



COMMUNITY ADVISORY COMMITTEE (CAC)
Thursday, March 14, 2024, 10:00 AM – 12:00 PM

Committee Member Name	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, LCSW	Asthma Coordinator, Alameda County Asthma Start	
Jody Moore	Parent of Alliance Member	x
Irene Garcia		x
Roxanne Furr		x

Other Attendees	Organization	Present
Bernie Zimmer	CHME/ Visitor	
Melodie Shubat	CHME/ Visitor	
Christina Pandolfo	Community Liaison, CHME	
Yael Martinez	ACPH	
Jesus Verdusco	Family Services, ACPH	x
Lori Kabangu	Kaiser Permanente, Community Advisory Committee	x
Melinda Yanonis	Kaiser Permanente, Community Advisory Committee	x

Alliance Staff Member	Title	Present
Matt 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
Peter Currie	Senior Director, Behavioral Health	x
Rachel Marchetti	Supervisor, Case Management	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Jennifer Karmelich	Director, Quality Assurance	x
Steve Le	Outreach Coordinator	x
Lena Lee	Health Education Coordinator	x
Isaac Liang	Outreach Coordinator	x
Rosa Carroodus	Disease Management Health Educator	x
Lao Paul Vang	Chief Health Equity Officer	x
Monique Rubalcava	Health Education Specialist	x
Gil Duran	Manager, Population Health and Equity	x
Emily Erhardt	Population Health and Equity Specialist	x
Gabriela Perez-Pablo	Outreach coordinator	x
Anne Maragret Villareal	Outreach coordinator	x
Trevor Green	Communications Initiative Specialist	x
Sylvia Guzman	Interpreter Services Coordinator	x
Michelle Stott	Senior Director of Quality	x

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Tandra DeBose Linda Ayala	<ul style="list-style-type: none"> • Member Roll Call • Alliance Staff • Visitors • On-line visitors 		
Approval of Minutes	Tandra DeBose	M. Mello and C. Wynn made a motion to approve the Minutes.	Minutes approved by consensus.	
Approval of Agenda	Tandra DeBose	<p>M. Mello and C. Wynn made a motion to approve the agenda.</p> <p>L. Ayala- Asked for permission to record the meeting. No concerns with recording.</p>	Agenda approved by consensus.	

<p>CEO Update</p>	<p>Matt Woodruff</p>	<p>M. Woodruff presented an update on Alliance financials:</p> <ul style="list-style-type: none"> • The Alliance did well for the first 6 months of the fiscal year • In January, the Alliance did not do as well and lost 8 million dollars. <ul style="list-style-type: none"> ○ This was due to many members in the hospital and the Alliance inherited members who were in the hospital. ○ The state recovered 23 million dollars because Alliance members were healthier than they thought. <ul style="list-style-type: none"> ▪ The last 12 million dollars will hit in the last 6 months of the fiscal year. ▪ The rest was made up in hospital costs. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ T. DeBose- Were there any significant changes in members coming in or leaving the Alliance? M. Woodruff- The Alliance gained 101,000 members during the single-plan transition. Yet, we lost our 51,000 Kaiser members. • Regulatory: The Alliance reached most metrics in February. <ul style="list-style-type: none"> ○ The Alliance missed some Member Services metrics due to how fast we could answer our phones. <ul style="list-style-type: none"> ▪ January was the highest ever call volume at 30,000 calls. ▪ The second largest call volume was 23,000 calls in February. • Single Plan Model: The Alliance’s current membership is 400,500 members. 		
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		<ul style="list-style-type: none"> ○ In February, we expected membership to go down, but instead the Alliance gained 2,000 members. ○ We will know our March numbers around the 25th of the month. ○ We had our second highest number of walk-ins member visits in February at 64 walk-ins. <ul style="list-style-type: none"> ▪ Our highest walk-in for members was in January at 119 walk-ins. ● Healthcare Services: In December 2023, there were 2,700 requests for care. <ul style="list-style-type: none"> ○ Authorizations for care were over 8,500 in January and 7,000 in February. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ T. DeBose: But they're healthier since the state is taking money away from us. ● Pay equity staff salary review is in process. A report should be available by the next CAC meeting. <ul style="list-style-type: none"> ○ The pay equity project started with looking at pay for both men and women. ○ Now we're looking at pay by race and ethnicity. ● Provider Recruiting Incentives: are in the budget for this next fiscal year along with our Community Investment Program. <ul style="list-style-type: none"> ○ The Alliance will start these incentives this year, but the state does not require a start date until 2026. ○ Members of the CAC and regular board committees will be able to look at investments. ○ The state will come out with criteria April – June 2024. <ul style="list-style-type: none"> ▪ The criteria will define access and equity. 		
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		<ul style="list-style-type: none"> • Medicare D-Special Needs Population (SNP) Readiness: The Alliance started going through our portfolio and financials last June 2023. <ul style="list-style-type: none"> ○ The Alliance has offered D-SNP training programs online for staff. ○ The Alliance has also included timelines for D-SNP. • Questions/Comments: <ul style="list-style-type: none"> ○ L. Ayala- When is the launch? ○ M. Woodruff- By October 2025 we have to be fully implemented. 		
<p>Follow up Items 12/14/23 Meeting</p>	<p>Mao Moua</p>	<p>M. Moua provided a summary of follow-up items from the last two (2) meetings in Q4 2023.</p> <ul style="list-style-type: none"> • There was a follow-up correction to the 09/14/2023 meeting minutes. <ul style="list-style-type: none"> ○ Completed. Corrections/updates to the meeting minutes were made. • CAC role and Community Investment Program. <ul style="list-style-type: none"> ○ Completed. Presented during the CEO Update of today's meeting. • CAC topic list: request for ABA services and detailed information on provider services. <ul style="list-style-type: none"> ○ Resolved. The Behavioral health team will present at the June of December CAC meeting. • Create emergency contacts list for CAC members <ul style="list-style-type: none"> ○ Completed. All contacts were collected in December 2023. • Share presenter from Medi-Pal, Zia Li's email address with CAC members. <ul style="list-style-type: none"> ○ Completed. Email sent to CAC members on 12/21/2023. • Add non-diagnosed members as future CAC meeting agenda item. 		

		<ul style="list-style-type: none"> ○ Resolved. Alliance Staff added to CAC topic list for future agendas to present at CAC meetings. 		
New Business				
1. Health Education	<p>Health Education Presenters</p> <p>Gil Duran Monique Rubalcava</p>	<p>The Health Education team presented the Health Education 2023 Workplan Update.</p> <ul style="list-style-type: none"> ● Health Education handouts, like the Wellness Programs and Materials Request Form and the Care Books were passed out. ● Materials, classes, and program referrals: A Wellness Programs and Materials Request Form (Wellness Form) is one way members may request more information about specific health topics. ● The Wellness Form is sent out to new Alliance members and then once a year at least. ● Members can request brochures, handouts, and care books. <ul style="list-style-type: none"> ○ Care books are more detailed and include guides and tools for members to adapt into their lives. ○ The Health Education team asked CAC member for feedback on how they could get members interested to request these materials more, and how to best promote among members? ● A handout was also passed out to CAC members to share their feedback. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ M. Mello- Are these in doctor's offices, that way they know there is a book? M. Rubalcava- That's great feedback. I know providers can request materials but I'm not sure if they are stocked in their offices. 		<p>Alliance Staff to check and see if providers offer disease management materials in their clinics and offices.</p>

		<ul style="list-style-type: none"> ○ M. Mello- If a doctor says “Oh, you have diabetes and there’s a book you can review it would be helpful”. But if they don’t have it, they may not know there is a book. M. Lewis- We give them out at community events and outreach programs, and they have been popular. At the Black Joy Parade in Oakland the Care books and the coloring books were the first things we ran out of. They help improve health literacy. M. Rubalcava- Care books topic include diabetes, asthma, and perinatal health. ○ M. Mello- If a friend is an Alliance member and has diabetes, I tell them they can call member services to get materials, or a bracelet. You just have to call and see what’s available. M. Rubalcava- We also have materials on asthma, child - live healthy, adult - eat well be active, heart care, kidney failure, preventative care book includes vaccinations, screenings, well child visits. ○ T. DeBose- As CAC members could we get copies of each of these books? M. Rubalcava- Absolutely! T. DeBose- Thank you. I think it’s important if we are going to share and advocate that we should know what all the different materials are. ○ M. Rubalcava- What would be another way to share this to members? M. Mello- Send a newsletter. <ul style="list-style-type: none"> ● CAC members provided feedback on the Multi-Cultural Flavors Cookbook. The cookbook is in the 		<p>Alliance Staff to share Care books with CAC members.</p> <p>Alliance Staff to include information about handouts, Care books and other materials in Member Newsletter.</p>
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		<p>final stages of development, then will be translated and ready for distribution.</p> <ul style="list-style-type: none"> • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ M. Mello- Can we get a copy of that too? M. Rubalcava- Absolutely. • Members and providers can find more health education materials and program information on the Alliance website. <ul style="list-style-type: none"> ○ For members, visit the Live Healthy Library. ○ For providers, visit the Provider Health Education Resource Directory. • The Alliance Member Newsletter goes out twice per year. <ul style="list-style-type: none"> ○ Important information and materials are included in the newsletter. Care books can also be promoted through the newsletter. ○ Fall/Winter newsletter issue included blood pressure monitoring, hookah smoking, and preterm births. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ M. Rubalcava-What else should we include in the newsletter? ○ M. Mello- Preventative care, like the signs and symptoms of illness and cancer screenings. ○ V. Brabata Gonzalez- A “Did you know...” section, like coverage when traveling to other countries; things that are not well known by all members. Or, if your service is not working, here’s how you can file a complaint. There are concerns within the community regarding adults to enroll in Medi-Cal without the need for documents. How do they do that? Health 		<p>Alliance Staff to share Multi-Cultural Flavors Cookbook with CAC members when available.</p> <p>Suggested future Newsletter topics include preventative care, “Did You Know...”, member spotlights</p>
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		<p>education materials is also a good addition.</p> <ul style="list-style-type: none"> ○ M. Lewis- I want to highlight Trevor, who is leading the charge to make our newsletters more interactive. Like benefit spotlights, transportation, behavioral health, etc. We want members to access care, and the newsletter is an important vehicle for that. We also want to continue provider spotlights or add in member spotlights and expanding it to have a community partner focus. Knowledge and information can improve access. <ul style="list-style-type: none"> ▪ T. Green- Please contact me with any feedback. ▪ T. DeBose- I really like the idea of a member spotlight. Hearing other members stories that directs them to seek help or preventative medicine leads them to accessing care. Sometimes people need that guidance and it would help increase understanding. It would be really beneficial. ○ L. Ayala- If there are other ideas or something comes up for you later on, please use the handouts we distributed today for other comments. We will collect these at the end of the meeting. <ul style="list-style-type: none"> • Health Education Workplan for 2023- Areas of focus include Diabetes Prevention Program (DPP), Disease Management (DM), Doulas, and Maternal Mental Health (MMH). 		
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		<ul style="list-style-type: none"> • DPP- is a yearlong, lifestyle change program for at risk members, or those without diabetes. The goal is to reduce the risk of development. • Eligibility factors: <ul style="list-style-type: none"> ○ There are two (2) programs: Yumlish and HabitNu. Under these programs: <ul style="list-style-type: none"> ▪ Members will receive the same services, including member incentives. ▪ Currently offered online only. ▪ HabitNu can be self-referral or by an Alliance staff member. ▪ Yumlish requires a provider or clinic referral. • YumLive!/YumVivo!: are live virtual classes and each week there is a new health/nutrition topic. <ul style="list-style-type: none"> ○ These classes are only offered in Spanish only. <ul style="list-style-type: none"> ▪ Topics include: introduction to exercise and planning food on a budget ○ Starting in April/May classes will also be in English. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ V. Brabata Gonzalez- In that program, is there information on other services, like cooked meals to your home? Because nobody knows about that benefit. ○ M. Woodruff- It is not just a benefit, it must be for a medical reason. Like, being discharged from the hospitals, or in some cases you can go through a community support program. The way it is set up, it is only for medical reasons right now, and not for food insecurity. So, it is not widely available. But we do have over 3,500 members who did receive the benefit. 		
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		<ul style="list-style-type: none"> ○ V. Brabata Gonzalez- Is food insecurity due to not being able to cook because of their medical condition? M. Woodruff- They would go through the community support programs to see if they are eligible to receive services. ○ V. Brabata Gonzalez- How can we integrate the services? Seems like programs are sometimes siloed, so how can we make it more encompassing? M. Woodruff- Referrals goes through our Case Management program. Case Management oversees these different programs and can help link members to services or support those members that are eligible for services. ○ L. Ayala- Globally, we are working on how we ensure that members know about all the programs we offer, and I appreciate your comment. ○ M. Rubalcava- How could we promote YumLive!/ YumVivo! to Alliance members and in Alameda County? The only requirement for the program is that you need to be older than 18 years of age. ○ D. Carey- Case Management is always a great place to begin and can direct you to the benefits that we offer through the Alliance or through the county. ● DM- include a few different programs that help with disease management. <ul style="list-style-type: none"> ○ Living Your Best Life is for adult members with asthma, diabetes, and high blood pressure. ○ Happy Lungs is for pediatric members with asthma. 		<p>Alliance Staff to reach out to CAC members who have had previous experiences with doulas for input.</p>
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		<ul style="list-style-type: none"> ○ BirthWise Wellbeing is a maternal mental health program that helps members during their perinatal period with or at risk for depression (pregnant or postpartum). ○ Members can refer through the following ways: <ul style="list-style-type: none"> ▪ Self-referral through Alliance Case Management/Disease Management (CM/DM) line ▪ Through a provider or community partner ▪ Alliance staff. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ J. Moore- I suggest reaching out to the Regional Centers, social workers or In-Home Support Services (IHSS) social workers, who support the application process for when they approve a client to let them know about this program and share this information with their clients. M. Rubalcava– Thank you. ● When members have a diagnosis for diabetes, asthma, high-blood pressure, or depression, they will be enrolled in one of these DM programs. ● Members will receive a letter and/or a phone call to inform them that they have been enrolled into a program. It is a member’s choice to participate in the program, and it doesn’t affect a member’s benefits. It’s a resource for members. ● Doulas- are trained birth workers that provide support during the perinatal period. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ J. Moore- I had a doula for both of my children. ○ M. Rubalcava- We are going reach out to you after the call to learn more about your experience. 		<p>Alliance Staff to connect with community-based organizations</p>
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		<ul style="list-style-type: none"> • Alliance provides doula services. If you are pregnant or have been pregnant in the past year, you are eligible for services. • Alliance contracts with doulas to provide services in health education, lactation support, and if a member had a miscarriage, abortion, or stillborn birth. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ J. Moore- The Alliance is really advanced for offering this program. It makes me tear up, thank you so much! ○ V. Brabata Gonzalez- When did the doula services start? M. Rubalcava- Doula services started in January 2023. • Members can call the Alliance Member Services Department or call the doula directly by looking in the Alliance Provider Directory. • Maternal Mental Health Program- Designed to promote quality outcomes among pregnant and postpartum members. <ul style="list-style-type: none"> ○ A focus of the program is to provide guidance to our community provider network on resources, best practices, treatment, and referrals. ○ Under this program, the following services are offered: <ul style="list-style-type: none"> ▪ Outpatient behavioral health care services ▪ Substance use disorder (SUD) ▪ Doulas ▪ Care coordination ▪ Breastfeeding ▪ Health education materials ○ Members can ask about more information through the Member Services Department or be referred to this program by their provider. 		<p>and community providers to help promote the doula benefit.</p> <p>Alliance Staff to educate providers on the doula benefit.</p>
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		<ul style="list-style-type: none"> ○ M. Rubalcava asked members to complete the question on the feedback worksheet about their doula experience if they have any and/or if members have ideas about how to promote services. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ C. Wynn- Thank you for that. ○ T. DeBose- This is important to promote within the African American community. M. Woodruff- I was in Sacramento and the state announced plans to focus on maternal and infant health outcomes and the impact of doulas and behavioral health services. California has some of the lowest birth equity rates in the country, and the state really wants plans to focus on improving this. We don't know what it means, but if plans can't do better there will be fines coming out. We need to figure out how to affect these rates. T. DeBose- An organization called Black Infant Health is finding that there are so many families that have children with special needs because of the lack of appropriate care. I appreciate you doing this work and targeting my community. M. Woodruff- If you have ideas of how to get the service out, please let us know. ○ J. Moore- Have you guys heard of the La Leche League? They help and supports women to breastfeed. It's like we're going back to grassroots programs. When a woman is pregnant and has high cortisol level or high level of stress occurs, it increases the chances of producing a child with auto-immune disease. It's such a stressful time for pregnant individuals. I would also recommend reaching out to 		
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		<p>the psychiatrist within in the area. There's also another organization in San Francisco that helps women who are incarcerated and who are pregnant.</p> <ul style="list-style-type: none"> ○ A. Alvarez- We handle social media platforms as well. On our Instagram, we highlighted doula services through our spotlights. ○ V. Brabata Gonzalez- OBGYNs and PCPs are key in telling members about this benefit. I had a great doctor, but they never said I should have a doula. And then I learned about birth in the US, and I wish I had. Because no one ever tells you, and you don't really have one doctor, they go in and out. ○ J. Moore- The doula concept is an elitist concept and people had to pay out of pocket. People who are low income, or receiving county benefits, having a doula may not be something they have even considered before. I had to pay out of pocket for my doulas. And this helps people who are the most in need of this service, it's groundbreaking. <p>M. Rubalcava- Thank you, you'll be hearing from me. Please send any feedback you may have.</p> <p>L. Ayala- If you have any ideas, please put it on that worksheet. We appreciate your feedback.</p>		
Alliance Reports				
Grievances and Appeals Report	<p>G&A Presenter</p> <p>Jennifer Karmelich</p>	<p>J. Karmelich presented the Medi-Cal Grievance and Appeals report for Q4 2023 (October, November, December) .</p> <ul style="list-style-type: none"> ● 7,384 Total Cases 		

		<ul style="list-style-type: none"> • 2,845 standard grievances with a 99.9% compliance rate • 0 expedited cases • 4,467 exempt grievance with a 99.8% compliance rate • 71 standard appeals with a 100% compliance rate • 1 expedited appeal with a 100% compliance rate <p>Appeal Data and Analysis</p> <ul style="list-style-type: none"> • CHCN: 22 appeals • Plan: 50 appeals • Overall overturn rate: 18.1% Overturn is when we reverse the original decision and approve those services. • Overturn rate goal of 25% present. We want to make sure we stay below this rate as it means we are making the original decision beforehand and not deny services that should have been approved. <ul style="list-style-type: none"> ▪ The highest number of complaints are in access. Usually, the member asks for timely appointments and we refer them to Teledoc, urgent care or change their PCP. ▪ Grievances against Networks/Vendors- Highest for Kaiser of 186, if a member were not enrolled then members called in and reported a grievance. Those numbers now are close to zero, because we transitioned to a Single Plan Model, and our members no longer use Kaiser. • ModivCare- Our transportation vendor had 331 grievances filed against them. We meet with them regularly to ensure our members are getting the transportation they need. 		
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		<p>Tracking and Trending</p> <ul style="list-style-type: none"> • Kaiser has diminished from Q1 and Q2. • We will always have grievances with ModivCare because if a member is waiting for a ride and they don't have one, they will call us. • Grievance decisions resolve in the members favor 75% of the time. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ T. DeBose- In the member Spotlight, feature why people like using ModivCare instead of always hearing about complaints about this vendor. ○ J. Karmelich- That is a great idea. We want to be better. ○ V. Brabata Gonzalez- In going through grievance presentations in the past, I have feelings about the indicators used to measure effectiveness. You could reduce the number of grievances if you make it harder for people to complain, it appears as though we are being very efficient. Which is not what you are necessarily doing. But if you also highlight how easy it is for people to make a complaint, you'll show that you are trying to improve the program. Like, 30% of our members think it is easy to file an appeal, up to 40-50%. If we are showing that we are getting less complaints, it is hard to say that we are doing better. ○ R. Furr- I use ModivCare and I have been late to my dialysis appointments by an hour in the last two (2) weeks, and then I hear it from my doctor. In the beginning they were doing a really good job, but now they are starting to slack. ○ N. Williams- There has been an increased use of the service, and they did not 		
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		<p>prepare correctly for the surplus of people using the service. They will pick up and get better.</p> <ul style="list-style-type: none"> ○ V. Brabata Gonzalez- We really need to understand how the grievance process is working, and if the services we are providing are getting better. I had a personal experience, where I had to appeal and re-appeal, because my case would be closed due to missing due dates. The process from the Alliance side was delayed and I did get an apology from the Alliance when discovered that the Alliance’s mailing system was not working. But if we go just by the numbers then it looks like you are doing better than you think and that’s not ethical. The grievance process needs to improve. ○ M. Woodruff- If you are not making it to appointments on time please call us. If a service is not happening, we want to know about that. Also, the measure of 1 per 1000 is regulated by the state. It is easy to file a complaint because you can call Member Services, go directly to the Grievance Department, or go online. We’ve tried to make it easier over the years. There was a fluke with our mailing vendor when we completed an internal audit on them, and we have since addressed it. The system broke, and we did not know about it until after the audit. <p>V. Brabata Gonzalez- Thank you for your answer. I understand that these indicators are statewide. You could have an internal measure that the Alliance tracks to share with the community.</p>		
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		<ul style="list-style-type: none"> ○ M. Woodruff- We have our member surveys that go out and on the provider side too. The problem with the member results, is that we get confused with Alameda Health Systems (like Highland Hospital, Highland Clinic, Eastmont, and San Leandro Hospital). ○ V. Brabata Gonzalez- It's a work in progress, but it's an important part of the story to include and share with the community. Otherwise, it's a partial picture. In theory it is easy to call, but the actual process is not easy. I needed to gather letters from doctors from other countries, receipts within a week. And I emailed all this and then later found out the Alliance could not open the file. Why did they not tell me about that? I do not want to be all negative because there were good things about that process. I learned that I could file a grievance. ○ R. Furr- The doctor's office makes the complaints on my behalf. Because there's not much I can do. ○ D. Carey- I want to provide information on two (2) services. If you have called ModivCare for a ride and waited for more than 15 mins, you can call them back and they will send you a Lyft/Uber. Also, if you have standing appointments, like with the dialysis center, contact our Case Management and we can put you in a special program where your rides are scheduled for you in advance according to your dialysis schedule. ○ L. Ayala- Due to timing, are there any significant highlights to share. 		
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<p>Outreach Report</p>	<p>Outreach Presenter Alejandro Alvarez</p>	<p>J. Karmelich - Grievance and appeals is highly regulated and audited due to Department of Health Care Services (DHCS) requirements. If you're not receiving a grievance resolution letter, or not getting what you need from Grievance and Appeals, please let us know.</p> <p>A. Alvarez presented the Outreach Report.</p> <ul style="list-style-type: none"> • Communication and Outreach (C&O) conducted 8,000-member orientation phone calls since the start of the pandemic in March 2020. Kudos to our team. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ T. Debose- Wow, 8,000. ○ M. Lewis- I want to highlight that 8,000 may seem small, but that is 8,000 more members who know where to call when they need help, and have an increased awareness, in their threshold languages and beyond through our interpreter services. Thank you to Alex and the team. Thank you to the CAC for making this program a success. Having that knowledge and information improves access to care. ○ A. Alvarez- We will start implementing in our orientations how to use and navigate the website, like how to create an account, request for a new ID, how to look up doctors. This will help redirect those calls away from Member Services. ○ T. DeBose- Do you ever do campaigns for radio or television? Our communities also utilize those platforms so it may help with putting your message out there to reach a large group of people at the same time. 		<p>Alliance Staff to recommend other forms of media for campaigns, including radio advertisements .</p>
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		<p>N. Williams- With the internet, I think people tend to use their phones more. So, focusing on the internet may be more helpful. If we could use face recognition in the portal that would helpful instead of putting a password. If I don't feel well, or I forget my password, it becomes a pain to login.</p> <p>M. Lewis- That is good feedback. For this meeting, we only report out on the outreach activities, but we do have ad campaigns. Right now, we are running a Keep Your Coverage campaign that features Dr. Carey. We also have bus and billboard campaigns running.</p> <p>V. Brabata Gonzalez- The challenge with outreach is that it depends on the population you are trying to reach. For example, in the Latinx community, for newcomers and the older population, radio is the most important media to reach, which is different from the younger population. Are you doing outreach regarding the Medi-Cal adult expansion?</p> <p>M. Lewis- We are doing outreach in all our social media channel, but we could make enhancements and add in radio and public service announcements to expand and inform members on how to keep your coverage campaign and include the expansion. Currently, we have a Keep Your Coverage campaign. Social media is more accessible, and we can implement more readily.</p> <p>V. Brabata Gonzalez- There is so much fear and anxiety around coverage, such as, if it will affect my immigration status.</p>		
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		There's a great opportunity to improve our health.		
CAC Business				
2024 Medi-Cal Contract – New CAC Requirements Update	Requirements Presenter Linda Ayala	<ul style="list-style-type: none"> • The new contract with DHCS asks us to create a committee called the Selection Subcommittee to select who will be on this committee. • This subcommittee will include representatives from our Board of Governors, member representatives, safety net providers, behavioral health providers, regional centers, local education agencies, dental providers, Indian Health Care providers, home and community-based program providers. • We will hold meetings as needed to bring new CAC members on. • Before our next CAC meeting, we will hold a meeting at least once to make sure that our current CAC members are presented to the Selection Subcommittee. • The Selection Subcommittee will support us to make sure this group is diverse and reflective of our members. • We will be connecting Selection Subcommittee to a current meeting, the Quality Improvement and Health Equity Committee (QIHEC) meeting, that already includes some of our providers, doctors in the community, and Alliance staff. • The meeting does not have to follow the Brown Act Requirements. • Our Legal Team is guiding us in this process. • Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ N. Williams- What is the role for these subcommittee members? Will one of the members take one of these sites? 		

		<ul style="list-style-type: none"> ○ L. Ayala- The only role for this subcommittee is to select CAC members to participate on this Committee, and we will send that list over to the Board of Governors for their final approval. The state’s perspective is to make sure it’s not just staff at the Alliance, but it also includes community and agencies we are partnering with. ○ C. Wynn- Like a liaison! Give this stuff to the community. ○ L. Ayala- Yes, sharing of power and decision-making. ● Timeline <ul style="list-style-type: none"> ○ From March to April 2024, committee recruitment. ○ On 04/16/2024, we will present on the Selection Subcommittee at the QIHEC meeting and ask members from the QIHEC if want to be members. ○ On 05/17/2024, we will hold our first Selection Subcommittee meeting to present our current CAC members. ○ On 06/14/2024, we will present CAC members to our Board of Governors. ○ By the June CAC meeting, all members will have been voted on. ○ You will all be newly recognized CAC members. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ T. DeBose- I think chair and vice chair should be on the committee. You want a balance of power, where your committee shouldn’t outweigh your members. ○ N. Williams- Who can volunteer to be on subcommittee. ○ M. Moua- We are in the beginning stages to make sure we are recruiting the right 		
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<p>Confidentiality Statement Updates</p>	<p>Statement Presenter</p> <p>Lena Lee</p>	<p>members from the community and members. We have created an internal selection criteria that are being reviewed by stakeholders. We can share that. Again, we must follow contract language because it is a regulatory requirement to create a Selection Subcommittee to vote in CAC members. We want to ensure it is equitable and the selection criteria will help us create the right representation.</p> <ul style="list-style-type: none"> ○ N. Williams- How do we submit our name to be selected? L. Ayala- We haven't figured it out yet, so that will be a takeaway for us. M. Moua- Send me an email me if you are interested in being a part of the Selection Committee. <ul style="list-style-type: none"> ● Each year in March, we ask for CAC members to sign the confidentiality agreement. <ul style="list-style-type: none"> ○ CAC members were asked to complete and sign the confidentiality agreement. ● Questions/Comments from CAC members: <ul style="list-style-type: none"> ○ L. Ayala- If you have any questions please ask one of us. ○ M. Mello- I noticed a discrepancy. Next to the chair and co-chair, it just says Alliance members. <ul style="list-style-type: none"> ○ L. Ayala- We'll fix that for next meeting. ○ V. Brabata Gonzalez- If we have questions, we ask you, Mao or Lena? L. Ayala- Yes. This meeting is regulated for any public meeting and follows the Brown Act so there needs to be a confidentiality agreement. 		<p>CAC members interested in being on the subcommittee to email Mao.</p> <p>Alliance Staff to add Chair and Vice-Chair to applicable CAC member's name tags.</p>
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CAC Recognitions	Recognitions Presenter Linda Ayala	<ul style="list-style-type: none"> ○ N. Williams- We talk a lot about doing an appreciation recognition for CAC members, when is that going happen? L. Ayala- We're going do it today! Perfect segway. ● L. Ayala and A. Alavarez passed out CAC recognition awards to the CAC members. 		
Open Forum	Tandra DeBose	<ul style="list-style-type: none"> ● M. Moua- Today will be Lena's last meeting. She is not leaving the Alliance but getting a promotion to another team. I will be at your service for now, until Lena's position is filled. I want to ensure the good communication you have experienced with Lena. 		
Adjournment	Tandra DeBose	<ul style="list-style-type: none"> ● M. Mello- Motion to adjourn the meeting, C. Wynn seconds. <p>Next meeting: June 13, 2024</p>	M. Mello adjourned the meeting.	

Meeting Minutes Submitted by: Emily Erhardt – Population Health and Equity Specialist Date: 3/14/24

Approved By: _____ Date: _____