and health disparities.
  - Evaluate health education, CLS, and quality improvement (QI) activities and available resources to address identified concerns.
  - Implement targeted strategies for health education, CLS, and QI programs and services.
  - Inform Alliance cultural and linguistic services program priorities.
- Provide annual training that covers cultural sensitivity, diversity, communication skills, Health Equity, and cultural competency training and related trainings for staff, providers, and clinical and non-clinical contracted staff. The training will cover the Alliance Cultural and Linguistic Program, language and literacy, gender affirming care, as well as working with identified diverse cultural groups within the Alliance service areas.
- Monitor and evaluate the Cultural and Linguistic Services Program and the performance of individuals providing linguistics services. The Alliance tracks and addresses any identified gaps in the Alliance's ability to address members' cultural and linguistic needs.

The program meets the standards detailed in the following Alliance Policies and Procedures:

- CLS-001: Cultural and Linguistic Services Program Description
- CLS-002: Cultural and Linguistic Services Program - Member Advisory Committee
- CLS-003: Cultural and Linguistic Services Program – Nondiscrimination, Language Assistance Services, and Effective Communication for Individuals with Disabilities
- CLS-008: Cultural and Linguistic Services Program - Member Assessment of Cultural and Linguistic Needs
- CLS-009: Cultural and Linguistic Services Program – Contracted Providers
- CLS-010: Cultural and Linguistic Services Program - Staff Training and Assessment
- CLS-011: Cultural and Linguistic Services Program – Compliance Monitoring

**Alameda Alliance for Health Organizational Chart  
 Cultural and Linguistic Services  
 APPENDIX B**



# COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

2025 | ANNUAL OUTREACH REPORT

# ALLIANCE IN THE COMMUNITY

## 2025 | ANNUAL OUTREACH REPORT

### Alliance in the Community Events and Activities:

Between **January 2025** and **December 2025**, the Alliance initiated and/or was invited to participate in **114** events throughout Alameda County. The Alliance completed **31** community events, **47** member education events, **6** community meeting/presentation, more than **9,546** live member orientation outreach calls among net new members and non-utilizers and completed **956** member orientations by phone. The Alliance reached a total of **13,250** people and spent **\$7,615.00\*** on donations, fees, and/or sponsorships in 2025. In addition, during 2025, the Outreach team completed **501** Alliance website inquiries, and **69** service requests.

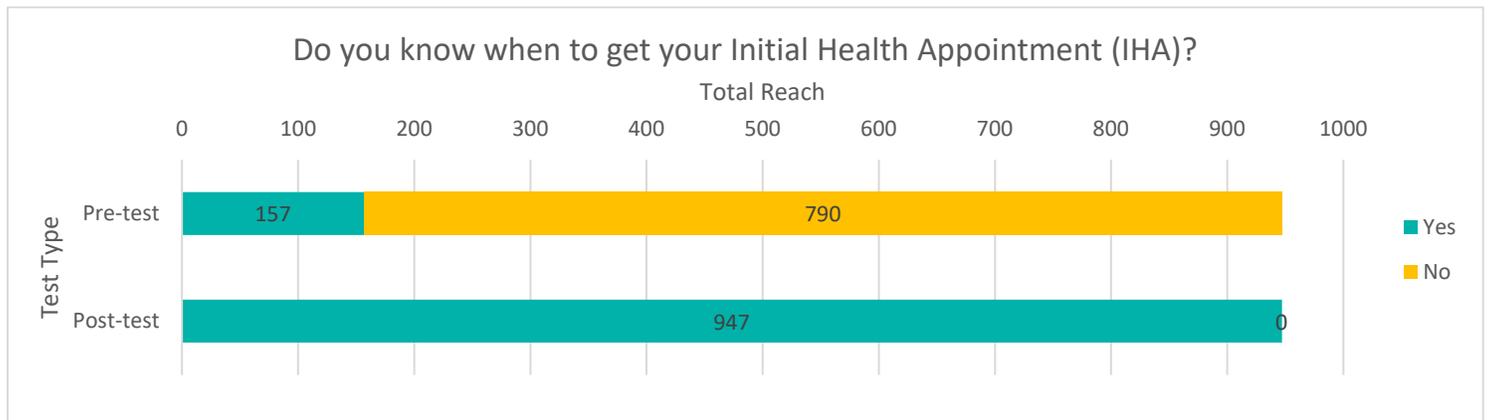
Since July 2018, **43,597** self-identified Alliance members were reached during outreach activities.

### Alliance Member Orientation Program:

The Alliance Member Orientation (MO) program, launched in 2016, is recognized as a promising practice by Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD) to increase member knowledge and awareness about the Initial Health Appointment (IHA).

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of December 31, 2025, the Outreach Team completed **54,613** member orientation outreach calls and non-utilizer calls and conducted **10,235** member orientations (**19%** member participation rate).

Between March 18, 2020, through December 31, 2025 – **10,235** members completed our MO program by phone. After completing a MO **100%** of members who completed the post-test survey in 2025 reported knowing when to get their IHA, compared to only **16.6%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT\_Operations\COMMUNICATIONS & MARKETING\_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 25-26\Q2\December 2025**

**ALLIANCE IN THE COMMUNITY**  
**2025 | ANNUAL OUTREACH REPORT**

**2025 TOTALS**



<b>31</b> COMMUNITY EVENTS	<b>7,017</b> TOTAL REACHED AT COMMUNITY EVENTS
<b>47</b> MEMBER EDUCATION EVENTS	<b>5,700</b> TOTAL REACHED AT MEMBER EDUCATION EVENTS
<b>956</b> MEMBER ORIENTATIONS	<b>956</b> TOTAL REACHED AT MEMBER ORIENTATIONS
<b>6</b> MEETINGS/PRESENTATIONS	<b>533</b> TOTAL REACHED AT MEETINGS/PRESENTATIONS
<b>114</b> TOTAL INITIATED / INVITED EVENTS	<b>6,806</b> TOTAL MEMBERS REACHED AT EVENTS
<b>1040</b> TOTAL EVENTS	<b>14,176</b> TOTAL REACHED AT ALL EVENTS



- |          |               |           |            |             |
|----------|---------------|-----------|------------|-------------|
| ALAMEDA  | CASTRO VALLEY | FREMONT   | NEWARK     | SAN LEANDRO |
| ALBANY   | DUBLIN        | HAYWARD   | OAKLAND    | SAN LORENZO |
| BERKELEY |               | LIVERMORE | PLEASANTON | UNION CITY  |

**TOTAL REACH 38 CITIES**

*\*Cities not listed represent the mailing addresses for members who completed a Member Orientation by phone and Community Events. The italicized cities are outside of Alameda County. The C&O Department started including these cities in the FY20 Q3 Outreach Report. Please see event details for complete listings of cities.*



**\$7,615.00**

**TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS\***

*\* Includes refundable deposit.*