YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE COMMUNITY ADVISORY COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **mchi@alamedaalliance.org.** YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER**: 1.510.210.0967**, CODE: **583 337 534#.** IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

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.

Meeting Name:	**Community Advisory Committee (CAC)**		
Date of Meeting:	December 4, 2025	**Time:**	10:00 AM – 12:00 PM
Meeting Chair and Vice Chair:	Natalie Williams, Chair Tandra DeBose, Vice Chair	**Location:**	Video Conference Call and in-person. Oakland/Hayward Rooms 1240 South Loop Road Alameda, CA 94502
Call In Number:	Telephone Number: **1.510.210.0967** Code: 583 337 534#	**Webinar:**	**Join the meeting now** in Microsoft Teams. Link is also in your email.

Alameda Alliance for Health
Community Advisory Committee Meeting Agenda

I. 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.

II. Members

Name	Title	Name	Title
Biding, Marilen, BSN	Alameda County Healthy Homes Department	Matias Pablo, Mayra	Parent of Alliance Member
Brabata Gonzalez, Valeria	Alliance Member	Moore, Jody	Parent of Alliance Member
DeBose, Tandra	Community Advocate, Vice Chair	Omotoso, Omoniyi, MD	Native American Health Center
Garner, Erika	Community Advocate	Pageau Jr, Keith	Alliance Member
Garcia, Irene	Alliance Member	Porter, Kenneth	Greater New Beginnings
Griggsmurphy, Donna	Alliance Member	Richardson, Sonya	Alliance Member
Gudiel, Jennifer	Alameda County Asthma Start Program	Tong, Shirley	Parent of Alliance Member
Harris, Lenore	Parent of Alliance Member	Turner, Len	Greater New Beginnings
Jackson, Reginald	Communities for a Better Environment	Williams, Natalie	Alliance Member, Chair
Le, Mimi	Alliance Member	Williams, Robert	Alameda County Health and Human Resource Education Center
Leonard-Pageau, Donna	Alliance Member	Wynn, Cecelia	Alliance Member
Lowe, Kerri, LCSW	Alameda County Public Health		

I. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions • New CAC Members • Member Roll Call • Alliance Staff • Visitors	**Natalie Williams** Chair	5	Information
Approval of Minutes and Agenda			

I. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
1. Approval of Minutes from • September 11, 2025	**Natalie Williams** Chair	3	Vote
2. Approval of Agenda	**Natalie Williams** Chair	2	Vote
CEO Update			
1. CEO Report	**Matt Woodruff** Chief Executive Officer	20	Information
Follow-up Items			
1. Follow-up Items from • September 11, 2025	**Mao Moua** Manager, Cultural and Linguistic Services	5	Information
New Business			
1. Alliance Provider Manual	**Michelle Lewis** Senior Manager, Communications and Outreach	12	Information/ Discussion
2. Community Health Assessment/Community Health Improvement Plan ACPHD	**Gil Duran** Manager, Population Health & Equity **Cárolina Guzmán** Quality Improvement Manager, Alameda County Public Health Department (ACPHD) **Andrea Wise** Program Manager, Alameda County Public Health Department	20	Information/ Discussion
3. Non-Specialty Mental Health Services	**Monique Ruvalcava** Health Education Specialist	15	Information/ Discussion
4. Annual Alliance Online Resources Survey	**Michelle Lewis**	10	Information

I. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
	Senior Manager, Communications and Outreach		
5. Alliance in the Community: Community Conversations	**Thomas Dinh** Community Outreach Coordinator II **Gabriela Perez-Pablo** Community Outreach Coordinator II	8	Information
CAC Business			
1. CAC Membership Recruitment	**Linda Ayala** Director, Population Health & Equity	5	Information
Alliance Care Bags	**Michelle Lewis** Senior Manager, Communications and Outreach	10	Information
Open Forum 1. Public Comments 2. Next meeting topics	**Natalie Williams** Chair	5	Information
Adjournment	**Natalie Williams** Chair		Next meeting: **March 12, 2026**

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, September 11, 2025, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Cecelia Wynn	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	x
Jody Moore	Parent of Alliance Member	
Keith Pageau Jr.	Alliance Member	x
Kenneth Porter	Greater New Beginnings	x
Len Turner	Greater New Beginnings	x
Kerrie Lowe	Social Worker, Alameda County Public Health	
Mayra Matias Pablo	Parent of Alliance Member	
MiMi Le	Alliance Member	x
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
Sonya Richardson	Alliance Member	
Tandra DeBose	Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	x

Alliance Staff Members	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	x
Donna Carey	Chief Medical Officer	x
Farashta Zainal	Quality Improvement Manager	x
Gabriela Perez-Pablo	Outreach Coordinator	x

Gil Duran	Manager, Population Health and Equity	x
Isaac Liang	Outreach Coordinator	x
Jennifer Karmelich	Director of Quality Assurance	x
Jessica Jew	Population Health and Equity 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 Stott	Senior Director, Quality Improvement	x
Misha Chi	Health Education Coordinator	x
Monique Rubalcava	Health Education Specialist	x
Peter Currie	Senior Director of Behavioral Health	x
Steve Le	Outreach Coordinator	x
Thomas Dinh	Outreach Coordinator	x
Tome Meyers	Executive Director, Medicare Programs	x
Yen Ang	Director of Health Equity	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTIONS			
T. Debose	T. Debose called the meeting to order at 10:01 am. A roll call was taken, and a quorum was established. Introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM DECEMBER 5, 2024, December 16, 2024, March 20, 2025, and June 12, 2025.			
T. Debose	Motion to approve the December 4, 2024, December 16, 2024, March 20, 2025, and June 12, 2025, CAC Meeting Minutes.	Motion: N. Williams Second: D. Leonard-Pageau Vote: Approved by consensus.	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
T. Debose	Motion to approve the September 11, 2025, CAC Meeting Agenda.	Motion: N. Williams Second: D. Leonard-Pageau Vote: Approved by consensus.	None
3. CEO UPDATE – CEO Report			
M. Woodruff	Matthew Woodruff, Chief Executive Officer (CEO), presented on the Alliance Updates. Finance Overview • $1.7 million earned in July 2025-6th month in a row with a net income. • Alliance will submit a petition to the state to discontinue state reporting. The state may or may not approve the petition and may choose to extend the duration. • Enrollments continue to climb all the way through July 2025. However, for the first time in a long time, the Alliance lost a significant portion of membership in August 2025 with 4,000 members disenrolled, 55% of which were from the Adult Expansion Program, ages 26-49. • During COVID, many restrictions were waived, so when a person applied for a program such as Supplemental Nutrition Assistance Program (SNAP), they also get approved for Medi-Cal and other programs with same eligibility requirements.	None	Alliance staff to share IHSS analysis prepared by Karina Rivera, Alliance Director of Public Affairs and Media Relations, to the CAC members. M. Woodruff to explore the possibility of performing outreach to members before

	• As of 07/01/2025, COVID restrictions have been lifted. People who don't apply will lose coverage. • The Alliance is not allowed to outreach once a member is disenrolled, as it is against state law. ➢ *Member Question-D. Leonard-Pageau: Can you reach out to the doctor or the clinic?* ➢ *Response-M. Woodruff: The doctor or clinic can outreach to the member. They get a file with enrollments and disenrollments every month. So, they can outreach because the members are still their patients.* ❖ *Member Feedback-K. Pageau: Is there a possibility for you to outreach to the members perhaps a month before their expiration date so they can complete and submit the enrollment paperwork?* ➢ *Response-M. Woodruff: Let me look into that, and what that would entail. We could send postcards with information on coverage end date.* ➢ *Member Question-N. Williams: What would happen to the chronically ill that need to reapply for medical coverage, and what happens with their medication access?* ➢ *Response-M. Woodruff: Before the federal restrictions go into place, they can still get retroactive coverage for up to 90 days. When the federal restrictions apply in 2027, it drops from 90 days to 30 days. As of now, they have 90 days to submit all requirements. I had a meeting related to this with the Social Services Agency of Alameda County, and they said that majority of people do take some sort of action but never complete it. They do have case workers that follow up but many files don't get completed.* ➢ *Member Question-N. Williams: On whose part? The members or the departments?* ➢ *Response-M. Woodruff: I will say it is on the members', but I also know that Social Services Agency has hundreds of job openings for eligibility workers, however, they are having a hard time filling them.* Legislative Updates • HR1 ("One Big Beautiful Bill Act"): signed on 07/04/2025. The Alliance Board of Governors will be discussing its impact on the next 2 fiscal years (FYs). This FY 26, we're expecting to lose about 30,000 to 35,000		their coverage expires, and report back to CAC.

	members. But it's in FY 2027 and then going into FY 2028 when majority of the federal changes take effect. • The state has admitted this week that they are not sure if Community Supports are going to be renewed, which means 1 of the 2 waivers may not be renewed. ❖ *Staff Question-L. Ayala: Could you at a high level say what type of services those are?* ➢ *Response-M. Woodruff: There are 15 Community Supports, and the Alliance is in 11 and will be in 12, assuming the 12th, which is Transitional Rent Program, is enacted on 01/01/2026. The state said they're still looking into whether they're going to be able to do that. The other 11 include housing programs, food, community transition, medical respite, home modifications, and others. These programs are not benefits, but are services started under the 1115 and 1915 waiver. There's been talk for years about whether or not the state would be able to make them benefits. Hopefully, somehow that will happen before they term, but if they don't, then there's a chance that these might end up going away if the federal government does not approve them.* • Ongoing meetings with the Alameda County Board of Supervisors, Alameda Health Systems, and the different Federally Qualifies Health Centers (FQHCs) on what can be done together legally to help keep as many people as possible in the Medi-Cal Program. ➢ *Member Question-V. Gonzalez: Are there threats to In-Home Support Services (IHSS) as a benefit? And do you know if the developmental delay waiver will continue to be in place?* ➢ *Response-M. Woodruff: I don't have that in front of me, but for Home and Community Based Waiver programs, they are looking into expanding them in some cases, but not every single one. I was in a meeting where it was discussed which ones are going to be expanded and which ones are going to remain or cut, however, I did not take any notes as it's not part of what we do. For IHSS, I had a very good conversation with Byron of the SEIU, who is one of our board members. He is looking at all of that right now and I am doing the same thing, trying to get the lay of the land and plan for that. So, I don't have a good answer, other than the fact that I know that the unions that are representing IHSS workers are taking action.*		

	❖ *Member Comment-T. Debose: I attended a meeting a month before last, and they talked about IHSS and they said there are no cuts at this time, but we don't know how long that could last.* ❖ *Member Comment-M. Le: My husband utilizes IHSS, and we received a letter stating that in 2027, the IHSS provider's hours will be cut.* ➢ *Response-M. Woodruff: Linda, Karina has that in one of her analysis, so we can send that out to the committee if they want.* ❖ *Member Comment-C. Wynn: I have been attending county meetings, and there has been discussion of cutting a lot of non-profits. We are trying to save the funds for the food bank and the senior centers which are mostly non-profit. We're just doing all this work to protect these services for the community.* ➢ *Response-M. Woodruff: You brought up a great point because one of the things that's happening with the federal administration is they're trying to change the definition of what an essential program is. They're trying to limit it. So, your point is perfectly spot on because what they're trying to do is narrow the definition of what an essential program is under Medicaid nationwide. That would not hurt the Alliance, but it would hurt all the other programs and non-profits that are out there that help and are doing amazing work.* ➢ *Member Question-T. Porter: Do we see any cuts as they relate to services from the Alliance for foster youth? Are there any cuts or any effects from the federal government?* ➢ *Response-M. Woodruff: I don't believe so. They're not called out in any of the different programs right now. That doesn't mean that there won't be any indirect casualties, but as of now that is staying as is.* ➢ *Member Question-V. Gonzalez: Last year, we were talking about expansion of the Alliance and hiring so many new people. Now, with all these cuts, how is the Alliance looking in terms of keeping its workforce and staying financially stable?* ➢ *Response-M. Woodruff: We've been in a soft hiring freeze for quite some time, really looking at every position, if it's something that we really need or if it's something that we can hold off. And then we're going into a hard freeze, so all departments must turn in positions that they need to have and they need to justify why they need them. Those are the only ones that will be opened. A lot of health plans and hospitals across the state are*		

	laying people off. Our goal is to not do that and if we can go into a hard freeze and just do it through attrition, that's our goal. That's where we are.		
4. FOLLOW-UP ITEMS			

M. Moua	Mao Moua, Manager of Cultural and Linguistic Services provided updates on the follow-items from 06/12/2025.
	
	• Confirmed current address requirements for Medi-Cal members.
	  ○ Physical (home) Address: used to confirm that you live in California. This is required to determine eligibility.
	  ○ Mailing Address: used to mail letters and correspondence. A P.O. box can be used for your mailing address.
	  ○ If experiencing homelessness or you do not have a steady place to live, you may provide a letter from a homeless shelter, non-profit organization or a signed note from someone you are staying with to show that you live in California.
	• Looked into availability of GLP-1 drugs for diabetic members.
	  ○ FDA states some shortages have been "resolved" however, it will depend at the retail pharmacy level.
	  ○ For access issues:
	  ▪ Members should contact their local pharmacy or try other nearby pharmacies
	  ▪ Medi-Medi members should contact their Medicare plan member services.
	• Tracking/trending of repeat grievances by a member.
	  ○ Currently tracking each grievance by against type, but not by member.
	  ○ G&A to explore opportunities to track by member.
	  ○ For questions about a specific grievance, members can call the Member Services team.
	
	❖ *Member Feedback-D. Leonard-Pageau: I was wondering if you could possibly implement a 6-month red flag to check on people who had serious grievances, because I had an ongoing grievance for 3 years and I thought it was resolved and I received a grievance resolution letter, but now the problem is back again. So, for serious grievances, you should check on them after 6 months to see if the problem is still there because starting all over again with the process is very difficult for members. In my case, they're critical in my situation, and when I don't get what I need, it puts me in the hospital.*
		None	CAC Planning team to invite the G&A team to discuss their workflow and processes, in a future meeting.
			
			Alliance staff to get information on number of staff members in the G&A Team and report back to CAC.
			
			Alliance staff to follow up with D. Leonard-Pagaeu regarding a grievance issue that has reoccurred.

	➢ *Response-M. Moua: I am so sorry to hear that the issue has returned. I am happy to take it offline with you to follow up to make sure that you're connected and get what you need for your care. I'm happy to take this feedback back to our Grievance and Appeals team as well to see what we can do. Thank you for allowing us to be your advocate and ally.* ➢ *Member Question-N. Williams: How many staff members do you have in Grievance and Appeals? Because we have quite a few members and for you to track all those members, that's going to be a big piece of cheese to chew.* ➢ *Response-M. Moua: I don't know at the top of my head, but I do know that we do our best to ensure we uphold to those turnaround times. We are mandated to ensure that we resolve cases and issue letters to all our members. Natalie, I am happy to take that question back and report back either through email or by the next meeting.* ❖ *Member Feedback-K. Pageau: The Grievance staff should act as a mediator and contact the member first to explain what action they have taken and get confirmation from the member that they are satisfied with the outcome before closing the case.* ❖ *Member Comment-D. Leonard-Pageau: I would like to respond to that. They do it. It's just that he is not aware as I handle the communications regarding his grievance cases.* ➢ *Response-M. Moua: We can take this back as an agenda item for the next meeting, to see if the Grievance and Appeals team can share back at one of our future meetings, their workflow and intake around grievances here at the Alliance.*		
5. a. NEW BUSINESS – ALLIANCE DSNP			

T. Meyers
K. Williams
	Tom Meyers, Executive Director of Medicare Programs and Kayla Williams, Manager of Member Experience and Program Management, presented an introduction to the Alameda Alliance Wellness.
	
	Plan Specific D-SNP Information
	• Line of Business (LOB): Medicare Advantage (MA) Dual Eligible Special Needs Plan (D-SNP)
	  ○ Members need to be eligible for both Medicare and Medicaid.
	• Enrollment: Exclusively Aligned Enrollment (EAE)
	  ○ Managing both governmental programs under one company.
	• D-SNP Integration: Coordinated only
		None	None

	- Coordination and integration within materials, processes, and grievance and appeals. - H Contract: H2035-001-000 - Contract Plan Type: Health Maintenance Organization (HMO) - Plan Name: Alameda Alliance Wellness (HMO D-SNP) - Service Area: Alameda County only - Medicare Savings Program (MSP) Levels: FBDE, QMB+, SLMB+ - Effective Date: 01/01/2026 - Annual enrollment starts 10/15/2025. - Deeming Period: 3 Months - If a member loses their eligibility, they have a three-month window to get it back. Sales agents and enrollment specialists will assist. - Member Services Number: 1.888.88A.DSNP (1.888.882.3767) - Project CY2026 Enrollment: 1,500 members - Eligible Age: 21 and older *Member Question-V. Gonzalez: Could you explain again what the purpose of the program is?* *Response-T. Meyers: The Dual Eligible Special Needs Plan is a type of Medicare Advantage Plan that has individuals that are eligible for both Medicare and Medi-Cal. It's the most vulnerable population in America. This was mandated by the state through CalAIM and started with 7 health plans in 2023, followed by 5 in 2024, took a break this year, and finally the rest of us are going live on 01/01/2026.* *Member Question-V. Gonzalez: But what are the benefits? Or is this just related to funding?* *Response-T. Meyers: It's a Medicare Advantage Plan, so Medicare is the primary payer and Medi-Cal is the secondary. It has all the benefits of the original Medicare so Part A and Part B, and plus, we've implemented supplemental benefits. When Linda invites me back, I'll explain what those supplemental benefits are. We're following a $0 cost share plan, so there's no copays, deductibles, or coinsurance.* *Question-N. Williams: So that's for the Part C, but will they be required to pay the $185 for Part B?* *Response-T. Meyers: No, the Part B premium is covered through Medi-Cal since they are dual eligible.* *Member Question-D. Leonard-Pageau: With this program, are you allowed to choose your own doctor?*		

	➢ *Response-T. Meyers: Yes, you can choose your own doctor in the network. We are implementing a D-SNP network. We have to meet certain CMS network adequacy standards, and they are very stringent. There are 43 different specialty providers that we have to contract with and we also have to meet adequacy in terms of time and distance. Our goal is to mirror the Medi-Cal network.* ➢ *Member Question-D. Leonard-Pageau: Can you not be in this program?* ➢ *Response-T. Meyers: Yes, it's optional.* ❖ *Member Comment-D. Leonard-Pageau: The reason I'm asking is that I see specialists all over, such as Stanford and UCSF, and they are not in your network. It is critical that I continue to see them for my health issues.* ➢ *Response-T. Meyers: Completely agree. And we're in negotiations with Stanford and UCSF so fingers crossed.* ➢ *Member Question-V. Gonzalez: If I get this correctly, if people switch, they can get more benefits for lower pay, but in an HMO format? If they choose not to switch, they may continue to pay their copays but keep their PPO type of service?* ➢ *Response-T. Meyers: Somewhat correct, this is an HMO and the PCP is the driver in terms of referrals and authorizations. And with Medi-Cal it's little bit of a hybrid. There's more coordination, case management, and more stringent criteria for the Model of Care. The Model of Care is a 252-page document explaining how we take care of the members because they are the most vulnerable population in America. There's a lot of care management, quality improvement, network and data to deliver a high quality of care.* ❖ *Member Comment-D. Leonard-Pageau: So, the PCP is the driver, and they make sure that you complete all the things that need to be done. My problem is that my PCP is in Sutter and has been my PCP since 2008. I will lose her in December because she is not in the Alliance network, and I am dreading it and I am afraid, because she is the one that knows me.* ➢ *Response-T. Meyers: We're in negotiations with Sutter as well.* MA D-SNP Product Timeline • Couple more laps to go, received bid approval. • Annual Enrollment Period (EAP): 10/15/2025 to 12/07/2025 • Effective Date: 01/01/2026		

	D-SNP Logo and Branding
	• T. Meyers presented the new Alliance main logo and the Medicare logo.
	• Consulted with the Creative Department as a consulting group, with brand identity and really aligning with what our message is.
	• Shapes represent diversity and unity of the communities served by Alameda Alliance.
	• Colors are modern. Warmth of gold and orange, balanced with the cool tone of blue and darker teal symbolizing a connection to the natural world.
	  ○ Teal: represents Medi-Cal.
	  ○ Blue: represents Group Care.
	  ○ Gold and Yellow: represents D-SNP.
	
	❖ *Member Comment-T. Debose: It makes sense. It has meaning now.*
	
	Difference Between D-SNPs from MA Plans
	• Includes original Medicare plus the wrap around services with Medi-Cal.
	• Coordination and integration of Medicaid benefits.
	• Model of Care: quality improvement tool. Alliance received a score of 96.25%, which is good for 3 years.
	• Has 4 elements:
	  ○ D-SNP Population
	  ○ Care Coordination
	  ○ Provider Network
	  ○ Quality measurement and Performance Improvement
	• Engages in enrollee advisory committees: CAC.
	• Conducts health risk assessment (HRA) on members.
	• State Medicaid Agency Contract (SMAC): 3-way contact between the Alliance, the state, and CMS.
	• Individualized Care Plans (ICPSs) and Interdisciplinary care team (ICT).
	
	Medicare Stars
	• Medicare Stars is a rating system to evaluate how well the health plan and its contracted healthcare providers are servicing their members.
	• Maximum number of stars: 5
	• Medicare Star Rating Categories
	  ○ Quality Improvement: 10%
	  ○ Pharmacy: 12%
	  ▪ Medication access, adherence, and safety
	  ○ Health Outcomes Survey (HOS): 3%		

	○ Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey: 32% ○ Healthcare Effectiveness Data Information Set (HEDIS): 18% ○ Administrative Operations: 25% ▪ Member Services and Grievance and Appeals • Medicare Stars: HEDIS and Pharmacy ○ These quality measures also align with some of the measures that the Alliance is already evaluated and assessed on, therefore, the work will simply continue with the D-SNP members. ▪ Breast cancer screening ▪ Colorectal cancer screening ▪ A1C in control for members with diabetes ▪ Blood pressure in control for members with hypertension ▪ Follow-up after an emergency room visit ▪ Medication adherence • Medicare Stars: Member Experience ○ Medicare evaluates member experience through surveys. ○ Includes 2 surveys that are very important to understand: ▪ How members feel about their benefits. ▪ What they are using when interacting with the health system. ▪ What their experiences are like. ▪ How the D-SNP team can support the Alliance teams internally. ▪ Members' feedback with the health providers, so they can make improvements. • Timeline ○ Quality measures data: will be gathered throughout 2026 and 2027. ○ Surveys: members will start to receive them in 2027, provided in all the essential languages. May complete via mail, phone call, or online. • Next Steps ○ CAC members to share any feedback they have or hear from the community during CAC meetings. ○ CAC to include 4 D-SNP representatives on the CAC in 2026. These people may be existing CAC members that transition to DSNP, new D-SNP members, or caretakers of D-SNP members. ○ CAC members to complete the CAHPS and HOS survey if they receive it.		

5. b. NEW BUSINESS – ANNUAL REVIEW OF CULTURAL AND LINGUISTIC SERVICES			

M. Moua	Mao Moua, Manager of Cultural and Linguistic Services presented on the Annual Review of Cultural and Linguistic Services.
	
	• Goal: Ensure that all Alliance members receive equitable health care services, including behavioral health services, that are culturally and linguistically appropriate
	• Objectives
	  ○ Follow state and federal guidelines to provide culturally and linguistically appropriate services
	  ○ Offer language assistance at no cost for all covered benefits.
	  ○ Ensure that all staff, providers, and partners are compliant complete cultural competency training.
	  ○ Support limited English proficient (LEP) members in accessing quality interpreter services.
	  ○ Ensure Alliance health care providers follow the CLS Program.
	  ○ Use community input and population assessments to shape accessibility standards.
	  ○ Keep improving efforts to better meet members' cultural and linguistic needs and reduce health gaps.
	• Alameda Alliance Membership
	  ○ Currently serving over 405,000 members.
	  ○ Growth and diversity across the membership.
	• Membership by Ethnicity
	  ○ Hispanic/Latinx population continues to make up the highest population.
	• Alameda County (AC) and Alameda Alliance for Health (AAH) comparison
	  ○ White Alone: AC 47% vs AAH 7%
	  ○ Asian Alone: AC 35% vs AAH 14%
	  ○ Hispanic or Latino: AC 22% vs AAH 31%
	  ○ Black or African American alone: AC 11% vs AAH 12%
	• Threshold Language: language spoken by at least 5% or 3000 Medi-Cal members from Alameda County.
	  ○ English
	  ○ Spanish
	  ○ Chinese
	  ○ Vietnamese
	  ○ Farsi: new Alliance threshold language as of February 2025, replaced Tagalog.
		None	None

	• Languages with 500+ members
	  ○ English
	  ○ Spanish
	  ○ Cantonese
	  ○ Vietnamese
	  ○ Mandarin Chinese
	  ○ Farsi
	  ○ Arabic
	  ○ Tagalog
	  ○ Korean
	  ○ Russian
	  ○ Center Khmer
	• Membership by Gender
	  ○ Male: 194,519
	  ○ Female: 212,920
	• Membership by Age
	  ○ 65+: 59,117
	  ○ 45-64: 84, 502
	  ○ 19-44: 156,610
	  ○ Under 19: 108,894
	
	Language Assistance Services
	• In 2024, the Alliance provided 97,000 services in 135 languages (70% increase from 2023).
	• Most requested languages:
	  ○ Spanish
	  ○ Mandarin
	  ○ Cantonese
	  ○ Vietnamese
	  ○ Mam
	• Fulfillment rate: 99% (Q1 and Q2)
	• Modality
	  ○ On-demand (phone): 75%
	  ○ Scheduled (face-to-face, 3rd party video, and phone): 25%
	
	2024 Availability of Practitioners to Meet the Cultural Needs and Preferences of Members (Net 1A Report).
	• Member-Provider Race/Ethnicity
	  ○ Based on 55% self-reporting
	  ○ Underrepresentation:		

	▪ Latinx PCPs, Specialists, and Behavioral Health ▪ Black Specialists ▪ Pacific Islander PCPs, Specialists, and Behavioral Health • Provider Language Capacity-PCP o Medi-Cal: potential language access gap identified for Spanish-speaking members. o Group Care: no concerns noted. • Provider Language Capacity-Specialist o Medi-Cal: potential language access gap identified for Spanish and Vietnamese-speaking members in Q1 and Q2 but improved and stayed within the threshold for Q3 and Q4. o Group Care: no concerns noted. • Provider Language Capacity-BH o Medi-Cal: potential language access gap identified for Spanish and Vietnamese-speaking members in Q1 and Q2. All languages improved in Q3 and Q4. o Group Care: no concerns noted. CLS Work Plan 2024 Evaluation • Overview: CLS Successes o Met or exceeded interpreter service fulfillment goals. o Received favorable responses related to accessing interpreter services through member satisfaction surveys. o Met all standards for Net 1A report and identified enhancement opportunity to improve reporting regarding discrimination cases. o Met contractual requirements for CAC regarding CAC Selection Committee, member recruitment, and the annual CAC Demographic Survey. • Overview: CLS Challenges o Interpreter scheduling requests and Potential Quality Issues (PQIs) increased. o Some provider offices were hard to reach for follow-up for PQIs. o Our vendor had trouble tracking certain behavioral health (BH) interpreter calls. • Next Steps o Implement a batch scheduling system with the vendor to handle increased scheduling volumes. o Hire additional staff. o Review and streamline workflows for QOL-PQIs.		

	○ Continue to explore solutions for BH interpreter services tracking. ○ Include more details about discrimination cases in our reports. • Focus for 2025: continue to review complaints and follow-up on issues related to quality of language or language assistance services through grievances, as well as potential quality issues. ❖ *Staff Comment-L. Ayala: We would be interested in hearing from your experiences in the community or what you've heard from people you work with, if there are opportunities for us to improve. I know we've had some conversations with you, Dr. Omotoso and would love to hear from others as well about what we can do better. As you can see, we track a lot of data. We provide immense number of services and really want to make sure we're doing that in the best of our abilities, because it is a critical piece in how we offer healthcare services.*		
6. ALLIANCE REPORTS – COMMUNICATIONS AND OUTREACH			
A. Alvarez	Alex Alvarez, Supervisor of Communications and Outreach presented on the 2nd Quarter Outreach Report. • Between April and June 2025, completed 2,777 member orientation outreach calls among net new members and non-utilizers. • Conducted 247 net new member orientations calls among and 27 non-utilizer member orientations. • Between 03/18/2020 and 06/30/2025, the team has completed 50,274 member orientation outreach calls and conducted 9, 865 orientations, achieving a participation rate of 19.6% ➢ *Member Question-N. Williams: Is phone call the only way you reach out to members?* ➢ *Response-A. Alvarez: We have other forms of reaching out, such as mailers and welcome packets, which includes their ID card, provider directory, and evidence of coverage book.* ➢ *Member Question-T. Debose: With the weather still being good right now, are you having any upcoming events in the community that we should be aware of?* ➢ *Response-A. Alvarez: Yes, we are not short on events. We do post them on social media platforms such as Instagram and TikTok. We typically post a day or two before the event, and we include all details such as time, location, and purpose of event.*	None	Alliance Communications and Outreach staff to call D. Leonard-Pageu and K. Pageau to review their phone outreach call introduction script.

	➢ *Member Question-C. Wynn: Will you be at the Oakland Zoo event?* ➢ *Response-A. Alvarez: Yes, Thomas will be at that event. It's the Healthy Living Festival. They'll have it at the Oakland Zoo from 9:00 am or 10:00 am to 2:00 pm. It's a very good resource fair.* ➢ *Member Question-D. Leonard-Pageau: Related to the outreach phone calls and parents not having time to take your calls, have you analyzed your introduction? That makes a difference in whether they are going to give you their time or not.* ➢ *Response-A. Alvarez: Yes, we do have call script that our team utilizes, in which we briefly introduce ourselves and the reason for the phone call. We try to make it short and not make it seem so lengthy. We also work with parents' schedules, when they request to be called later, we certainly follow-up.* ❖ *Member Comment- D. Leonard-Pageau: Are you able to call us maybe on the weekend? And we can listen to your introductions, and maybe we can tailor it some more, because if you tweak it, you'll get more responses.* ➢ *Response-A. Alvarez: Yes, I appreciate that. We will do that.*		
7. a. CAC BUSINESS – CAC CHAIR NOMINATIONS AND VOTING			
L. Ayala	L. Ayala facilitated the CAC Chair nominations and voting process. • Chair Roles and Responsibilities o Provide guidance to the CAC so its members identify, discuss, and make recommendations on issues of concern for Alliance members. o Collaborate with the CAC Planning team to develop meeting agendas. o Lead and facilitate CAC meetings. o Ensure meetings follow Robert's Rules of Order and ground rules. o Start the meeting and review the agenda with CAC members. o Guide discussions on agenda topics. o Set aside off-topic issues for future discussion (Parking Lot). o Decide whether to extend discussions on topics that go into overtime. o Encourage all members to participate in discussions. o Involve all CAC members in the decision-making processes. • Chair Selection Process 1. Inform member of Chair elections o Completed via email.	The CAC has voted N. Williams as the new CAC Chair.	None

	2. Request nominations (self-nominations are welcome). 3. Nominees share brief statements on their interest. 4. Motion, discussion, and roll call to vote. 5. Alliance staff records votes and announces selection during the meeting. ➢ *Member Question-C. Wynn: What is the service term? Is it 2 years?* ➢ *Response-L. Ayala: We do ask for a service of at least 1 year, and the CEO can determine whether that would be extended. And so, in general, we have been lucky and had chairs and vice chairs who have served for a good amount of time.* • L. Ayala opened the floor for nominations. • T. Debose nominated Natalie Willams for the position of CAC Chair. • No other nominations were given. • N. Williams shared a brief statement of interest: *N. Williams: My name is Natalie Williams, and I've been the chair before, and I stepped down to give way to my very good friend. Now that we lost her, I am glad that they nominated me again, so I can pick up where I left off. I got a few more things I want to do with CAC. I appreciate the nomination, and I would appreciate the vote if you give it to me.* • Motion for the CAC to accept the nomination of Natalie Williams for the position of CAC Chair. o Motion: T. Debose o Second: K. Porter • L. Ayala facilitated a roll call to vote. o Vote: Natalie Willians was voted the new CAC Chair. o Yes: ▪ Natalie Williams ▪ Valeria Brabata ▪ Gonzalez, Cecilia Wynn ▪ Tandra Debose ▪ Irene Garcia ▪ Erica Garner, Mimi Le ▪ Keith Pageau Jr. ▪ Len Turner ▪ Kenneth Porter ▪ Omoniyi Omotoso		

	▪ Donna Leonard-Pageau, ▪ Jennifer Gudiel ▪ Robert Williams ○ No oppositions or abstentions.		
7. b. CAC BUSINESS – CAC CHARTER			
L. Ayala T. Debose	L. Ayala presented on the CAC Charter Updates. CAC Charter Regulatory Updates • Background ○ New Department of Health Care Services (DHCS) All Plan Letter (APL) ▪ APL 025-009: Community Advisory Committee ○ DSNP Integration • CAC Duties ○ Added the following CAC duty: ▪ Provide recommendations and feedback on the Diversity, Equity and Inclusion Training Program. ○ Updated/clarified areas where CAC provides input/advice to align with new APL language. • CAC Selection Committee (SC) ○ Added Chief Health Equity Officer (CHEO) role in selecting CAC members. ○ Updated/clarified SC representation areas to align with new APL language. • CA Membership ○ Added the following representation requirements: ▪ At least 4 DSNP members and/or their caretakers. ▪ Current/former foster youth and/or parents/caregivers of current/former foster youth. ▪ Members who receive Long-Term Support Services and/or their representatives. ▪ Representatives from Indian Health Care Providers. ○ Added option to create CAC sub-committees to enhance inclusion of member voices. ○ Added submission due dates of the CAC charter and membership to DHCS ○ Removed timeframe requirement to submit meeting minutes and agenda to DHCS. • Meeting Agenda and Minutes	None	L. Ayala to get clarification on what can members share back to their communities or organizations while observing the confidentiality agreement, and report back to CAC.

	○ Added cadence of CAC meetings to align with new APL language. • Other Updates ○ Minor grammar and formatting updates. ➢ *Member Question-D. Leonard-Pageu: How do we let you know what areas we represent as CAC members?* ➢ *Response-L. Ayala: We usually do a survey and submit the results to the state in the spring, so you will get a new survey in the first couple months of the year.* CAC Charter Recommendations • Area: Member Attendance ○ Background: Prior challenges with meeting quorum due to attendance challenges. ○ Details: The CAC Selection Committee may dismiss a member from the CAC if they fail to attend two (2) meetings of the committee within one (1) year. ➢ *Member Question-V. Gonzalez: Can CAC members choose to attend online instead of in-person?* ➢ *Response-L. Ayala: The All-Plan Letter indicated that online attendance is acceptable, however, the plan still needs to follow the Brown Act. We are still waiting for the final legal advice on what that looks like to make sure we are following all the rules. We need to follow what our contract, the state, and Brown Act states which are all separate pieces of legislation.* • Area: Representation Status Changes ○ Background: A CAC member's representation status may change. Examples: No longer an Alliance member or may change organizations. ○ Details: If a CAC member has a change in the population they represent (e.g., Alliance CAC member is no longer an Alliance member), the CAC Selection Committee will determine within 60 calendar days whether it is appropriate for the individual to continue serving on the CAC and/or whether the Alliance needs to select a replacement to maintain representation for that population area.		

	❖ *Member Comment-T. Debose: I wasn't interested in being the chair, but I've enjoyed being the vice chair and just serving as a chair during this last year to support the group because I believe in their mission. However, when I came here in 2022, I was representing my daughter. She has special needs and is no longer an Alliance member, and so that's why my status has changed to community member. And I still have a voice, but at the same time, I felt like the person who should be the chair should be a member of this organization, and I think that's very important. I appreciate everyone and I appreciate this process.* ❖ *Member Comment-D. Leonard-Pageau: I read through past meeting minutes and saw that we kept on not having quorum. I am not here because of the pay, but because I am representing the people over 70s and in facilities. If I don't show up, then they are not represented. If we don't show up, there's no vote and we don't get things to move forward. It's critical that CAC members show up and it's only 4 times a year.* ➢ *Member Question-V. Gonzalez: Some members represent organizations and I'm no longer in that role, however, my son is still a member. But when I was with an organization representing a certain group, I felt my responsibility was to take the information back to share, however, I had to sign a confidentiality agreement that I am not to share what was discussed in the meeting. So, that has always created some dissonance. As representatives of certain demographics, are we supposed to bring back the information or not all of it? What's the line?* ➢ *Response-L. Ayala: I'd love to take that back and really think about it. We love that CAC members are emissaries in the community and are taking some of that information back into the community. The primary role is educating the Alliance, helping us understand what's happening in the community and our members, and how we can improve programs. Let me take that back as I know that was a concern for you before.*		
8. OPEN FORUM			
T. Debose	• D. Leonard-Pageau expressed her belief that members should not be excluded from the Open Source-Wellness program simply because they are not patients of Lifelong Medical Care (LMC). Referrals can only come from LMC providers at this time. • D. Leona-Pageau shared an incident wherein they received 2 Alliance letters with the same date, however, one letter indicated an approval for a service, and the other indicated that the same service is no longer	None	Alliance staff to outreach to D. Leonard-Pageau and K. Pageau to connect them to the appropriate

	approved. She emphasized the importance of being careful in sending these letters as it could cause distress for the members. • M. Rubalcava announced a request for volunteers from the CAC to help field test a new handout titled “Options for Care”. The goal of the handout is to help members understand the different Alliance healthcare services. The volunteers will be mailed the new material and a list of questions. M. Rubalcava will then call the volunteers to get their feedback over the phone. Volunteers will be given a $25 gift card. Members were asked to let M. Chi or L. Ayala know if they would like to participate.		teams to resolve the issues shared.
9. ADJOURNMENT			
T. Debose	T. Debose adjourned the meeting at 12:01 pm.	None	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 10/03/2025
Approved by: _____ Date:

CEO Update

Matthew Woodruff, Chief Executive Officer

ALAMEDA Alliance FOR HEALTH

Follow-up Items

Mao Moua

ALAMEDA Alliance FOR HEALTH

FOLLOW-UP ITEMS FROM 09/11/2025

Follow-up Item	Outcome(s)	Status
Share IHSS Analysis	• Information was sent to CAC members via email on 11/20/2025. • Summary: -Final budget changes: →50-hour/week limit on IHSS provider overtime/travel was removed. →Medi-Cal asset limit increased to $130,000.	Completed
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.	Completed
Include Alliance Grievance and Appeals as a future agenda topic, including information on their workflow, processes, and staffing	• Added the agenda topic and details to the CAC agenda tracker as a future agenda item.	Completed

FOLLOW-UP ITEMS FROM 09/11/2025

Follow-up Item	Outcome(s)	Status
Clarify what CAC members can share back to their communities or organizations from the CAC meeting	• **Confidentiality Guidelines** -Information discussed during the public meeting and included in the agenda or meeting materials can be shared. -The confidentiality form refers to information learned ***outside*** of the public meeting, such as: →Conversations overheard before or after the meeting. →Discussions between individuals that fall outside of the scope of the public meeting agenda topics. -Any information obtained through these interactions or outside of what is shared at the public meeting must remain confidential.	Completed

Alliance Provider Manual Review

ALAMEDA Alliance FOR HEALTH

1.
Background

The annual Alliance review of the Provider Manual with the Community Advisory Committee to invite any suggestions or feedback.

Requirements

- Review must be completed at least annually to:
  - Solicit feedback from Contractor committees including but not limited to the Community Advisory Committee (CAC).
  - In August 2025, the Provider Manual was reviewed by the Quality Improvement Health Equity Committee (QIHEC).

2.
Summary of Changes

Key updates in the 2025 Provider Manual

2025 Updates

- New & Expanded Benefits
  - Launch of Alliance Wellness Dual Eligible Special Needs (D-SNP) program
    - → New D-SNP supplemental benefits: Flex Card, hearing, dental
  - Vision Services transition to Vision Service Plan (VSP)
    - → D-SNP launch
    - → January 2026 for Alliance Medi-Cal
- Regulatory & Compliance Updates
  - Timely Access Standards & Minimum Performance Levels
  - Continuity of Care (CoC) policy clarifications
  - Credentialing, Community Health Worker (CHW) requirements, Medicare opt-out rules

2025 Updates Continued

- Operational & 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 & Medicaid Services (CMS) guidance for D-SNP
- Members Services & Communication
  - New member identification (ID) cards (samples for all lines of business)
  - Interpreter and language access enhancements
  - Diversity Equity & Inclusion (DEI) and Transgender, Gender Diverse and Intersex (TGI) cultural competency training

2025 Updates Continued

- 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 & Contacts
  - Key phone numbers and emails (Provider Services, Member Services, Compliance)
  - Website links for forms, directories, and training

Discussion

How can the Alliance improve the information that is available in our Provider Manual?

ALAMEDA Alliance FOR HEALTH

All residents of Alameda County will achieve optimal health and well-being at every stage of life.

Thanks!

Questions?

Community Health Assessment/Community Health Improvement Plan ACPHD

ALAMEDA Alliance FOR HEALTH

Community Health Assessment (CHA)

A presentation for the Alameda Alliance for Health Community Advisory Committee (CAC)

Carolina Guzmán, Quality Improvement Manager, QIA Division

Andrea Wise, Program Manager, QIA Division

Evette Brandon, Director QIA Division

Kimi Watkins-Tartt, Public Health Director

December 4, 2025

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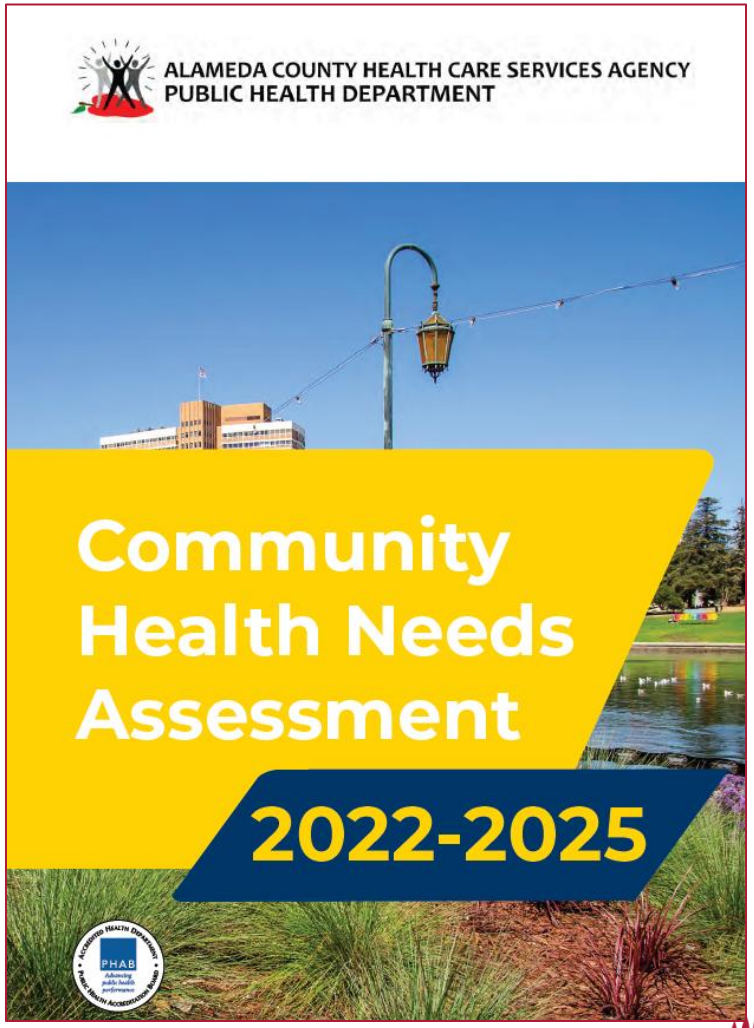
Community Health Assessment (CHA) Purpose

- Serves as a foundation to improve Alameda County's health
- Serves as basis for:
  - priority setting
  - program development
  - policy changes
  - coordination of community resources
  - identifying disparities among different subpopulations and factors that contribute to them
  - supporting efforts to achieve health equity



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Mixed Methods: Where do the data come from?

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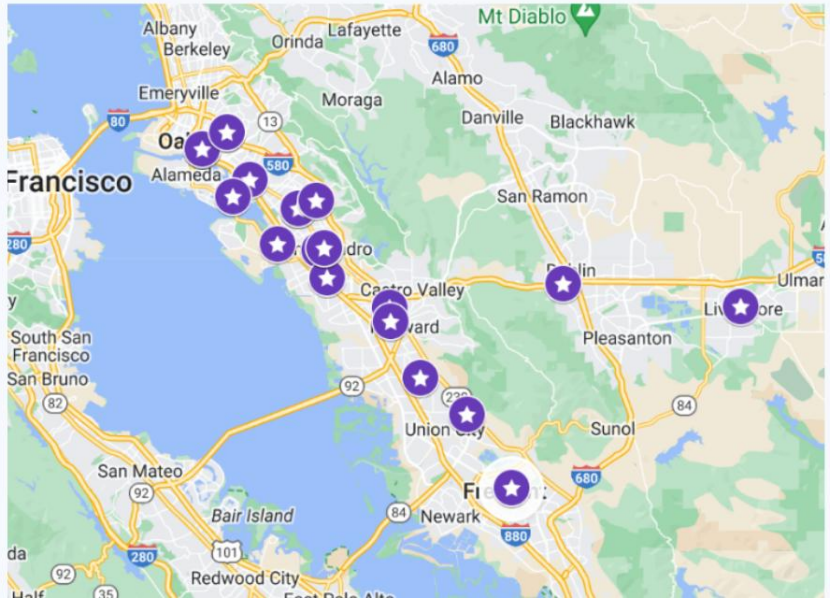
Comprehensive Qualitative Efforts!

COMMUNITY HEALTH ASSESSMENT

2024-2025 DATA COLLECTION

QIA & PARTNERS CONDUCTED **36** FOCUS GROUPS
WITH SUPPORT FROM **32** ACPHD STAFF
IN **7** LANGUAGES: ENGLISH, KHMER, MAM, MANDARIN, SPANISH, TAGALOG, VIETNAMESE
12 COMMUNITY ORGANIZATIONS HOSTED FOCUS GROUPS



HAYWARD
OAKLAND
CHERRYLAND
SAN LEANDRO
LIVERMORE
ALAMEDA
UNION CITY
FREMONT

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Community Partners

Allen Temple Arms I and II
managed by human good

EL TIMPANO

50 YEARS 1974 · 2024 ASIAN HEALTH SERVICES
HEALTH CARE FOR ALL. ADVOCACY FOR THE UNDERSERVED.

LA FAMILIA

CITY OF Fremont FAMILY RESOURCE CENTER

RCeB Regional Center of the East Bay

YMCA OF THE EAST BAY

Oakland LGBTQ COMMUNITY CENTER

Visión y Compromiso™

KCC 한인동포회관 KOREAN COMMUNITY CENTER

LIVE LIFE WELL

EDEN YOUTH

HELPING HANDS EAST BAY 東灣手牽手

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Hospitals and Managed Care Plans CHA Collaborators

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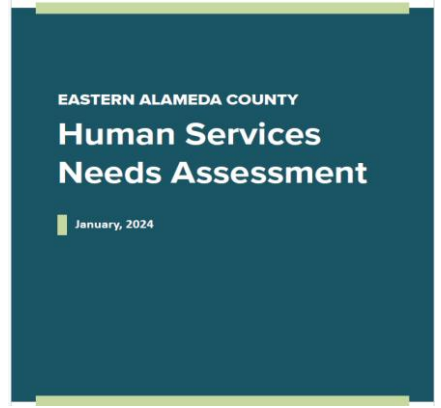
Quantitative Efforts: Population-Level Data

Sources included:

- California Department of Public Health
- County Health Rankings & Roadmaps
- KidsData.org
- U.S. Census Bureau
- Alameda County Public Health Department
- Alameda County 2024 Point-in-Time Count Tableau Dashboard, 2024
- Alameda County Public Health Department
- Eastern Alameda County Human Services Needs Assessment, 2024, John Snow, Inc.
- Healthy Brain Assessment, Alameda Co Public Health, February 2024
- Examining Increases in Mortality and Disparities from 2018-2019 to 2020-2021, 2024, Alameda County Public Health Department
- Maternal, Paternal, Child, & Adolescent Health Assessment (MPCAH), 2024



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Needs identification criteria for 2025 CHA

Severity and magnitude of need

How measures compare to national or state benchmarks, the relative number of people affected, impact of COVID-19 on the need.

Community priority

Where the community ranked the health need in relation to others that were observed.

Clear disparities or inequities

Differences in health factors or outcomes by geography, race/ethnicity, economic status, age, gender, or other factors.

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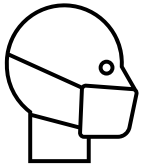
2025 Community Health Needs List

Social Determinants of Health: Economic and Environmental Factors

Chronic Diseases: Screening, timely treatment



Communicable Diseases: Awareness and Education

Behavioral Health: Access, culturally relevant

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Health Need: Social Determinants of Health

Social Determinants of Health

What?

- Built environment
- Healthcare access and quality
- Violence (community & family)
- Economic security
- Social/community context, including racism and discrimination

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Built Environment

- Traffic accidents
- Workplace accidents (special concern for workers who are undocumented)

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Built Environment

"I really feel that part of a healthy community is just the environment that you're in and the ***simple things such as repairing the streets, picking up trash****. That makes a difference with how people feel in their community, in their environment, and it affects their health."*

—Key Informant Interviewee

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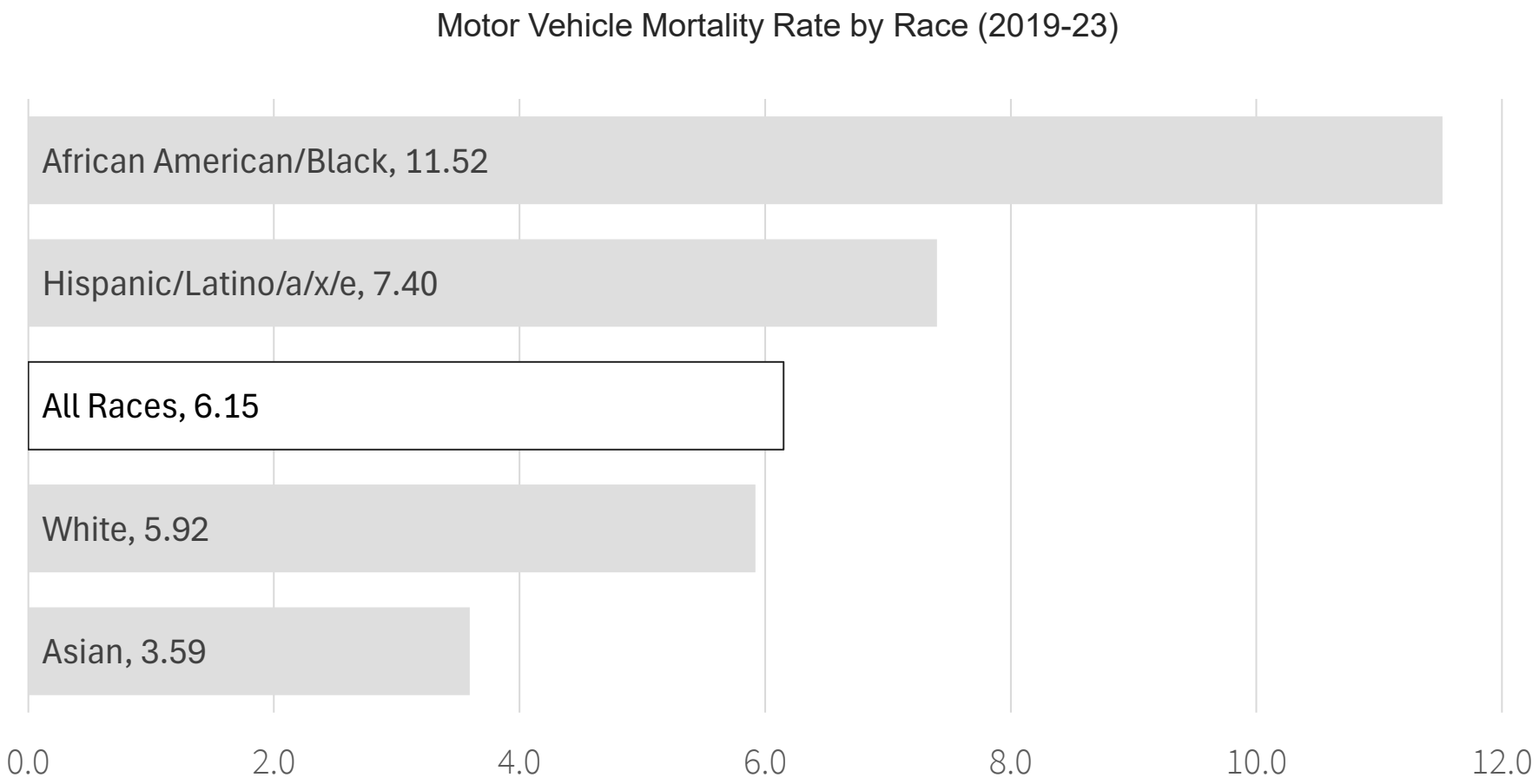
AC Motor vehicle death rates are significantly worse for people who identify as Black or Latino/a/x

Motor Vehicle Deaths per 100,000 Pop. (2019-2023)



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Source: CAPE analysis of Alameda County and California vital statistics files, 2020-2021

Healthcare Access & Quality

What?

- Long wait times for appointments (low availability of providers)
- 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
- Providers don't follow up with us
- Feeling disrespect from providers
- Language barriers
- Our cultural preferences and individual differences not acknowledged

Why?

- Transportation challenges
- Costs
- Signing up for benefits is difficult

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Healthcare Access & Quality

*"The whole system of health insurance doesn't meet the needs of low-income people… even when somebody has full insurance, because of the **cost of copays and deductibles**."*

— Key Informant Interviewee

*"**Language is sometimes a barrier** …When we are lucky enough to understand each other, that's good, isn't it? But when we are not—I have seen people who want to communicate with the doctors, the nurses; but [the providers] just don't."*

—Community Member, Focus Group Participant

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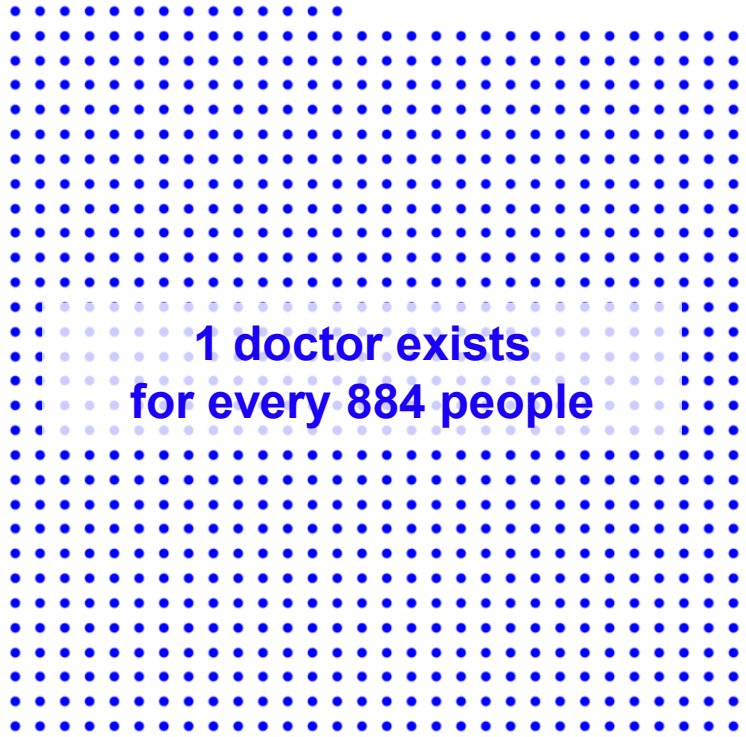
The ratio of nurses for the population is worse in AC than in CA overall, which may make access to healthcare difficult.



Source: California Dept. of Education, Staff Assignment and Course Data & DataQuest, 2019.

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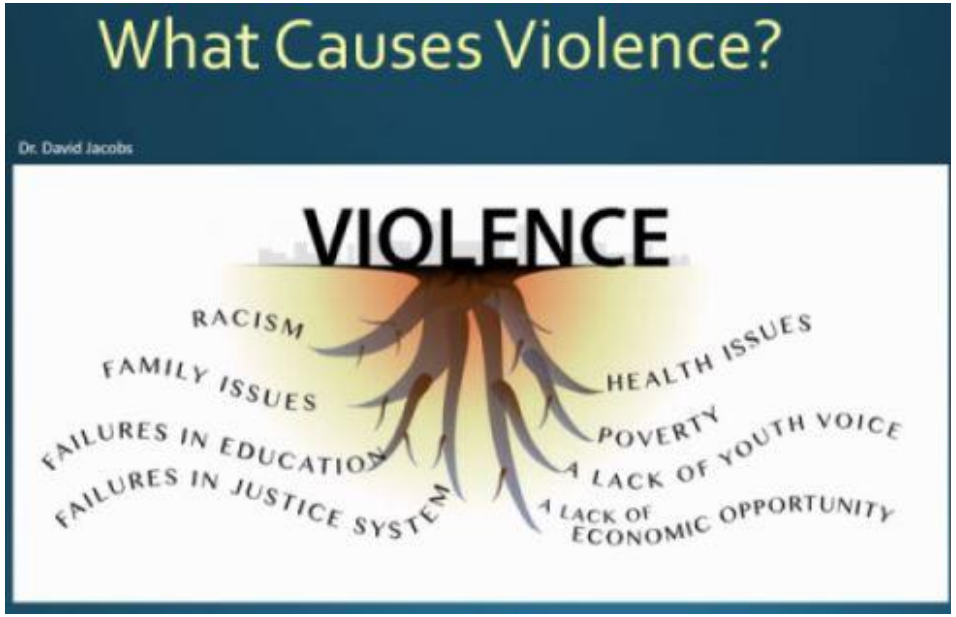
Violence



What?

- Community violence (especially guns)
- Domestic violence

Why?

- Economic stressors
- Built environment: lack of streetlights, other infrastructure
- Discrimination, inadequate policing contribute to safety concerns

Who?

- BIPOC, including immigrants (fear of law enforcement)
- Children/youth

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Violence

"We had a recent meeting where we talked about … health priorities, and the stories that came from residents … that really touched everybody's heart were simple statements like, ***'I want to be able to walk my kid to the park without fear of them being injured or hurt****.'"*

— Key Informant Interviewee

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	0-17	18-34	35-44
1	Perinatal	Drug OD	Drug OD
2	Injury	Homicide	Heart disease
3	Homicide	Car crashes	Cancer
4	Sudden Infant Death	Suicide	Homicide
5	Cancer	Injury	Suicide

Homicide deaths are among the top 3 causes of death in AC for people under age 35.

Source: Alameda County vital statistics data, 2020-2024.

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Economic Insecurity

What are we seeing?

- Working multiple jobs - wages do not kept pace with rising cost
- Cutting back on essentials like food and meds
- Homelessness, doubling up = overcrowded homes
- People forced out of the area
- Disengagement from education

Why?

- Rents rising, lack of affordable housing
- Getting low-income housing is complicated
- Lack of tenant rights awareness
- Broader systemic issues such as structural racism/discrimination

Who?

- Older adults
- People with disabilities
- Families with young children
- Undocumented immigrants

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Economic Insecurity

*“What if you're **working two jobs**? When can you go to the doctor? Never.”*

— Expert, Focus Group Participant

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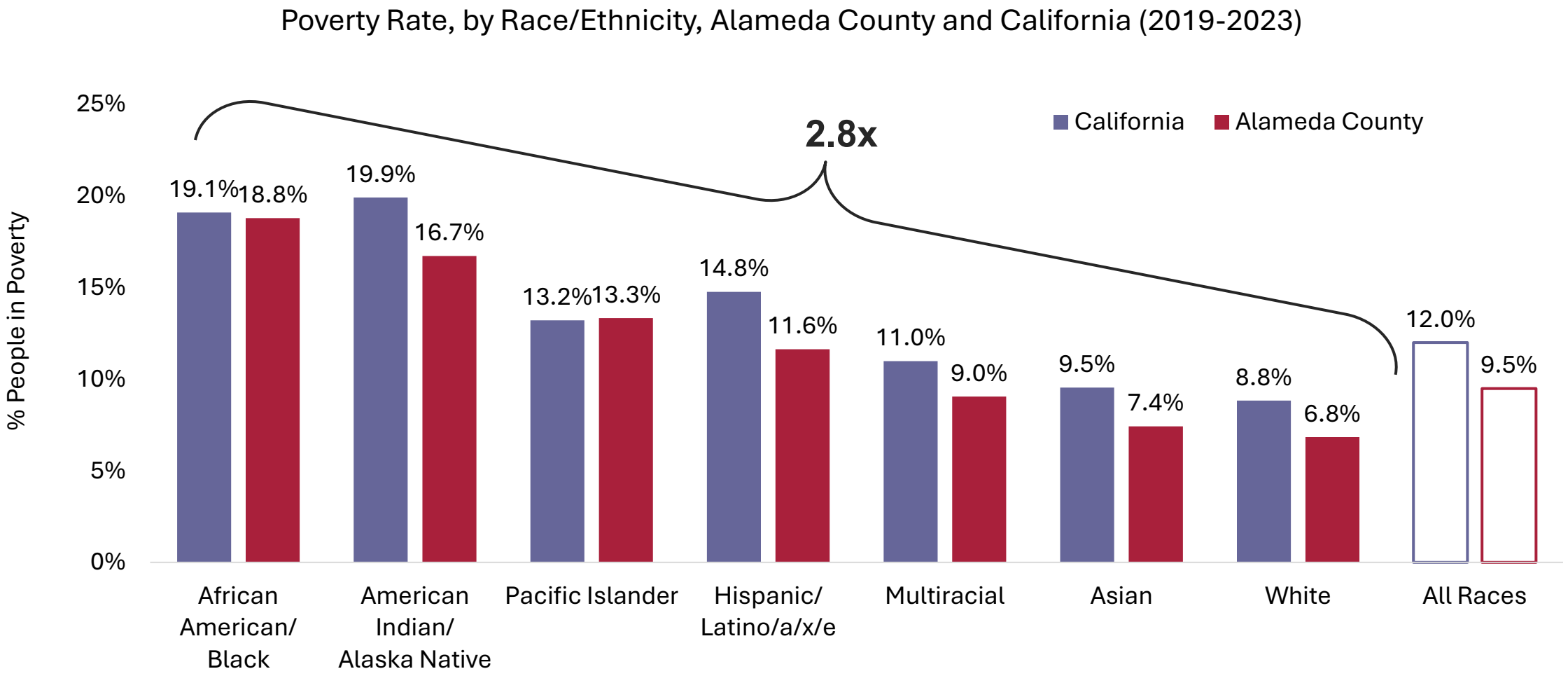
Inequities in Poverty



Source: American Community Survey/Public Use Microdata Sample, 2019-2023.

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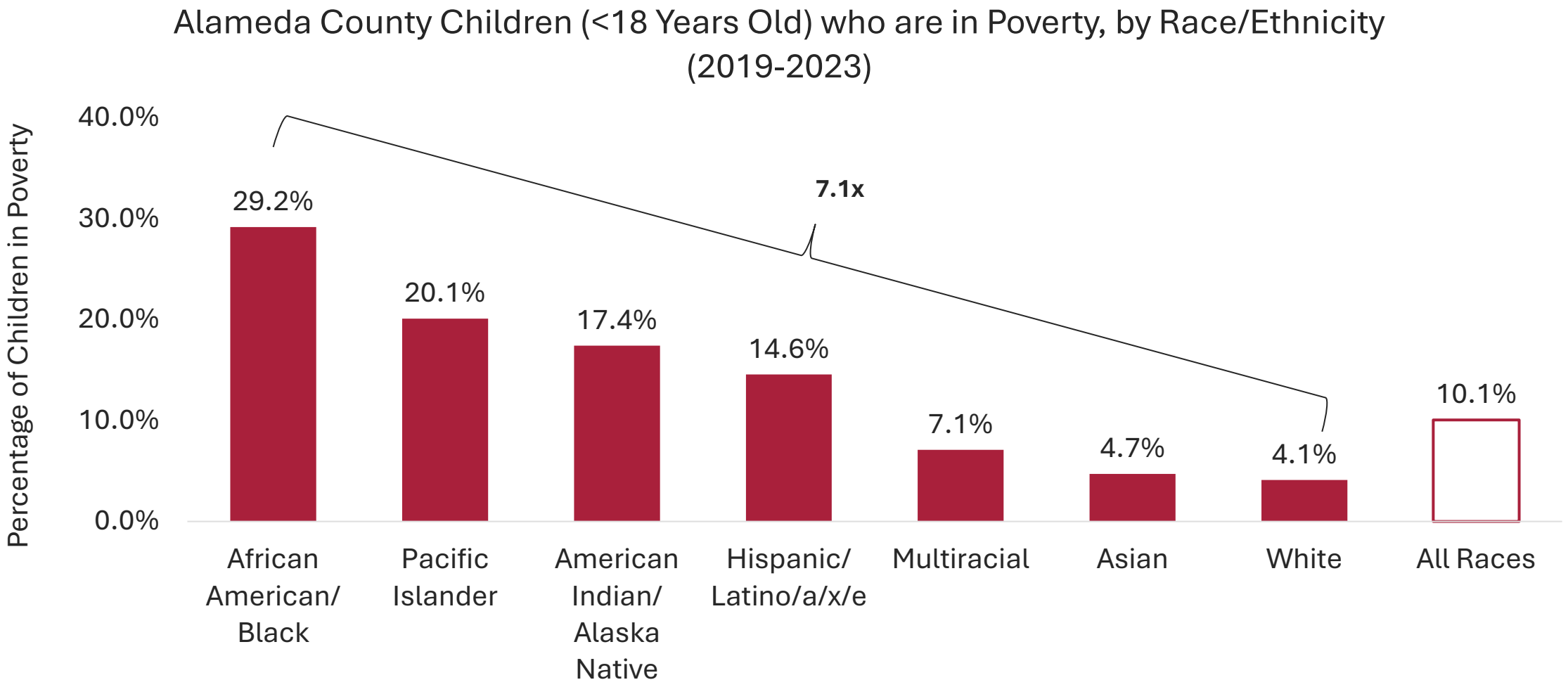
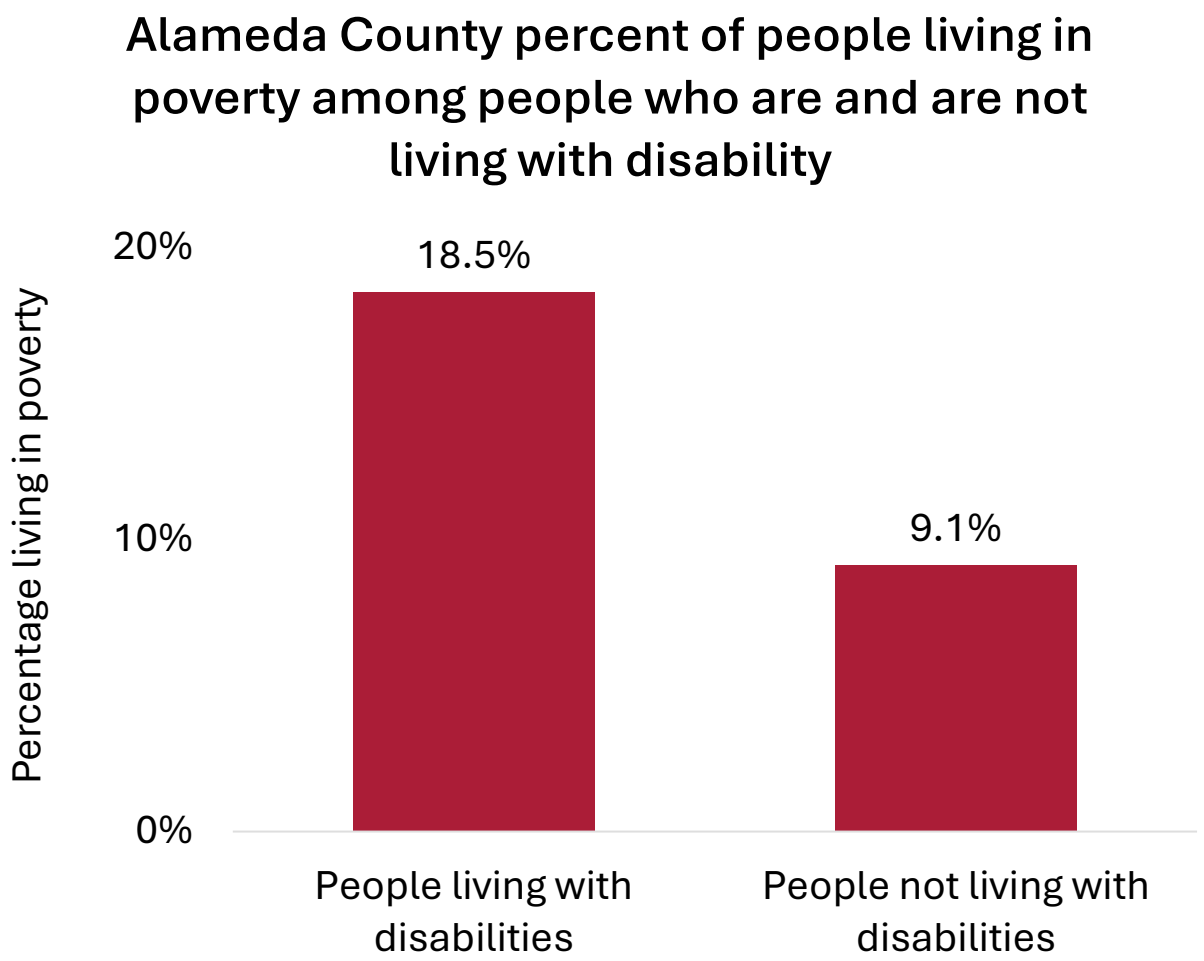
Concentrated inequities in child poverty



Source: American Community Survey 5-year data analysis by CAPE

Disproportionate Burden of Poverty Among People Who are Living with Disabilities



Source: ACS PUMS 2021 5-year files
Note: People living in group quarters are not included.

Public Health Department
Alameda County Health

Structural Racism/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 mentally illness

*Visual source: https://www.kff.org/racial-equity-and-health-policy/survey-on-racism-discrimination-and-health/

Public Health Department
Alameda County Health

Structural Racism/Discrimination*

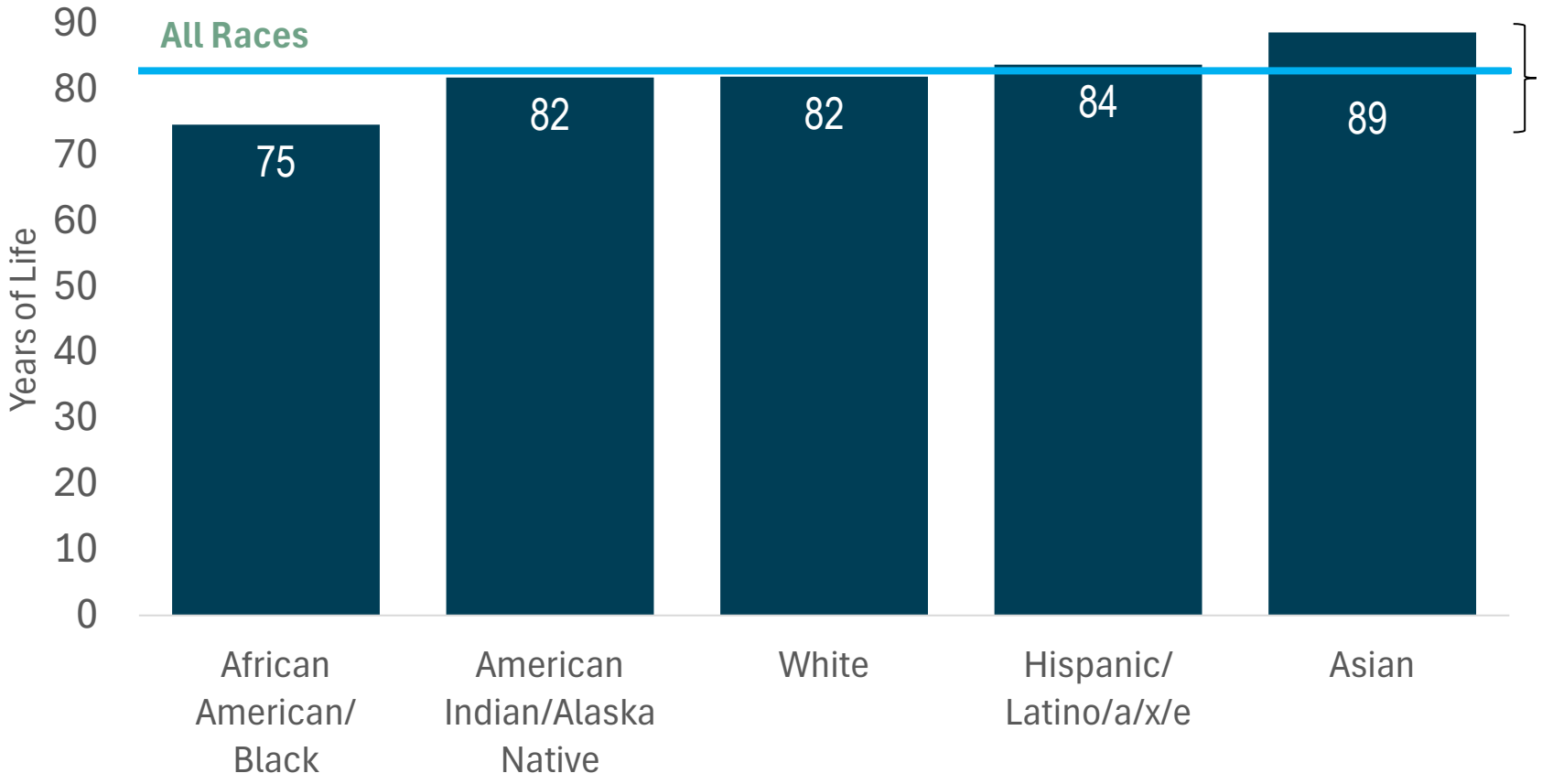
*"There is still a lot of discrimination; **sometimes people are treated differently** if they are Latina. In a hospital, they are not treated the same as White people. There is **no cultural competency** since there is discrimination. …[Providers] don't know the language, they don't know the culture."*

— Spanish-Speaking Community Member Focus Group Participant

Public Health Department
Alameda County Health

Life expectancy varies depending on race/ethnicity

Alameda County Resident Life Expectancy in Years by Race (2019-23)



For people born in 2023, there is a 14-year difference between life expectancy of people who are Asian and people who are African American/ Black.

Source: ACPHD CAPE, with data from Alameda county vital statistics files, 2019-2023

Public Health Department
Alameda County Health

Health Need: Behavioral Health

Behavioral Health

What?

- Mental health
- Emotional well-being
- Substance use disorders

Why?

- Economic insecurity
- Loneliness/isolation
- Experiences of discrimination
- We are not taught about coping skills and substance use risk

Public Health Department
Alameda County Health

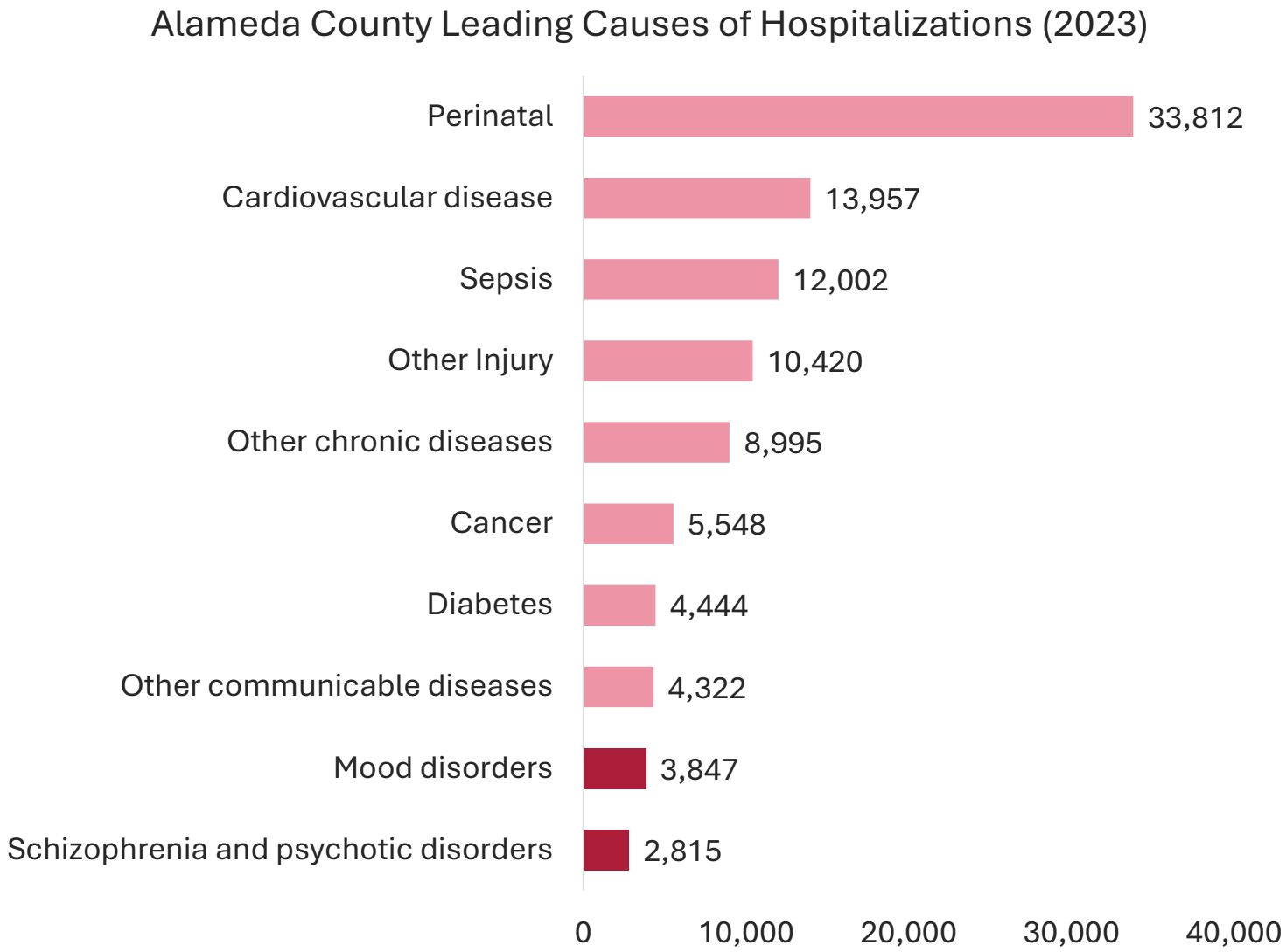
Behavioral Health

*"**Societal views have changed**. …Before, it was really a negative if anyone sought out a therapist. Now… it's becoming a positive thing to have somebody to talk to."*

—Key Informant Interviewee

Public Health Department
Alameda County Health

Mental health disorders are among top 10 causes of hospitalizations



Source: CAPE analysis of 2023 California Community Burden of Disease Engine data on emergency department visits and hospital patient discharges

Public Health Department
Alameda County Health

Accidental overdose is in the top 5 causes of death overall in AC and the #1 cause for people aged 18-44, a new finding in 2023.

	0-17	18-34	35-44	45-54	55-64	65-74	75-84	85+		All
1	Perinatal	Drug OD	Drug OD	Cancer	Cancer	Cancer	Cancer	Heart disease		Cancer
2	Injury	Homicide	Heart disease	Heart disease	Heart disease	Heart disease	Heart disease	Cancer		Heart disease
3	Homicide	Car crashes	Cancer	Drug OD	Stroke	Stroke	Stroke	Stroke		Stroke
4	Sudden Infant Death (SIDS)	Suicide	Homicide	Liver/ cirrhosis	Diabetes	Diabetes	Alzheimer's disease	Alzheimer's disease		Alzheimer's disease
5	Cancer	Injury	Suicide	Diabetes	Stroke	Respiratory	Respiratory	Respiratory		Drug OD

Source: Alameda County vital statistics data, 2020-2024.

Public Health Department
Alameda County Health

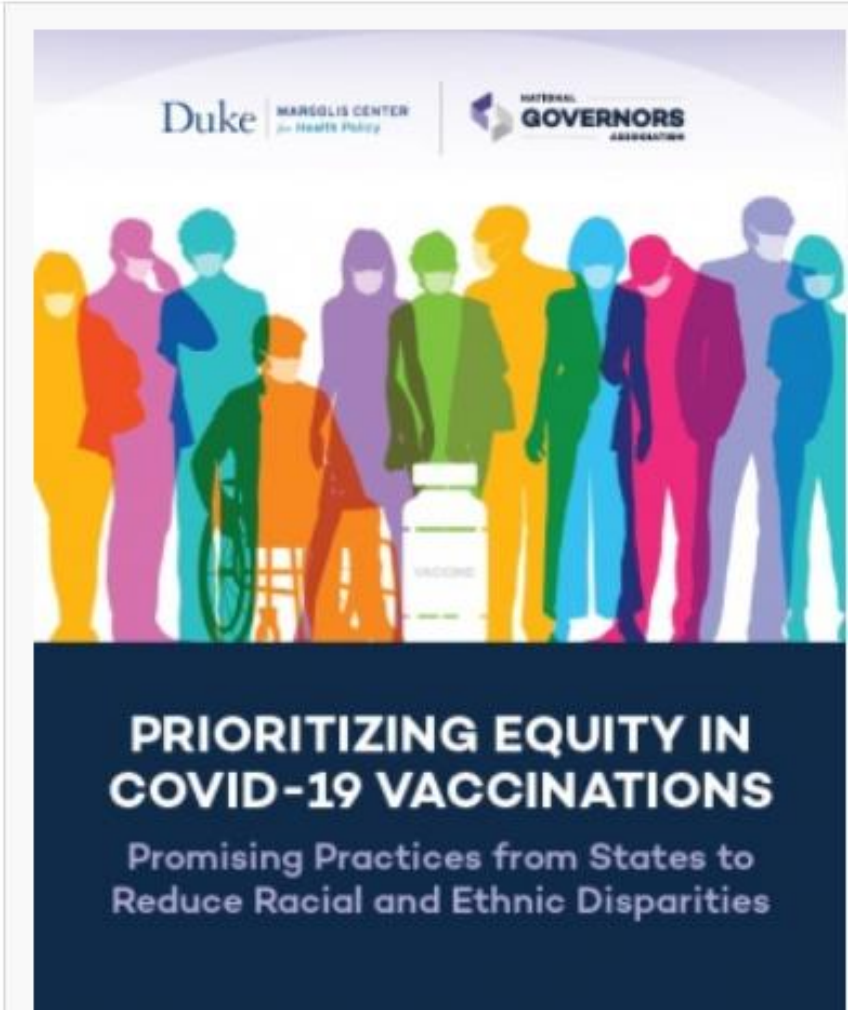
Health Need:
Communicable Diseases

Including STIs/STDs, COVID-19, TB, etc.

Communicable Diseases

What?

- COVID-19
- Influenza
- Sexually transmitted infections
- Other communicable diseases



Public Health Department
Alameda County Health

Communicable Diseases

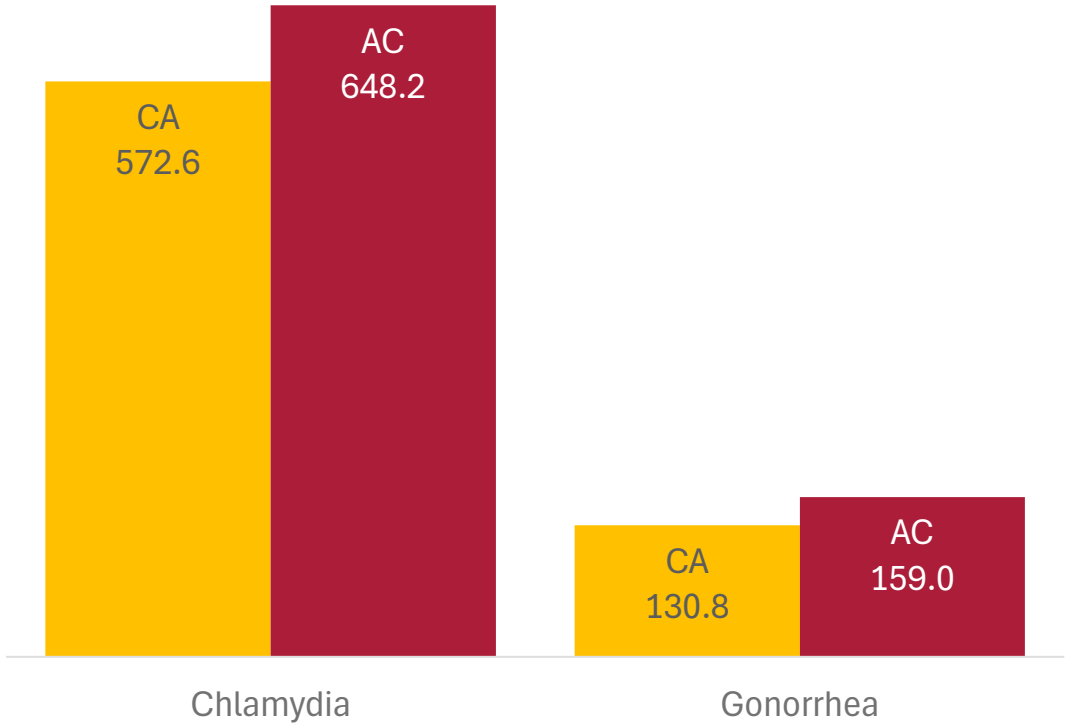
*"There's a whole group of folks just kind of roaming about, who it **doesn't even cross their mind that they're at risk** for certain [STIs] because they don't see themselves fitting into the category [of people at risk]."*

—Community Member Focus Group Participant

Public Health Department
Alameda County Health

Among people aged 10-19, chlamydia and gonorrhea rates are significantly higher in AC than statewide.

STI New Case Rate per 100,000 (2020)



Source: California Department of Public Health, 2020.

Public Health Department
Alameda County Health

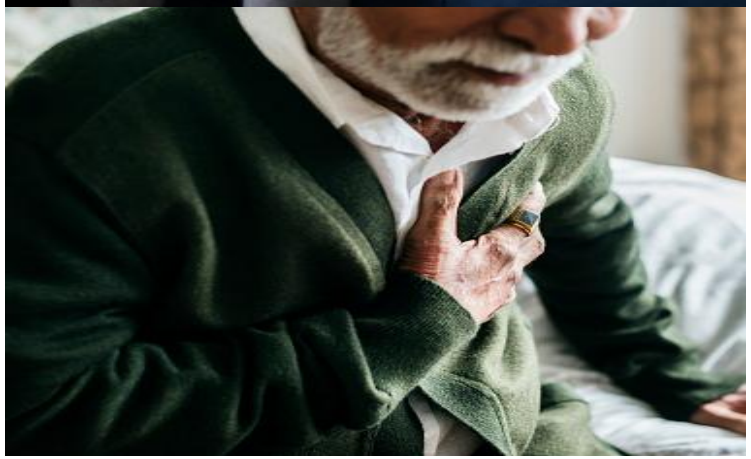
Health Need:
Chronic Diseases

Including heart/stroke, cancer, diabetes/obesity, Alzheimer’s/dementia, asthma

Chronic Diseases

What?

- Heart diseases/stroke
- Cancer
- Diabetes
- Obesity
- Chronic liver/cirrhosis
- Asthma
- Alzheimer's Disease/dementias
- Other chronic diseases



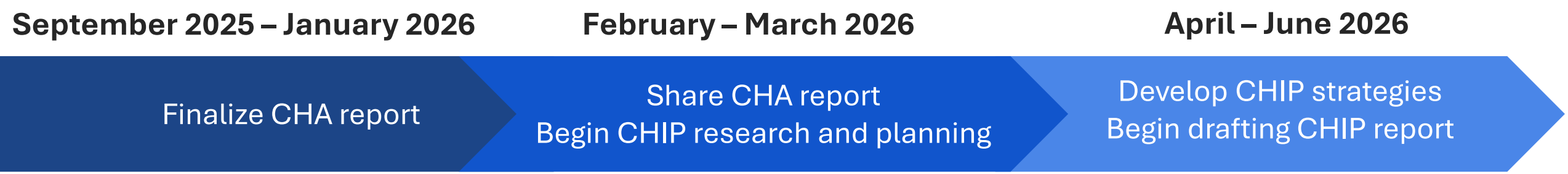
Public Health Department
Alameda County Health

Chronic Diseases

- *“I had prostate cancer. That’s expensive, you know what I mean? Doctors ain’t going to want to treat you for it. Because* ***if you ain’t got any insurance, they don’t want to see you****, man.”*
- *—Community Member Focus Group Participant*

Public Health Department
Alameda County Health

CHA/CHIP Planning Map



Questions

Public Health Department
Alameda County Health

Contact

Carolina Guzmán, Quality Improvement Manager
Carolina.guzman@acgov.org

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Program Specialist
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Non-Specialty Mental Health Services Outreach and Education Plan

Community Advisory Committee Q4 2025

ALAMEDA Alliance FOR HEALTH

Background

What are Non-Specialty Mental Health Services?

- The State separates mental health care into two levels based on how severe the condition is.
  - **Specialty Mental Health Services:** Managed by Alameda County for people with severe conditions.
  - **Non-Specialty Mental Health Services:** Managed by Alameda Alliance for people with mild to moderate mental health needs.

Non-Specialty Mental Health Services

- Examples include:
  - Assessment and screening for mild to moderate mental health conditions
  - Individual or group psychotherapy (e.g., CBT)
  - Medication management and monitoring
  - Case management or care coordination
  - And more

Problem

- Many Medi-Cal members have mental health symptoms that do not get enough care each year.
- Only 6% of the Alliance's members use Non-Specialty Mental Health Services (NSMHS).
- Some key groups are not using these services as much as they need, compared to all members (6%).
  - **Older adults (66+):** 5%
  - **Chinese members:** 4%
  - **Vietnamese members:** 5%
  - **Members with Disabilities & 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.

Outreach Plan and Alliance Strategies

Requirements

- The Outreach and Education Plan must include:
  1. Stakeholder (partners) & Tribal Engagement
     - → Developed with input from the CAC, the Native American Health Center (NAHC), and other community-based organizations.
  2. Alignment with Assessments
     - → Strategies based on member demographics, health issues, and use of services by race, ethnicity, language, and age.
  3. Cultural & Linguistic Appropriateness
     - → All materials are provided in threshold languages (English, Spanish, Chinese, Vietnamese, Farsi) and other formats at no cost.

Requirements (cont.)

4. Reduce Stigma
   - → Uses plain and person-centered language, and materials reviewed for cultural appropriateness to reduce mental health stigma.
5. Multiple Points of Contact
   - → Members can access services via phone, website, member portal, Ombudsman, social media, and mailings.
6. 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)

Alliance Outreach Strategies (cont.)

- 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 a “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 & in Long-Term Care: Are there ways to involve caregivers in promoting mental health support?

Alameda Alliance for Health (Alliance) Online Resources Survey

ALAMEDA Alliance FOR HEALTH

1.
We Need Your Help

Complete Our Online Survey – Get a $50 Grocery Gift Card

ALAMEDA Alliance FOR HEALTH

Alliance Online Resources Survey

- We invite all Community Advisory Committee (CAC) members to stay after today's meeting to complete the Alliance online provider directory, pharmacy, and benefits information survey in the Alliance IT training room
  - The survey will take about 30 minutes to complete
  - Lunch will be provided
  - You will receive a $50 grocery gift card after completing the survey
  - Your feedback will help us serve Alliance members in the best ways possible

Thanks!

Questions?

You can contact me at:

mlewis@alamedaalliance.org

Alliance in the Community

Community Advisory Committee (CAC) Meeting, Thursday, December 4, 2024

Thomas Dinh, Community Outreach Coordinator II
Gabriela Perez-Pablo, Community Outreach Coordinator II, Bilingual Spanish

ALAMEDA Alliance FOR HEALTH

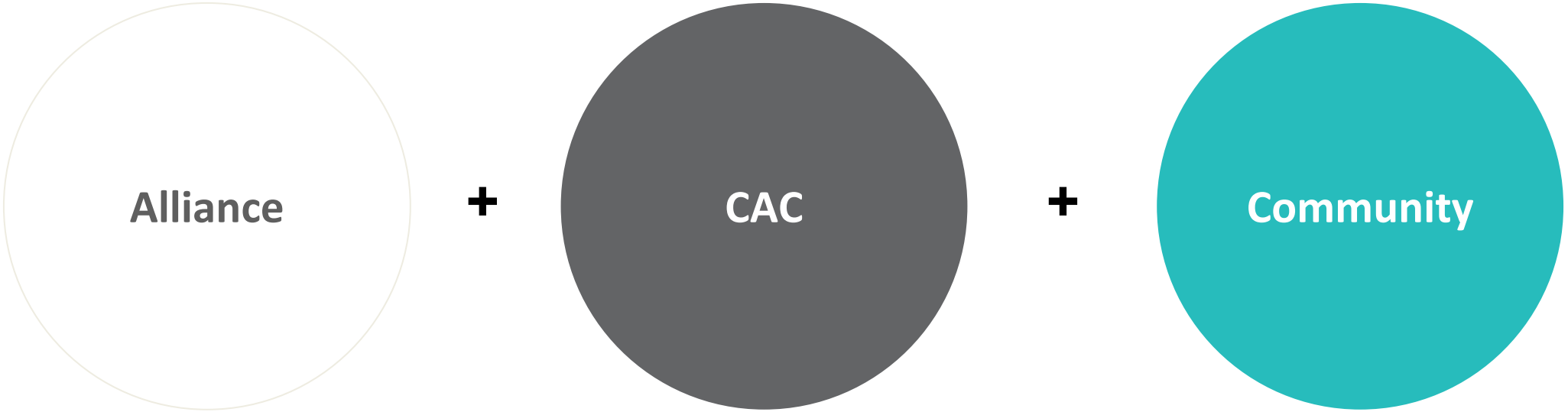
1.
Community Conversations Initiative

In collaboration with CAC

ALAMEDA Alliance FOR HEALTH

What is Community Conversations?

- Definition: A series of community-based dialogues bringing the Alliance, CAC, and members in the community together
- Goals:
  - Enhance member engagement
  - Provide more inclusive opportunities for members who cannot attend regularly scheduled CAC meetings



Why It Matters

- Alliance’s 30-Year Anniversary: A milestone to reflect and connect
- Opportunity to:
  - Celebrate achievements
  - Build more connections with members
  - Gather more member feedback for future initiatives

Join the Planning Committee

To sign-up, contact Outreach@alamedaalliance.org by Thursday, January 1, 2026.

Planning Committee Responsibilities

- Set days, times, and locations
- Help set agenda topics
  - Keeping your Coverage
  - Changes in Medi-Cal
  - Building a relationship with your Doctor
  - New Alliance programs and services

Thanks!

Questions?

CAC Business

ALAMEDA Alliance FOR HEALTH

CAC Membership Recruitment

CAC MEMBER RECRUITMENT UPDATE

- CAC Recruitment Workgroup
- Presented information about the CAC to the following groups:

Alameda County Social Services Children and Family Services (Foster Care)	• Email Date: 08/18/2025 • Received 3 applications and questionnaires.
Senior Services Coalition of Alameda County	• Presentation Date: 10/09/2025 • Received 1 application and questionnaire.

- DSNP Recruitment
  - DSNP Sites: Asian Health Services, Tiburcio Vasquez Health Center, Lifelong Medical Care, Axis Community Health, and La Clinica.
- Presented 5 candidates to the CAC Selection Committee (SC) on 11/14/2025.
  - CAC SC voted on 4 new CAC members.

Questions?
Thank you!

ALAMEDA Alliance FOR HEALTH

ALLIANCE CARE BAGS

ALAMEDA Alliance FOR HEALTH

1.
Project Overview and Update

ALAMEDA Alliance FOR HEALTH

The things you take for granted… someone else is hoping for…

-Anonymous

Alliance Care Bags

We are creating **5,000** Alliance Care Bags to share them with people in our community who may be experiencing homelessness.

Meaningful Items May Include

- A Face Mask
- A First Aid Kit
- A List of Local Shelters and Winter Warming Stations
- Hand Sanitizer
- Non-perishable food items
- Personal Hygiene Items

2024 Care Bag Distribution

- Alliance CAC Members
- Local Alameda County Shelters
- Local Churches
- Street Medicine Teams
- Warming Centers

“

Never doubt that a small group of thoughtful, committed citizens can change the world; indeed, it's the only thing that ever has.
Margaret Mead

Thank You!

Questions?

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2025 - 2026 | **1ST QUARTER (Q1) OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2025 - 2026 | 1ST QUARTER (Q1) OUTREACH REPORT

Between July 2025 and September 2025, the Alliance completed **2,796** member orientation outreach calls among net new members and non-utilizers and conducted **170** net new member orientations and **19** non-utilizer member orientations (**6.8%** member participation rate). In addition, the Outreach team completed **108** Alliance website inquiries, **22** service requests, **12** community events, **9** member education events and **1** Community Meeting/Presentation events in Q1.

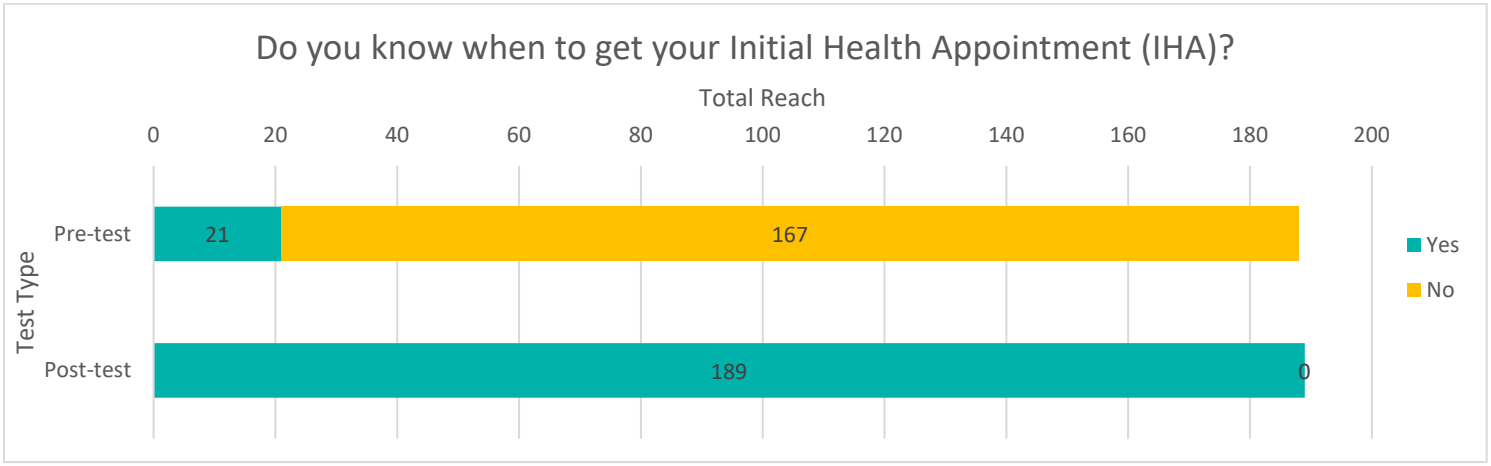
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, approximately **41,905** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **Monday, June 30, 2025**, the Outreach Team has completed **53,070** member orientation outreach calls and conducted **10,054** orientations, achieving a **18.9%** participation rate.

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Appointment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through September 30, 2025, **10,054** members completed our MO program by phone.

After completing a MO, **100%** of members who completed the post-test survey in Q1 FY 25-26 reported knowing when to get their IHA, compared to only **11.2%** 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\Q1\September 2025**

ALLIANCE IN THE COMMUNITY

FY 2025 - 2026 | 1st QUARTER (Q1) OUTREACH REPORT

Q1 FY 2025-2026 TOTALS

12	COMMUNITY EVENTS	2762	TOTAL REACHED AT COMMUNITY EVENTS
9	MEMBER EDUCATION EVENTS	1861	TOTAL REACHED AT MEMBER EDUCATION EVENTS
189	MEMBER ORIENTATIONS	189	TOTAL REACHED AT MEMBER ORIENTATIONS
1	MEETINGS/ PRESENTATIONS	100	TOTAL REACHED AT MEETINGS/PRESENTATIONS
26	TOTAL INITIATED/INVITED EVENTS	2581	TOTAL MEMBERS REACHED AT EVENTS
211	TOTAL EVENTS	4912	TOTAL REACHED AT ALL EVENTS

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

TOTAL REACH 17 CITIES

Cities represent the mailing addresses for members who completed a Member Orientation by phone. The following cities had <1% reach during Q1 2025: Cherryland, Emeryville, San Jose, and Winchester. The C&O Department started including these cities in the Q3 FY21 Outreach Report.

$1075.00

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*