COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, June 13, 2024, 10:00 AM – 12:00 PM

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

Other Attendees	Organization	Present
Bernie Zimmer	CHME/ Visitor	x
Melodie Shubat	CHME/ Visitor	x
Rebecca Gebhart	First 5 Alameda County	x
Kerri Lowe	Alameda County Public Health	x
Tony Henson	CAC Member's Son	x

Alliance Staff Members	Title	Present
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Communications & Outreach	x
Alejandro Alvarez	Community Outreach Supervisor	x
Thomas Dinh	Outreach Coordinator	x
Linda Ayala	Director, Population Health and Equity	x
Mao Moua	Manager, Cultural and Linguistic Services	
Steve Le	Outreach Coordinator	x
Isaac Liang	Outreach Coordinator	x
Rosa Carrodus	Disease Management Health Educator	x

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Lao Paul Vang	Chief Health Equity Officer	x
Gil Duran	Manager, Population Health and Equity	x
Emily Erhardt	Population Health and Equity Specialist	x
Gabriela Perez-Pablo	Outreach coordinator	x
Cindy Brazil	Interpreter Services Coordinator	x
Michelle Stott	Senior Director, Quality Improvement	x
Mara Macabinguil	Interpreter Services Coordinator	x
Katrina Vo	Senior Communications and Content Specialist	x
Mischa Chi	Health Education Coordinator	x
Farashta Zainal	Quality Improvement Manager	x
Loc Tran	Manager, Access to Care	x
Jorge Rosales	Manager, Case Management	x
Anne Margaret Macsiljig	Outreach Coordinator	x
Taumaoe Gaoteote	Director, Diversity, Equity, Inclusion	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTION			
M. Mello L. Ayala	A roll call was taken of the CAC Members. Introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM MARCH 14, 2024			
M. Mello L. Ayala	Motion to approve March 14, 2024 CAC Meeting Minutes.	Motion: T. Debose Second: I. Garcia Vote: Approved by Consensus	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
M. Mello L. Ayala	Motion to approve June 13, 2024 CAC Meeting Agenda.	Motion: T. Debose Second: I. Garcia Vote: Approved by Consensus	None

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3. CEO UPDATE – ALLIANCE UPDATES			

M. Woodruff	Matthew Woodruff, Chief Executive Officer, presented the following updates:
	
	• Single Plan Model
	  o Fluctuations in numbers observed during the first couple months of the year, but now seeing some stability.
	  o Anthem Blue Cross is largest in the county: 81,000 members transitioned to the Alliance; 54,620 of which were assigned to Alameda Health System (AHS) or Community Health Center Network (CHCN) prior to Managed Care Plan (MCP) transition. Those members have been reassigned to AHS and CHCN since transition to the Alliance.
	  o Kaiser is no longer part of the Alliance.
	  o Undocumented members: 30,565 undocumented residents enrolled in December 2023. Now at 64,815 undocumented residents enrolled as of April 1, 2024. There were 7,344 undocumented Anthem members assigned to AHS or CHCN who have been reassigned to AHS or CHCN since transition to the Alliance.
	  o Increase in Alliance workload.
	    ▪ Gained a total of 105,000 new members within the first 3 months of 2024
	    ▪ Authorizations went up by 45% (Q4 2023 vs Q1 2024)
	    ▪ Claims went up by 50% (Q4 2023 vs Q1 2024)
	    ▪ Added a total of 380 providers since January 2024
	    ▪ Community Supports went up by 1% (Q4 2023 vs Q1 2024)
	    ▪ Enhanced Care Management (ECM) went up by 39% (Q4 2023 vs Q1 2024)
	  o The state has sent a list of providers to add to the existing network.
	
	• Community Supports (CS)
	  o The Alliance will start to offer CS Sobering Centers starting July 2024 with two (2) sites in the county.
	  o The Alliance will start to offer CS Short Term Post Stabilization Housing and CS Day Habilitation starting January 2025.
	  o The Alliance estimates spending of $35M to support CS program in FY 25. As of January 1, 2024, Alliance is receiving $7M in FY25
		None	None

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- funding (July-Dec 2024) from Department of Health Care Services (DHCS) for CS.
  - M. Woodruf presented the list of all CS Services as of January 2024 and the new ones that will be offered soon.

- *<u>Question-T.Debose</u>: Have you seen a change in services with the increase of undocumented members?*
- *<u>Response-M. Woodruff:</u> We have seen a big change in the number of undocumented members and long-term care.*

- *<u>Question-T. Debose</u>: How does that affect the regular residents/citizens that already live here in getting the services that they need?*
- *<u>Response-M.Woodruff</u>: It shouldn't, because they were already in the system, getting their care from AHS or CHCN. The change is that the state gives the money to us instead of the county. These new members now have access to other providers in the network.*

- Budget Changes for End of FY 24
  - In April 2024, the Alliance received the bill from the state who found that for the past 2 years, Alliance members were not as sick as they thought. Because of this, they took back $59M to give to Anthem whose members were sicker. Those Anthem members are now our members, and we will not see that money back in our rates for 2 years.
  - The biggest recovery is in long-term care services.
  - The Alliance agrees with the state's findings. CHCN also agrees and reported seeing a higher proportion of long-term care members with Anthem.
  - The Alliance projected a year-end net income of $23M for FY 24 but is now looking at a potential $5.5 M loss due to the money take-back.
  - Programs that have been cut:
    - Board Grants
    - Community Reinvestment
    - Other grants and provider grants
  - Programs that we will continue to fund:
    - Provider Recruiting Incentive Program
    - Violence Prevention Grants in conjunction with Alameda County

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	➢ *<u>Question-T.Debose:</u> Does cutting Community Reinvestment affect the outreach programs?* ➢ *<u>Response-M.Woodruff:</u> No, under the 2024 contract, there is an amount of money we are required to put back into the community, either quality or access (the only two (2) categories allowed). The amount is based on calculation on the money we make, but because we're now losing money, there is no community reinvestment required.* o Internal Changes ▪ Cut all employee travel. ▪ May need to increase cost sharing depending on contract negotiations. ▪ The Board of Governors (BOG) will be made aware of any additional changes based on the retroactive rate decrease - the state will deliver final rates sometime this month. • State Advocacy o M. Woodruff presented a list of the bills that the Alliance has been supporting. o K. Rivera and M. Woodruff have been going to Sacramento often to attend hearings.. o The BOG has been asking for the Alliance to take a stronger stance on certain issues in the community.		
4. a. FOLLOW-UP ITEMS - ITEMS FROM MARCH 14, 2024			
L. Ayala	Linda Ayala, Director of Population Health and Equity, presented the following updates: • Share Multi-Cultural Flavors Cookbook - **COMPLETED** - not yet printed and translated, will get out to CAC members as soon as available. • Share Care Books - **RESOLVED** - CAC members were instructed to each grab a black bag with a collection of care books at the back of the room at the end of the meeting. • Share Case Management Referral Process - **COMPLETED** - providers can refer members, and members can self-refer by calling the Alliance Member Services Department. Information sent to CAC members through email and included in the CAC meeting packet. • Added Chair and Vice-Chair titles to CAC members on future agendas - **COMPLETED** - added to June agenda.	None	Alliance Staff to confirm to CAC members if there is a waitlist to access case management services.

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<td>➢ <u>Member Question-A.Sholinbeck-</u>: How long does it take to access case management services? Is there a waitlist?
➢ <u>Answer-M.Woodruff:</u> No waiting list, but we'll get you the information.

❖ <u>Member Comment-M.Mello:</u> I was contacted within 24 hours after referral was placed, it was amazing.</td>
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<td colspan="4">4. b. FOLLOW-UP ITEMS – CAC INPUT UPDATE</td>
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<td>M. Stott
G. Duran</td>
<td>Michelle Sott, Senior Director of Quality, presented on a survey request on new Alliance member outreach efforts.

• The member outreach effort will target the transition members. Transition members are Anthem members and from the adult expansion.
• Adult expansion includes members ages 26-49, who now qualify for full-scope Medi-Cal, such as the undocumented members.
• Low utilization of preventative care services and screenings based on quality measures such as cervical cancer screenings and well-child visits. New members may also not know about the services offered.
• Putting together a comprehensive member campaign with the objective of getting preventative and screening visits completed.
• The "ask" here is to get input from CAC members through a brief phone interview or mail/e-mail if preferred.

❖ <u>Member Comment-J.Moore:</u> I definitely want to get involved. I have some great ideas.

❖ <u>Member Feedback-C.Wynn:</u> I am looking forward to the call, mail, or email.

Gil Duran, Manager of Population Health and Equity, presented a follow-up on the Health Education presentation from last CAC meeting.

• Increasing promotion on health education materials and process to members and clinics
    o Working closely with Lifelong Medical Care in providing Preventive Care Books.
    o Including more messaging in provider trainings and meetings.
    o Including information in newsletters to members and providers.
• Newsletter Topics
    o June newsletter to include an article on preventive care and cancer screening.</td>
<td>None</td>
<td>Alliance Staff to send an email to CAC members to see if interested in participating in the informant survey (for the Transition Member Campaign).

Alliance staff to reach out to Bernie Zimmer of CHME regarding accessing AAH health education materials.</td>
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<tr><td></td><td>o Shared feedback regarding topics with Communication and Outreach team for the next member newsletter.
Doula Services
o Doula services are available for all perinatal members.
o Various strategies e.g., working with community-based organizations and the county.
o Planning various community informational sessions and trainings.
❖ <u>Member Comment-J.Moore</u>: I think that this is very cool. Thank you for launching and doing this. I’m happy it’s going positively.

❖ <u>CHME Representative Comment-B.Zimmer</u>: We are providing the necessary supplies for members such as breast pumps, and we’ve seen a significant increase with the new population and utilization with breast pumps. If you could provide some of the materials, we can give them to members who have questions or need help. We do refer them to Alliance Member Services as a follow-up.</td><td></td><td></td></tr>
<tr><td colspan="4">5. a. NEW BUSINESS - ACCESS AND AVAILABILITY CG-CAHPS</td></tr>
<tr><td>L. Tran</td><td>Loc Tran, Manager of Access to Care, presented on Clinician and Group-Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) results for measurement year 2023.
CG-CHAPS is a survey conducted quarterly, to measure member experience with healthcare providers and staff. The three (3) measures are:
o In-Office Wait Time - within 60 minutes
o Call Return Time - within 1 business day
o Time to answer call - within 10 minutes
Call Return Time - compliance rate is around 75% (higher than the goal of 70%).
In-Office Wait time - compliance rate is between 91% and 94% (higher than the goal of 80%).
Time to Answer Call - compliance rate averaging 73% (higher than the goal of 70%).
Summary:
o Ethnicity: Hispanics and Other rate us below the compliance threshold.
o Language: English and Hispanic rate us below the compliance threshold.
Next Steps:</td><td>None</td><td>None</td></tr>
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	o Share results with delegates and direct entities. o Issue Corrective Action Plan (CAP) to non-compliant providers. o Continue to conduct onsite/virtual office visits to providers who do not meet the compliance rate year after year. • L. Ayala instructed the CAC members to use the Presentation Questions and Feedback form (included in packet) for additional comments or ideas that come up and to submit to any Alliance staff after the meeting.		
5. b. NEW BUSINESS – POPULATION HEALTH MANAGEMENT			
L. Ayala F. Zainal G. Duran J. Rosales	Linda Ayala presented on the Population Health Management 2024 Strategy. • L. Ayala provided an overview of what is Population Health Management (PHM) - definition, processes, programs. • L. Ayala presented a graph that illustrates the Alliance PHM Framework. • Alliance Members Key Populations: o children and youth o members with disabilities o members with long-term care needs o racial and ethnic groups o birthing members o members with serious mental illness o members with limited English proficiency o older adults • PHM strategy is updated yearly. The strategy outlines members' needs, programs and services offered, and what are the gaps. Many departments come together to identify what can be done to address the gaps. • The state guides the Alliance on what needs to be done, and the accreditors also come in to ensure best practices are followed. • 2024 PHM Strategic Pillars: o Address primary care gaps and inequities. o Support members managing health conditions. o Connect members in need to Whole Person Care. Farashta Zainal, Manager of Quality Improvement, presented on the Non-Utilizer Outreach Campaign, Breast Cancer Screening, and Under 30 Months Well Visits. • Non-Utilizer Outreach Campaign - encourages PCP visits, targeting members ages 50 and up or ages 6 and under who have not utilized services in the past 12 months. Well on the way to calling 10,000 members and connecting them to PCPs.	None	

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- Breast Cancer Screening - focusing on African American women ages 50-74, who are falling behind on screenings. Working with providers to bring mobile mammography closer to members (bring in mobile vans), partner with providers for mammogram incentive program, and partner with community to attend outreach events.
- Under 30 Months Well Visits – focusing on kids 0-30 months. Seeing a disparity for Black (African American) members. Working on well-child visits prenatal campaign, First 5 coordination, well-child advertising campaign (through billboards and posters in Alameda County, social media, and radio ads).
- Feedback/Input Question to CAC Members: What can the Alliance do to encourage preventive services like breast cancer screenings and well-child visits, particularly for Black or African American members?

➢ *Question-J.Moore: Do we have a sense of why the African Women are not coming in for those visits, could it have something to do with trust in doctors?*

❖ *Member Comment-N.Williams: In a lot of cases, where Blacks needed these type of screenings, they were not easily affordable to get to.*

➢ *Response-F.Zainal: We recently did a survey on our children's families between 0-30 months to understand the barriers, focused on African American families. We found that the barriers are the same as with the general population: transportation (number 1 reason), after-school hours appointments, and childcare services.*

➢ *Question-J.Moore: Since there is no difference in results between African Americans vs general population, why was it not presented as "Here are the findings (barriers) for everybody" instead?*

➢ *Response-F.Zainal: We wanted to understand if there was a difference, if there are other barriers specific to African American families, that's why we separated the data for this population.*

➢ *Question and Feedback-T.Debose: Regarding the disparity data, are there targeted age groups? It takes a different kind of campaign depending on the age group (older vs. younger generation). Also, are the people asking the questions African American? Because people feel more comfortable speaking with someone who is from their own community.*

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	➢ *Response-F.Zainal: These are great points. We do work with diverse staff in our different clinics, as well as First 5 who helped conduct the survey. They have diverse staff.* ❖ *Alliance Staff Comment-L.Vang: To Jody's statement earlier as to the why. The Health Equity team is working on a project to dive into the data to understand the non-utilizer data, which is one-third (1/3) of our members. We will look at health disparities, cultural appropriateness, and strategies to enhance participation. We hope to partner with PHM, Utilization Management (UM), Quality Improvement (QI) to ensure we identify the gaps and understand the why. It's crucial that we understand the why to come up with a comprehensive strategy and in return, it will increase our Managed Carer Accountability Sets (MCAS) and Healthcare Effectiveness Data and Information Set (HEDIS) measures.* ❖ *Member Comment-N.Williams: For mammograms, it's usually an accessibility issue for the Black community. There are lots of barriers to going offsite, such as disability and a family to take care of, so having mobile vans should make a difference.* ❖ *Member Comment-J.Moore: The barriers mentioned sound similar to my own healthcare experience and why I can't make it to my appointments, so I really commend everybody diving into this topic to understand the why.* ❖ *Alliance Staff Feedback-M. Lewis: It might be helpful to present the data to the committee in its entirety. For example, sharing data on top 5 or 10 disparate populations because there might be similarities. It could be a human issue and not an ethnic issue. It can help drive strategy for the plan and advisory committee. We may have the same challenges despite our ethnic heritage.* ❖ *Member Feedback-J.Moore: Consider if there's a shortage of providers that causes long waits (appointment availability), resulting in low utilization that we consider resolving.* Farashta Zainal presented on Post-Emergency Department (ED) Visits for Mental Illness. • The Alliance is sending ED reports to providers daily so they can do outreach, targeting members ages 6 and older. Working with one of the		

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	larger organizations to have navigators or CHWs in the ED, to ensure follow-up and connection to care happens before leaving ED and seeing their PCPs vs. going to the ED. ❖ *<u>Member Feedback-J.Moore</u>: This is epic. This is awesome.* Gil Duran presented on Multiple Chronic Disease Management and Diabetes Prevention Program. • Multiple Chronic Disease Management – mail informational letter to members with at least two (2) of the following diagnoses: diabetes, high blood pressure, and asthma. This is an opportunity to get connected with disease and case management services which provide health coaching, care coordination/navigation and self-management tools. We also encourage members to connect with their providers to close care gaps and get their screenings. Our Disease Management Health Educators coach members on condition self-management. • Diabetes Prevention Program - a year-long lifestyle change program, designed to prevent, or delay the onset of type 2 diabetes. Targets adults 18 and older who are diagnosed with pre-diabetes. Generally, includes 22 peer-coaching sessions in the span of 12 months. Curriculum used is CDC recognized. Two (2) providers used: Habitnu and Yumlish. • Question to CAC Members: How can the Alliance engage members more successfully with mail and phone-based programs like health coaching? What has worked for you? ❖ *<u>Member Feedback-N.Williams</u>: People tend to check their email quite often and text more than other modes of communication.* • Question to CAC Members: When would you want to use online or telehealth services (phone or video visits with a healthcare provider)? ❖ *<u>Member Feedback-N.Williams</u>: I utilize it mainly for when I have a chronic condition, and symptoms arise. The doctor is already familiar with my condition and can prescribe medication. Otherwise, I am not comfortable without an in-person visit.* ❖ *<u>Member Feedback-M.Mello</u>: I'm okay with doing telehealth for follow-up such as checking how I'm doing with a new medication, but for test results and other serious matters, it should be in-person.*		

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- ❖ *<u>Member Feedback-J.Moore:</u> Get providers onboard. Regardless of in-person or telehealth, I think compassion and outreach is a must. Perhaps provider incentive will help create more concern from their end.*

- ❖ *<u>Member Feedback-M.Le</u>: I have a good doctor. When my providers call me, I feel that they care. I like it when they call for appointment reminders. They will call one (1) week before because after three (3) to four (4) months, you forget.*

- ❖ *<u>Member Feedback-A.Sholinbeck</u>: You want to provide access for those that are not able to come into the office, but there are conditions that are not suitable for telehealth such as asthma. I had clients who were misdiagnosed because no one listened to their lungs, only described symptoms over the phone. It needs to be looked at carefully, not too many telehealth visits in a row without an in-person visit.*

- ❖ *<u>Member Feedback-J.Moore:</u> The Regional Center is now beginning to provide Social Recreation. I wanted to see if you all wanted to dive into this concept and how we could implement these concepts for mental/behavioral health treatment. It could be a way to increase wellness within our population.*

- ➢ *<u>Question-N.Williams:</u> What are the incentives for the screenings so I can tell people to get these screenings?*
- ➢ *<u>Response-F.Zainal:</u> For providers we work with, we provide $25 to $50 incentives to the members.*
- ➢ *<u>Response-M.Lewis:</u> There is also a pay for performance incentive for providers.*

Gil Duran presented on BirthWise WellBeing.

- BirthWise Wellbeing - proactively identifying members in their perinatal period, and a huge packet with various resources for both prenatal and post-partum period is mailed out. Includes information on maternal mental health, health education resources, behavioral health screenings and treatment, and how to access the doula services. The goal is to have at least 75 members use a doula in the next year.

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<td>Jorge Rosales, Manager of Case Management Department presented on Complex Case Management.

• Complex Case Management - provides chronic care coordination and specific management interventions for members with complex or severe illness.
• Targeting high-risk members, and the goal is to ensure member is in contact with their case manager within seven (7) days after hospital discharge.
• Question to CAC Members: What is the best way for the Alliance to share information about programs and services with members? What has worked for you?
    o Due to time constraint, L. Ayala requested that members write down their feedback to this question on the Presentation Questions and Feedback form.

Linda Ayala presented on the Local Health Jurisdiction Collaboration.

• The Alliance is actively working with Alameda County Public Health and City of Berkeley on their own assessment (Community Health Assessment), as well as the Community Health Improvement Plan (CHIP).
• Exploring ways to work together through sharing goals, data, and resource contribution.
• Overtime, there will be opportunities for CAC members to participate. After today’s meeting, there will be an invitation (through email) to join focus groups that they have for the upcoming Community Health Assessment.
• Last May 2024, a few CAC members attended the Alameda County CHIP Kickoff meeting. L. Ayala requested T. Debose, Vice Chair, to speak regarding the event.
• T. Debose highly encouraged participation in future meetings and emphasized the importance of sharing ideas and experiences with leaders. It’s a great opportunity to share what is happening to you and connect with people who are serving your community. She also encourages checking out the California Aging Website: californiaaging.com in which resources for families can be accessed.</td>
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<td>AAH staff to send link/information on the California Aging website to CAC members.</td>
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<td colspan="4">5. c. NEW BUISINESS – ANNUAL EVALUATION OF CULTURAL AND LINGUISTIC SERVICES</td>
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<tr>
<td>L. Ayala</td>
<td>Linda Ayala presented on the Annual Review of Cultural and Linguistic Services.</td>
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	• The Alliance has a Cultural and Linguistics (CLS) Program which ensures that that all the members receive equal access to high quality health services that meet the diverse needs of our members.
	• Current Membership - 362,324 members in May 2023 vs 405,509 in May 2024, an increase of over 40,000.
	• Membership by ethnicity - 34% are Hispanic, 19% Other (usually are people who identify as something other than the categories on the form or has multiple categories).
	• Alameda County (AC) & AAH Comparison - there are 2 trends:
	  o White and Asian population, - larger percentage in AC vs AAH.
	  o Hispanic or Latino and Black - smaller percenter in AC vs AAH.
	
	• Membership by Language - almost 40% of members prefer a language other than English, 25% prefer Spanish, 8% prefer Chinese.
	• Threshold Languages - spoken by 5% of the Medi-Cal eligible population in the county. The Alliance translates key documents and letters into these languages. Minor adjustments anticipated this coming year.
	  o Medi-Cal - English, Spanish, Chinese, Vietnamese, & Tagalog
	  o Group Care - English Chinese Spanish
	• Languages with 500 members - in addition to the threshold languages, we have Farsi, Arabic, Russian, Central Khmer, and Korean.
	• Membership by Gender - Male 48%, Female 52%
	• Membership by Age - largest subgroup is ages 19-44 (38%)
	• Language Assistance Services
	  o Interpreter services provided in 2023 - ranges from 4,000-6,000 a month (telephonic and in-person combined)
	  o In 2023, over 57,000 services provided in 112 languages by 3 vendors.
	  o Compared to 2022, there is an increase on all threshold languages for telephonic interpreter services in 2023. Highest increase with Spanish and Mandarin.
	  o Video interpreter services continued to decrease for all threshold languages except Spanish.
	  o In-person interpreter services doubled in 2023 for Spanish.
	• Interpreter Services provided in 2024 - In Q1 2024, now in the 8,000 range which is higher than anticipated.
	• Languages requested in Q1 2024 - most common are Cantonese, Vietnamese, Spanish, and Mandarin.		

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	• Provider Language capacity: 2023 Results-PCP Per Member - compares the number of providers that specific language to the number of members that speak that language. The goal is to have reasonable ratios. o Chinese, Spanish, and Vietnamese stay in similar range. o Very good ratios observed among specialists. o Higher ratios observed in behavioral health providers. Not too concerning but will closely monitor. • Provider by Race/Ethnicity 2023 - not complete data, voluntary for providers to disclose information. The data may help guide provider outreach. • CLS Workplan: 2023 Evaluation o Every 3 months, the CLS committee get together to look at data. o Goal of 95% fulfillment rate met throughout 2023. o 96% completion rate for Cultural Sensitivity Training among Alliance staff, training is also implemented to providers. o Working with CAC on updated charter and creating a selection committee. • 2024 CLS Workplan o Embarking on similar activities, making sure we are filling those interpreter service needs. o Will work harder on tracking/assessing interpreter services needs in behavioral health. o Member Satisfaction - new survey going out in several languages including non-threshold languages. o Continuing to look at ratio on provider language capacity and race/ethnicity. o Continuing to work with CAC for input into our program and policies through community engagement. o Metrics around Potential Quality Issues (PQIs) for language services. ➢ *Question-N.Williams: Is there any information on recruiting pulmonologists due to the departure of Dr. Greenberg? Members are being reassigned to Stanford or John Muir.* ➢ *Response-L.Ayala: We will need to get back to you with information.* ❖ *Member Comment-V. Brabata Gonzalez: Congratulations on this work and for expanding the survey to other languages. I think it's fabulous. Thank*		AAH staff to send information to CAC members regarding efforts on recruitment for pulmonologists.

	you for presenting the information on the time to respond to calls by language; it is very useful.		
6. ALLIANCE REPORTS - OUTREACH REPORTS Q1 2024			
A. Alvarez	Alejandro Alvarez, Community Outreach Supervisor presented on the Q3 2024 Outreach Report. • The team now has an Arabic-speaking team member who can do outreach to that community. Michelle Lewis, Senior Manager of Communications and Outreach, added the following updates: • We're doing cross-training with the Health Education and QI teams. • Also working with Community Support and Housing team to expand presence in the community. • There are many events, and we hope with the cross-training and setting up our Member Ambassador Program, we can have more presence at the community events. • The Alliance will participate in the Juneteenth celebration in Berkeley. ➢ *Question-N.Williams: Is facial recognition in the works for accessing the Alliance website?* ➢ *Response-M.Lewis: There's a lot of details to work through. In the news, we saw that Google Pixel tracks data and that could be a violation on your Personal Health Information (PHI), so we need to work further with our IT and Legal teams to see what we can and can't do. It does take us longer as the number one (1) goal is safety and protecting our members' PHI. Thank you for the feedback.*	None	None
7. CAC BUSINESS - CAC SELECTION COMMITTEE			

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L. Ayala	Linda Ayala, Director of Population Health and Equity, provided the following updates: • The Department of Health Care Services has asked us to make changes to our process in bringing in new folks to the CAC. • This includes the creation of the CAC Selection Committee (SC) who will be reviewing applications and making recommendations to the Board of Governors (BOG) to appoint new members. • This is a good thing as it allows many eyes, not just Alliance staff, but also providers and community partners to look at who should have a voice at the community level in the work of the Alliance. • BOG approved the charter for this new committee in May 2024. • CAC SC Membership Recruitment - 8 to 10 members. Members will include the Chair and Vice Chair of the CAC, BOG Chair and Vice Chair, dental, Local Education Agency, and home and community-based services, and Native American community. • The first meeting will be held before the end of June 2024. We will introduce them to their role, who is currently on the CAC, and share information on interested candidates. • Meetings will be on an as-needed basis. • If CAC members know someone who can help diversify our members, reach out to staff. ➢ *<u>Question-N.Williams</u>: Will the committee make presentations to the CAC with updates on what they are doing as well as who they're assessing?* ➢ *<u>Response-L.Ayala:</u> Let me take that back, and see if that fits within the charter, or staff like me should act as conduit to share information. We want transparency, but also want to make sure we are following the rules. Our BOG, Board Clerk will be reaching out to Tandra and Melinda for availability to schedule the first meeting.*	None	L. Ayala to provide information to CAC Members regarding how they are to receive information/updates on CAC SC activities.
8. OPEN FORUM-PUBLIC COMMENTS AND NEXT MEETING TOPICS			
M. Mello	• L. Ayala announced she invited someone from the Alameda County Public Health to speak more about the upcoming focus groups on Alameda County's Community Health Assessment, however, the person could not make it. Emails will be sent out instead as mentioned earlier. ➢ *<u>Question-N.Williams:</u> Is this various or more than one group for the focus groups?*	None	None

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	➢ *<u>Response-L.Ayala</u>: They are going to have a number of focus groups based on different populations.*		
9. ADJOURNMENT			
M. Mello	Motion to adjourn the meeting. Next meeting will be September 19, 2024.	<u>Motion:</u> N. Williams <u>Second</u>: T. Debose <u>Vote</u>: Approved by Consensus	None

Meeting Minutes Submitted by: <u>Mara Macabinguil, Interpreter Service Coordinator</u> Date: <u>June 13, 2024</u>

Approved by: ____ Date: ___________

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