COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, June 11, 2026, 10:00 AM – 12:00 PM

Committee Members	Role	Present
Cecelia Wynn	Alliance Member	x
Darcell Davis	Alliance Member	x
Diana Espinel	Alliance Member	x
Donna Griggsmurphy	Alliance Member	x
Donna Leonard-Pageau	Alliance Member	x
Erika Garner	Alliance Member	x
Irene Garcia	Alliance Member	x
Iris Abarca	Alliance Member	
Jie Feng	Alliance Member	x
Jody Moore	Parent of Alliance Member	x
Keith Pageau Jr.	Alliance Member	x
Kenneth Porter	Greater New Beginnings	x
Len Turner	Greater New Beginnings	x
Lenore Harris	Parent of Alliance Member	x
Kerrie Lowe, LCSW	Social Worker, Alameda County Public Health	
Marilen Biding, BSN	Alameda County Health Homes Department	x
MiMi Le	Alliance Member	x
Nacerddine Azeb	Alliance Member	
Natalie Williams	Alliance Member	x
Omoniyi Omotoso, MD	Native American Health Center	x
Robert Williams	Alameda County Health and Human Resource Education Center	x
Shirley Tong	Parent of Alliance Member	x
Tandra DeBose	Alliance Member	x
Tee Kimmons	Parent of Alliance Member	x
Valeria Brabata Gonzalez	Alliance Member	x

Other Attendees	Organization	Present
Andrea Wise	Alameda County Public Health Department	x
Carolina Guzman	Alameda County Public Health Department	x
Josephina Renaud	Public	x
Kyle Navarro	Alameda County Healthy Homes	x
Melodie Schubat	CHME	x

Molly Hart	Community Health Center Network	x

Alliance Staff Members	Title	Present
Allison Lam	Executive Director, Healthcare Services	x
Beverly Juan, MD	Medical Director, Case Management and Community Health	x
Dani Staub	Director, Incentives & Reporting	x
Danube Serri	Supervisor, Legal Services	x
Gabriela Perez-Pablo	Outreach Coordinator	x
Gil Duran	Manager, Population Health and Equity	x
Isaac Liang	Outreach Coordinator	x
Jessica Jew	Population Health and Equity Specialist	x
Karina Rivera	Director, Public Affairs and Medica Relations	x
Katrina Vo	Senior Communications and Content Specialist	x
Kayla Williams	Manager, Member Experience and Program Management	x
Linda Ayala	Director, Population Health and Equity	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Outreach and Communications	x
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Interpreter Services Coordinator	x
Osiris Rivas	Cultural and Linguistic Services Specialist	x
Peter Currie	Senior Director, Behavioral Health	x
Rosa Carrodus	Disease Management Health Educator	x
Sanya Grewal	Manager, Community Health Initiatives	x
Steve Le	Outreach Coordinator	x
Thomas Dinh	Outreach Coordinator	x

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AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTIONS			
N. Williams	Natalie Willliams, CAC Chair, called the meeting to order at 10:04 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 MARCH 12, 2026			

N. Williams	Motion to approve March 12, 2026, CAC Meeting Minutes.	Motion: T. Debose Second: C. Wynn Vote: Approved by consensus.	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
N. Willams	Motion to approve June 11, 2026, CAC Meeting Agenda.	Motion: T. Debose Second: C. Wynn Vote: Approved by consensus.	None
3. CEO UPDATE – CEO REPORT (All Lines of Business)			
M. Woodruff	Matthew Woodrfuff, Chief Executive Officer (CEO), presented on the Alliance Updates. Financials • April 2026 Net Income: $388K • Year-To-Date: $67 million • Tangible Net Equity (TNE): Financial reserves are 296% of the required DMHC minimum, representing $156.5 million in excess TNE. Legislative Updates • With H.R. 1 and May 15 State Budget revisions, there will be cuts to multiple Medi-Cal programs. o Possible cap limits to In-Home Support Services (IHSS). o Reduction in Community Supports and Enhanced Care Management (ECM). o Unsatisfactory Immigration Status (UIS) population is slated to leave the Alliance and transition into Fee-For-Service. o These mean big changes in FY 2027, starting on July 1, 2027. Specific changes will be reported by the CEO in the next CAC meeting. o A lot of advocacy work has been done in the last 30 days. Countywide efforts in opposing the budget cuts. ❖ *Member Comment-T. Debose: Why does the government feel that the services for seniors and children with special needs are dispensable by cutting IHSS and other services? People live off that. And I am so glad that there was legislature that went there to protest it, but it amazes me that they are always looking at seniors and special needs as if we don't*	None	None

	matter. Even the federal government made it a policy to be optional for them to give any money. So, I don't understand it. ➢ *Response-M. Woodruff: The state claims that there's a lot of pressure right now, and that's all they said so I can't speak to what those pressures are, but my guess is that the federal government under H.R. 1, is targeting services that are affected by what they consider as fraud, waste, and abuse. They made comments about housing, community supports, and ABA services.* ❖ *Member Comment-N. Williams: We don't have a lot of lobbyists in Washington speaking for us. Nothing really changes; they're making their moves no matter what.* ❖ *Member Comment-J. Moore: I am unemployed right now. I'm getting Meals on Wheels, and I need to beg them because I don't match the requirements. And as what was said, this is keeping me alive. I tried to get food stamps and I was denied.* • Alameda Alliance and its partners have done a lot of advocacy work in the last 30 days, and we'll see what happens next week when the budgets come out. The state is under a lot of pressure from the federal government. So, more to come but great effort has been put forward from a statewide perspective. IT Workflow Automation • Kicked off first AI-driven automation in Compliance, Claims, and Member Services. • This allows for quick analysis, what usually takes 10 days when a new regulation comes out, now only takes 30 minutes. • Manual checks for accuracy are still being done. ➢ *Member Question-N Williams: Did it take away any jobs?* ➢ *Response-M. Woodruff: No, not right now.* Follow-up Items from CAC • How does the plan allocate money for Behavioral Health (BH)? o The plan does not allocate money for this; we are instead given a set dollar amount on a per member per month basis. o There are no limits on use of BH services by members. • What options are available for members for caregiver support?		

	○ The plan has a community support specifically for caregivers-caregiver respite. There are limitations in place by the state. ○ Additional support for caregivers: ▪ Personal Care and Homemaker Services: helps to fill the time gap between an IHSS application or re-assessment and approval. ○ Other member services that can relieve the caregiver of some of the heavy-lifting duties: ▪ Transportation-can provide rides to and from appointments, including pharmacy. ▪ Case Management-provide support with care coordination, including scheduling appointments. ▪ Behavioral Health-provide emotional support via therapy for the caregiver. ➢ *Member Question-J. Moore: What's the best way for members to access these services? Should they look through the manual?* ➢ *Response-M. Woodruff: Yes, but it is best to call the Member Services Department to tell them what you are looking for, and they will connect you with the appropriate department.*		
4. FOLLOW-UP ITEMS (All Lines of Business)			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, provided updates on the follow-up items from March 12, 2026. • Send CEO, Matt's presentation to CAC members ○ Presentation was sent to CAC members via email on 03/13/2026. • Clarify youth PCP change issue ○ Auto PCP change may have occurred because the member exceeded the provider's age eligibility criteria ("aged out"). ○ The member would then have been auto assigned to a PCP and need to be referred to specialists who accept adults. • Occupational Therapy (OT) capacity for children ○ Shared concern with the Provider Services (PS) team. ○ PS is expanding OT contracting. ○ The following process was shared with Dr. Omotoso when there are no available OT providers: ▪ Submit an authorization request to approve treatment with an out-of-network provider.	None	None

5. a. NEW BUSINESS – ALAMEDA COUNTY PUBLIC HEALTH DEPARTMENT (ACPHD): COMMUNITY HEALTH IMPROVEMENT PLAN (All Lines of Business)			

C. Guzman
A. Wise
	Carolina Guzman, Program Performance and Accreditation Director and Andrea Wise Program Specialist of Alameda County Public Health Department presented on the Community Health Improvement Plan (CHIP) Implementation Overview.
	
	Community Health Assessment (CHA Purpose)
	• A CHA is the foundation to improve Alameda County's health. It serves as basis for:
	  ○ Priority setting
	  ○ Program development
	  ○ Policy changes
	  ○ Resource coordination
	  ○ Identifying disparities and factors that contribute to them
	  ○ Supporting efforts to achieve health equity
	
	2026 CHA-Health Needs
	• Social determinants of health: economic and environmental factors
	• Chronic diseases: screening, timely treatment
	• Communicable diseases: awareness and education
	• Behavioral health: access, culturally relevant
	
	Where to find the CHA
	• Website: temporarily posted here:
	  ○ https://actionablellc.com/alameda-public-health-2026-cha/
	• Website: future link here:
	  ○ https://health.alamedacountyca.gov/community-health-needs-assessment-and-community-health-improvement-plan/
	• Other sites:
	  ○ https://bsky.app/profile/publichealthac.bsky.social
	  ○ https://www.instagram.com/alamedacountypublichealth/
	  ○ https://www.facebook.com/alamedacountypublichealth
	
	Community Health Improvement Plan (CHIP)
	• A Chip is an action-oriented plan for addressing pressing health needs across Alameda County by:
	  ○ Using CHA data to inform priority areas.
		None	Alliance staff to follow up with D. Espinel to assist with IHSS issue.

	○ Collaborating with: ▪ Community organizations ▪ Hospitals ▪ Managed care plans (MCPs) ▪ Community members ○ Coordinating and utilizing community partnerships to see measurable health outcomes. 2023-2025 CHIP Impacts: Internal Signature Programs • Doula Program ○ Advanced birth justice, trained 98 doulas, served 176 families, expanded reimbursement for doulas, and access to doula services through MCPs: Alameda Alliance and Kaiser Permanente. • Front Door ○ Piloted asthma care partnership with multilingual outreach and culturally responsive staffing, receiving over 1,500 referrals from Alameda Alliance. • Immunization Program ○ Piloted school-based outreach for the Human Papillomavirus (HPV) vaccine. Advanced efforts to improve data sharing with MCPs to target outreach efforts. • Office of Violence Prevention ○ Invested $5.74M in 19 grantees for hospital and community-based violence prevention initiatives; strengthened collaboration and data sharing. Developed Countywide gun violence report. • Sexual & Reproductive Health ○ Established long-term STI screening and prevention at Santa Rita Jail through provider training and inmate outreach. Provided leadership development and capacity building for LGBTQ men of color at the LGTBQ+ Center. • Women, Infants, and Children (WIC) Program ○ Launched Pregnancy Day events, now provided at all full-time WIC offices, and increased attendance by African American clients. Partnered with MCPs to improve referrals. 2025-2028 CHIP Priority Areas • Access to Care		

	- Health, dental, and behavioral health care access and delivery that is high quality, comprehensive, affordable, and culturally and linguistically appropriate. - Economic Security and Opportunities - Economic security and opportunity that support the ability of all residents to be able to pay for basic needs, build wealth, and strengthen community resilience. - Peaceful Families and Communities - Ensuring neighborhood safety through violence prevention and promoting community resilience in the face of disasters and emergencies. Building Blocks for the CHIP - Engage Community - Disseminate CHA. - Engage hospitals, MCPs, steering committee, community leaders, residents. - Identify Strategies for CHIP Outcomes - Convene implementation strategy meeting with key stakeholders. - Work with CHIP RFP Partners. - Solidify benchmarks for each strategy. - Evaluate - Conduct evaluation efforts that identify and quantify policies and impacts. CHIP Request for Proposal (RFP) - Awards $2.0 million to three awardees. - CHIP Priority Areas - Access to Care - Economic Security and Opportunities - Promoting Peaceful Families and Communities. - The contract period begins October 1, 2026, for an initial 12-month pilot. - Bidders must propose activities aligned with one Community Health Improvement Plan (CHIP) Priority. - Bidders must attend Bidders conference in May (completed on 5/20 & 21). 2026 CHIP Timeline		

	• Jan-May: Preparation Phase
	  ○ Distribute CHA, share CHA results.
	  ○ Review hospital CHNA implementation strategies and identify data benchmarks by hospitals.
	  ○ Prepare CHIP RFP.
	  ○ Identify community assets across Alameda County.
	• May-July: Planning Phase
	  ○ Host hospital/MCP convening to establish CHIP strategies.
	  ○ Narrow and develop CHIP strategies.
	  ○ Select CHIP Implementation Partners.
	• July-Sept: Strategy Identification Phase
	  ○ Convene implementation strategy meeting with key stakeholders (steering committee, hospitals/MCPs, residents, nonprofits).
	  ○ Solidify benchmark data and program performance data for each CHIP implementation strategy.
	
	❖ *Member Feedback-T. Debose: I think that the six (6) categories mentioned are achievable and wonderful that progress is being made, but things that keep slipping away are mental health services, and homeless people who happen to have special needs. Yes, they are really hard categories to tackle, but we need comprehensive work done in the mental health area. It seems that we are still not achieving the goal of resolving the major problem in our community which is homelessness, whether due to drug addiction, mental health issues, or special needs.*
	➢ *Response-C. Guzman: Thanks so much for lifting that up, and you are absolutely right. Public health, mental health, and the managed care plans, Alameda Alliance and Kaiser have been in conversations about how to leverage resources in better understanding the needs of the community, to provide timely and consistent treatment. We will also be engaging with the Office of Housing and Homelessness. They now have funding from the Behavioral Care Act, and so we are encouraged that there will be opportunities for us in the county to house people first. And once they are stable in terms of where they are living, to be able to provide adequate treatment that is consistent and humane. This is definitely hard, so we definitely need lots of support and partnership.*
	
	➢ *Member Question-D. Griggsmurphy: I wonder if any of the RFP for the community partnerships are addressing the mental health especially for older adults, not just for those unhoused, but for those that are housed as well, as they need those wraparound services. So, we wait for the*		

	RFP, community partner bids on this, before we can implement a plan, is that what I'm hearing? ➢ *Response-C. Guzman: For this cycle, that's the way we're doing it. We do have an evaluation criteria. I'm glad that you mentioned older adults, because when we did our community assessment, we specifically spoke with older adults' community groups, as well as communities who serve people with different abilities, and that's a big concern that we heard in terms of housing and food insecurity. The data also shows that we are a county that's aging. We have a growth in the elder population, so we have to pay attention to this population. In our RFP, we also asked that they pay attention to the population criteria that we have laid out in terms of priority populations.* ❖ *Member Feedback-T. Debose: Housing for elders is unbelievably hard. If you can't live in your home any longer by yourself, to go and live in a facility, you can't find any that is less than $5,700. It could go up to as high as $15,000 a month. What do seniors do? The Public Health Department really needs to address seniors and their care, including dementia and memory care.* ➢ *Response-C. Guzman: Yes, we do have that as a priority area. We have an initiative called Healthy Brain Initiative. It looks at how we support caregivers and seniors that are aging and starting to show signs of dementia or Alzheimer's. It includes preventive efforts such as diet and exercise, but many times, people can't afford vegetables and fruits, so we're trying to pilot some food delivery to more seniors. If you have any more ideas in support you may lend to us, you are always welcome to participate and join us.* ❖ *Member Feedback-D. Leonard Pageau: What would be helpful is a resource booklet that is also available in large print. This booklet should list all resources and should be updated every six months as resources frequently change. Regarding asthma, these days it's hard to access masks. I am not able to order them online as I do not have a credit card or a computer. Alameda Alliance should find a way to provide masks to members with asthma or other lung diseases, and immunocompromised.* ❖ *Member Comment-J. Moore: I know someone with a son with autism who needed to pay a consultant $9,000 to be able to find them a facility, and the facility was all the way in Utah. Petaluma did a great job by allocating budget for people with behavioral health needs and needing to*		

	live outside of their homes. What would be amazing is to invest in a facility, for the Alliance to build a facility for these people to fulfill their needs, and at the same time make revenue from it. ❖ *Member Comment-D. Espinel: I take care of my mother, and it takes 3 to 4 months to get approved for IHSS and get assigned a social worker. I keep following up but I just keep getting told that I need to wait. My mom has had a fall two (2) times since then, and it is so hard for me to work full time because my mom has mild dementia. I'm wondering if there's a way we can help families in similar situations.* ➢ *Response-A. Lam: If you don't mind, we would like to follow up with you after this meeting so we can support you.*		
5. b. NEW BUSINESS – QUALITY IMPROVEMENT PLAN (All Lines of Business)			

M. Stott	Michelle Stott, Senior Director of Quality presented on the Quality Improvement Health Equity (QIHE) Program.
	
	Overall Objectives
	• Advance Health Equity: Everyone gets fair, equal access to quality care.
	• Support Communities: Address social factors that affect health.
	• Whole-Person Care: Treat the full person — body, mind, and social needs.
	• Track Quality: Measure and improve how care is delivered
	• Close the Gaps: Reduce differences in health outcomes across all populations.
	• Keep Improving: Reduce differences in health outcomes across all populations.
	
	Program Components
	• Member Experience and Access to Care
	• Safe Care
	• Community Health Strategy
	  o Community Health Workers as trusted connectors
	• Quality Performance
	  o Top quality scores
	• Population Health & Equity
	  o Address Social Drivers of Health and reduce disparities in health outcomes
	• NCQA Accreditation
		None	None

	○ Achieve high standards and excellence How do we monitor quality? • Feedback from members, providers, and the community • Managed Care Accountability Set (MCAS)/STARS – preventive care, chronic disease • Key Performance Indicators (examples) ○ Initial health appointments ○ Emergency visits ○ Inpatient visits ○ Behavior health utilization • Surveys ○ Member experience ○ Timely access • Grievances and Potential Quality Issues • Facility site and medical chart review Managed Care Accountability Set (MCAS) • Quality measures: 17 out of 18 above the 50th percentile ○ Below 50th (1 measure) ▪ Controlling High Blood Pressure ○ 50th percentile (9 measures) ▪ Lead Screening ▪ Well-child Visits (0-30 months) ▪ Child/Adolescent Well Care (WCV) ▪ Asthma Medication Ratio (AMR) ▪ Glycemic Status .9.0% (GSD) ▪ Breast Cancer Screening (BSC) Cervical Cancer Screening (CCS) ▪ Colorectal Cancer Screening (COL) ○ 75th Percentile (6 measures) ▪ ED Follow-Up: Mental Illness (FUM) ▪ Developmental Screening (DEV) ▪ Chlamydia Screening (CHL) ▪ Postpartum Care (PPC-Pst) ▪ Topical Fluoride (TFL) ○ 90th Percentile (3 measures) ▪ ED Follow-Up: Alcohol/Drug Dependence (FUA) ▪ Childhood Immunizations (CIS-10) ▪ Immunization for Adolescents (IMA-2)		

	Challenges we are hearing about:
	• Lack of awareness regarding the preventive care requirements
	  ○ It's not always clear which preventive care services I should get or why they matter.
	• Members not going to their assigned primary care providers
	  ○ It's hard to connect with my assigned provider or don't understand why it's important.
	• Incorrect member contact information
	  ○ My contact info changes, so I miss important calls, letters, or reminders.
	• Managing multiple chronic conditions
	  ○ It's overwhelming to manage more than one health condition at the same time.
	• Access and appointment availability
	  ○ It's hard to get appointments that fit my schedule or are available soon enough.
	• No show
	  ○ Sometimes I forget about appointments, or something comes up and I can't make it.
	• Health disparities in certain populations
	  ○ Some groups in our community face more barriers and have worse health outcomes.
	
	What we are working on
	• Population health strategies
	• Better outreach through trusted partners
	  ○ Alliance staff (i.e. QI Engagement Coordinators)
	  ○ Community Health Workers (CHW)
	  ○ Pharmacist outreach
	• Chronic care management
	  ○ Blood pressure remote monitoring
	• Access to care
	  ○ Extended Office Hours provider incentive
	  ○ Care Options document
	  ○ Network expansion: doulas, CHWs, vendors
	• Stronger community partnerships
	  ○ First 5
	  ○ Community events and health fairs
	• Internal cross-collaboration		

	What success looks like
	• Top quality scores across all quality measures:
	  ○ Children
	  ○ Maternal health
	  ○ Chronic disease management
	  ○ Behavioral health
	• Low rates for emergency room (ER Visits)
	• Better preventive care strategies
	• Timely access to care
	• Reduced care gaps across communities
	
	❖ *Member Feedback-D. Leonard-Pageau: Regarding diabetes, Lifelong Medical Care used to have these weekly meetings wherein diabetic patients come together. We shared our successes and ideas on how to manage our diabetes. That program was very beneficial, but they don't do it anymore. That program promoted accountability and partnership, and so it worked. In addition, it would be beneficial to send a community health worker to a patient's home to show them how to properly check their blood sugar or blood pressure.*
	
	➢ *Member Question-K. Pageau: For the nurse advice line, are they associated with a specific hospital, and do they have access to MyChart? There are three (3) urgent care systems near us, but they close at 7pm. One time, we needed an advice nurse but could not access any because they were already closed for the day.*
	➢ *Response-M. Stott: For the nurse advice line, we use a vendor. They mainly triage the symptoms; they will assess you. They may advise you to see your PCP or go to the emergency room. So, it's more of triaging that they do, not so much that they have access to your medical records.*
	
	➢ *Member Question-N. Williams: He mentioned that there was an instance that they had an issue at 8 pm, but their urgent care centers close at 7pm. Where does he go if he does not want to go to the emergency room?*
	➢ *Response-A. Lam: So, the nurse advice line is available 24 hours. A case management staff will then follow up with the member if needed. The nurse advice line may advise you to get care from the emergency room or urgent care, but we also have a Teladoc option in case your doctor's office is closed.*		

	❖ *Member Feedback-L. Harris: I was looking at the challenges that the Quality Improvement program has, and I see that some of it has to do with general communication with the clients. I read a book a few years ago about using community members as proxies for information on preventive care. There was a program implemented addressing high blood pressure and diabetes in Black men. They went into the community and talked to barbers in the barber shops. These barbers acted as health educators for the Black community and they saw positive outcomes. It might be helpful to utilize people that are outside of the healthcare community to address some of those issues. We can look at the places where our community members show up regularly, which may not be a clinic, but might be a church, corner store, or hair salons. These places have people that may have more contact with our members and are more trusted, and they can provide information.*		
5. c. NEW BUSINESS – EARLY AND PERIODIC SCREENING, DIANOSTIC, AND TREATMENT (EPSDT) (All Lines of Business)			
M. Stott	• This agenda item was not covered due to time constraints.	None	CAC Planning Team to add this agenda item to the next CAC meeting.
6. ALLIANCE REPORTS – STARs/MOC OUTCOMES (Alliance Wellness/D-SNP)			

K. Williams
A. Lam
	Allison Lam, Health Care Services Executive Director, presented on the Alliance Wellness: Model of Care.
	
	Model of Care (MOC Key Components)
	• **The Model of Care (MOC) is the foundation for how a Dual Eligible Special Needs Plan (D-SNP) delivers coordinated, high-quality, and person-centered care to its members. It is required by CMS and is the guiding framework for identifying and addressing the unique medical, behavioral, functional, and social needs of dually eligible individuals.**
	  ○ **Description of the D-SNP Population**
	  ○ **Care Coordination**
	  ○ **Specialized Provider Network**
	  ○ **Quality measurements and Performance Improvement**
	
	Care Coordination
	• **Health Risk Assessment (HRA)**
	• **Face to Face Encounter**
			CAC Planning Team to add the Medicare Stars Performance Presentation as an agenda item for the next CAC meeting.
			
			Alliance staff to follow-up with J. Feng regarding interpreter services.
			
			Alliance staff to follow up with J. Feng regarding

	• **Individualized Care Plan (ICP)**
	• **Interdisciplinary Care Team (ICT)**
	• **Care Transition Protocols**
	
	Health Risk Assessment
	• **A structured tool used to collect data on:**
	  ○ **Medical, behavioral, functional, and cognitive needs**
	  ○ **Social Determinants of Health (SDOH)**
	  ○ **Member preferences and goals**
	• **Includes tailored questions to identify:**
	  ○ **Cognitive impairments**
	  ○ **Behavioral health risks**
	  ○ **Assess caregiver stress and capacity**
	• **Completed within 90 days of enrollment**
	  ○ **Attempted on every D-SNP member**
	  ○ **Annually thereafter**
	  ○ **After significant health events**
	
	Health Risk Assessment-Initial Outreach Outcomes
	• **Reachable vs Unreachable**
	  ○ **Reachable: 71.49%**
	  ○ **Unreachable: 28.51%**
	• **Reachable Members**
	  ○ **Hang up: 7.72%**
	  ○ **Left message: 77.81%**
	  ○ **Spoke with correct person: 14.47%**
	• **Unreachable Members**
	  ○ **Wrong Number: 4.84%**
	  ○ **Disconnected: 13.71%**
	  ○ **Busy: 27.42%**
	  ○ **No answer: 54.03%**
	
	❖ ***Member Feedback-D. Leonard-Pageau: I suggest that when they make a call and no one answers, try again immediately after the first attempt. Most people try to get to their phone and cannot answer it in time on the first attempt, so if you make a second attempt right away, they are likely to answer.***
	➢ ***Response-A. Lam: This is great, I will share this feedback because what they currently do is attempt a call once and try again on a different day.***
			case management issues.

	❖ ***Member Feedback-D. Leonard-Pageau: It is also helpful if the Alameda Alliance name is displayed when you call versus just the phone number.*** ➢ ***Response-A. Lam: Yes, that is a recent development for us. The calls now display the Alameda Alliance name, and we will see if that will help.*** ❖ ***Guest Feedback-J. Renaud: It would be best for the caller to mention that they are from the Alameda Alliance at the first part of the phone call, as if it is mentioned at the later part, the member may hang up and think it is a spam call.*** ❖ ***Member Feedback-D. Espinel: In my work, I perform many outreach calls, and so far, I get great results when I send text messages as well to let the clients know the purpose of the call and I provide them with a call-back number.*** ❖ ***Member Feedback-K. Pageau: I really like talking to a real person. For instance, a challenge for me is when I call the pharmacy, AI answers and asks for your information, and after all that you still don't get your medications in a timely manner.*** ➢ *Member Question-J. Feng: It used to be that the patient can get their own interpreter to medical appointments, but then it changed and the doctor's office made the arrangements for an interpreter to come in. The problem with that is that sometimes the doctor forgets, and sometimes the interpreter arranged by the doctor is not able to interpret accurately. So, I am wondering if we can go back to the old system in which members can bring their own interpreters.* ➢ *Response-L. Ayala: We hold our providers accountable in making sure they are arranging for qualified interpreters. However, if a member prefers to have an adult family member or friend to act as an interpreter, they have the right to do that. It is an option.* ➢ *Member Question-J. Feng: If I do bring my own interpreter that works well with me, who will pay them? Will it be paid for by Alameda Alliance?* ➢ *Response-L. Ayala: Unfortunately, we do not have the capacity to do that. However, if you request the interpreter via the Alliance, you may be able to request to see if your preferred interpreter is available. We have members who do that. But we cannot pay outside of our current vendors*		

	➢ *Response-M. Moua: I am committed to following up with a phone call to you, Jia so I can let you know of all the interpreter services that are available, as well as respond to your inquiry regarding bringing your own interpreter.* ➢ *Member Question-J. Feng: I am having issues with case management due to slow progress, and the process does not appear to be transparent. I can share more information about my case if needed.* ➢ *Response-L. Ayala: This is another case wherein we would like to follow up with you after the meeting. Your personal experience is so critical to us, in how our services are working, and in improving them. Sometimes there's very specific issues that we follow up with you after the meeting. But they also give us ideas of what we should address further at a program level.* • Due to time constraints, the Medicare Starts Performance portion of this agenda item was not covered.		
7. a. CAC BUSINESS – BROWN ACT MEETING UPDATE (All Lines of Business)			
D. Serri	Danube Serri, Legal Services Supervisor, provided updates on the Brown Act. • Under Senate Bill 707, as of January 2026, we are now allowed not to hold all our meetings in person. • Meeting in person is no longer a requirement. • Members can attend in person or remotely. • Although not required, in-person attendance is encouraged for the December CAC meeting. • The Alliance Board of Governor's (BOG) acknowledged this change to the Brown Act. • For questions, email: DeptLegal@alamedaalliance.org. ➢ *Member Question-N. Williams: Are we able to vote remotely?* ➢ *Response-D.Serri: Yes, what this update means is that you no longer need to be in person to participate, vote, or count for quorum. Additionally, your remote location is no longer required to be accessible to the public.*	None	None
7. b. CAC BUSINESS – ANNUAL CAC CHAPTER UPDATE (All Lines of Business)			
L. Ayala	Linda Ayala, Director of Population Health and Equity presented on the Annual CAC Chapter Update.	None	None

	• Voting
	  ○ Removed requirement to have virtual attendance approved by vote.
	• Meeting Schedule and Special Participation
	  ○ Updated CAC member meeting participation to align with new Brown Act provisions and Senate Bill 707 and Welfare & Institutions Code requirements.
	  ○ Added the following provisions:
	  ▪ CAC meetings may be held in person, virtually, and/or hybrid format.
	  ▪ CAC meetings will continue to be held in person based on operational/business needs and accessibility considerations.
	  ▪ CAC members are expected to participate regardless of meeting format.
	• Other Updates
	  ○ Minor grammar and formatting updates.		

7. c. CAC BUSINESS – MEMBERSHIP UPDATE AND TERMS OF SERVICES (All Lines of Business)			

L. Ayala	Linda Ayala, Director of Population Health and Equity presented on the CAC membership update and terms of service.
	
	CAC Charter: Membership Terms of Service
	• Membership Terms of Service and Attendance
	  ○ New CAC members will be invited to serve based on the membership criteria and with the approval of the CAC Selection Committee.
	  ○ The term of service for each CAC member shall be two (2) years.
	  ○ Committee members may serve more than two (2) terms, at the discretion of the CAC Selection Committee.
	  ○ The CAC Selection Committee may dismiss a member from the CAC if they do not attend at minimum two (2) quarterly meetings of the committee within one (1) year.
	  ○ Members shall notify the Alliance of expected absences.
	
	Current Membership Review
		None	None

	• Total current CAC members: 25
	• Membership changes:
	  ○ Welcomed six (6) new CAC Members
	  ▪ Diana Janeth Espinel
	  ▪ Darcell Davis
	  ▪ Iris Abarca
	  ▪ Nacerddine Azeb
	  ▪ Tee Kimmons
	  ▪ Jie Feng
	
	➢ *Member Question-J. Feng: After a 2-year term, when can one become a CAC member again?*
	➢ *Response-L. Ayala: There is no term limit, we have members that's been with the committed for over a decade. So, it's really a matter of continuing participation, and the selection committee making the decision on renewing terms.*		

8. OPEN FORUM			
N. Williams	• Recognition certificates from the Alliance were distributed to CAC members as appreciation for their service. • C. Wynn announced that there is a virtual meeting later in the day on the county budget and encouraged others who are interested in joining.	None	None
9. ADJOURNMENT			
N. Williams	• Motion to adjourn the meeting. • Meeting adjourned at 12:05 pm. • Next CAC Meeting: September 10, 2026.	Motion: Erika Garner Second: K. Pageau Vote: Approved by consensus.	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 06/26/2026

Approved by: _____ Date: