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CAC Selection Committee Packet

Friday, September 5th, 2025

12:00 pm to 1:00 pm

Video Conference

AGENDA

CAC Selection Committee Meeting

September 5, 2025
12:00 p.m. – 1:00 p.m.

Video Conference Call

Oakland/Hayward Conference Room
1240 S. Loop Road
Alameda, CA 94502

PUBLIC COMMENTS: Public Comments can be submitted for any agenda item or for any item not listed on the agenda, by mailing your comment to: "Attn: Clerk of the Board," 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at brmartinez@alamedaalliance.org. You may attend meetings in person or by computer by logging in to the following link: [Click here to join the meeting](#). You may also listen to the meeting by calling in to the following telephone number: [1-510-210-0967 conference id 643457683#](#). If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agenda 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, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

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.

1. CALL TO ORDER

A regular meeting of the Alameda Alliance for Health CAC Selection Committee will be called to order on September 5, 2025, at 12:00 PM in Alameda County, California, by Rebecca Gebhart, Presiding Officer. This meeting is to take place by video conference call.

2. ROLL CALL

3. AGENDA APPROVAL OR MODIFICATIONS

4. INTRODUCTIONS

5. CONSENT CALENDAR

(All matters listed on the Consent Calendar are to be approved with one motion unless a member of the CAC Selection Committee removes an item for separate action. Any consent calendar item for which separate action is requested shall be heard as the next Agenda item.)

6. COMMITTEE BUSINESS

a) CAC MEMBERSHIP: OVERVIEW OF REPRESENTATION AREAS AND DEMOGRAPHICS

b) REVIEW CAC CHARTER UPDATES

7. UNFINISHED BUSINESS

8. PUBLIC COMMENT

9. ADJOURNMENT

NOTICE TO THE PUBLIC

The foregoing does not constitute the final agenda. The final agenda will be posted no later than 24 hours prior to the meeting date.

The agenda may also be accessed through the Alameda Alliance for Health's Web page at www.alamedaalliance.org

NOTICE TO THE PUBLIC

An agenda is provided for each CAC Selection Committee meeting. Please call the Clerk of the Board at 510-995-1207 for assistance or any additional information. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at www.alamedaalliance.org.

An agenda is provided for each Committee meeting, which list the items submitted for consideration. Prior to the listed agenda items, the Committee may hold a study session to receive information or meet with another committee. A study session is open to the public; however, no public testimony is taken and no decisions are made. Following a study session, the regular meeting will begin at 3:00 PM. At this time, the Committee allows oral communications from the public to address the Committee on items NOT listed on the agenda. Oral comments to address the Committee are limited to three minutes per person. Staff Reports are available. To obtain a document, please call the Clerk of the Board at 510-995-1207.

Additions and Deletions to the Agenda: Additions to the agenda are limited by California Government Code Section 54954.2 and confined to items that arise after the posting of the Agenda and must be acted upon prior to the next Strategic Planning Committee meeting. For special meeting agendas, only those items listed on the published agenda may be discussed. The items on the agenda are arranged in three categories. **Consent Calendar:** These are relatively minor in nature, do not have any outstanding issues or concerns, and do not require a public hearing. All consent calendar items are considered by the Committee as one item and a single vote is taken for their approval, unless an item is pulled from the consent calendar for individual discussion. There is no public discussion of consent calendar items unless requested by the Committee.

Public Hearings: This category is for matters that require, by law, a hearing open to public comment because of the particular nature of the request. Public hearings are formally conducted and public input/testimony is requested at a specific time. This is your opportunity to speak on the item(s) that concern you. If, in the future, you wish to challenge in court any of the matters on this agenda for which a public hearing is to be conducted, you may be limited to raising only those issues which you (or someone else) raised orally at the public hearing or in written correspondence received by the Committee at or before the hearing. **Committee Business:** Items in this category are general in nature and may require Committee action. Public input will be received on each item of Committee Business.

Public Input: If you are interested in addressing the Committee, you may submit comments on any agenda item or on any item not on the agenda, in writing via mail to "Attn: Alliance Strategic Planning Committee," 1240 S. Loop Road, Alameda, CA 94502; or through e-comment at brmartinez@alamedaalliance.org. You may also provide comments during the meeting at the end of each topic.

Supplemental Material Received After The Posting Of The Agenda: Any supplemental writings or documents distributed to a majority of the Committee regarding any item on this agenda after the posting of the agenda will be available for public review. To obtain a document, please call the Clerk of the Board at 510-995-1207.

Submittal of Information by Members of the Public for Dissemination or Presentation at Public Meetings (Written Materials/handouts): Any member of the public who desires to submit documentation in hard copy form may do so prior to the meeting by sending it to the Clerk of the Board 1240 S. Loop Road Alameda, CA 94502. This information will be disseminated to the Committee at the time testimony is given.

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 the Clerk of the Board, Brenda Martinez, at 510-995-1207 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 accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at www.alamedaalliance.org on September 4th, 2025, by 12:00 PM.



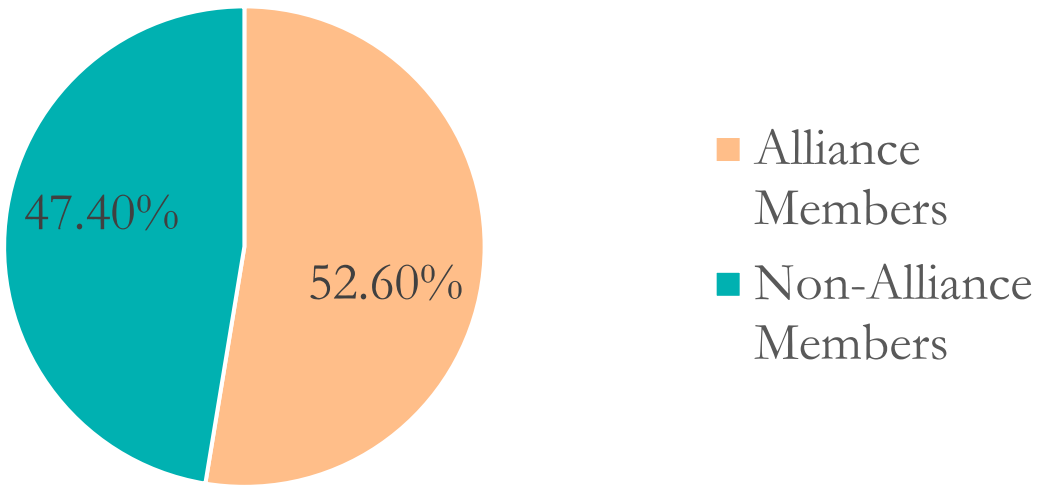
Clerk of the Board – Brenda Martinez

Community Advisory Committee (CAC) Selection Committee Meeting 09/05/2025

CAC Membership: Overview of Representation Areas and Demographics

OVERVIEW: CAC REPRESENTATION AREAS AND DEMOGRAPHICS

- ▷ **Current Membership**
 - ▶ Total CAC Members: 19
 - Meets the 51% or more required threshold for Alliance members



OVERVIEW: CAC REPRESENTATION AREAS AND DEMOGRAPHICS

- ▶ Refer to CAC Representation Areas and Demographic handout.



Community Advisory Committee (CAC) Membership: Representation Areas and Demographics

Required Representation Areas:

Total CAC Members: 19

| Representation Area (DHCS and DSNP Requirements) | Current Member Representation | Status |
|--|-------------------------------------|---------------------------------------|
| Adolescents and/or parents and/or caregivers of children | 2 | Met |
| Current/former foster youth and/or parents/caregivers | 0 | Not Met Recruitment in progress |
| Long-Term Support Services (LTSS) members/representatives | 0 | Not Met Recruitment in progress |
| Representatives from Indian Health Care Providers (IHCPs) | 0 | N/A for AAH, no IHCP in service area. |
| Providers | 2 | Met |
| Diverse/hard to reach populations: | | Met |
| • Ethnic and Racial Minorities | 19 | Met |
| • Seniors and Persons with Disability (SPD) | 2 | Met |
| • Limited English Proficient (LEP) | 1 | Met Recruitment in progress |
| • Older Adults | 2 | Met |
| • Populations with Developmental Disabilities | 3 | Met |
| DSNP members/representatives | 0 | Not Met Recruitment in progress |
| Alliance members (overall, must be 51% or more) | 10 | Met (52.6%) |

Note: Some members fill more than one representation area.

Last updated: August 2025

CAC Demographics:

| | CAC % | All Membership % |
|--|-------|------------------|
| Gender | | |
| Female | 68% | 52% |
| Male | 32% | 48% |
| Age | | |
| Age 00-18 | 5% | 26% |
| Age 19-44 | 31% | 38% |
| Age 45-64 | 32% | 21% |
| Age 65+ | 32% | 15% |
| Race/Ethnicity | | |
| <i>Note: Some members represent more than one race/ethnicity</i> | | |
| American Indian or Alaska Native | 5% | .17% |
| Asian | 9% | 16% |
| Black | 48% | 12% |
| Declined to State/Unknown | 5% | 17% |
| Hispanic | 14% | 30% |
| Native Hawaiian or Other Pacific Islander | 0% | 2% |
| Other | 9% | 16% |
| White | 10% | 7% |
| Preferred Language Spoken | | |
| English | 84% | 60% |
| Spanish | 6% | 26% |
| Chinese | 5% | 7% |
| Other | 5% | 2% |
| Vietnamese | 0% | 2% |
| Farsi | 0% | 1% |
| Unknown | 0% | 2% |

Review CAC Charter Updates

Regulatory
Recommended

▷ Background:

- ▶ New Department of Health Care Services (DHCS) All Plan Letter (APL)
 - APL 025-009: Community Advisory Committee
- ▶ DSNP Integration

CAC CHARTER REGULATORY UPDATES

| Area | Description of Change(s) |
|------------------------------|--|
| CAC Duties | <ul style="list-style-type: none">• Added the following CAC duty:<ul style="list-style-type: none">→ Provide recommendations and feedback on the DEI Training Program.• Updated/clarified areas where CAC provides input/advice to align with new APL language. |
| CAC Selection Committee (SC) | <ul style="list-style-type: none">• Added Chief Health Equity Office (CHEO) role in selecting CAC members.• Updated/clarified SC representation areas to align with new APL language. |
| CAC Membership | <ul style="list-style-type: none">• Added the following representation requirements:<ul style="list-style-type: none">→ 4 DSNP members and/or their caretakers.→ Current/former foster youth and/or parents/caregivers of current/former foster youth.→ Members who receive Long-Term Support Services and/or their representatives.→ Representatives from Indian Health Care Providers.• Added option to create CAC sub-committees to enhance inclusion of member voices.• Added submission due dates of the CAC charter and membership to DHCS.• Removed timeframe requirement to submit meeting minutes and agenda to DHCS. |

CAC CHARTER REGULATORY UPDATES

| Area | Description of Change(s) |
|-----------------------------|---|
| Meeting Agendas and Minutes | <ul style="list-style-type: none">Added cadence of CAC meetings to align with new APL language. |
| Other Updates | <ul style="list-style-type: none">Minor grammar and formatting updates. |

| Area | Background | Details |
|-------------------|--|--|
| Member Attendance | <ul style="list-style-type: none">Prior challenges with meeting quorum due to attendance challenges. | <ul style="list-style-type: none">Existing language with Changes: New CAC members will be invited to serve based on the membership criteria and with the approval of the CAC Selection Committee. The term of service for each CAC member shall be two (2) years. Committee members may serve more than two (2) terms, at the discretion of the CAC Selection Committee. The CAC Selection Committee may dismiss a member from the CAC if they 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.” |

- ▷ Discussion/Input:
- ▶ Are there any concerns that might arise with the proposed language?

| Area | Background | Details |
|-------------------------------|--|---|
| Representation Status Changes | <ul style="list-style-type: none">A CAC member’s representation status may change.Examples: No longer an Alliance member or may change organizations. | <ul style="list-style-type: none">Newly added language: If a CAC member has a change in the population they represent (e.g., Alliance CAC member is no longer an Alliance member), the CAC Selection Committee will determine within 60 calendar days whether it is appropriate for the individual to continue serving on the CAC and/or whether the Alliance needs to select a replacement to maintain representation for that population area. |

- Discussion/Input:
- Does the newly added language align with the CAC SC’s process for ensuring the CAC reflects the community we serve?

Thank you!

Please contact us if you have any questions.

Linda Ayala, Director, Population Health and Equity

layala@alamedaalliance.org

Mao Moua, Manager, Cultural and Linguistic Services

mmoua@alamedaalliance.org



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. [Per Title 42 Code of Federal Regulations \(CFR\) section 438.110 \(b\), the CAC includes at least a reasonably representative sample of Long Term Supports and Services \(LTSS\) population within the CAC.](#)

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 for hard-to-reach populations, 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 Alliance leverages the CAC as a forum to better engage Members in the care they receive.](#)

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) Provide recommendations and feedback on the diversity, equity, and inclusion training program.
- f) Inform and validate the development of the Alliance's Community Reinvestment Plans.
- ~~e)g)~~ Provide input, advice, and making recommendations ~~Advise on how~~ to address Quality of Care, Health Equity, Health Disparities, Population Health Management (PHM), children services, ~~use findings from~~ the Community Health Assessments/Community Health Improvement Plans (CHAs/CHIPs), including how to use findings from the CHAs/CHIPs to influence Alliance strategies and workstreams related to the Department of Healthcare Services Bold Goals, wellness and prevention, health equity, health education, and cultural and linguistic needs.
- ~~f)h)~~ Provide input and advice, including, but not limited to, the following:
 - i. Culturally appropriate services or program design
 - ii. Priorities for health education and outreach program
 - iii. Member satisfaction survey results
 - ~~iv.~~ Population Needs Assessment findings
 - ~~v.iv.~~ Plan Marketing materials and campaigns
 - ~~vi.v.~~ Communication of needs for Network development and assessment
 - ~~vii.vi.~~ Community resources and information
 - ~~viii.vii.~~ Population Health ManagementPHM
 - ~~ix.viii.~~ Quality
 - ~~x.~~ Health delivery systems to improve health outcomes
 - ~~xi.ix.~~ 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
 - ~~x.~~ Development of covered, Non-Specialty Mental Health Services (NSMHS) outreach and education plan.
 - ~~xi.~~ Input on Quality Improvement and Health Equity and the Population Needs Assessment
 - ~~xii.~~ Reforms to improve health outcomes, accessibility of services, and coordination of care for Members
 - ~~xvi.xiii.~~ Inform the development of the provider 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~~ In consultation with the Alliance's Chief Health Equity Officer, the Alliance convenes a CAC Selection Committee ~~established~~, tasked with selecting members of the CAC, providing the recommendations and/or replacing former CAC members whose position(s) have been vacated ~~—~~ that reflect the general Medi-Cal ~~and~~ Group Care and Alameda Alliance Wellness 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 ~~be sufficient~~ maintain sufficient membership to achieve the goal of selecting a diverse and reasonably representative CAC and consist of persons who sit on the Alliance BOG, which include representation in the following areas:

- a) Persons who sit on the Alliance BOG
- b) Safety-Net Providers (including, Federally Qualified Health Centers/Rural Health Centers);
- c) Indian Health Care Providers (IHCP), as applicable
- d) ~~b~~ Behavioral Health Providers
- e) People who represent Regional Centers
- f) ~~L~~ Local Education authorities/Agencies
- g) ~~d~~ Dental Providers
- h) Community Based Organizations
- a) ~~i~~ Indian Health Service facilities, Home, and Community Based Service Providers;
- i) ~~Persons and community-based organizations that~~ who are representatives of 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 will be changed as the Alliance's beneficiary population changes.

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

- a) General population of the Alliance members
- b) ~~A(including, a~~ adolescents and/or parents and/or caregivers of children, including foster youth)
- c) Current/former foster youth and/or parents/caregivers of current/former foster youth
- d) Members who receive Long-Term Support Services and/or their representatives
- e) Representatives from Indian Health Care Providers (IHCP)
- f) Diverse and hard-to-reach populations (with emphasis on persons who are representative of or serving including populations that experience health disparities, such as those with limited English proficiency (LEP), diverse racial and ethnic backgrounds, genders, gender identity, and sexual orientation and physical disabilities).
- g) Members who receive Enhanced Care Management (ECM) and Community Support Services (CS) as appropriate.
- h) At least 51% of the committee shall be Alliance members (and/or the parents/guardians of Alliance members who are minors or dependents).
- i) At least 4 seats of the committee should all be reserved for Alliance Wellness Dual Eligible Special Needs (D-SNP) members and/or their caretakers.

The Alliance may establish a CAC sub-committee comprised exclusively of Members to ensure Member voices are paramount.

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. The Alliance shall also complete and submit annually to DHCS the CAC charter and membership by March 1st of each year. Meeting minutes and agendas must be submitted quarterly to DHCS no later than 30 days after the end of the quarter.

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.

If a CAC member has a change in the population they represent (e.g., Alliance CAC member is no longer an Alliance member), the CAC Selection Committee will determine within 60 calendar days whether it is appropriate for the individual to continue serving on the CAC and/or whether the Alliance needs to appoint a replacement to maintain representation for that population area.

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 announced in an open session meeting.

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 meetings are held at least quarterly.

a)b) CAC meeting agendas shall be developed with input from CAC members.

b)c) 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)d) 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)e) 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)f) Meeting minutes shall be posted on the Alliance website and submitted to DHCS no later than 45 calendar days after each meeting.

f)g) 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: The CAC meeting location is wheelchair accessible. CAC members may call to request agendas and/or handouts in an alternative

format, or [request](#) 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.