ALAMEDA Alliance FOR HEALTH

COMMUNITY ADVISORY COMMITTEE (CAC)

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

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

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

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

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

	Quality Scores • 10 years ago: 40% met • 2022: 67% met • 2023 and 2024: 83% met • Overall improvement in quality measures. • Need improvement in child measures including lead screening and topical fluoride treatment. State Budget and Policy • State budget will be released in January, revised in May, and will be effective July 2026. • There is an $18 billion budget gap for California with just covering current services, and yet there are new services being proposed such as transitional rent and other community supports. Still unclear where the funding will come from. • The Federal government considers community support programs as abusive spending and fraud. • There are statewide proposals on how California can cover healthcare for undocumented immigrants. Federal government states that they should not be allowed in Medi-Cal managed care. ➢ *Member Question-N. Williams: When you say managed care, is it involving all age groups of undocumented immigrants or just a certain age group?* ➢ *Response-M.Woodruff: The federal government states that we cannot have undocumented immigrants in Medi-Cal managed care. We need to start talking with the state about the possibility of keeping them as members of the Alliance via pay-for service, and the state will pay us, however, it will not be the full range of services.* Artificial Intelligence (AI) • Federal government will come up with a set of rules for use of AI in healthcare. Healthcare decisions cannot be made by a computer, must be made by a live person. The Alliance is well within those rules. ❖ *Member Feedback-D. Leonard-Pageau: Regarding the dental quality measures for children, it would be helpful to have information or promotion on the computer display screens at the doctor's office so that the parents can be aware.*		

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

	• Include Alliance Grievance and Appeals as a future agenda topic, including information on their workflow, process, and staffing: added the agenda topic and details to the CAC agenda tracker a future agenda item.
	• Clarify what CAC members can share back to their communities or organizations from the CAC meeting. Confidentiality Guidelines:
	  ○ Information discussed during the public meeting and included in the agenda or meeting materials can be shared.
	  ○ The confidentiality form refers to information learned outside of the public meeting, such as conversations overheard before or after the meeting and discussions between individuals that fall outside of the scope of the public meeting agenda topics.
	  ○ Any information obtained through these interactions or outside what is shared at the public meeting must remain confidential.		

5. a. NEW BUSINESS – ALLIANCE PROVIDER MANUAL			

M. Lewis	Michelle Lewis, Senior Manager of Communications and Outreach presented the annual review of the Alliance Provider Manual.
	
	Background
	• The annual Alliance review of the Provider Manual with the CAC to invite any suggestions or feedback.
	• Requirements
	  ○ Solicit feedback from the contractor committees including but not limited to the CAC.
	  ○ In August 2025, the Provider Manual was reviewed by the Quality Improvement Health Equity Committee (QIHEC).
	
	Summary of Changes: 2025 Updates
	• New and Expanded Benefits
	  ○ Launch of Alliance Wellness Dual Eligible Special Needs (D-SNP) program.
	  ○ Vision services transition to Vision Service Plan (VSP)
	• Regulatory Compliance Updates
	  ○ Timely Access Standards & Minimum Performance Levels
	  ○ Continuity of Care (CoC) policy clarifications
	  ○ Credentialing, Community Health Worker (CHW) requirements, Medicare opt-out rules
	• Timely Access Standards for D-SNP
	  ○ Urgent Care: immediately
		None	CAC Planning Team to add to potential CAC topics network adequacy presentation from Provider Services
			
			Alliance staff to coordinate provision of the Alliance Provider Manual in an alternative format to CAC member, D. Leonard-Pageau.

	○ Non-Urgent Primary Care: appointment within 7 business days ○ Routine and Preventive Care: appointment within 30 business days • Timely Access Standards for Long-Term Support Services (LTSS) ○ Skilled Nursing Facilities: appointment within 5 business days ○ Intermediate Care Facility for Developmentally Disabled: appointment within 5 business days • Timely Access Standards for Community-Based Adult Services (CBAS): within 5 business days ➢ *Member Question-N. Williams: Will these updates be carried on to 2026?* ➢ *Response-M. Lewis: Yes, they will be carried on to 2026.* ➢ *Member Question-J. Moore: Do you have the compliance rates for these timely access standards? Explain to me what you're saying. Is it that we are out of compliance, and we are trying to be in compliance?* ➢ *Response-M. Lewis: These standards are listed in our provider manual to let providers and members know that if someone requests an appointment, the appointment must be given within these time frames.* ❖ *Member Comment-J. Moore: Okay, now I understand. And so, I want to provide feedback on those services. Some of those services are not available at all. While we have these standards, often, we don't have much to offer, which sometimes leads to people having to go to other places like Utah, to access these types of facilities.* ➢ *Response-M. Lewis: Thak you for your feedback. So, what I'm hearing is that the standards don't reflect reality.* ❖ *Member Feedback-J. Moore: We can really put some strategies together but it's hard to provide those services when we don't have the budget, we don't have land to build facilities for these types of services for adults in Alameda County. I just wanted to offer feedback that we need to be realistic.* ➢ *Response-M. Lewis: The Provider Services team is working on increasing our network and there are some initiatives. Maybe we can do a presentation on that at another time. Network adequacy is important and we do have reports for that, and so if the CAC is interested in, we could take a deeper dive into that.* ❖ *Member Comment-D. Leonard-Pageau: It has a lot of pages, and due to my vision problems, I cannot read it. Maybe you can send it to me as a*		

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

G. Duran
C. Guzman
A. Weiss
	Gil Duran, Population and Health Equity introduced presenters, Carolina Guzman and Andrea Weiss from the Alameda County Public Health, who are presenting on the results of the Alameda County Community Health Assessment.
	
	Community Health Assessment (CHA) Purpose
	• Foundational plan for Alameda County (AC) and used for setting priorities, policy changes, and addressing health equity.
	
	Data
	• Primarily comes from voices of the community and a range of qualitative data sources.
	  ○ Conducted 36 focus groups
	  ○ Conducted in 7 languages
	  ○ 12 community organizations hosted focus groups
	  ○ Spoke with 400 residents
	
	Quantitative Efforts: Population-Level Data
	• Collaboration with Community Assessment Planning and Evaluation Unit to gather data from various sources.
	• Quantitative data is used to supplement community stories.
	
	Needs Identification Criteria for 2025 CHA
	• Severity and magnitude of need
	• Community priority
	• Clear disparities or inequities
	
	2025 Community Health Needs List
	• Social determinants of health: economic and environmental factors
	• Chronic diseases: screening and timely treatment
	• Communicable diseases: awareness and education
	• Behavioral health: access, culturally relevant
	
	Health Need: Social Determinants of Health
	• Built environment
	  ○ Traffic accidents
	  ▪ AC motor vehicle death rates are significantly worse for people who identify as Black or Latino/a/x.
		None	None

	▪ Collaboration with the different cities in AC to have better signage, more speed bumps, and other remediation processes. ○ Workplace accidents (special concern for workers who are undocumented) • Healthcare access and quality ○ Long wait-times for appointments (low availability of providers) ○ People who are economically unstable or those who don't have insurance may wait to get care for an injury unless it is an emergency. ○ "Providers don't follow up with us." ○ Feeling disrespect from providers ○ Language barriers ○ "Our cultural preferences and individual differences not acknowledged. ○ Transportation challenges ○ Costs ○ "Signing up for benefits is difficult." ○ Ratio of nurses for the population is worse in AC than CA overall ▪ 1 doctor exists for every 884 people ▪ 1 nurse exists for every 1,496 people • Violence (community and family) ○ Economic stressors ○ Built environment: lack of streetlights, other infrastructure ○ Discrimination and inadequate policing contribute to safety concerns ○ Black, indigenous and people of color, immigrants, and children/youth are most affected. ○ Homicide deaths are among the top 3 causes of death in AC for people under the age 35. • Economic security ○ Working multiple jobs-wages do not keep pace with rising costs ○ Cutting back on essentials like food or meds ○ Homelessness, doubling up=overcrowded homes ○ People forced out of the area ○ Disengagement from education ○ Rents rising, lack of affordable housing ○ Getting low-income housing is complicated ○ Lack of tenant right awareness ○ Broader systemic issues such as structural racism/discrimination		

	○ Older adults, people with disabilities, families with young children, and undocumented immigrants are most affected. ○ Inequities in Poverty ▪ African Americans' poverty rate is 3 times more than their White counterparts. ○ Concentrated inequities in child poverty ▪ African American children's poverty rate is 7 times more than their White counterparts. ○ Disproportionate burden of poverty among people who are living with disabilities ▪ People living with disabilities poverty rate is 2 times higher than people not living with disabilities. • Social/community context, including racism and discrimination ○ Negatively impacts: ▪ Neighborhoods and schools (such as digital divide, educational quality) ▪ Economic insecurity (especially for formerly incarcerated) ▪ Healthcare quality ▪ Mental health-constant stress ○ Other forms of discrimination: against people who identify as LGBTQ+, people with disabilities people with severe mental illness ○ Life expectancy varies depending on race/ethnicity. ▪ For people born in 2023, there is a 14-year difference between life expectancy of Asians (89) and African Americans/Blacks (75). Health Need: Behavioral Health • Mental Health • Emotional well-being • Substance use disorders • Caused by economic insecurity, loneliness/isolation, experience of discrimination, lack of education in coping skills and substance use risk. • Mental health disorders are among top 10 causes of hospitalizations in AC. • Accidental overdose is in the top 5 causes of death overall in AC and the no.1 cause for people aged 18-44, a new finding in 2023. Health Need: Communicable Diseases		

	• COVID-19 • Influenza • Sexually transmitted infections ○ Ampong people aged 10-19, chlamydia and gonorrhea rates are significantly higher in AC than CA. • Other communicable diseases Health Need: Chronic Diseases • Heart diseases/stroke • Cancer • Diabetes • Obesity • Chronic liver/cirrhosis • Asthma • Alzheimer's disease/dementias • Other chronic diseases • Chronic diseases are the leading causes for 65 years or older in Alameda County. CHA/CHIP Planning Map • September 2025-January 2026: Finalize CHA report. • February-March 2026: Share CHA report. Begin research and planning. • April-June 2026-Develop CHIP strategies. Begin drafting CHIP report. ❖ *Member Comment-D. Griggsmurphy: Thanks to Alameda County Public Health so much for this report. It was very thorough and knowing that we have voices of community that are affected by all the social determinants of health. This is my first meeting, but kudos to Alameda Alliance for making sure we have these reports that kind of help guide how we give healthcare to the community. This was very informative.* ➢ *Member Question-O. Omotoso: I have a context question, when you talk about poverty rates, how are you defining poverty level? Because I worry at times that the definition is actually low and so we're still missing data.* ➢ *Response-C. Guzman: Yes, that's a really good point. But you're right. I think that there's a lot of missing information on groups that are perhaps not even captured. The other issue we have in our team of epidemiologists is trying to disaggregate the data further by race and ethnicity. So, you saw in some of the poverty data the Pacific Islanders*		

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

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

	❖ *Staff Comment-G. Duran: If I may just add a final closing thought. I know the magnitude of the issue seems daunting and quite unsolvable at times, but it will require all of us here at the table today to think about how in our roles and even expanding beyond our roles today, how we direct additional resources to where the highest need is at. The purpose of showing some of these terrible statistics on these reports is to think about how we can work better together, how we involve the people that are experiencing this daily and how we use community voices to create new solutions together and then direct additional resources that way. And so, thank you again to my colleagues and all of you for engaging with the information, and we'll look forward to inviting them back next year to hear about some of those updates and including invitations to you all to participate in those work groups. Thank you.*		
5. c. NEW BUSINESS – NON-SPECIALTY MENTAL HEALTH SERVICES			

M. Rubalcava	Monique Rubalcava, Health Education Specialist presented on the Non-Specialty Mental Health Services (NSMHS).
	
	What are non-Specialty Mental Health Services?
	• The state separates mental health care into two levels based on how severe the condition is.
	  ○ Specialty Mental Health Services: managed by AC for people with severe conditions.
	  ○ Non-Specialty Mental Health Services: managed by Alameda Alliance for people with mild to moderate mental health needs.
	  ▪ Assessment and screening for mild to moderate mental health conditions
	  ▪ Individual or group psychotherapy
	  ▪ Medication management and monitoring
	  ▪ Case management or care coordination
	  ▪ And more
	
	Problem
	• Many Medi-Cal members have mental health symptoms that do not get enough care each year.
	• Only 6% of the Alliance members use NSMHS.
	• Some key groups are not using these services as much as they need, compared to all members (6%).
		None	None

	- Older Adults (66+): 5% - Chinese members: 4% - Vietnamese members: 5% - Members with disabilities and in long-term care - Barriers include stigma, cost concerns, and lack of culturally/linguistically accessible resources. Solution - Senate Bill 1019 requires the Alliance to develop and implement an annual NSMHS Outreach and Education Plan for members and Primary Care Providers (PCPs). - The Alliance's outreach and education plan is based on data, looks at community needs and service use, and was created with input from many partners. - The goal is to increase awareness, destigmatize seeking care and increase use of covered mental health benefits. Requirements: The Outreach and Education Plan must include: - Stakeholder (partners) & Tribal Engagement - Developed with input from the CAC, the Native Americal Health Center (NAHC), and other community-based organizations. - Alignment with Assessments - Strategies based on member demographics, health issues, and use of service by race, ethnicity, language, and age. - Cultural and Linguistic Appropriateness - All materials are provided in threshold languages (English, Spanish, Chinese, Vietnamese, and Farsi) and other formats at no cost. - Reduce Stigma - Uses plain and person-centered language, and materials reviewed for cultural appropriateness to reduce mental health stigma. - Multiple Points of Contact - Members can access services via phone, website, member portal, Ombudsman, social media, and mailings. - PCP Outreach - Annual education for providers through newsletters, fax blasts, provider communications, and town halls to ensure they can effectively refer members.		

	Alliance Outreach Strategies
	• Tailored Member Communication
	  ○ Flyers and newsletters in different languages that have stigma-reduction messaging.
	  ○ Social media campaigns for groups not using services (e.g., Chinese, Vietnamese, Spanish speakers, older adults).
	  ○ Outreach at community events (e.g., health fairs, cultural events).
	• Enhanced Provider Engagement
	  ○ Educate PCPs on NSMHS benefits and referral process.
	• Community Partnerships
	  ○ Collaborate with organizations like Asian Health Services and Lifelong Medical Care to share messages and build trust.
	• Coordinated System Approach
	  ○ Partner with Alameda County Behavioral Health Department to ensure “No Wrong Door” experience for members between specialty and non-specialty care.
	Discussion
	• How can the Alliance encourage more members to use mental health services?
	• Specific group questions:
	  ○ Older adults: What methods would help older adults learn about mental health services?
	  ○ Chinese/Vietnamese members: How can we make mental health information easier to access?
	  ○ Members with disabilities and in long-term care: Are there ways to involve caregivers in promoting mental health support?
	
	❖ *Member Feedback-D. Leonard-Pageau: You can have the information available on information boards in senior centers, supermarkets, school, and apartment complex lobbies. It is also critical that the doctors refer people to mental health services depending on the mental health screening results at each visit.*
	❖ *Member Feedback-R. Williams: I work hand in hand in senior centers and the easiest way to get someone to do something is to offer incentives such as giving $10 gift cards or providing snacks.*
	❖ *Member Feedback-K. Pageau: I just want to agree with you. I went to one of the senior centers and they had a free health screening, they took your temperature and blood pressure, and they gave us a bag of goodies. I think Alliance can do something similar in their outreach.*		

	❖ *Member Feedback-D. Griggsmurphy: I just wanted to comment on cultural competency, how important it is to have family members involved when we try to get information to older adults, especially in different communities of color. They trust their families, so they bring their younger daughter or caregiver or whoever's in their life to kind of learn about the information. And I want to echo the sentiments of the person before me. Freebies always work. Every event I had that was the most well attended was when we gave little goodies to the older adults and they were very excited about that.*		
5. d. NEW BUSINESS – ANNUAL ALLIANCE ONLINE RESOURCE SURVEY			
M. Lewis	Michelle Lewis, Senior Director of Communications and Outreach discussed the annual Alliance Online Resource Survey. • All the CAC members were invited to stay after the meeting to complete the Alliance online provider directory, pharmacy, and benefits information survey. Lunch is provided and an incentive of a $50 gift card will be given after completing the survey.	None	None
5. e. NEW BUSINESS – ALLIANCE IN THE COMMUNITY: COMMUNITY CONVERSATIONS			

G. Perez-Pablo
T. Dinh
	Gabriela Perez-Pablo and Thomas Dinh, Outreach Coordinators presented on the Alliance in the Community: Community Conversations Initiative.
	
	• Definition: a series of community-based dialogues bringing the Alliance, CAC, and members in the community together.
	• Goals
	  ○ Enhance member engagement.
	  ○ Provide more inclusive opportunities for members who cannot attend regularly scheduled CAC meetings.
	• Why It Matters
	  ○ Alliance's 30-year Anniversary: a milestone to reflect and connect.
	  ○ Opportunity to:
	  ▪ Celebrate achievements
	  ▪ Build more connections with members
	  ▪ Gather more member feedback for future initiatives
	• Invitation to Join the Planning Committee
	  ○ To sign-up, contact outreach@alamedalliance.org by Thursday, January 1, 2026.
	  ○ Planning Committee responsibilities:
		None	None

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

	community assessment and community health plan work. Details will be sent to CAC members via email.		
9. ADJOURNMENT			
N. Williams	• N. Williams announced that the next meeting will be on March 12, 2026. • Motion to adjourn the meeting. • Meeting adjourned at 12:06 pm.	Motion: D. Leonard-Pagaeu Second: K. Pageau Vote: Approved by consensus.	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 12/30/2025

Approved by: _____ Date: