

**COMMUNITY ADVISORY COMMITTEE (CAC)**

Thursday, March 20, 2025, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	
Cecelia Wynn	Alliance Member	x
Erika Garner	Alliance Member	x
Irene Garcia	Alliance Member	x
Jody Moore	Parent of Alliance Member	
Kerrie Lowe	Social Worker, Alameda County Public Health	
Mayra Matias Pablo	Parent of Alliance Member	
MiMi Le	Alliance Member	
Natalie Williams	Alliance Member	x
Roxanne Furr	Alliance Member	
Sonya Richardson	Alliance Member	
Tandra DeBose	Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	x

Other Attendees	Organization	Present
Bernie Zimmer	CHME	x
Catalina Valderrama	CFMG	x
Jesus Verduzco	Alameda County	x
Melodie Shubat	CHME	x

Alliance Staff Members	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	x
Alma Pena	Senior Manager, Grievance and Appeals	x
Anne Margaret Macsiljig	Quality Engagement Coordinator	
Dana Patterson	Business Analyst, Incentives and Reporting	x
Danube Serri	Senior Legal Analyst	x
Donna Carey	Chief Medical Officer	x
Emily Erhardt	Population Health and Equity Specialist	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	
Jessica Jew	Population Health and Equity Specialist	
Jorge Rosales	Manager, Case Management	
Katrina Vo	Senior Communications and Content Specialist	x
Krystaniece Wong	Regulatory Compliance Specialist	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	
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Communications & Outreach	
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Health Education Coordinator	x
Mohammed Abbas	Outreach Coordinator	x
Monique Rubalcava	Health Education Specialist	x
Peter Currie	Senior Director of Behavioral Health	x
Ronnie Wong	Program Manager, Grants and Incentives	x
Rosa Carroodus	Disease Management Health Educator	x
Shatae Jones	Director, Housing and Community Services Program	x
Stephen Smyth	Director of Compliance and Special Investigations	
Steve Le	Outreach Coordinator	x
Taumaog Gaoteote	Director of Diversity, Equity, and Inclusion	
Thomas Dinh	Outreach Coordinator	x
Yen Ang	Director of Health Equity	

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTION			
T. Debose	T. Debose called the meeting to order at 10:04 am. A roll call was taken, and a quorum was not established. An introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM DECEMBER 5, 2024 and DECEMBER 16, 2024 SPECIAL MEETING.			
T. Debose	The committee was unable to vote on the 12/05/2024 and 12/16/2024 meeting minutes approval as quorum was not established.	None	None

2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
T. Debose	The committee was unable to vote on the 03/20/25 meeting agenda approval as quorum was not established. T. Debose announced moving the CEO Update and Grievance and Appeals Report towards the end of the meeting.	None	None
3. FOLLOW-UP ITEMS			
L. Ayala	- CAC feedback and questions around the design rationale behind the shapes used in the new logo were shared with the Alliance Leadership team. Updated information was sent to CAC members via email on 01/22/2025. - CAC-recommended organizations were added to the Alliance CAC recruitment efforts. - Health and Human Resource Education Center (HHREC)-a candidate has been identified from the organization and an application was received.	None	None
4. NEW BUINESS – COMMUNITY SSUPPORTS AND HOUSING			
S. Jones	S. Jones presented an overview of the housing landscape in Alameda County. - Housing and Social Determinants of Health (SDOH): social, economic, and environmental factors strongly affect health and well-being. - A video on SDOH was presented. - California Healthy Places Index: Alameda County is generally considered a very healthy place to reside and ranked in the 94th percentile. - City-level data reveals disparities in health rankings tied to SDOH, such as neighborhood conditions, transportation, and education. - Alameda County Point-in-time (PIT) Results 2025: mandatory census on people experiencing homelessness on a one-night basis. - Single adult males are more likely to experience unsheltered homelessness. - Senior individuals are the fastest growing population. - Asian Americans are more likely to experience sheltered homelessness. - African Americans are more likely to experience unsheltered homelessness. - Self-reported disability prevalence in the population experiencing homelessness.		Alliance staff to send information on Continuum of Care (COC) to CAC members—How to become a voting member.

	• Housing First Model: approach that prioritizes providing stable housing without preconditions such as sobriety and employment. • Permanent Supportive Housing (PSH): approach that combines affordable housing, targeted interventions, case management, and referral long-term resources. Medi-Cal Funded Housing Support: CalAIM benefits are referred to as the Housing Bundle here at the Alliance. • CalAIM: multiyear delivery system, intentionally combining social supports with clinical care to support members in a whole-person care model. • Fifteen Community Supports (CS) programs at the Alliance, and the Housing Department oversees 4: ○ Housing Deposits: assist with identifying, security, or funding one-time services. ○ Housing Tenancy Sustaining Services: provide tenancy and sustaining services. ○ Housing Transition and Navigation Services: assist members with obtaining and securing housing. ○ Transitional Rent: coming soon • Different qualifications for each CS program, but all require medical necessity, and some require prior enrollment in housing navigation. • Limits to how long one can receive the services varies. • Housing CS Provider: The Alliance is only contracted with Alameda County (AC) Health—serves as administrator, and subcontracts with 23+ housing CS service providers. • Members can access housing support through Alameda County Coordinated Entry. ○ Members may call 211 OR ○ Member presents at a Housing Resource Center • When a member presents at Housing Resource Center: 1. Housing problem solving assessment: connects members to resources upfront. 2. If issue/s cannot be resolved in the problem-solving phase, the member will enter the Coordinated Entry system through a screening and assessment. Based on the member responses, members will be prioritized on a waitlist and linked to appropriate resources. • Depending on availability, members may be referred to: ○ Interim Housing ○ Permanent Supportive Housing ○ Private Market Housing		
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	• Authorization Process 1. AC Health submits an authorization request to the Alliance Housing and Community Supports Department (HCSD). 2. Alliance HCSD reviews authorization and corresponding justification/documentation. 3. Determination is made. 4. Notification is sent to the member, referring provider, rendering provider, and PCP. The Housing team participates in the following: • Alameda County Leadership Board • Alameda County Racial Equity Committee • Alameda County Homeless Management Information System Committee • Alameda County Taskforce for 2030 Home Together Plan • Corporation for Supportive Housing Advisory Workgroups • A Housing staff is the VP of National Association of Housing • Active Alameda County Point-In-Time Count (PIT) programing and planning teams Meet the Housing Team: • Shatae Jones, LCSW: Director of Housing and Community Services • Adrienne Milles, MCP: Housing Coordinator • Michelle Pham, BA: Housing Coordinator • Oscar Macias, MPA: Program Manager S. Jones presented a list of resources which contain information from Coordinated Entry Program, California Health Care Foundation & Corporation Supportive Housing (CSH), Medi-Cal Academy for Homeless Service Providers, and Department of Healthcare Services. ➤ Member Question-T.Debosc: Commented that the 94th percentile for Alameda County looked wonderful, but when it changed to 17th percentile for Oakland, it seemed more reasonable. She asked what impact the Alliance is making and how might the Alliance work with the Cit of Oakland. Certain areas of the city are cut off because of debris, and efforts are not making a difference to make the city healthier. She asked what can we do as CAC to affect that. ➤ Response-S.Jones: Responded that the built environment and social determinants of health are important to understand. Some of the “why” of		
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	homelessness was designed that way. The audio book called the Color of Law discusses the structural racism in the way built environments are. Different areas of Oakland, above and below 580, were resourced differently. The CAC can use their voices. There are public meetings with your Board of Governors and Board of Supervisors, COC, and the housing development meetings that are open to the public around new affordable housing developments and wanting to hear community feedback. The leadership at the Alliance is dedicated to making sure that the Alliance resources are allocated throughout the county in a meaningful way. She recommended inviting Danny to talk about how we have invested as a community to lift those disparities that you have shared with us. The Alliance got the bundle out to the community as quickly as possible and is now serving both top and the bottom of the corridor. The Alliance also needs to show in our data how targeted intervention strategies that contributed to someone's health getting better. We want to share information on how you can get involved in community activities that impact Alameda County. ➤ Member Question-T.Debrose: Asked how the funding supports employment so they can keep their housing. You can give someone first and last month's rent, however, if you can't maintain it, you end up in the streets again. ➤ Response-S.Jones: Anyone who is linked to a coordinated entry resource is also linked to permanent supportive housing model or maybe even transitional housing like rapid rehousing. The good news is that those resources are subsidized, to maintain the unit, it's 30% of their income which can be from Social Security or employment. ➤ Member Question-N Williams: Asked what permanent housing is available for elders or senior citizens. How long would it take for a homeless person to receive housing benefits? ➤ Response-S.Jones: Responded that nationally, it takes about 9 to 24 months. Now, that can change as we've seen with Covid. It depends on the resources available in each county. ➤ Member Question-N Williams: <i>If it takes 9 to 24 months, are these individuals provided with temporary housing or are they prioritized in any kind of way?</i> ➤ Response-S.Jones: Responded "yes, in some cases, but it is very individual. For example, if you presented at a coordinated entry location,		
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	and you made a personal decision of going into a shelter opportunity before permanent supportive housing opportunity, that could be available. But again, as we know, homelessness is not a people issue, it is literally a production of housing issue and there's not nearly enough affordable housing or housing resources in the community.		
5. CEO UPDATE– CEO Report			
M. Woodruff	M. Woodruff presented the following updates: Homelessness • The Alliance has 15,000 homeless members currently. • Only about 2,000 out of the 15,000 are enrolled in ECM, which is now at full capacity. ➤ Member Question-T.Debosc: Asked if members coming from other states. ➤ Response-M. Woodruff responded that although he didn't know the answer to that question, he has seen in the news. What we do know is that the street teams in Alameda County are seeing the same people for many years ,and understand their needs. ❖ Member Comment-T.Debosc: Yes, but some people have been homeless for over five years or more. ➤ Response-M. Woodruff: When speaking to a Street team medical director, they have been treating some of the same couples and people for 15 to 20 years. ❖ <i>Member Comment-N. Williams:</i>, Some people can't even live in the house now, they've been outside so they can't function inside. CEO Report • Financials ○ January financials are not as good as hoped for but is due to reasons that are very different than what we've been going through. ○ Longterm care and operations cost came down. In-patient hospital went flat. ○ Main reason for loss is \$8 Million in potential fraud payments. • D-SNP ○ Getting ready for Medicare: multiple work plans and work streams, second provider town hall next month.	None	None

	○ A decision was made to start small with Medicare so not going to actively recruit for the first 6 to 9 month, will instead work with a couple of community partners to start with. ○ Medicare has rules and requirements that are different from Medi-Cal, so the goal is to make sure that we set that up to put us in a good path. ▪ Coding: if the provider does not enter the member's diagnoses at least once a year into the member's chart, we get less money. ▪ Stars program (Medicare's quality program): involves members rating their providers. • DHCS and DMHC Audit ○ Dual audit during the first 2 weeks of March 2025. ○ DHCS audit happens yearly, findings will likely be 3 or 4. ○ DMHC audit happens every 3 years, findings will likely be around 20 due to a longer look-back period. • Potential Changes to Medi-Cal Program ○ Disenrollments: after 07/01/25, all protections in place under Covid will be discontinued. ▪ Asses test returns. ▪ Reenrollment on anniversary month, no longer automatic. ▪ People enrolled in CalFresh or SNAP are no longer automatically enrolled to Medi-Cal. ○ Projection of 12,000 to 13,000 disenrollments. ○ Ninety-day protection stays in place. ○ Potential funding changes: the state has taken \$6 Billion loan from the general fund to keep what's current in Medi-Cal going. ○ The federal government might take action towards the undocumented population whether making it illegal to give them coverage or other forms of backlash. ○ In Alameda County, 80,000 undocumented people would have to go back to HealthPAC (county program). Providers are Community Health Center Network (CHCN) or Alameda Health System (AHS). ○ Result will be a \$700 Million revenue loss to the Alliance. • Community Supports ○ Centers for Medicare and Medicaid Services (CMS) retroactively took back the guidance on community supports. ○ Community Supports stays as it is, nothing is going away.		
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	○ The federal government stated that they will make it harder for any social determinants of health programs to be funded in the future. ○ The Alliance's waiver ends on 12/31/2026, so the new waiver will be in 2027 if we get a new one. ○ Enhanced Care Management (ECM) stays even though it's under the CalAIM umbrella, but still waiting to see what happens with transitional rent due to potential lack of funding. ➤ <i>Attendee Question-B. Zimmer, CHME: Asked what happens to those 80,000 members if they lose Medi-Cal, and if they go to HealthPAC. They are utilizing equipment from CHME. How is the continuity of care extended if they move?</i> ➤ <i>Response-M. Woodruff: I don't know what's covered in HealthPAC. HealthPAC never went away, it was kept intact, although they only now have 2,200 lives, whereas it used to be up to 130,000 lives. The hope is that Alameda County can keep funding the HealthPAC, but what we fund right now is much higher under Medicaid than what the county can afford under HealthPAC. I don't know if they cover DME. We're going to lose 12,000 to 13,000 members next fiscal year, so we're essentially doing a side-by-side budget of what happens if the undocumented members go back to HealthPAC, so they're no longer covered by us. Those are obviously going to be very big changes to our budgets, and for the community supports, if these go away in 2027. Are there any programs that we could keep? Could we go out and get grants? So that's the conversation that I started having with the county.</i> ➤ <i>Member Question-V. Gonzalez: For people that are in the process of seeking asylum, are they considered undocumented? Who's considered documented and who's considered undocumented?</i> ➤ <i>Response-M. Woodruff: I'm not sure how to answer that right now. I'd have to exactly see what the Medi-Cal definition is of undocumented, but I'm assuming it's anybody not born in the United States that doesn't have legal residency.</i> ❖ <i>Member Comment-N. Williams: It's very sad there's such a big gap in the undocumented member's healthcare and disparities, as well as the homeless. Then you have all these facets of the homeless. There's the mentally ill, elderly, and families. You have to approach these all at once.</i>		
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	➤ <i>Member Question-V. Gonzalez: Do they have the capacity to take people back under HealthPAC?</i> ➤ <i>Response-M. Woodruff: When those 80,000 lives came into Medi-Cal they did not just have AHS or CHCN anymore, they could go to anyone in our provider network. With HealthPAC they will be limited back to those two. I'm sure we could get the data, but I don't know how many people left those two networks and how many stayed.</i> ❖ <i>Member Comment-C. Wynn: Mr. Matthew, I want to thank you for this report that you've done diligently this morning for us. What I'm going to do on my next appointment is to make sure my new doctor has all my diagnoses entered, so that the funding can keep coming. Since they finally stopped deporting my doctors. One year, I got a doctor that got deported. Second year, I got another doctor who also got deported. I have a doctor for 3 years now, and so I'll make sure my information is well updated, to turn it over to where it needs to go to keep the money coming. I'm not speaking much today because I'm very proud of the work we're doing around here lately.</i>		
6. ALLIANCE REPORTS – GRIEVANCE AND APPEALS 2024			
A. Pena	A. Pena presented on the 2024 Grievance and Appeals Report. Medi-Cal - Number of grievance cases: - Standard Grievance: 17,114 - Expedited Grievances: 30 - Exempt Grievance: 23,557 - Standard Appeal: 478 - Expedited Appeal: 12 - Total cases: 41,191 - All cases have been resolved within compliance timeframes. 7.56 complaints per 1,000 members (goal: 1 per complaint per 1000 members) 32,276 unique grievance cases; 40,701 total grievance cases including all shadow cases - Grievances related to quality of care were forwarded to the Quality Improvement Department as Potential Quality Issue (PQI). - Grievances related to discrimination, fraud, waste, and abuse were forwarded to the Compliance Department for further investigation.	None	None

	- Grievances against delegates/vendors have been reported during quarterly joint operation meetings with each entity. - Overturn rate: 22% (goal: 25% or below) - Number of grievance cases by type: - Access to Care: 17,850 - Coverage Dispute: 4,342 - Other: 6,799 - Quality of Care: 944 - Quality of Service: 10,701 - Total cases: 40,701 - Grievances filed against delegates/vendors: - Delegates: 412 - Vendors: 2,048 - Total cases: 2,460 In-Home Support Services (IHSS) - Standard Grievance: 258 - Expedited Grievances: 0 - Exempt Grievance: 150 - Standard Appeal: 21 - Expedited Appeal: 0 2024 Total cases: 429 20.1 complaints per 1,000 members (goal: 1 per complaint per 1000 members). 349 unique grievance cases; 408 total grievance cases including all shadow cases - Grievances related to quality of care were forwarded to the Quality Improvement Department as Potential Quality Issue (PQI). - Grievances related to discrimination, fraud, waste, and abuse were forwarded to the Compliance Department for further investigation. - Grievances against delegates/vendors have been reported during quarterly joint operation meetings with each entity. - Overturn rate: 28.5% (goal: 25% or below) - Number of grievance cases by type: - Access to Care: 174 - Coverage Dispute: 93 - Other: 23 - Quality of Care: 16 - Quality of Service: 102		
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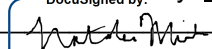
	○ Total cases: 408 • Grievances filed against delegates/vendors: ○ Delegates: 10 ○ Vendors: 9 ○ Total cases: 19 Top 3 categories of grievances filed against the plan: • Access to Care: 58 • Quality of Services: 43 • Coverage Disputes: 29 ➤ <i>Member Question-T. Debose: Do you compare number of complaints or grievances between quarters?</i> ➤ <i>Response-A.Pena: Yes, the Alliance reports quarterly to internal committees and tracks quarterly all the incoming grievances and appeals.</i> ➤ <i>Member Question-T. Debose: So, do you feel like 4th quarter is more versus summertime when people are more happy?</i> ➤ <i>Response-A.Pena: Yes, I'd like to think so, right? There was a jump in the 4th quarter and next year when we see the 1st quarter of this year, you'll see a jump also there. There was a jump due to the transition into the Alliance. Usually, we see that 4th quarter is a little lower because people are vacationing or going on holidays, but most of the time, it is the 1st quarter and last year, we did see a little spike because of the transition.</i> ❖ <i>CEO Comment-M. Woodruff: Our phone calls usually go down in May through August and then pick up when kids go back to school and needing to get to appointments. You see an uptick August through March and then it drops.</i>		
7. a. CAC BUSINESS – CAC CHARTER			
L. Ayala	L. Ayala reminded CAC members that the meeting packet includes a tracked version of the charter. Brief description of changes: • Under Policy/Scope, ○ Added “hard-to-reach populations”. ○ Expanded on CAC duties to include review of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) and Non-Specialty Mental Health Services Outreach (NSMHS) and Education Plan.	None	CAC Planning Team to move voting on the CAC Charter approval to the next meeting.

	○ Removed review of population needs Assessment (PNA) findings from CAC duties. • Under Officer of the CAC: ○ Updated voting process. The committee was unable to vote on the charter approval as a quorum was not established.		
7. b. CAC BUISNESS – CAC CHAIR NOMINATIONS AND VOTING			
L. Ayala	L. Ayala thanked Tandra Debose for chairing the meetings as the CAC Chair position is currently vacant. L. Ayala discussed the roles and responsibilities. • CAC Chair Roles and Responsibilities: ○ Collaborate with the CAC Planning team to develop meeting agendas. ○ Lead and facilitate CAC meetings. ○ Ensure meeting follows Robert's Rules of Order and ground rules. ○ Start the meeting and review the agenda with CAC members. ○ Guide discussion on agenda topics. ○ Set aside off-topic issues for future discussion (Parking Lot). ○ Decide whether to extend discussions on the topics that go into overtime. ○ Encourage all members to participate in discussions. ○ Involve all CAC members in the decision-making process. • CAC Chair Selection Process ○ Inform members of Chair elections. ○ Request nominations (self-nomination are welcome). ○ Nominees share brief statement on their interest. ○ Motion and roll call to vote. ○ Alliance staff record votes and announce selection during the meeting. ➤ <i>Member Question-N. Williams: To which email address do we send our nominations to?</i> ➤ <i>Response-L.Ayala: We will actually do the nomination at the meeting, in this public forum. So, you'll be able to verbally make that nomination.</i> The committee was unable to nominate and vote for a new chair as a quorum was not established.	None	CAC Planning Team to move the CAC Chair Nominations and Voting to the next meeting.

7. c. CONFIDENTIALITY STATEMENT UPDATES			
M. Chi	M. Chi requested that the members sign the yearly confidentiality statement and submit it to her at the end of the meeting. M. Chi also informed members attending virtually via Teams, that she had sent them a packet containing the document with a return envelope.	None	None
8. OPEN FORUM			
T. Debose	L. Ayala announced that the Alameda County Behavioral Health Department is going through a planning proceed that helps them determine where funding goes, to ensure that they are dedicating funding to types of services needed by Alameda County residents. Misha Chi will send an email with the survey link to the CAC members after the meeting. There will be a \$25 gift card raffle for people who participate. T. Debose asked if it would be possible for an email to be sent to CAC members with the dates of the next 2 to 3 meetings. N. Williams requested that the Initial Health Assessment be added as a topic in a future meeting.	None	M. Chi to send an email with the Alameda County SH Department survey link to CAC members. CAC Planning Team to send an email to CAC members with the dates of the next 2-3 meetings. CAC Planning Team to add the Initial Health Assessment as a topic in a future meeting.
9. ADJOURNMENT			
T. Debose	T. Debose announced that the next CAC meeting is on 06/12/2025. T. Debose adjourned the meeting at 11:43 am.	None	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator

Approved by:


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Date: 4/16/2025

Date: 09/16/2025 | 4:30 PM PDT