YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE COMMUNITY ADVISORY COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **mmoua@alamedaalliance.org.** YOU MAY WATCH THE MEETING LIVE BY LOGGING IN BY COMPUTER. CLICK THE LINK PROVIDED IN YOUR EMAIL OR MAY LISTEN TO THE MEETING BY CALLING IN TO THE FOLLOWING TELEPHONE NUMBER**: 1.510.210.0967**, CODE: **402 022 572#.** IF YOU USE THE LINK AND PARTICIPATE VIA COMPUTER, YOU MAY, THROUGH THE USE OF THE CHAT FUNCTION, REQUEST AN OPPORTUNITY TO SPEAK ON ANY AGENDIZED ITEM, INCLUDING GENERAL PUBLIC COMMENT. YOUR REQUEST TO SPEAK MUST BE RECEIVED BEFORE THE ITEM IS CALLED ON THE AGENDA. IF YOU PARTICIPATE BY TELEPHONE, YOU MAY SUBMIT ANY COMMENTS VIA THE E-COMMENT EMAIL ADDRESS DESCRIBED ABOVE OR PROVIDE COMMENT DURING THE MEETING AT THE END OF EACH TOPIC.

PLEASE NOTE: THE ALAMEDA ALLIANCE FOR HEALTH IS MAKING EVERY EFFORT TO FOLLOW THE SPIRIT AND INTENT OF THE BROWN ACT AND OTHER APPLICABLE LAWS REGULATING THE CONDUCT OF PUBLIC MEETINGS, IN ORDER TO MAXIMIZE TRANSPARENCY AND PUBLIC ACCESS. DURING EACH AGENDA ITEM, YOU WILL BE PROVIDED A REASONABLE AMOUNT OF TIME TO PROVIDE PUBLIC COMMENT. THE COMMITTEE WOULD APPRECIATE, HOWEVER, IF COMMUNICATIONS OF PUBLIC COMMENTS RELATED TO ITEMS ON THE AGENDA, OR ITEMS NOT ON THE AGENDA, ARE PROVIDED PRIOR TO THE COMMENCEMENT OF THE MEETING.

Meeting Name:	**Community Advisory Committee (CAC)**		
Date of Meeting:	June 13, 2024	**Time:**	10:00 AM – 12:00 PM
Meeting Chair and Vice Chair:	Melinda Mello, Chair Tandra DeBose, Vice Chair	**Location:**	Video Conference Call and in-person. Oakland/Hayward Rooms 1240 South Loop Road Alameda, CA 94502
Call In Number:	Telephone Number: **1.510.210.0967** Code: 402 022 572#	**Webinar:**	Click here to join the meeting in Microsoft Teams. Link is also in your email.

ALAMEDA Alliance FOR HEALTH

I. Meeting Objective
Advise the Alliance on cultural, linguistic and policy concerns and offer the Alliance a member's point of view about the needs and concerns of special groups such as older adults and persons with disabilities, families with children, and people who speak a primary language other than English.

II. Members			
Name	**Title**	**Name**	**Title**
Natalie Williams	Alliance Member	Melinda Mello, Chair	Alliance Member
Valeria Brabata Gonzalez	Alliance Member	Jody Moore	Parent of Alliance Member
Cecelia Wynn	Alliance Member	Sonya Richardson	Alliance Member
Tandra DeBose	Community Advocate, Vice Chair	Mimi Le	Alliance Member
Irene Garcia	Alliance Member	Mayra Matias Pablo	Parent of Alliance Member
Erika Garner	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Roxanne Furr	Alliance Member		

III. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
Welcome and Introductions • Member Roll Call • Alliance Staff • Visitors	**Melinda Mello**, Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from • March 14, 2024	**Melinda Mello**, Chair	3	Vote
2. Approval of Agenda	**Melinda Mello**, Chair	2	Vote
CEO Update			
1. Alliance Updates	**Matt Woodruff** Chief Executive Officer	20	Information
Follow-up Items			
1. Follow-up Items from • March 14, 2024	**Mao Moua**	5	Information

III. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
	Manager, Cultural and Linguistic Services		
2. CAC Input Update • Survey Request: New Alliance Member Outreach • Health Education	**Michelle Stott** Senior Director, Quality Improvement **Gil Duran** Manager, Population Health & Equity	5	
New Business			
1. Access and Availability: CG-CAHPS	**Loc Tran** Manager, Access to Care	20	Information/ Discussion
2. Population Health Management (PHM)	**Linda Ayala** Director, Population Health & Equity **Farashta Zainal** Manager, Quality Improvement **Gil Duran** Manager, Population Health & Equity **Jorge Rosales** Manager, Case Management **Tandra DeBose** CAC Member/Vice Chair	20	Information/ Discussion
3. Annual Review of Cultural and Linguistic Services	**Mao Moua** Manager, Cultural and Linguistic Services	20	Information/ Discussion
Alliance Reports			
1. Outreach Report • January 2024 – March 2024	**Alejandro Alvarez** Community Outreach Supervisor	5	Information
CAC Business			

III. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
1. CAC Selection Committee	**Linda Ayala** Director, Population Health & Equity	5	Information
Open Forum 1. Public Comments 2. Next meeting topics	**Melinda Mello**, Chair	6	Information
Melinda Mello, Chair	**Melinda Mello**, Chair	4	Next meeting: **September 19, 2024**

Americans with Disabilities Act (ADA): It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact **Mao Moua** at **510.708.4071** at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodation to attend or participate in meetings on a regular basis.

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 Verduzco	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

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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 Carrodus	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	• 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	M. Mello and C. Wynn made a motion to approve the agenda. L. Ayala- Asked for permission to record the meeting. No concerns with recording.	Agenda approved by consensus.	

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CEO Update	Matt Woodruff	M. Woodruff presented an update on Alliance financials:
		• 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.
		    ○ 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.
		        ▪ 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:
		    ○ 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.
		    ○ The Alliance missed some Member Services metrics due to how fast we could answer our phones.
		        ▪ 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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		○ 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. ▪ 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. ○ Authorizations for care were over 8,500 in January and 7,000 in February. • Questions/Comments from CAC members: ○ 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. ○ 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. ○ 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. ▪ The criteria will define access and equity.		

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		• Medicare D-Special Needs Population (SNP) Readiness: The Alliance started going through our portfolio and financials last June 2023. ○ The Alliance has offered D-SNP training programs online for staff. ○ The Alliance has also included timelines for D-SNP. • Questions/Comments: ○ L. Ayala- When is the launch? M. Woodruff- By October 2025 we have to be fully implemented.		
Follow up Items 12/14/23 Meeting	Mao Moua	M. Moua provided a summary of follow-up items from the last two (2) meetings in Q4 2023. • There was a follow-up correction to the 09/14/2023 meeting minutes. ○ Completed. Corrections/updates to the meeting minutes were made. • CAC role and Community Investment Program. ○ Completed. Presented during the CEO Update of today's meeting. • CAC topic list: request for ABA services and detailed information on provider services. ○ Resolved. The Behavioral health team will present at the June of December CAC meeting. • Create emergency contacts list for CAC members ○ Completed. All contacts were collected in December 2023. • Share presenter from Medi-Pal, Zia Li's email address with CAC members. ○ Completed. Email sent to CAC members on 12/21/2023. • Add non-diagnosed members as future CAC meeting agenda item.		

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		○ Resolved. Alliance Staff added to CAC topic list for future agendas to present at CAC meetings.		
New Business				
1. Health Education	**Health Education Presenters** Gil Duran Monique Rubalcava	The Health Education team presented the Health Education 2023 Workplan Update. • 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. ○ 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: ○ 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.		Alliance Staff to check and see if providers offer disease management materials in their clinics and offices.

		○ 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 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. • CAC members provided feedback on the Multi-Cultural Flavors Cookbook. The cookbook is in the		Alliance Staff to share Care books with CAC members. Alliance Staff to include information about handouts, Care books and other materials in Member Newsletter.

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		final stages of development, then will be translated and ready for distribution.
		• Questions/Comments from CAC members:
		  ○ 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.
		  ○ 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.
		  ○ 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:
		  ○ 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
				Alliance Staff to share Multi-Cultural Flavors Cookbook with CAC members when available.
				
				Suggested future Newsletter topics include preventative care, “Did You Know…”, member spotlights

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		education materials is also a good addition. ◦ 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. ▪ 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. • 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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		• 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:
		  ○ There are two (2) programs: Yumlish and HabitNu. Under these programs:
		    ▪ 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.
		  ○ These classes are only offered in Spanish only.
		    ▪ 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:
		  ○ 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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<li style="list-style-type:circle">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.
<li style="list-style-type:circle">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.
<li style="list-style-type:circle">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.
<li style="list-style-type:circle">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.

<li style="list-style-type:circle">Living Your Best Life is for adult members with asthma, diabetes, and high blood pressure.
<li style="list-style-type:circle">Happy Lungs is for pediatric members with asthma.

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<td>Alliance Staff to reach out to CAC members who have had previous experiences with doulas for input.</td>
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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:

Self-referral through Alliance Case Management/Disease Management (CM/DM) line
Through a provider or community partner
Alliance staff.

Questions/Comments from CAC members:

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:

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.

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<td>Alliance Staff to connect with community-based organizations</td>
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		• 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:
		  ○ 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.
		  ○ 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:
		    ▪ 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.
				and community providers to help promote the doula benefit.
				
				Alliance Staff to educate providers on the doula benefit.

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		◦ 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: ◦ 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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		the psychiatrist within in the area. There's also another organization in San Francisco that helps women who are incarcerated and who are pregnant. ○ 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. M. Rubalcava- Thank you, you'll be hearing from me. Please send any feedback you may have. L. Ayala- If you have any ideas, please put it on that worksheet. We appreciate your feedback.		
Alliance Reports				
Grievances and Appeals Report	**G&A Presenter** Jennifer Karmelich	J. Karmelich presented the Medi-Cal Grievance and Appeals report for Q4 2023 (October, November, December) . • 7,384 Total Cases		

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		• 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 Appeal Data and Analysis • 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. ▪ 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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		Tracking and Trending • 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: o 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. o 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. o 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. o N. Williams- There has been an increased use of the service, and they did not		

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		prepare correctly for the surplus of people using the service. They will pick up and get better. ○ 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. 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.		

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		○ 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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Outreach Report	**Outreach Presenter** Alejandro Alvarez	◦ 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. A. Alvarez presented the Outreach Report. • 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: ◦ 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.		Alliance Staff to recommend other forms of media for campaigns, including radio advertisements .

			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. 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. 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? 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. V. Brabata Gonzalez- There is so much fear and anxiety around coverage, such as, if it will affect my immigration status.		

DRAFT

		There's a great opportunity to improve our health.		
CAC Business				
2024 Medi-Cal Contract – New CAC Requirements Update	**Requirements Presenter** Linda Ayala	• 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: o N. Williams- What is the role for these subcommittee members? Will one of the members take one of these sites?		

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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

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:

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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Confidentiality Statement Updates	**Statement Presenter** Lena Lee	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. ○ 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. • Each year in March, we ask for CAC members to sign the confidentiality agreement. ○ CAC members were asked to complete and sign the confidentiality agreement. • Questions/Comments from CAC members: ○ 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. ○ 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.		CAC members interested in being on the subcommittee to email Mao. Alliance Staff to add Chair and Vice-Chair titles to CAC members on future agendas.

DRAFT

CAC Recognitions	**Recognitions Presenter** Linda Ayala	○ 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	• 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	• M. Mello- Motion to adjourn the meeting, C. Wynn seconds. Next meeting: June 13, 2024	M. Mello adjourned the meeting.	

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

Approved By: ____ Date: ______________

DRAFT

Alliance CEO Update

Matthew Woodruff, Chief Executive Officer

June 13, 2024

ALAMEDA
Alliance
FOR HEALTH

Alameda Alliance for Health

Single Plan Model

- Total membership as of April 2024 is 405,174.
- Approximately 81,000 members transitioned from Anthem to Alameda Alliance on January 1, 2024.
- Prior to MCP transition, 54,620 Anthem members assigned to Alameda Health System (AHS), or Community Health Center Network (CHCN) have been reassigned to AHS and CHCN since transition to the Alliance.
- Undocumented members
  - In December 2023, 30,565 undocumented residents were enrolled into the Alliance. As of April 1st, 64,815 undocumented residents are Alliance members.
  - 7,334 undocumented Anthem members assigned to AHS or CHCN have been reassigned to AHS and CHCN since joining the Alliance.

Alameda Alliance for Health

Single Plan Model

- Authorization changes – The total authorization volume (includes Inpatient, Outpatient, and Long-Term Care) in December 2023 was 5,098 compared to 7,393 in April 2024 – an average of 45% percent increase since the single plan transition.
- Claims Changes – The Claims Department received 215,246 claims in December 2023 compared to 322,786 in April 2024 - an average of 50% percent increase since the single plan transition.
- New Providers – Since January 2024, we have added approximately 380 providers.
- Community Supports – In the fourth quarter of 2023, confirmed member utilization for CS services was 2,669 members compared to 2,696 in the first quarter of 2024 - an average of 1% percent increase since the single plan transition.
- In the fourth quarter of 2023, there were 2,034 confirmed members enrolled in ECM compared to 2,833 in the first quarter of 2024 - an average of 39% percent increase since the single plan transition.

ALAMEDA Alliance FOR HEALTH

Single Plan Model

- Total CS Providers = 18
- Total ECM Providers = 20

ALAMEDA Alliance FOR HEALTH

Community Supports

- As of January 1, 2024, the Alliance is receiving $7 million in FY25 funding (Jul-Dec 2024) from DHCS for Community Supports.
  - DHCS Funding for FY 22 = $8.1 million (January-June)
  - DHCS Funding for FY23 = $10.5 million
  - DHCS Funding for FY24 = $7.0 million
- The Alliance estimates that we will spend approximately $35 million to support the CS program in Fiscal Year 2025, as compared to $24 million in Fiscal Year 2024.
  - Based on additional Services
  - Based on rate increase previously negotiated.
- Preliminary Guidance from CMS Medicaid Managed Care Final Rule states that we must provide documentation on the cost effectiveness of In Lieu of Services (ILOS), date unknown.

Community Supports

- As of January 2024, the Alliance is offering the following CS Services:
  - Housing Transitions Navigation Services
  - Housing Deposits
  - Housing Tenancy and Sustaining Services
  - Recuperative Care (Medical Respite)
  - Medically Tailored Meals/Medically-Supportive Food
  - Asthma Remediation
  - (Caregiver) Respite Services
  - Personal Care & Homemaker Services
  - Environmental Accessibility Adaptations (Home Modifications)
  - Nursing Facility Transition/Diversion to Assisted Living Facilities
  - Community Transition Services/Nursing Facility to a Home
- Starting July 1st, 2024, the Alliance will offer the following CS:
  - Sobering Centers
- Starting January 1st, 2025, the Alliance will offer the following CS
  - Short Term Post Stabilization Housing
  - Day Habilitation

Alameda Alliance for Health

Budget Changes for end of FY 24

- Rates
  - State recouped $59 million for Calendar Year 2023 and Calendar Year 2024 from the Alliance in the months of April and May ($36 million without notice)
  - Our members were healthier than they thought (acuity adjustment)
  - Our biggest recoupment was in long-term care services (the money went to Anthem)
    - January – April 2024 showed that members transitioned from Anthem had higher long-term care utilization. This would support a transfer of funds for CY 2023 from AAH to Anthem
- For FY24, we had projected a year-end net income of $23 million and are now looking at a potential $5.5 million loss.

ALAMEDA Alliance FOR HEALTH

FY25 Budget Changes

- Rates

  What do these changes mean?

  - For FY25, we are projecting that we will break even
  - 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 - $2 million in FY25 and another $2 million FY26
    - Violence Prevention Grants in Conjunction with Alameda County Health
      - $500,000 for grants to CBOs to help with infrastructure and billing

ALAMEDA Alliance FOR HEALTH

FY25 Budget Changes

- Internal Changes
  - FY25 travel will be reduced to CEO/CFO approval
  - Employee benefit cost sharing may need to increase depending on contract negotiations
  - The Board will be made aware of any additional changes that may need to be put into place during the final budget adoption in December

Alameda Alliance for Health

State Advocacy

- The Alliance submitted the following position letters:
  - Support for AB 1975 which would transition medically supportive food and nutrition interventions from pilot services in CalAIM to permanent Medi-Cal benefits.
  - Support for AB 2271 which would approve the forgiveness of two loans – the California Facility Construction Loan Insurance Law and the Distressed Hospital Loan Program – for St. Rose Hospital in the City of Hayward.
  - Support for SB 1308 which would direct the California Air Resources Board (CARB) to adopt regulations to protect public health from ozone emitted by portable air cleaners.
  - Support for AB 2685 which will establish a demonstration program administered by the California Department of Aging (CDA) in multiple regions of the state to expand case management services to older individuals.
  - Signed onto partner letter to Governor and legislature in response to proposed cuts to aging and disability services.

Questions

Follow-up Items

Mao Moua

ALAMEDA Alliance FOR HEALTH

FOLLOW-UP ITEMS FROM 03-14-2024

ALAMEDA Alliance FOR HEALTH

Follow-up Item	Outcome(s)	Status
Share Multi-Cultural Flavors Cookbook	• Cookbooks are not ready. • AAH staff to share at a future meeting.	Completed
Share Care Books	• Available for CAC members to take today.	Resolved
Share Case Management Referral Process	• Doctor can refer members. • Members can self-refer by calling Alliance Member Services Department at 1-510-747-4567.	Completed
Add Chair and Vice-Chair titles to CAC members on future agendas	• Added to June agenda.	Completed

CAC Input Update

ALAMEDA Alliance FOR HEALTH

Survey Request: New Alliance Member Outreach

ALAMEDA Alliance FOR HEALTH

Engaging transition members

Michelle N. Stott, RN MSN

Sr. Director of Quality

ALAMEDA Alliance FOR HEALTH

Transition member campaign

- **Problem: Transition members (i.e. Anthem, Adult expansion)**
  - Low utilization of preventive care services and screenings
  - New members may not be familiar with services provided by Alliance
- **Solution:** Comprehensive member campaign
- **Objective:** To engage "transition members" to obtain preventive visits and screenings
- **Ask of CAC members:**
  - Participate in a brief informant interview by phone (option for a mailer or e-mail)
  - Provide us with feedback on the member campaign:
    - How would we engage the transitioned members in preventive care?
    - What modifications would you suggest for in our proposed member campaign?
    - What ways would you be able to assist (if interested)?

ALAMEDA Alliance FOR HEALTH

Questions?

Health Education

Gil Duran

ALAMEDA
Alliance
FOR HEALTH

CAC INPUT/FEEDBACK FROM 03-14-2024

ALAMEDA Alliance FOR HEALTH

Discussion Topic	CAC Member Input/Feedback	Updates
How to promote health education materials with members	• Offer Alliance health education materials in clinics • Alliance staff – offer Alliance care books to members • Promote health education materials in the Member Newsletter	• Work with Lifelong Medical Clinic to provide Preventive Care Books. • Will promote Care Books to other clinics through trainings and meetings. • Provide annual communication about the Care Books to providers and members.
Newsletter topics	• Preventive care – signs and symptoms of illnesses, cancer screenings • "Did you know" section – coverage during travel, how to file a grievance from member perspective • Member Spotlight – stories about seeking preventive care	• June newsletter to include a preventive care and cancer screening article. • Shared topics with our Communications and Outreach team for next Member Newsletter. • Will reach out to CAC member (Jodi) to spotlight Doula service (story)

CAC INPUT/FEEDBACK FROM 03-14-2024

ALAMEDA Alliance FOR HEALTH

Discussion Topic	CAC Member Input/Feedback	Updates
Doula Services	• Expressed support for Alliance offering Doula services • Doula services are important for the African American community • OB/GYNs, PCPs and La Leche League may help promote the services	• Planned partnerships with community-based organizations (CBOs). • Develop community informational sessions, town halls, and trainings. • Continued networking with CBOs.

Q1 2023 – Q4 2023 CG-CAHPS

Language & Ethnicity Breakdown

Community Advisory Committee 06/13/2024

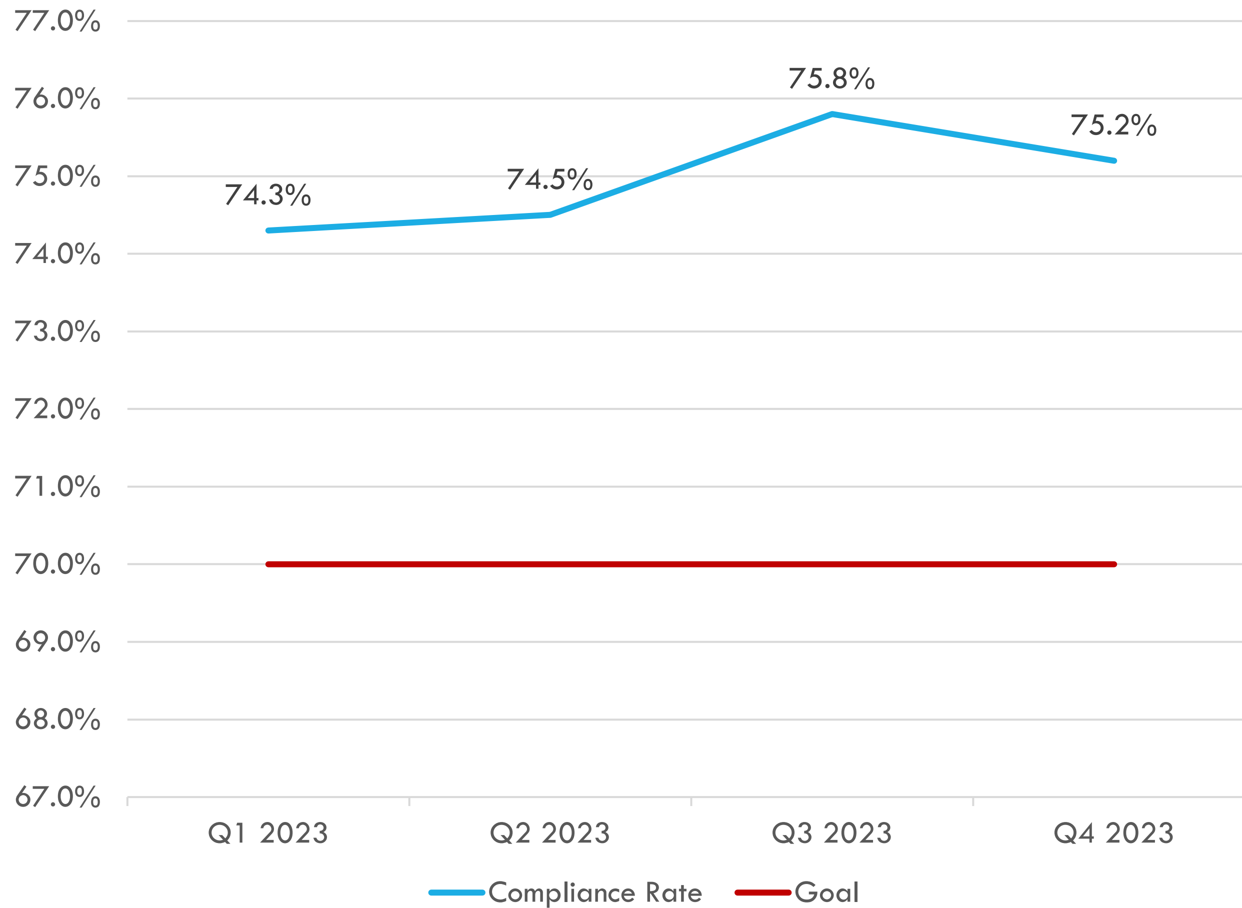
ALAMEDA Alliance FOR HEALTH

Overview of TIMELY ACCESS Standards

ALL PROVIDER WAIT TIME/TELEPHONE/LANGUAGE PRACTICES	
Appointment Type:	**Appointment Within:**
In-Office Wait Time	60 Minutes
Call Return Time	1 Business Day
Time to Answer Call	10 Minutes
Telephone Access – Provide coverage 24 hours a day, 7 days a week.	
Telephone Triage and Screening – Wait time not to exceed 30 minutes.	
Emergency Instructions – Ensure proper emergency instructions.	
Language Services – Provide interpreter services 24 hours a day, 7 days a week.	

- Survey measures member's experience with their health care providers in the past 6 months in the 3 following metrics: In-Office Wait Time, Call Return Time, and Time to Answer Call

Call Return Time MY2023



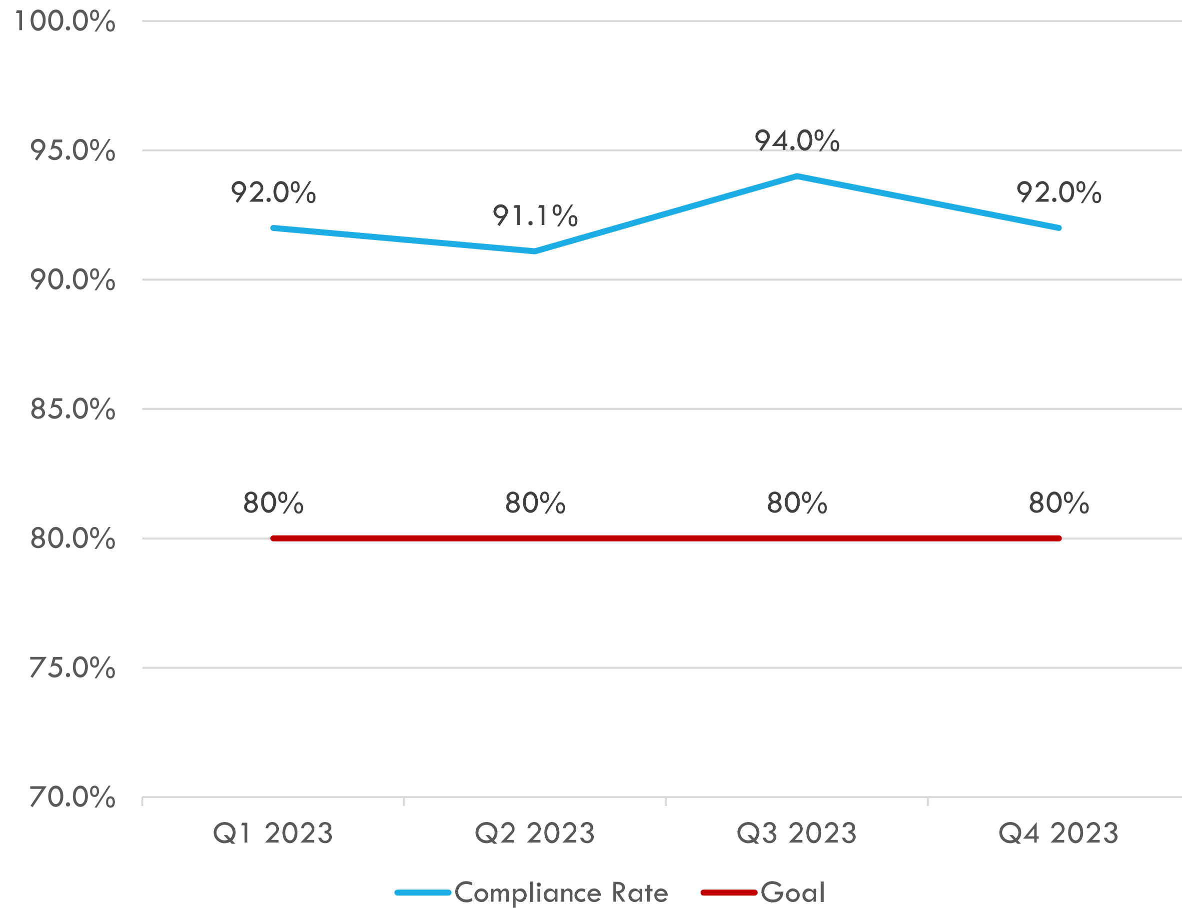
Top 3 **Ethnicity** for the follow categories
Over 1 Business Day
Hispanic
Other
Black

Top 3 **Language** for the follow categories
Over 1 Business Day
English
Spanish
Mandarin Chinese

Total Members Surveyed in 2023: 10,879

Total Members Responded in 2023: 5,588

In-Office Wait Time MY2023



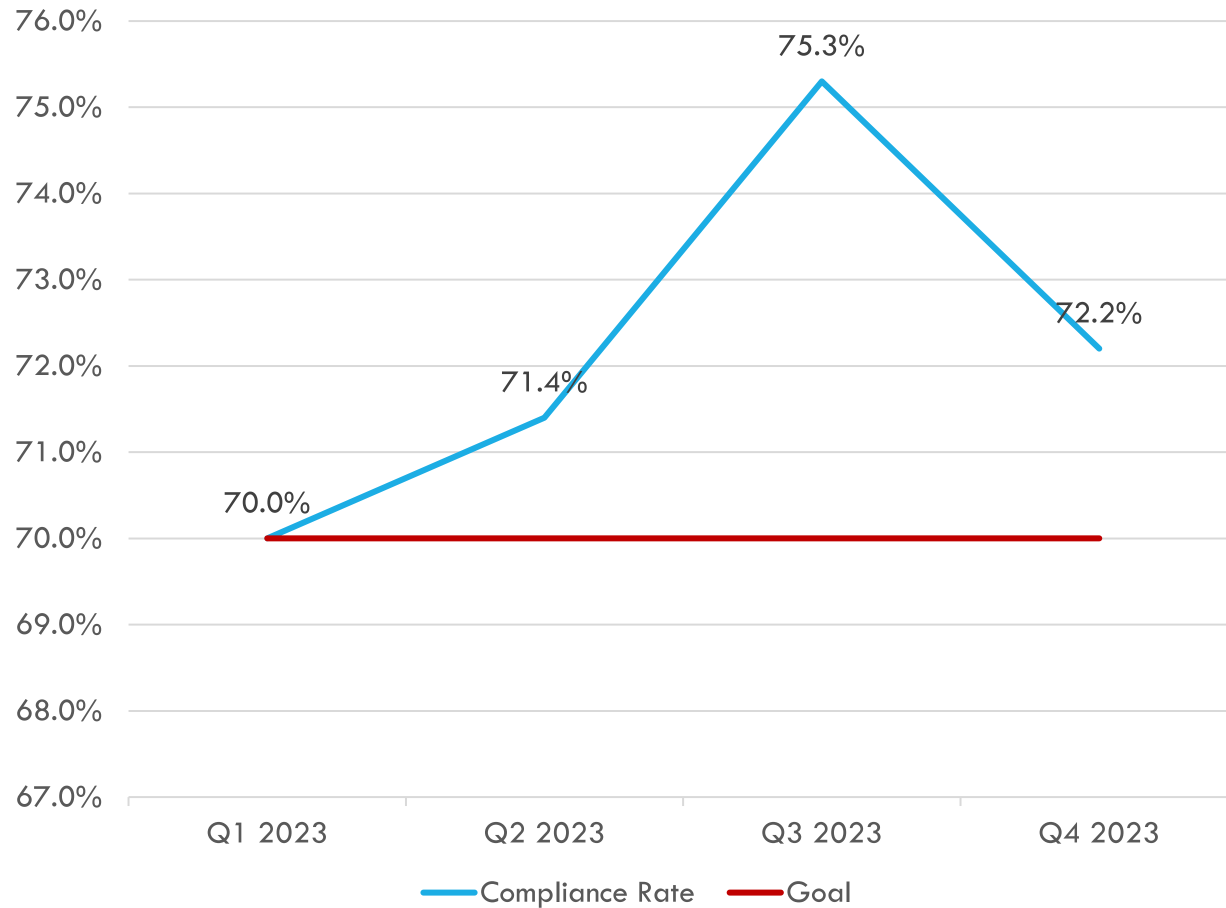
Top 3 **Ethnicity** for the follow categories
Over 60 minutes
Hispanic
Black
Other

Top 3 **Language** for the follow categories
Over 60 minutes
English
Spanish
Vietnamese

Total Members Surveyed in 2023: 11,165

Total Members Responded in 2023: 11,165

Time to Answer Call MY2023



Top 3 **Ethnicity** for the follow categories
Over 10 Minutes
Hispanic
Other
Chinese

Top 3 **Language** for the follow categories
Over 10 Minutes
Spanish
English
Vietnamese

Total Members Surveyed in 2023: 8,542

Total Members Responded in 2023: 8,542

SUMMARY AND NEXT ACTION STEPS

- Ethnicity- Hispanic and Other rates us below the compliance rate threshold
- Language- English and Hispanic rates us below the compliance rate threshold
- Share results with Delegate and Direct entities
- Corrective Action Plan (CAP) issued to non-compliant providers
- Onsite/Virtual office visits to provider not meeting compliance rate year over year

Q&A

Presented to the Alliance CAC

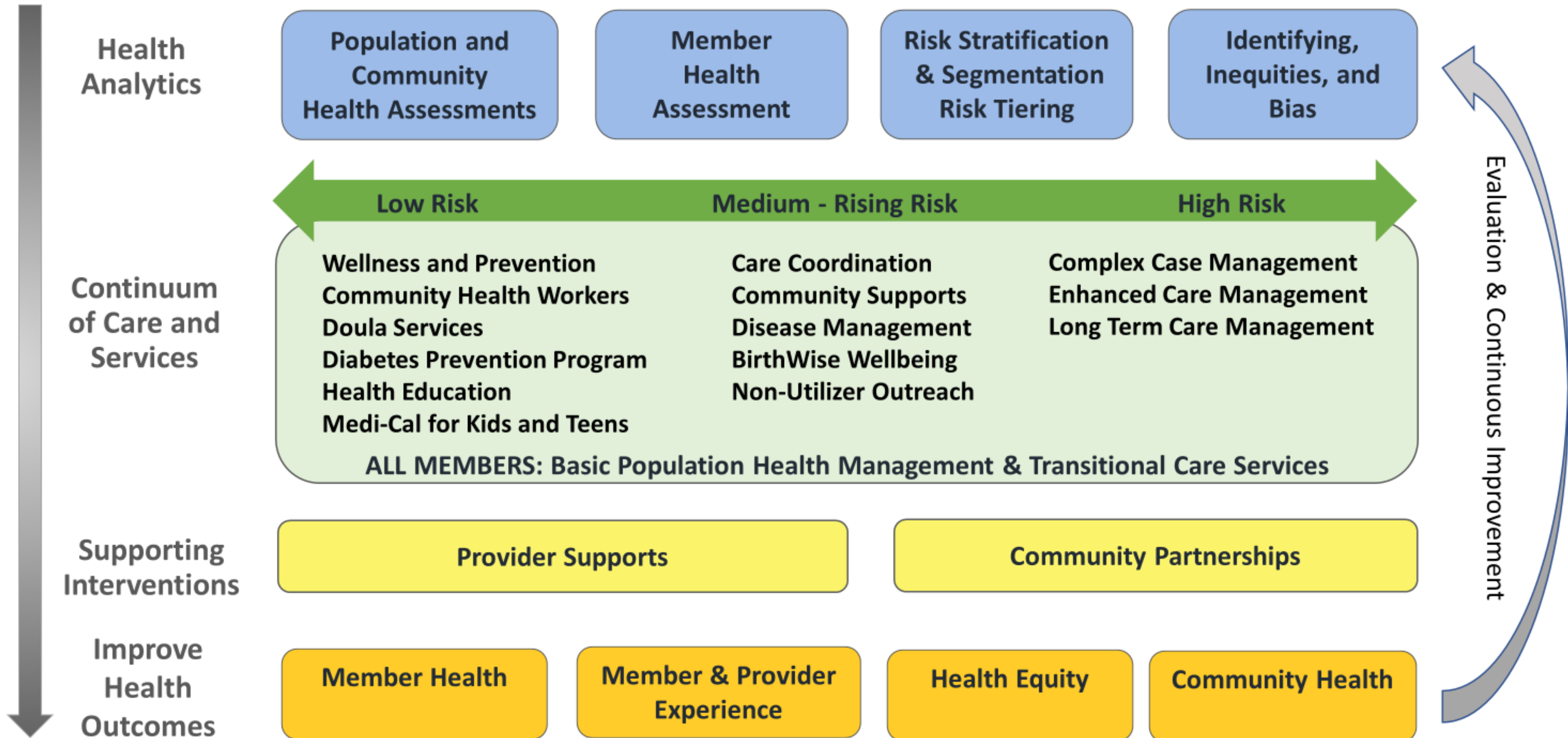
June 13, 2024

ALAMEDA Alliance FOR HEALTH

What is Population Health Management?

- Understand Alliance member needs
  - Assessment and data
  - Medical, behavioral and social health
  - Identify groups of members at risk
- Provide equitable access to needed services
  - Wellness and prevention services
  - Care coordination
  - Care management programs
- Collaborate with
  - Providers
  - Community partners
- Improve health and equity

Alliance PHM Framework



Addressing social determinants of health to promote health equity.

Alliance FOR HEALTH ALAMEDA

Alliance Members Key Populations

Children and Youth

Members with Long Term Care Needs

Birthing Members

Members with Serious Mental Illness

Members with Disabilities

Racial and Ethnic Groups

Members with Limited English Proficiency

Older Adults

Population Health Management (PHM) Strategy

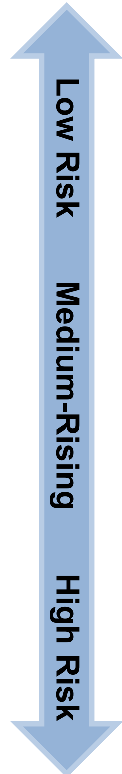
Alameda Alliance for Health

- **PHM Strategy:** Document that describes
  - Member needs
  - Current programs and services
  - Identified gaps
  - Key programs to address the gaps
- **Yearly review and update** of PHM Strategy
  - National Committee for Quality Assurance (NCQA) Health Plan Accreditation
  - California Department of Health Care Services (DHCS)

ALAMEDA Alliance FOR HEALTH

2024 PHM Strategic Pillars

	Strategic Pillars	2024 Programs
	Address primary care gaps and inequities	• Non-utilizer outreach campaigns • Breast cancer screening - Equity • Under 30 months well visits – Equity
	Support members managing health conditions	• Multiple Chronic Disease Management • Diabetes Prevention Program • Post ED Visit for Mental Illness
	Connect members in need to whole person care	• BirthWise Wellbeing – Equity • Complex Case Management • Transitional Care Services



Address Primary Care Gaps and Inequities

Non-utilizer outreach campaign

Breast cancer screening - equity

Under 30 months well visits - equity

ALAMEDA Alliance FOR HEALTH

Alameda Alliance for Health

Non-Utilizer Outreach Campaign

What	**Outreach calls to members to encourage PCP visits**
Who	Members ages 50 and up or ages 6 and under who have not utilized services for more than 12 months
How	• Non-utilizer call campaign

Alameda Alliance for Health

Breast Cancer Screening

What **Conduct outreach and education to Black (African American) members and increase access to mammograms**

Who Black (African American) women ages 50-74

How

- Mobile mammography
- Mammogram incentive program
- Community outreach events

Under 30 Months Well Visits

What **Monitor and improve well-child visit measures to address disparities for Black (African American) members**

Who Black (African American) members up to 30 months old

How
- Well-child visits prenatal campaign
- First 5 care coordination
- Well-child advertising campaign

Q. What can the Alliance do to encourage preventive services like breast cancer screenings and well-child visits, particularly for Black or African American members?

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Support Members Managing Health Conditions

Post ED visit for mental illness

Multiple chronic disease management

Diabetes Prevention Program

ALAMEDA Alliance FOR HEALTH

ALAMEDA Alliance FOR HEALTH

Post ED Visit for Mental Illness

What **Improve timely follow-up after emergency department (ED) visits for mental illness**

Who Members ages 6 and older who were seen in the ED for mental illness

How
- Outreach

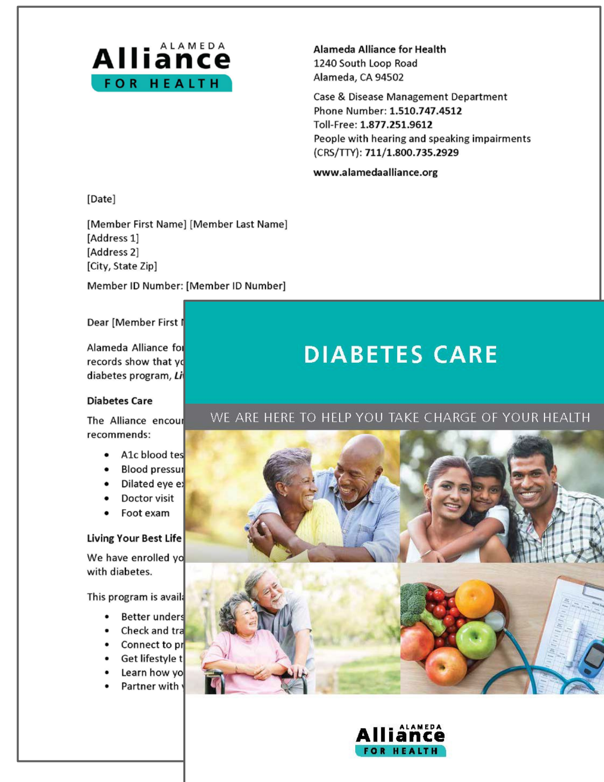
ALAMEDA Alliance FOR HEALTH

Multiple Chronic Disease Management

What — **Health coaching and self-management tools for diabetes, high blood pressure, and asthma**

Who — Members with 2 or more diagnoses

How
- Disease management health education
- Care coordination


ALAMEDA Alliance FOR HEALTH

Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502

Case & Disease Management Department
Phone Number: 1.510.747.4512
Toll-Free: 1.877.251.9612
People with hearing and speaking impairments
(CRS/TTY): 711/1.800.735.2929

www.alamedaalliance.org

[Date]

[Member First Name] [Member Last Name]
[Address 1]
[Address 2]
[City, State Zip]

Member ID Number: [Member ID Number]

Dear [Member First N

Alameda Alliance for
records show that yo
diabetes program, Li

Diabetes Care

The Alliance encour
recommends:

- A1c blood tes
- Blood pressu
- Dilated eye e
- Doctor visit
- Foot exam

Living Your Best Life

We have enrolled yo
with diabetes.

This program is avail

- Better unders
- Check and tra
- Connect to pr
- Get lifestyle t
- Learn how yo
- Partner with

Diabetes Prevention Program

What **Online program that helps participants adopt healthy habits, lose weight, and decrease their risk of developing type 2 diabetes**

Who Adults 18 and over who meet CDC National Diabetes Prevention Program criteria

How
- Lifestyle change program
- YumLive! health media service

Q. How can the Alliance engage members more successfully with mail and phone-based programs like health coaching? What has worked for you?

ALAMEDA Alliance FOR HEALTH

Q. When would you want to use online or telehealth services (phone or video visit with a healthcare provider)?

ALAMEDA Alliance FOR HEALTH

Connect Members in Need to Whole Person Care

BirthWise Wellbeing – equity

Complex Case Management

Transitional Care Services

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BirthWise Wellbeing

What **Support members at risk for perinatal depression during pregnancy and in the first year after pregnancy**

Who Black (African American), Hispanic (Latino), or American Indian or Alaskan Native Medi-Cal members who are or were pregnant in the last year

How

- Maternal mental health campaign
- Doula services
- Doula benefit outreach campaign
- Behavioral health referrals and treatment
- Health education resources

Alameda Alliance for Health
BirthWise Wellbeing

Pregnancy, baby, and your mental health

Alameda Alliance for Health (Alliance) and your doctor are your partners in your health. Do you have questions about your pregnancy, baby, or mental health? You can contact your doctor or reach out to us. The Alliance offers a ***BirthWise Wellbeing Program*** that can help connect you to the support you need.

You are prepared for dirty diapers, loads of laundry, and late-night feedings, but are you prepared for the possibility of anxiety or depression? Feeling down or anxious is common during pregnancy and in the first year after birth.

These feelings and thoughts can go away on their own. Sometimes these feelings are more serious and stay longer. The good news is they can be treated and get better with help.

YOU OR YOUR PARTNER MAY HAVE:

Changes in your eating or sleeping habits

Difficulty caring for yourself or your baby

Extreme mood swings

Feelings of anger, worry, or sadness

Less interest in things you used to enjoy

Upsetting thoughts that don't go away

If this sounds like you, please get help right away. You are not alone.

1/2

ALAMEDA Alliance FOR HEALTH

Complex Case Management

What — **Provide chronic care coordination and disease-specific management interventions for members with complex or severe illness**

Who — Members who meet Complex Case Management program criteria based on diagnoses, hospital admissions, and emergency visits

How
- Complex Case Management

ALAMEDA Alliance FOR HEALTH

Transitional Care Services

What	**Services provided to members transferring from one care setting or level of care to another**
Who	High-risk members within 7 days after discharge from the hospital
How	• Transitional Care Services

Q. What is the best way for the Alliance to share information about programs and services with members? What has worked for you?

ALAMEDA Alliance FOR HEALTH

Local Health Jurisdiction Collaboration

ALAMEDA Alliance FOR HEALTH

- ***New!*** Work with Alameda County and City of Berkeley Public Health
  - Community Health Assessment (CHA)
  - Community Health Improvement Plan (CHIP)
- Exploring ways to work together
  - Shared goal, data sharing, and resource contribution
  - CAC member participation
- Attended Alameda County CHIP Kickoff Meeting 5/1/24

Questions?

Contact Linda Ayala, Director of Population Health and Equity, at layala@alamedaalliance.org

ALAMEDA Alliance FOR HEALTH

Annual Review of Cultural & Linguistic Services

Mao Moua
Cultural and Linguisitic Services Manager

ALAMEDA Alliance FOR HEALTH

CULTURAL AND LINGUISTIC SERVICES (CLS): PROGRAM GOAL

Ensure that all Alliance members receive **equal access** to high **quality health care** services, that meet the **diverse needs** of our members':

- language
- culture
- gender
- sexual orientation
- disability
- income
- age
- religion

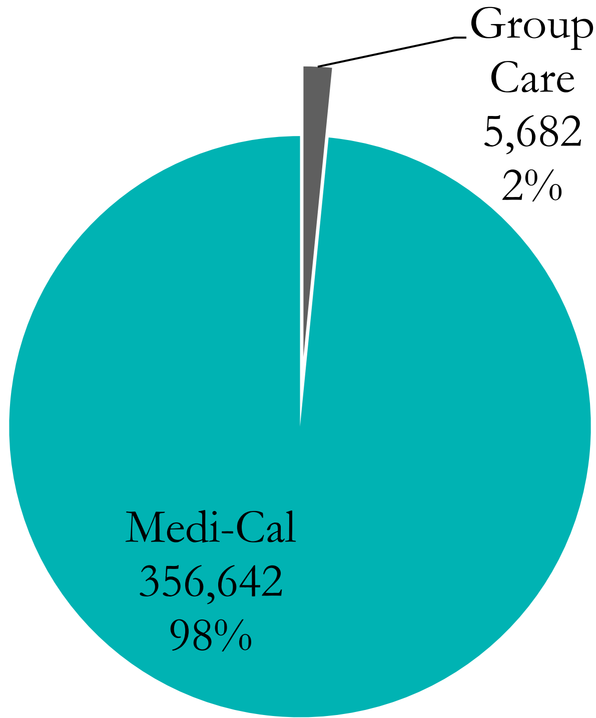
Alameda Alliance for Health (Alliance)

Membership

ALAMEDA
Alliance
FOR HEALTH

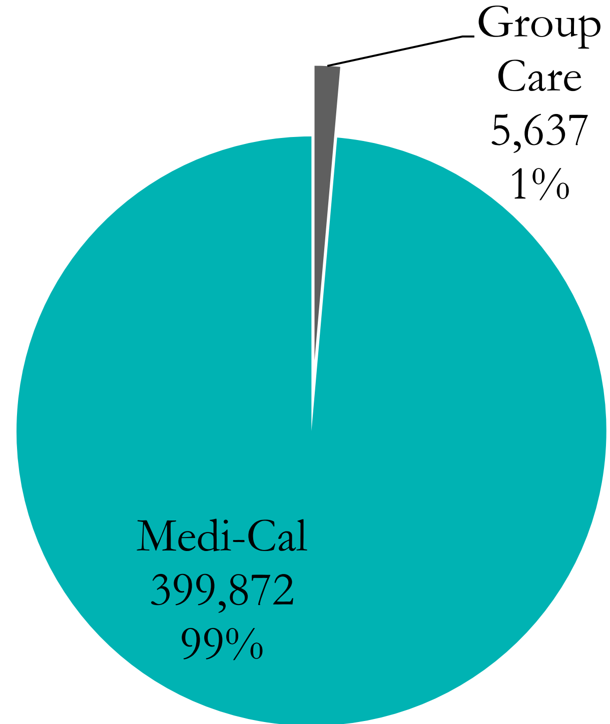
CURRENT MEMBERSHIP

ALAMEDA Alliance FOR HEALTH



Total: 362,324

Data as of May 2023

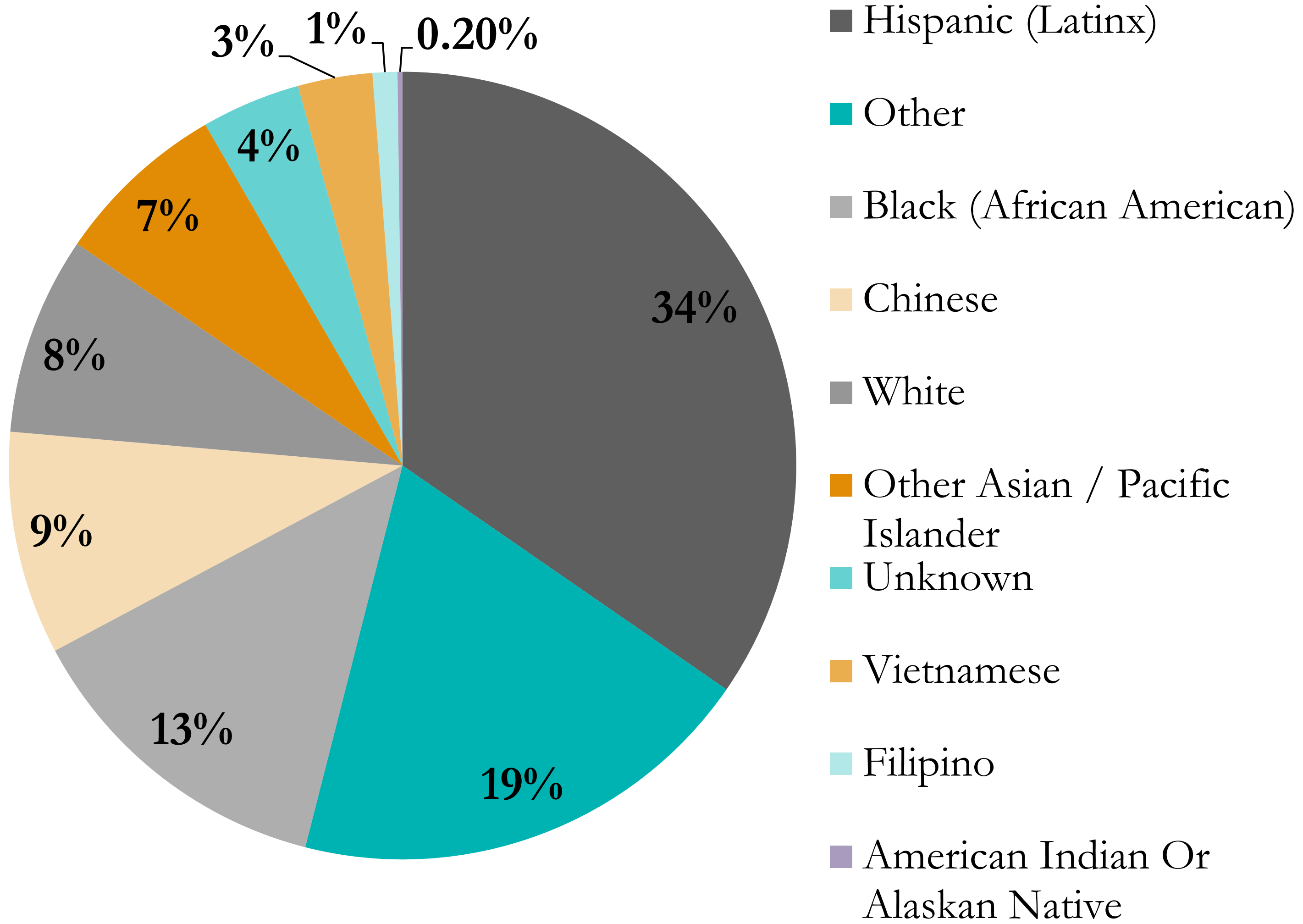


Total: 405,509

Data as of May 2024

MEMBERSHIP BY ETHNICITY

ALAMEDA Alliance FOR HEALTH



Data as of May 2024

ALAMEDA COUNTY & AAH COMPARISON

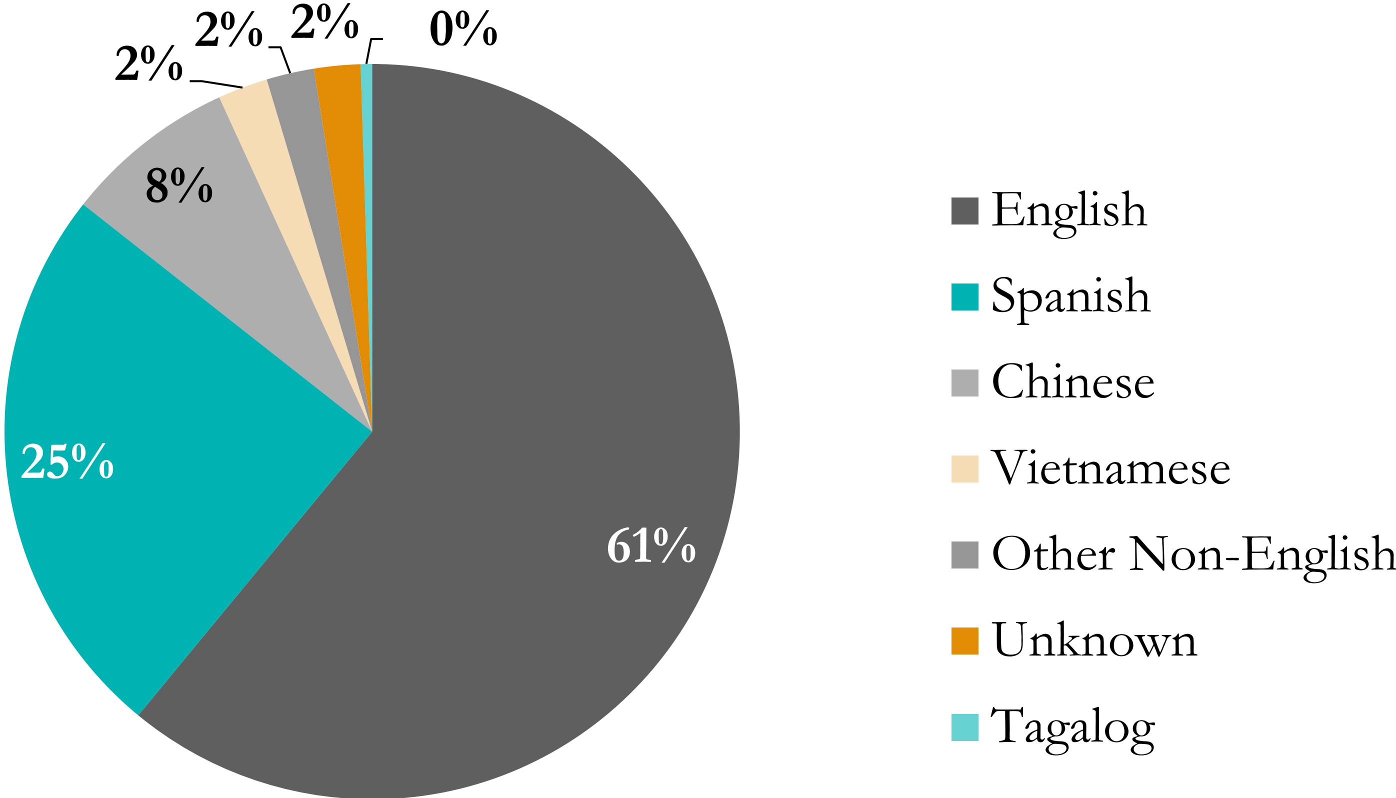
ALAMEDA Alliance FOR HEALTH

Alameda County and AAH Comparison		
Race/Ethnicity	Alameda County	AAH
White alone	47%	8%
Asian alone [c]	35%	13%
Hispanic or Latino [a]	22%	34%
Black or African American alone	11%	13%
American Indian and Alaska Native alone	1%	.2%
Native Hawaiian and Other Pacific Islander alone [b]	1%	7%
(a) Hispanics may be of any race, so also are included in applicable race categories		
(b) Includes persons reporting only one race		
(c) Includes Chinese, Vietnamese, Filipino		

Source: Census Alameda County estimates, 7/1/2023, U.S. Census Bureau QuickFacts: Alameda County, California; viewed 05/31/2024.

MEMBERSHIP BY LANGUAGE

ALAMEDA Alliance FOR HEALTH



Data as of May 2024

THRESHOLD LANGUAGES

ALAMEDA Alliance FOR HEALTH

Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Tagalog

Group Care

- English
- Chinese
- Spanish

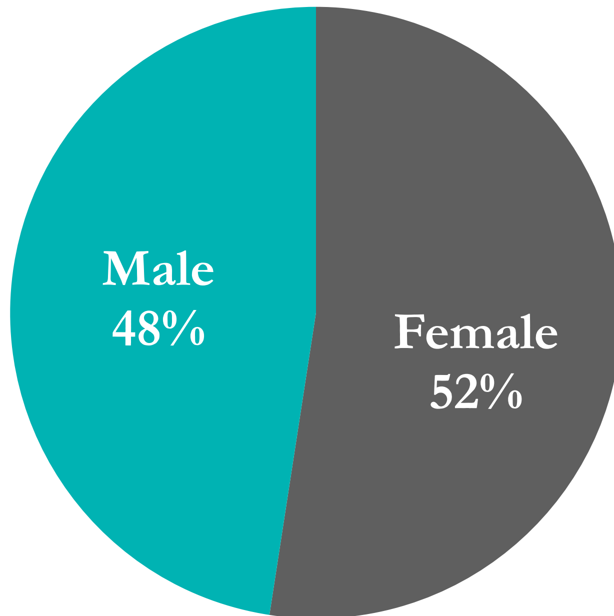
- A threshold language is spoken by 5% or over 3,000 of the Medi-Cal eligible population in Alameda County.
- Alliance must translate key documents and letters into these languages.

LANGUAGES WITH 500+ MEMBERS

ALAMEDA Alliance FOR HEALTH

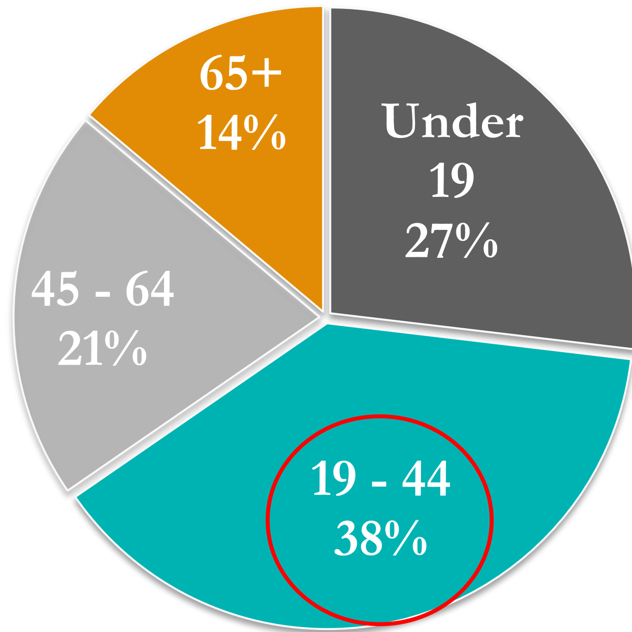
Language	May 2024
ENGLISH	61.%
SPANISH	25%
CANTONESE	6%
VIETNAMESE	2%
UNKNOWN	2%
MANDARIN CHINESE	2%
FARSI	0.7%
ARABIC	0.6%
TAGALOG	0.5%
KOREAN	0.2%
RUSSIAN	0.2%
CENTRAL KHMER	0.1%

MEMBERSHIP BY GENDER



Data as of May 2024

MEMBERSHIP BY AGE



Data as of May 2024

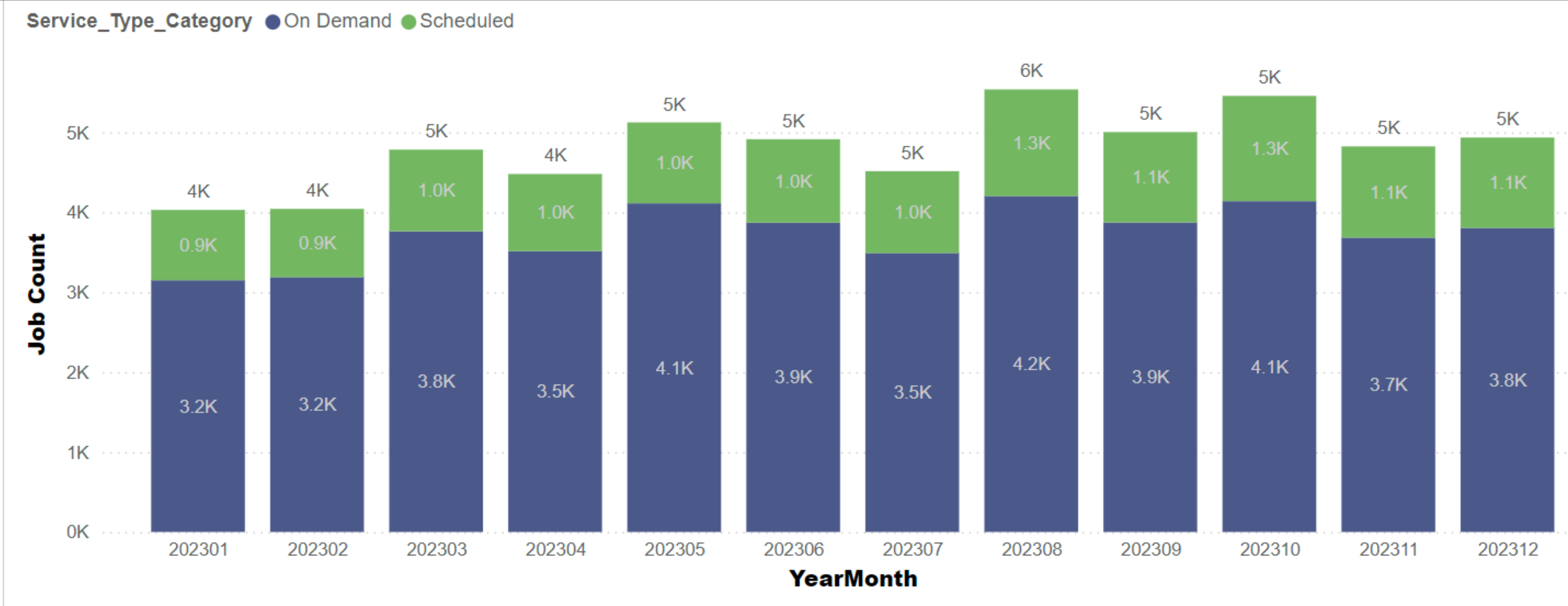
Language Assistance Services

Utilization of Interpreter Services

ALAMEDA Alliance FOR HEALTH

INTERPRETER SERVICES PROVIDED IN 2023

ALAMEDA Alliance FOR HEALTH



K= thousand

INTERPRETER SERVICES PROVIDED IN 2023

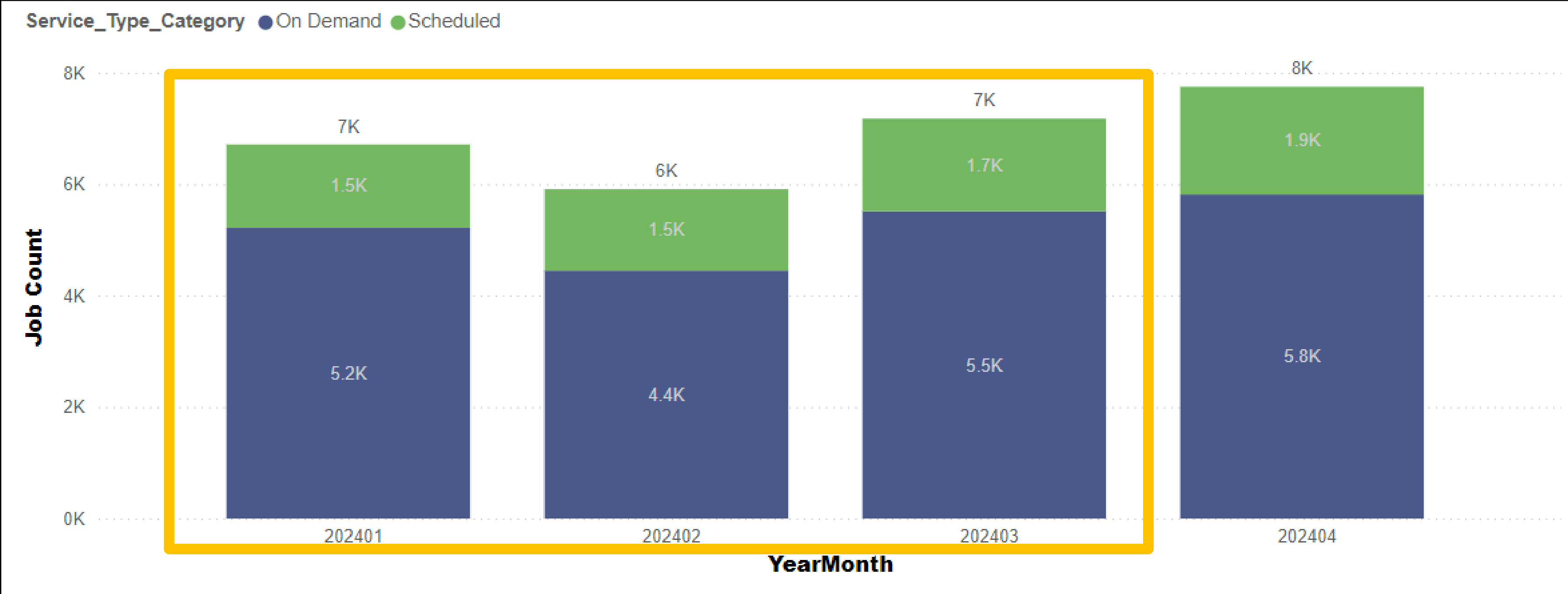
ALAMEDA Alliance FOR HEALTH

- Over 57,000 services provided, in 112 languages by 3 vendors.
- Most common languages:

In-Person	Telephonic	Video
Cantonese	Spanish	Cantonese
Spanish	Cantonese	Spanish
Vietnamese	Mandarin	Mandarin
Mandarin	Vietnamese	Vietnamese
American Sign Language	Arabic	Arabic
Arabic	Dari	Portuguese
Dari	Farsi	Farsi
Russian	Punjabi	Taishanese
Punjabi	Russian	Dari
Burmese	Tigrinya	Korean

- Compared to 2022:
  - Telephonic interpreter services increased in 2023 for all threshold languages, with Spanish and Mandarin languages having the highest increase.
  - Video interpreter services continued to decrease for all threshold languages, except Spanish.
  - In-person interpreter services for Spanish doubled in 2023.

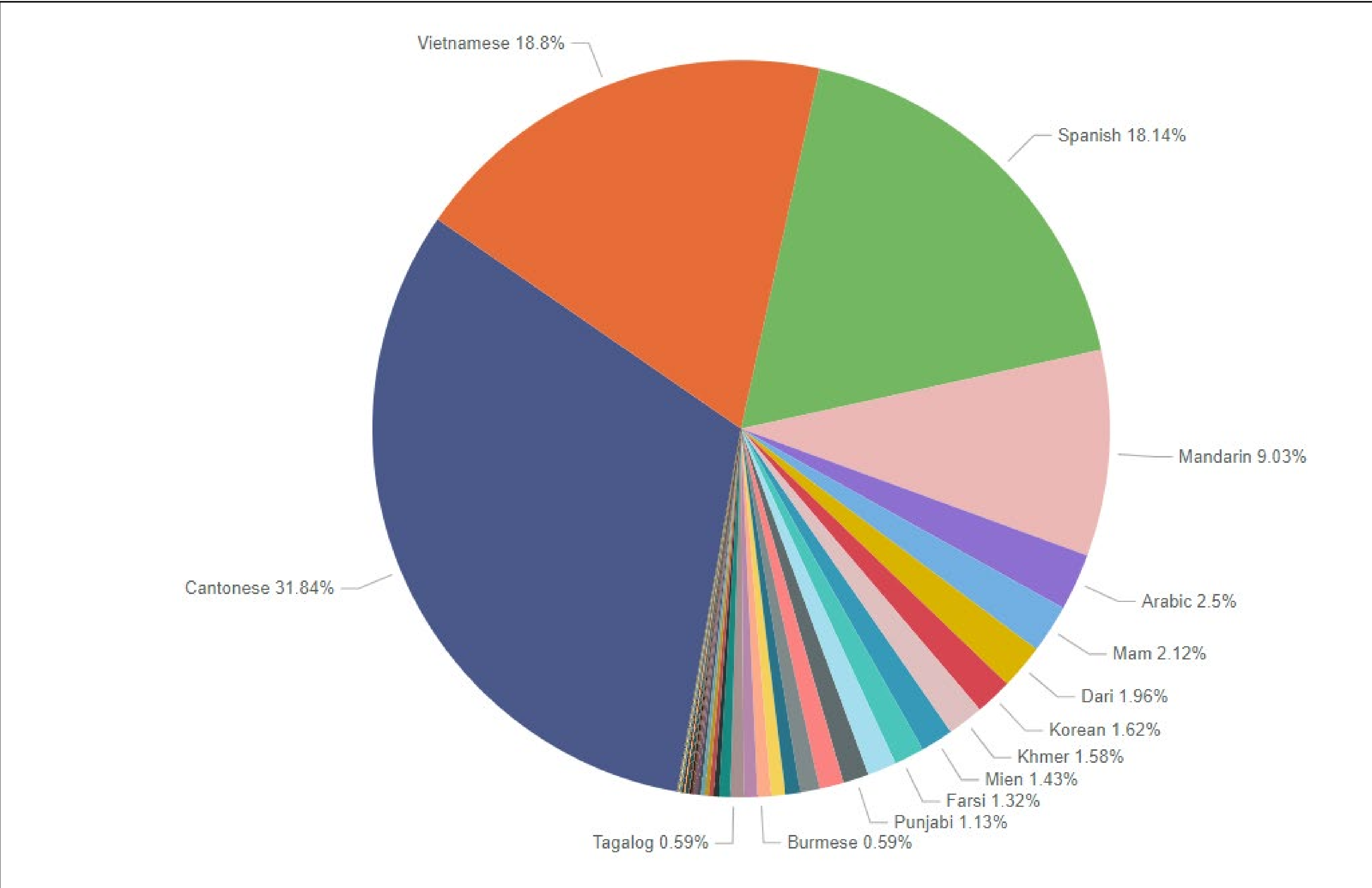
INTERPRETER SERVICES PROVIDED IN Q1 2024



K= thousand

LANGUAGES REQUESTED Q1 2024

ALAMEDA Alliance FOR HEALTH



2023 Availability of Practitioners to Meet the Cultural Needs and Preferences of Members Report

ALAMEDA
Alliance
FOR HEALTH

PROVIDER LANGUAGE CAPACITY:
2023 RESULTS-PCP PER MEMBER

Alameda Alliance for Health

Medi-Cal # of PCP Per Member		
Language	Q4 2022	Q4 2023
English	1:239	1:258
Chinese	1:369	1:332
Spanish	1:322	1:352
Vietnamese	1:408	1:412
Tagalog	1:299	1:203
Arabic	1:78	1:87
Farsi	1:246	1:264

Group Care # of PCP Per Member		
Language	Q4 2022	Q4 2023
English	1:6	1:5
Chinese	1:2	1:1
Spanish	1:21	1:21
Vietnamese	1:12	1:13
Tagalog	1:0	1:0
Arabic	1:1	1:1
Farsi	1:14	1:10

PROVIDER LANGUAGE CAPACITY: 2023 RESULTS-SPECIALISTS PER MEMBER

ALAMEDA Alliance FOR HEALTH

Medi-Cal # of Specialist Per Member	
Language	**Q4 2023**
English	1:29
Chinese	1:69
Spanish	1:106
Vietnamese	1:108
Tagalog	1:27
Arabic	1:41
Farsi	1:30

Group Care # of Specialist Per Member	
Language	Q4 2023
English	1:0
Chinese	1:3
Spanish	1:0
Vietnamese	1:2
Tagalog	1:0
Arabic	1:0
Farsi	1:0

PROVIDER LANGUAGE CAPACITY: 2023 RESULTS-BEHAVIORAL HEALTH (BH) PER MEMBER

ALAMEDA Alliance FOR HEALTH

Medi-Cal # of BH Per Member	
Language	Q4 2023
English	1:280
Chinese	1:1,635
Spanish	1:736
Vietnamese	1:1,190
Tagalog	1:530
Arabic	1:364
Farsi	1:198

Group Care # of BH Per Member	
Language	Q4 2023
English	1:3
Chinese	1:77
Spanish	1:2
Vietnamese	1:31
Tagalog	1:6
Arabic	1:0
Farsi	1:5

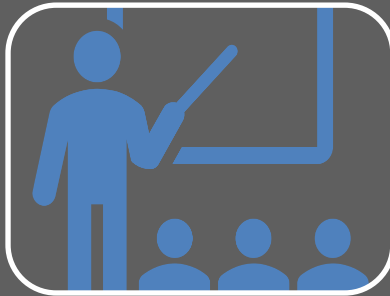
2023 RESULTS: PROVIDER BY RACE/ETHNICITY COMPARISON-MEDI-CAL AND GROUP CARE MEMBERS

ALAMEDA Alliance FOR HEALTH

Race/Ethnicity	% Members	% PCP	% BH	% Specialists
Hispanic (Latinx)	34%	8%	18%	2%
Asian *	12%	48%	20%	43%
Black (African American)	13%	8%	10%	5%
White	8%	29%	50%	43%
Asian Indian	3%	5%	0%	4%
Pacific Islander **	2%	1%	1%	1%
American Indian or Alaskin Native	0.20%	0%	1%	1%
Other ***	20%	1%	0%	1%
Unknown	4%	0%	0%	0%

* Includes Chinese, Vietnamese, Korean, Cambodian, Japanese, Filipino and Laotian
** Includes Hawaiian
*** Includes Samoan, Guamanian, and Amerasian

CLS Work Plan 2023 Evaluation



ALAMEDA Alliance FOR HEALTH

CLS WORKPLAN
2023 EVALUATION

Activity/Initiative	Outcome(s)	Goal Met
Member Cultural and Linguistic Assessment	• Completed assessments at CLS meetings on every 3 months. • No significant changes to report.	Yes
Language Assistance Services	• Q1 2023: 97% • Q2 2023: 96% • Q3 2023: 95% • Q4 2023: 95%	Yes
Cultural Sensitivity Training (CST): Participation and Enhancements	• 96% completion rate for all Alliance staff • CST enhancements completed in Q3 2023	Yes

CLS WORKPLAN
2023 EVALUATION

ALAMEDA Alliance FOR HEALTH

Activity/Initiative	Outcome(s)	Goal Met
Community Advisory Community	• Updated charter and created resolution for a CAC Selection Subcommittee. Both presented and approved by CAC members at a CAC Special Meeting held on 12/28/2023. • Next steps: Develop CAC Selection Subcommittee strategy and CAC member recruitment plan.	Ongoing

2024 CLS Workplan

ALAMEDA Alliance FOR HEALTH

- **Language Assistance Services**
  - Reach or exceed an average fulfillment rate of 95%.
  - Track interpreter services use for behavioral health services.
- **Member Satisfaction**
  - 81% of adult members and 92% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan
  - Complete the Timely Access Requirement (TAR) Survey

- **Provider Language Capacity and Race/Ethnicity**
  - Complete Net 1A Analysis and Report (Race and/or Ethnicity)
- **Community Engagement and Input**
  - Implementation of DHCS 2024 contract updates to the CAC.
- **Potential Quality Issues (PQIs)**
  - Monitor, evaluate and conduct interventions for PQI-Quality of Language with a closure rate of 95% or more within 30 business days.

Thank you!

Please contact us if you have ideas to help improve our Cultural and Linguistic Services.

Mao Moua, Cultural and Linguistic Services Manager

Linda Ayala, Director, Population Health and Equity

Alameda Alliance for Health

mmoua@alamedaalliance.org, layala@alamedaalliance.org

ALAMEDA Alliance FOR HEALTH

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | **3RD QUARTER (Q3) OUTREACH REPORT**

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | 3rd QUARTER (Q3) OUTREACH REPORT

Between January 2024 and March 2024, the Alliance completed **2,235** member orientation outreach calls among net new members and non-utilizers and conducted **433** member orientations (**19.4%** member participation rate). In addition, the Outreach team completed **249** Alliance website inquiries, **36** service requests, **5** social media inquiries, **7** community events, and **5** member education events in Q3.

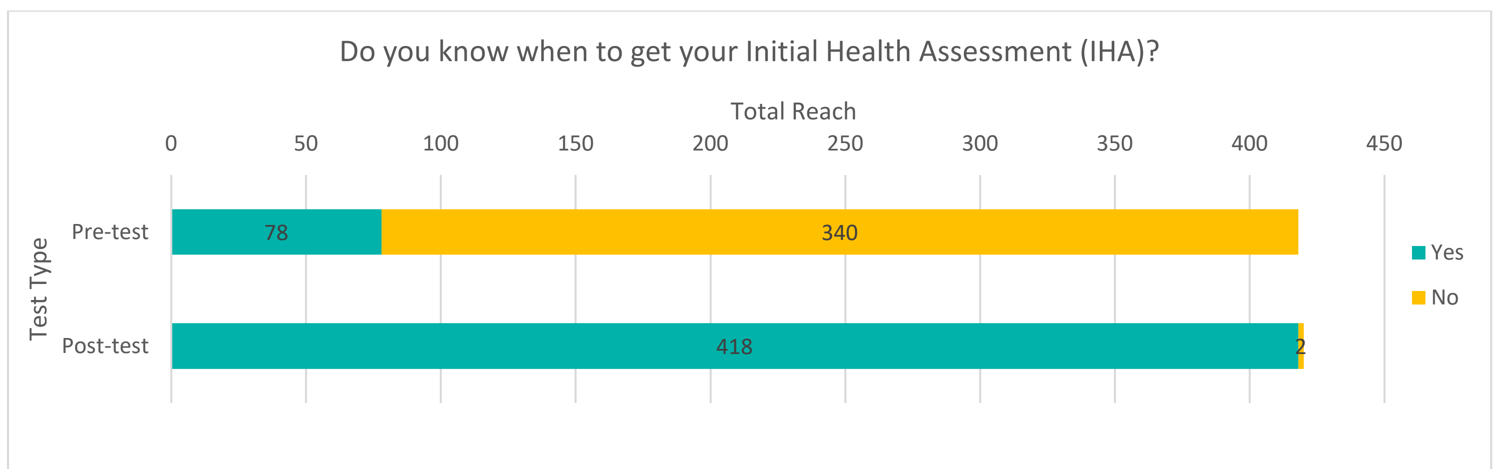
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **31,717** self-identified Alliance members have been reached during outreach activities.

On **Monday, March 16, 2020**, the Alliance began assisting members by telephone only, following the statewide Shelter-in-Place (SIP) guidance to protect the general public from the Coronavirus Disease (COVID-19). As a result, the Alliance proactively postponed all face-to-face member orientations and community events until further notice.

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **Sunday, March 31, 2024**, the Outreach Team completed **34,506** member orientation outreach calls and conducted **8,230** member orientations (23.9%-member participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through March 31, 2024 – **8,230** members completed our MO and Non-utilizer program by phone.

After completing a MO **99.22%** of members who completed the post-test survey in Q3 FY 23-24 reported knowing when to get their IHA, compared to only **18.7%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 23-24\Q3\3. March 2024**

ALLIANCE IN THE COMMUNITY

FY 2023 - 2024 | 3RD QUARTER (Q3) OUTREACH REPORT

Q3 FY 2023-2024 TOTALS

7	COMMUNITY EVENTS	3344	TOTAL REACHED AT VIRTUAL COMMUNITY EVENTS
5	MEMBER EDUCATION EVENTS	1787	TOTAL REACHED AT MEMBER EDUCATION EVENTS
433	MEMBER ORIENTATIONS	433	TOTAL REACHED AT MEMBER ORIENTATIONS
0	MEETINGS/ PRESENTATIONS	0	TOTAL REACHED AT MEETINGS/PRESENTATIONS
18	TOTAL INITIATED/INVITED EVENTS	2220	TOTAL MEMBERS REACHED AT EVENTS
451	TOTAL EVENTS	3777	TOTAL REACHED AT ALL EVENTS

ALAMEDA
ALBANY
BERKELEY

CASTRO VALLEY
DUBLIN

FREMONT
HAYWARD
LIVERMORE

NEWARK
OAKLAND
PLEASANTON

SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 20 CITIES

Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q3 2024: Antioch, Pittsburg, Stockton, and Vallejo. The C&O Department started including these cities in the Q3 FY21 Outreach Report.

$1,007.10

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

** Includes refundable deposit.*

CAC Business

Linda Ayala

ALAMEDA
Alliance
FOR HEALTH

CAC Selection Committee

ALAMEDA Alliance FOR HEALTH

CAC SELECTION COMMITTEE (SC)

ALAMEDA Alliance FOR HEALTH

CAC Charter

- CAC SC as a committee that reports to the Board of Governors (BOG).
- Approved at May BOG.

CAC & CAC SC Charter

- Approved at the May BOG meeting.

CAC SC Membership

- 8-10 Members
- Including:
  - CAC Chair and Vice Chair
  - BOG Chair and Vice Chair
  - Dental
  - Local Education Agency
  - Home and Community Based Services
  - Native American Health Center

Next Steps

- Hold first CAC SC meeting before end of June.

ALAMEDA ALLIANCE FOR HEALTH
COMMUNITY ADVISORY COMMITTEE (CAC) CHARTER

Purpose

The purpose of the Community Advisory Committee (CAC) is to provide a link between Alameda Alliance for Health (Alliance) and the community. The policy/scope, structure, and functions of the CAC, as outlined in this charter, shall be in accordance with the Alliance's Department of Health Care Services (DHCS) contract. In addition, pursuant to Title 22, California Code of Regulations, Section 53876(c), the CAC reflects the Alliance's member population, and advises the Alliance on the development and implementation of policies and procedures that affect cultural and linguistic access, quality, and health equity.

Policy/Scope

The Alliance maintains a diverse CAC as a part of its implementation and maintenance of member and community engagement with stakeholders, community advocates, traditional and Safety-Net providers and Members. The CAC encourages Alliance members and others to participate in public policy of the health plan to ensure the comfort, dignity, and convenience of members.

The CAC carries out, but is not limited to, the following duties:

a) Identify and advocate for preventive care practices to be used by the Alliance.
b) Develop and update cultural and linguistic policy and procedures related to cultural competency issues, educational and operational issues affecting seniors, people who speak a primary language other than English, and people who have a disability.
c) Advise on Alliance member and provider-targeted services, programs, and trainings.
d) Provide and make recommendations about the cultural appropriateness of communications, partnerships, and services.
e) Review findings from the Population Needs Assessment (PNA) and discuss improvement opportunities on Health Equity and Social Drivers of Health and provide input on selecting targeted health education, cultural and linguistic,

and Quality Improvement (QI) strategies.

f) Provide input and advice, including, but not limited to, the following:
    i. Culturally appropriate service or program design
    ii. Priorities for health education and outreach program
    iii. Member satisfaction survey results
    iv. PNA findings
    v. Marketing materials and campaigns
    vi. Communication of needs for network development and assessment
    vii. Community resources and information
    viii. Population Health Management
    ix. Quality
    x. Health delivery systems to improve health outcomes
    xi. Carved out services
    xii. Coordination of care
    xiii. Health Equity
    xiv. Accessibility of services
    xv. Development of the provider manual and clarification of new and revised policies and procedures in the manual.

The Alliance shall ensure the fulfillment of the following requirements in accordance with Title 28, California Code of Regulations, Section 1300.69.:

a) The CAC shall receive information from the Alliance on public policy issues, including financial information and data on the nature and volume of grievances and their disposition.
b) The CAC's activities and recommendations shall be regularly reported to the Alliance Board of Governors (BOG) at board meetings.

Structure

1) <u>CAC Selection Committee:</u>

There will be a CAC Selection Committee established, tasked with selecting members of the CAC that reflect the general Medi-Cal and Group Care member populations, hard to reach populations, and those that experience health disparities in Alameda County. The CAC Selection Committee will report to the Alliance Board of Governors.

The CAC Selection Committee shall consist of persons who sit on the Alliance BOG, which include representation in the following areas:

a) Safety-Net Providers (including, Federally Qualified Health Centers, behavioral health, regional centers, local education authorities, dental providers, Indian

Health Service facilities, home, and community-based service providers).
b) Persons and community-based organizations that represent Alameda County.

2) Membership of CAC:

The CAC shall consist of voting members (including the chair and vice-chair) and regular/ad hoc guests of the committee. Membership on the committee must be changed as the Alliance's beneficiary population changes.

The CAC membership and representation must reflect the Medi-Cal and Group Care populations in Alameda County, and representation must include the following:

a) General population of the Alliance members (including, adolescents and/or parents and/or caregivers of children, including foster youth)
b) Diverse and hard-to-reach populations (including populations that experience health disparities, such as those with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities).
c) At least 51% of the committee shall be Alliance members (and/or the parents/guardians of Alliance members who are minors or dependents).

To ensure the CAC membership is representative of the communities in the Alliance service areas, the Alliance shall complete and submit annually to DHCS, an Annual CAC Member Demographic Report by April 1st of each year.

If a CAC member resigns, is asked to resign or is unable to serve on the CAC, the Alliance must replace the vacant seat within 60 calendar days. All new CAC candidates must follow the selection process with the CAC selection Committee.

All CAC members shall complete a Conflict of Interest (COI) Form relating to any financial or other relationship to an Alliance competitor. A member's links with outside interests shall not impair the responsible exercise of his or her duties as a CAC member.

The CEO shall not vote at CAC meetings.

At least one (1) CAC member will serve on the Alliance BOG. The Alliance Chief Executive Officer (CEO) will select CAC members to serve on the BOG.

3) Regular/Ad-hoc Guests (non-voting):

Regular/subcommittee guests shall not be counted towards a quorum or be subject to term limits. Non-voting guests may include:

a) CAC candidates
b) Any persons from the public
c) Guests who will present information being discussed at a meeting

4) <u>Officers of the CAC:</u>

Officers of the CAC shall consist of the following:

a) Chair
b) Vice-Chair.

The CAC Chair and Vice-Chair shall be recommended by the CAC members by majority vote and approved by the CEO.

If both the Chair and Vice-Chair of the CAC are absent or unable to act at a meeting where a quorum is present, the Committee will select one of the attending committee members or Alliance staff to act as Chair pro tempore, with all the authority appurtenant thereto, if the Chair has not selected someone to preside at the meeting.

5) <u>Meeting Agendas and Minutes:</u>

a) CAC meeting agendas shall be developed with input from CAC members.
b) At least 72 hours prior to a regular meeting, an agenda and meeting materials shall be posted on the Alliance website in a centralized location.
c) The agenda shall be posted at the main entrance of the Alliance's principal offices and/or any other location freely accessible to members of the public.
d) An agenda and meeting materials, including minutes of the previous meeting, shall be sent to the CAC members at the same time they are posted on the website.
e) Meeting minutes shall be posted on the Alliance website and submitted to DHCS no later than 45 calendar days after each meeting.
f) The minutes, including any CAC findings and/or activities are reported to the Quality Improvement Health Equity Committee (QIHEC).

6) <u>Non-Agenda Items:</u>

a) Prior to discussing a matter which was not previously placed on an agenda, the item must be publicly identified so that interested members of the public

can monitor or participate in the consideration of the item in question.

b) The CAC may discuss a non-agenda item at a regular meeting if, by simple majority vote, the CAC determines that the matter in question constitutes an emergency pursuant to §54956.5. (§ 54954.2(b)(1).) or that it should be discussed at a future meeting.

7) **Voting:**

a) A simple majority (50% of voting members + 1) shall mean an approval of the proposed action.
b) Absent CAC members may not vote by proxy.
c) Electronic voting may be an option if attending a regular meeting, virtually is an option for a meeting attendance and approved.

8) **Quorum:**

a) A quorum, defined as a simple majority (50% + 1) of voting members, must be present for the CAC to vote on any matter.
b) If a quorum is not met at a regular scheduled meeting, the meeting shall continue as informational only.

9) **Meeting Schedule and Special Participation:**

a) The Alliance shall hold regular scheduled CAC meetings at least four (4) times per year.
b) The Alliance makes the regular scheduled CAC meetings open to the public.
c) The Alliance may request special participation from the CAC members to provide input on topics such as, but not limited to, advancing member targeted efforts.

10) **Public Comment:**

a) Every agenda for a regular meeting shall provide an opportunity for members of the public to directly address the CAC on any agenda items.
b) Where a member of the public raises an issue which has not yet come before the committee, the item may be briefly discussed and put on the next meeting agenda for further discussion, but no action may be taken at that meeting.

Membership Terms of Service and Attendance

New CAC members will be invited to serve based on the membership criteria and with the approval of the CAC Selection Committee. The term of service for each CAC member shall be two (2) years. Committee members may serve more than two (2) term, at the discretion of the CAC Selection Committee.

The CAC Selection Committee may dismiss a member from the CAC if they fail to attend two (2) meetings of the committee within one (1) year without an excused or approved absence. Members shall notify the Alliance of expected absences. Members can request a leave of absence if needed for up to one (1) year for health or personal reasons.

Alliance Support

The Alliance will provide the following to the CAC:

a) Adequate staff support for committee meetings and activities.
b) Maintenance of meeting minutes and records.
c) Organizational updates and relevant materials.
d) Interpretation: The Alliance will arrange for a bilingual interpreter to assist CAC members whose preferred language is not English. CAC members shall make a request for an interpreter at least 72 hours before a regularly scheduled meeting.
e) Accommodations: CAC meeting location is wheelchair accessible. CAC members may call to request agendas and/or handouts in an alternative format, or any other disability-related accommodation needed to take part in the meeting. CAC members shall make a request for accommodation at least 72 hours before a regular scheduled meeting.
f) Stipend: CAC members shall receive a stipend for each meeting attended. CAC members may choose not to accept the stipend.
g) Transportation: The Alliance covers transportation costs. Members who cannot use regular transit because of a disability or disabling health conditions may request assistance from the Alliance to arrange for services from East Bay Paratransit.
h) Childcare: CAC members will be reimbursed for the cost of childcare. A reimbursement will be sent once a childcare invoice has been received and confirmed.
i) The Alliance will provide support for CAC candidates to attend one (1) meeting prior to becoming a member for the purpose of observation.
j) Sufficient resources, within budgetary limitations, to support CAC activities, member outreach, retention, and support.

ALAMEDA ALLIANCE FOR HEALTH
COMMUNITY ADVISORY COMMITTEE (CAC) CHARTER

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d) Provide and make recommendations about the cultural appropriateness of communications, partnerships, and services.
e) Review findings from the Population Needs Assessment (PNA) and discuss improvement opportunities on Health Equity and Social Drivers of Health and provide input on selecting targeted health education, cultural and linguistic,

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   ix. Quality
   x. Health delivery systems to improve health outcomes
   xi. Carved out services
   xii. Coordination of care
   xiii. Health Equity
   xiv. Accessibility of services
   xv. Development of the provider manual and clarification of new and revised policies and procedures in the manual.

The Alliance shall ensure the fulfillment of the following requirements in accordance with Title 28, California Code of Regulations, Section 1300.69.:

a) The CAC shall receive information from the Alliance on public policy issues, including financial information and data on the nature and volume of grievances and their disposition.
b) The CAC's activities and recommendations shall be regularly reported to the Alliance Board of Governors (BOG) at board meetings.

Structure

1) CAC Selection Committee:

There will be a CAC Selection Committee established, tasked with selecting members of the CAC that reflect the general Medi-Cal and Group Care member populations, hard to reach populations, and those that experience health disparities in Alameda County. The CAC Selection Committee will report to the Alliance Board of Governors.

The CAC Selection Committee shall consist of persons who sit on the Alliance BOG, which include representation in the following areas:

a) Safety-Net Providers (including, Federally Qualified Health Centers, behavioral health, regional centers, local education authorities, dental providers, Indian

Health Service facilities, home, and community-based service providers).

b) Persons and community-based organizations that represent Alameda County.

2) **Membership of CAC:**

The CAC shall consist of voting members (including the chair and vice-chair) and regular/ad hoc guests of the committee. Membership on the committee must be changed as the Alliance's beneficiary population changes.

The CAC membership and representation must reflect the Medi-Cal and Group Care populations in Alameda County, and representation must include the following:

a) General population of the Alliance members (including, adolescents and/or parents and/or caregivers of children, including foster youth)
b) Diverse and hard-to-reach populations (including populations that experience health disparities, such as those with diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities).
c) At least 51% of the committee shall be Alliance members (and/or the parents/guardians of Alliance members who are minors or dependents).

To ensure the CAC membership is representative of the communities in the Alliance service areas, the Alliance shall complete and submit annually to DHCS, an Annual CAC Member Demographic Report by April 1st of each year.

If a CAC member resigns, is asked to resign or is unable to serve on the CAC, the Alliance must replace the vacant seat within 60 calendar days. All new CAC candidates must follow the selection process with the CAC Selection Committee.

All CAC members shall complete a Conflict of Interest (COI) Form relating to any financial or other relationship to an Alliance competitor. A member's links with outside interests shall not impair the responsible exercise of his or her duties as a CAC member.

The CEO shall not vote at CAC meetings.

At least one (1) CAC member will serve on the Alliance BOG. The Alliance Chief Executive Officer (CEO) will select CAC members to serve on the BOG.

3) **Regular/Ad-hoc Guests (non-voting):**

Regular/subcommittee guests shall not be counted towards a quorum or be subject to term limits. Non-voting guests may include:

a) CAC candidates
b) Any persons from the public
c) Guests who will present information being discussed at a meeting

4) Officers of the CAC:

Officers of the CAC shall consist of the following:

a) Chair
b) Vice-Chair.

The CAC Chair and Vice-Chair shall be recommended by the CAC members by majority vote and approved by the CEO.

If both the Chair and Vice-Chair of the CAC are absent or unable to act at a meeting where a quorum is present, the Committee will select one of the attending committee members or Alliance staff to act as Chair pro tempore, with all the authority appurtenant thereto, if the Chair has not selected someone to preside at the meeting.

5) Meeting Agendas and Minutes:

a) CAC meeting agendas shall be developed with input from CAC members.
b) At least 72 hours prior to a regular meeting, an agenda and meeting materials shall be posted on the Alliance website in a centralized location.
c) The agenda shall be posted at the main entrance of the Alliance's principal offices and/or any other location freely accessible to members of the public.
d) An agenda and meeting materials, including minutes of the previous meeting, shall be sent to the CAC members at the same time they are posted on the website.
e) Meeting minutes shall be posted on the Alliance website and submitted to DHCS no later than 45 calendar days after each meeting.
f) The minutes, including any CAC findings and/or activities are reported to the Quality Improvement Health Equity Committee (QIHEC).

6) Non-Agenda Items:

a) Prior to discussing a matter which was not previously placed on an agenda, the item must be publicly identified so that interested members of the public

can monitor or participate in the consideration of the item in question.
b) The CAC may discuss a non-agenda item at a regular meeting if, by simple majority vote, the CAC determines that the matter in question constitutes an emergency pursuant to §54956.5. (§ 54954.2(b)(1).) or that it should be discussed at a future meeting.

7) **Voting:**
   a) A simple majority (50% of voting members + 1) shall mean an approval of the proposed action.
   b) Absent CAC members may not vote by proxy.
   c) Electronic voting may be an option if attending a regular meeting, virtually is an option for a meeting attendance and approved.

8) **Quorum:**
   a) A quorum, defined as a simple majority (50% + 1) of voting members, must be present for the CAC to vote on any matter.
   b) If a quorum is not met at a regular scheduled meeting, the meeting shall continue as informational only.

9) **Meeting Schedule and Special Participation:**
   a) The Alliance shall hold regular scheduled CAC meetings at least four (4) times per year.
   b) The Alliance makes the regular scheduled CAC meetings open to the public.
   c) The Alliance may request special participation from the CAC members to provide input on topics such as, but not limited to, advancing member targeted efforts.

10) **Public Comment:**
   a) Every agenda for a regular meeting shall provide an opportunity for members of the public to directly address the CAC on any agenda items.
   b) Where a member of the public raises an issue which has not yet come before the committee, the item may be briefly discussed and put on the next meeting agenda for further discussion, but no action may be taken at that meeting.

Membership Terms of Service and Attendance

New CAC members will be invited to serve based on the membership criteria and with the approval of the CAC Selection Committee. The term of service for each CAC member shall be two (2) years. Committee members may serve more than two (2) term, at the discretion of the CAC Selection Committee.

The CAC Selection Committee may dismiss a member from the CAC if they fail to attend two (2) meetings of the committee within one (1) year without an excused or approved absence. Members shall notify the Alliance of expected absences. Members can request a leave of absence if needed for up to one (1) year for health or personal reasons.

Alliance Support

The Alliance will provide the following to the CAC:

a) Adequate staff support for committee meetings and activities.
b) Maintenance of meeting minutes and records.
c) Organizational updates and relevant materials.
d) Interpretation: The Alliance will arrange for a bilingual interpreter to assist CAC members whose preferred language is not English. CAC members shall make a request for an interpreter at least 72 hours before a regularly scheduled meeting.
e) Accommodations: CAC meeting location is wheelchair accessible. CAC members may call to request agendas and/or handouts in an alternative format, or any other disability-related accommodation needed to take part in the meeting. CAC members shall make a request for accommodation at least 72 hours before a regular scheduled meeting.
f) Stipend: CAC members shall receive a stipend for each meeting attended. CAC members may choose not to accept the stipend.
g) Transportation: The Alliance covers transportation costs. Members who cannot use regular transit because of a disability or disabling health conditions may request assistance from the Alliance to arrange for services from East Bay Paratransit.
h) Childcare: CAC members will be reimbursed for the cost of childcare. A reimbursement will be sent once a childcare invoice has been received and confirmed.
i) The Alliance will provide support for CAC candidates to attend one (1) meeting prior to becoming a member for the purpose of observation.
j) Sufficient resources, within budgetary limitations, to support CAC activities, member outreach, retention, and support.

ALAMEDA ALLIANCE FOR HEALTH

COMMUNITY ADVISORY SELECTION COMMITTEE (SC) CHARTER

Purpose:
The Community Advisory Selection Committee "Selection Committee" (SC) is a committee reporting to the Alameda Alliance for Health (Alliance) Board of Governors. The SC is comprised of a representative sample of individuals who provide different perspectives, ideas, and views to the Community Advisory Committee (CAC), and includes persons on the Alliance Board of Governors, Safety Net Provider(s) from Federally Qualified Health Centers, Regional Center(s), Local Education Agency, dental provider(s), as well as other persons and community-based organizations representing Alameda County, in accordance with the Alliance's contract with the Department of Health Care Services (DHCS).

Policy/Scope:
The Alliance shall maintain the SC in accordance with its contract with DHCS.

The SC is tasked with the following:

a) Ensuring the CAC membership reflects the general Medi-Cal Member population in Alameda County, including representatives from Individualized Health Care Plans, adolescents and/or parents and/or caregivers of children, including foster youth.
b) Making appropriate modifications to the CAC as the population the Alliance serves for the purpose of ensuring the Alliance's community is represented and engaged.
c) Making good-faith efforts to include representatives from diverse and hard-to-reach populations on the CAC, with a specific emphasis on persons who are representatives of or serving populations that experience Health disparities, considering individuals with diverse racial and ethnic backgrounds, gender identity, sexual orientation, and physical disabilities.
d) Promptly replacing vacant seats on the CAC within 60 calendar days of the CAC vacancy when a member resigns, is asked to resign, or is otherwise unable to serve *on the CAC.*

Membership of the CAC Selection Committee:

The SC shall consist of voting members, including the Chair and Vice Chair. The membership of the SC will serve in accordance with applicable laws as well as procedures set forth by the Alliance *Bylaws*. The terms for SC members will be for two (2) years and established by resolution. Members may be reappointed to serve, pending approval by the Board of Governors.

The SC will include the following representations within the membership, in accordance with the contract between the State and the Alliance:

i) Persons who sit on the Alliance's Governing Board, including representation in the following areas: Safety Net Providers including Federally Qualified Health Centers (FQHC), Behavioral Health Providers, Regional Centers (RC), Local Education Agencies (LEAs), dental providers, Indian Health Care Providers (HCPs), program providers; and
ii) Persons and community-based organizations who are representatives within the Alliance's Service Area, adjusting for changes in membership diversity. *The Chair and Vice Chair of the CAC shall represent persons who are representatives within the Alliance's Service Area in the SC.*

Officers of the Selection Committee:

Officers of the SC shall consist of:

a) Chair
b) Vice-Chair

The Chair and Vice Chair of the SC shall be filled by the Chair and Vice-Chair of the Board of Governors.

If both the Chair and Vice Chair of the SC are absent or unable to act at a meeting where a quorum is present and the Chair has not selected an individual to act as Chair, the Committee shall select an attending committee member to act as Chair pro tempore, with all the authority appurtenant thereto.

Meeting Materials:

a) SC meeting agendas shall be developed dependent on the needs of the meeting(s) and the input from SC members.
b) At least 72 hours prior to a regular meeting, an agenda and meeting materials shall be posted on the Alliance website in a centralized location.
c) The agenda shall be posted at the main entrance of the Alliance's principal offices and/or any other location freely accessible to members of the public.
d) Meetings will be conducted in accordance with applicable law, including the *Brown Act* and best practices as outlined in *Robert's Rules of Order*.

Voting & Quorum:

a) Items warranting a vote, such as the review and approval of a member nomination to the CAC, must be reviewed when there is a quorum of the membership present.
b) Members attending virtually must have an approved basis under Assembly Bill 2449 (AB 2449) or *Traditional Brown Act*, to be determined by the AAH Legal Department.

Meeting Schedule:

a) The SC shall meet on an as-needed basis.

Public Comment:

a) Every agenda for a regular meeting shall provide an opportunity for members of the public to directly address the SC on any agenda items.
b) Where a member of the public raises an issue which has not yet come before the committee, the item may be briefly discussed and placed on the next meeting agenda for further discussion, but no action may be taken at that meeting.