COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, September 19, 2024, 10:00 AM – 12:00 PM

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

Other Attendees	Organization	Present
Kellie Knox	City of Berkeley	x
Tanya Bustamante	City of Berkeley	x
Melodie Shubat	CHME	x
Debbie Dyer	Kaiser	x
Karen (Guest)	Unknown	x
Rebecca Gebhart	Alliance Board of Governors Chair	x
Carolina Guzman	Alameda County	x
Andrea Wise	Alameda County	x
Jesus Verduzco	Alameda County	x
Tranice Hickman	Department of Healthcare Services	x
Lisa Risch	Department of Healthcare Services	x
Sara A Cortez	Kaiser	x

Alliance Staff Members	Title	Present
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Communications & Outreach	x

Alejandro Alvarez	Community Outreach Supervisor	x
Thomas Dinh	Outreach Coordinator	
Linda Ayala	Director, Population Health and Equity	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Steve Le	Outreach Coordinator	
Isaac Liang	Outreach Coordinator	x
Rosa Carrodus	Disease Management Health Educator	x
Lao Paul Vang	Chief Health Equity Officer	x
Gil Duran	Manager, Population Health and Equity	x
Emily Erhardt	Population Health and Equity Specialist	x
Gabriela Perez-Pablo	Outreach coordinator	
Michelle Stott	Senior Director, Quality Improvement	x
Mara Macabinguil	Interpreter Services Coordinator	x
Katrina Vo	Senior Communications and Content Specialist	x
Misha Chi	Health Education Coordinator	x
Farashta Zainal	Quality Improvement Manager	x
Loc Tran	Manager, Access to Care	x
Jorge Rosales	Manager, Case Management	
Anne Margaret Macsiljig	Quality Engagement Coordinator	x
Taumaoe Gaoteote	Director, Diversity, Equity, Inclusion	x
Donna Carey	Chief Medical Officer	x
Peter Currie	Senior Director of Behavioral Health	x
Yen Ang	Director of Health Equity	x
Taumaoe Gaoteote	Director of Diversity, Equity, and Inclusion	x
Jessica Jew	Population Health and Equity Specialist	x
Jennifer Karmelich	Director of Quality Assurance	x
Monique Rubalcava	Health Education Specialist	x
Stephen Smyth	Director of Compliance and Special Investigations	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTION			
T. Debose	T. Debose called the meeting to order at 10:00 am. Members of CAC are called to order, a quorum is confirmed. An introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM JUNE 13, 2024			

T. Debose	Motion to approve June 13, 2024 meeting minutes.	Motion: N. Williams Second: V. Gonzalez Vote: Approved by Consensus	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
T. Debose	Motion to add an agenda item to the September 19, 2024 agenda. The addendum seeks to add a moment of silence for the loss of CAC Chairperson, Melinda Mello. A roll call vote was taken, and the motion passed.	Motion: N. Williams Second: V. Gonzalez Vote by roll call: Passed	None
3. MOMENT OF SILENCE FOR THE LOSS OF MELINDA MELLO, CAC CHAIR			
M. Woodruff	Matthew Woodruff, Chief Executive Officer led the moment of silence, followed by a conversation remembering CAC Chair, Melinda Mello. An old Alliance video that featured Melinda was also shown. CAC members and Alliance staff shared their fond memories of Melinda and the mark she left in their lives.	None	None
4. CEO UPDATE – ALLIANCE UPDATES			
M. Woodruff	Matthew Woodruff, Chief Executive Officer, presented on the Alliance updates. • Financials o We started a new fiscal year in July 2024, and for that month, we had a loss of $7 million. Most of the loss has been attributed to emergency room (ER) and hospital utilization. o The Alliance Board of Governors (BOG) has asked questions about outreach to providers and members. The Alliance has realized that most of the outreach has been focused more on providers on how they can educate members on ER vs urgent care, so we will now focus on getting information out directly to members. We may seek some feedback from the CAC members on how to best give information to members. o The $60 million that the state took back continues to hurt us. The Department of Managed Healthcare requires that we have a	None	M. Moua to coordinate with M. Woodruff to send out the CEO Report to CAC members. CAC Planning Team to coordinate with M. Woodruff to have Tome Meyers, Executive Director of Medicare Programs, present

	certain amount in financial reserves. We went from 740% down to 361% of the required minimum. o Along with our CFO, Gilbert Riojas, we met with the state to present our finances, and the impact of the $60 million take-back on our long-term care utilization. The rate that the state is paying us for long-term care does not match our expenses. We'll hopefully get our rates on Friday, 09/20/2024. o These new rates will determine what the Alliance will need to with our budget. ➢ *Member Question-V. Gonzalez: When you say the loss had to do with ER, does that mean that we had more hospitalizations than expected?* ➢ *Response-M. Woodruff: Yes, a lot of patients went to the ER in July and many related to trauma, so we are looking into this now. We are also looking to see if these patients are the 104,000 new members that came from January to April 2024.* ❖ *Member Comment-N Williams: I asked a lot of members I know who have chronic conditions that go to the ER due to the urgent care centers being out of the way or they are not equipped to perform certain tests and so they get sent to the ER.* ➢ *Response-M. Woodruff: I am not able to let you know the reasons for the members going to the ER right now, but probably will be able to present in the next CAC meeting, why they went and what came out of it. Good news is that a BOG member was at an urgent care facility two weeks ago and found out that there were three Alliance members there as well, instead of the ER.* • Regulatory Metrics o We missed one metric for September 2024 which is the claims timeliness. The state metric is 90% and we were at 87%. Our authorizations are way up which means that the claims are also up, but this also means that members are getting care. • I am happy to send this report to Mao to share with CAC members. • My report also includes the Alliance employee demographics every other month. You will see who we hired and in what positions. Our goal is for it to reflect what Alameda County looks like. • Medicare Overview o We are working on implementing Medicare. We currently have 41,000 dually eligible members but we only take care of them on		at the next CAC meeting.

	the Medi-Cal side, not the Medicare side. The goal is to take care of those members on both sides when we launch in 2026. o It will not be automatic enrollment, so we essentially need to sell the product to these members. o We have hired an Executive Director of Medicare Programs, and we can have him come to give a presentation to this group. o We've done several RFPs, and the big thing is that we have all the regulatory filings in and only received very few comments back. Those filings should be ready to go back in very soon, if not back in already. ❖ *Member Feedback-T. Debose: I would love for the director to come and speak so we can hear his perspective.* ➢ *Response-M. Woodruff: We will do that, and the other thing we will bring back is to get your perspective on how we are going to market this to our membership. Our goal is to work with different communities when it comes to marketing. For example, how we talk to a member at Asian Health Services is not how we talk to a member at La Clinica. The Executive Director of Medicare Programs is very aware of what we will be doing.* • Long Term Care o Membership: Started in January 2023 with 1,400 members, increased by 1,000 members due to the single plan model transition. Costs are significantly up. o State Discussions: Engaging with the state regarding members that are in facilities that the state considers as long-term care. o Case Management: With our Chief Medical Officer (CMO), Dr. Carey's leadership, efforts are underway to case manage these members, get appropriate aid codes, and meet with facilities to clarify authorization processes. o Claim Payment Errors: Addressing issues where some long-term claims were doubled or tripled paid. Efforts are in progress to reclaim approximately $2.5 million. o System and Process Updates: Updating systems and processes to stop claim duplication. o Facility Feedback: Facilities have 45 days to agree or disagree with the payback request.		

	➢ *Member Question-V. Gonzalez: Who paid for long-term care before the Alliance took over?* ➢ *Response-M. Woodruff: It was the state, so the facilities are used to billing the state and not the health plan.* • We found that we were not approving bed hold days more than the regulation, so this is not an issue. • We paid an unusually high amount of interest for July 2023 on long-term care claims. Because we were focused on looking at the duplicate payments, we got behind on the current claims. ❖ *Member Feeback-N. Williams: Thanks for your transparency.* • I will work with Linda and Mao to have Tome, Executive Director of Medicare Program, join the next meeting so he can give a full overview of the Medicare implementation. ❖ *Member Feedback-V. Gonzalez: Congratulations. It takes leadership to own those mistakes, not point fingers, and just fix them.*		
5. FOLLOW-UP ITEMS - ITEMS FROM JUNE 13, 2024			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, presented the updates on the follow-up items. • The Case Management team confirmed that there is no waitlist or backlogs right now for case management referrals and referrals are processed within 5 business days. • An email was sent out after the June 2024 CAC meeting, to give CAC members the opportunity to participate in the Transition Member Campaign for our members that transitioned from Anthem and the Adult Expansion Program. • An email was sent out with a link to the California Aging Website. • Provider Relations team noted pulmonologists as an area for recruitment. • Confirmed that the Alliance can provide informational updates on potential members to CAC.	None	None
6. a. NEW BUSINESS – ALLIANCE STAFFING DIVERSITY			
T. Gaoteote	Tao Gaoteote, Director of Diversity, Equity, and Inclusion presented on the Alliance staffing diversity.	None	None

	• T. Gaoteote started by introducing himself and shared some of his professional and personal background.
	• As of August 2023, we have 621 employees.
	• We do a very good job when it comes to promoting diversity.
	• Employee Demographics:
	  o Ethnicity:
	  ▪ Asians: 35%
	  ▪ Hispanic/Latino: 24%
	  ▪ Caucasians: 17%
	  ▪ African American: 16%
	  ▪ Two or More: 5%
	  ▪ Pacific Islander: 2%
	  ▪ Opt-out/Undefined: 1%
	  o Gender:
	  ▪ Females: 73%
	  ▪ Males: 26%
	  ▪ Non-binary: 1%
	  ▪ Undefined: 1%
	  o Age:
	  ▪ Under 25 years old: 1%
	  ▪ 25-34 years old: 22%
	  ▪ 35-44 years old: 34%
	  ▪ 45-54 years old: 25%
	  ▪ 55 & older: 17%
	• Management Demographics:
	  o Total Managers: 125
	  o Ethnicity:
	  ▪ Asians: 31%
	  ▪ White: 30%
	  ▪ Hispanic/Latino: 18%
	  ▪ Black or African American: 14%
	  ▪ Two or more: 3%
	  ▪ Undefined/Opt-out: 2%
	  ▪ Pacific Islander: 1% G
	  o Gender:
	  ▪ Female: 68%
	  ▪ Males: 32%
	• All these information/charts are available on our Diversity Equity Inclusion (DEI) page since it went live in December 2023.		

	➢ *Member Question-V. Gonzalez: Super Interesting information Tao. I wonder what your conclusions are after seeing this. I heard you say we are doing very well, but do you see areas that could be improved?* ➢ *Response-T, Gaoteote: Doing my own personal analysis, I compare our data with other organizations and that's what I mean when I say we do very well. Some of our numbers are even better than some. There is always room for improvement and that's the reason why we do what we do. I don't do the recruitment, however, the recruitment team looks at this information. For HR strategies, we improve our job descriptions to ensure that we are targeting marginalized and underrepresented groups. HR also reviews the Equity Report to ensure that employees are compensated fairly. Does that answer your question?* ❖ *Member Feedback and Question-V. Gonzalez: Sure, definitely. I'm sure you also noticed the differences in percentages (ethnicity) between employees and leadership, right? And so, there is an opportunity to promote and for career development, so those numbers can match. Matching the ethnicity of the people we serve is our goal, right?* ➢ *Response-T, Gaoteote: Yes* ➢ *Member Question: N. Williams: When you look at all these numbers, are you calculating the diversity on the hiring for different nationalities and communities?* ➢ *Response-T, Gaoteote: We try to take all these things into account and that's the reason for tracking these data. We have an entire recruitment team who reviews our analysis to guide their recruitment goals and processes. Our goal is to provide a fair and equitable environment.* ➢ *Member Question-J. Moore: Once you have achieved diversity in your employees, what do you do to make sure that this positively impacts the services you provide to the members?* ➢ *Response-T, Gaoteote: The information you see here is all internal, however, we also have a Health Equity department that focuses on what we can do to improve our members' quality of life, quality of care, access to care, and social determinants of health. We try to recruit people that are from the same ethnic backgrounds as our members as it helps with the quality of interaction, and in turn improves the delivery of care.*		

	❖ *Member Feedback and Question-J. Moore: That's great! I would love to know in the future if you will be doing more analysis on how employee diversity affects equity within the membership, as many face obstacles due to language, cultural, and spiritual differences. Could you remind me what you guys do there?* ➢ *Response-T, Gaoteote: What we do is provide education and training to our staff, so they know how to interact with one another, as well as the people that we serve. We also ensure that the things we do internally are fair and equitable, and everybody is included regardless of ethnic background and culture. That is the essence of what we do here at the Alliance.* • Thank you so much for volunteering your precious time. I have a very special part in my heart for health community advisory groups. T. Debose reminded everyone that a questionnaire has been distributed in which members can write additional feedback or questions they may have for any department, and for these to be submitted to Misha.		
6. b. NEW BUSINESS – POPULATION NEEDS ASSESSMENT			
L. Ayala C. Guzman A. Wise K. Knox	Linda Ayala, Director of Population Health Management, presented on the Population Health Management work at the Alliance and introduced presenters from the Alameda County Public Health and The City of Berkeley. • Population Health Management (PHM) o PHM includes how we assess the needs of our members not only as a group, but also in sub-groups/populations. We create strategies that allow us to provide a range of services based on members' needs while addressing the gaps and the inequities identified. o We collaborate with community partners and providers. o Long term goal is improving health and increasing equity. o Evaluation is also a part of the process which identifies whether the plan we created gave the results that we wanted. • Collaboration with Local Health Departments o Alameda County Public Health and City of Berkeley: Increasing relationships with both. Alameda County Public Health	None	Alliance staff to send Carolina and Andrea's contact information to CAC members.

	Department and City of Berkeley are working on community health assessments to guide health improvement plans. o Alameda County Public Health: Defined collaboration goals: ▪ Increase access and engagement for doula services for our Black Medi-Cal members. ▪ Sharing data and provide funding through dollars or in-kind staffing. ▪ Involve CAC members for advice on how we can engage with our community partners. o City of Berkeley: ▪ Finalizing collaboration goals. • L. Ayala introduced Carolina Guzman, Quality Improvement Manager from the Alameda County Public Health Department. Carolina Guzman, ACDPH Quality Improvement Manager, started by introducing herself and her colleague Andrea Wise, ACDPH Program Specialist. • The agenda includes introduction to Alameda County Health and the Public Health Department, Alameda County health status, community health needs, community health improvement plan, group discussion, and next steps. • The Alameda County Health: Reports to the Board of Supervisors and the County Administrator. The Public Health Department includes three (3) sister agencies: Behavioral Healthcare Services Department, Department of Environment Health, and the Office of the Agency Director. • The Public Health Department's Role: Works with individuals, families, neighborhoods, and communities, offering services like school-based programs,, environmental protection, and emergency medical services. • Racial and Ethnic Inequities in Poverty: African American and Black communities have the highest burden of poverty in the county, followed by Pacific Islanders, then Hispanics/Latinos. • Racial and Ethnic Inequities in Rent Burden: o African American community residents are disproportionately affected, followed by Native Americans. o Spending over 30% of income on rent often results in sacrificing other needs, such as groceries and medication. • Life Expectancy Gap: o The Alameda County life expectancy gap grew from 13.2 years in 2018-2019 to 15.9 years in 2020-2021. The Asian population has the highest life expectancy, so they live the longest, while the		

	Pacific Islanders and African American Populations have the shortest. A. Wise. presented on the Community Health Needs Assessment. • Foundational Plans: There are two (2) key plans that guide our work: Community Health Needs Assessment (CHNA) and Community Health Improvement Plan (CHIP). Both are required to maintain our national public health accreditation. • CHNA Data Collection: Currently completing data collection for the upcoming CHNA, which occurs every three years. It studies social determinants of health, specific health outcome data collected from hospitals, and information gathered from focus groups and key respondent interviews. Ongoing efforts to connect CAC members to for a focus group. • CHNA: An important tool for identifying key county priorities and identifying health inequities. The process involves combining data analysis with listening to our residents. It is very important to supplement the data with real stories from people like you. • Focus Groups: Completed 20 focus groups across the county with residents of different ages, identities, genders, and housing status. The focus groups have been conducted in multiple languages: English, Spanish, Vietnamese, Cambodian, Cantonese, Mam, and Tagalog. • The CHNA is expected to be published by April 2025. • The CHNA and CHIP work with many partners such as nonprofit hospitals, managed care plans, community organizations, and community members. • The 2022-2024 CHNA results identified five (5) priorities: o access to care o mental and behavioral health o income and employment o housing and food security o peaceful families and communities. • Through these priorities, we created an action-oriented plan called the CHIP. By summarizing the five (5) issues areas, we identified the common themes which are called the CHIP Priority Areas: o Access to Care: Ensuring that medical, dental, and behavioral health care are accessible, high-quality, affordable, and culturally and linguistically appropriate.		

	o Promote Economic Security and Opportunities: Supporting individuals from all backgrounds to be able to pay for their basic needs such as housing, food, transportation, healthcare, and childcare. o Communities and Individuals Free from Violence: Violence prevention, promoting community resilience, especially during disasters or emergencies. • Work Groups: There are three (3) work groups, comprised of a range of stakeholders, focused on the CHIP priority areas. They will meet three (3) more times this year, with discussion on CAC member participation. C. Guzman presented on the Selected CHIP Signature Programs. • These signature programs were selected as they work with community members in addressing the targeted issues. o Women Infant and Children Program (WIC): Focuses on food security, as well assessment around partner violence in the home o Immunization Program: Access to timely immunizations o EmbraceHer Program: Doula services, focused on preventing premature death among African American babies o Sexual and Reproductive Health: Connecting people who are sex trafficked and sex workers to services o Front Door Program: Launching soon, warm hand-off referral system o Office of Violence Prevention: Funding small non-profit organizations addressing youth and family violence • Data and Program Highlights o Immunization Program: Conducted 30 school vaccine clinics for children and families. o Congenital Syphilis: Focus on addressing congenital syphilis; 40% of people who had a baby with syphilis did not get prenatal care. In California, this disproportionately affects babies born to Latina birthing persons. o Front Door Program: Goal is to support residents who are unaware of available programs and services. o WIC Program: Expanded services to promote reading to children aged 0 to 5 years old by distributing 10,000 books. Collaborated with the Office of Dental Health to provide additional services. o EmbraceHer Program:		

	▪ 96% of the babies are connected to a medical home and have regular check-ups ▪ 98% of mothers initiated breastfeeding with newborns ▪ 96% received postpartum care within 4 to 6 weeks after giving birth ▪ 88% of babies are born at term and with healthy birth weights. o Office of Violence Prevention: Focuses on gun violence, the leading cause of death among young people ages 15 to 34. Working on creating a stronger network of cunty organizations to tackle suicide prevention. • CHIP Timeline o Started external partnerships for CHIP in May 2024. o Identified technical assistance needs and established new networks in summer/fall 2024. o Ongoing implementation now until Spring 2025 e.g., focus groups consisting of different community stakeholders. o As an example of what focus groups does: For WIC, the program is having a hard time having African American parents to join the breast-feeding group. We get feedback from the focus group on how we can effectively showcase the program, and its benefits to increase the participation of that population. • Workgroup Sign-up o C. Guzman presented a slide containing the QR code as well as the link to sign-up for the three (3) different workgroups. A. Wise presented on the upcoming CHNA activities. • We've completed the bulk of focus groups but are still open to having more. We welcome suggestions if there's a population or community that you want us to hear from. • A Wise presented a slide containing a QR code for the page to nominate an organization or partner that they should connect with. • A. Wise shared their contact information and advised that CAC members may contact them directly. o Carolina Guzman, QI Manager: carolina.guzman@acgov.org o Andrea Wise, Program Specialist: andrea.wise@acgov.org		

	❖ *Member Feedback-T. Debose: I'm going to use your QR code to nominate, but I would like to nominate for you to reach out to the Young Adult Program. They serve children with disabilities who are very highly functioning students. They are a good community to reach out to because these students go to Laney and Merrit college which are in Oakland.* ➢ *Member Question-T. Debose: I also have a two-part question. How do you outreach for these focus groups? Because I have been in this community and never received any outreach. I also recently went to an event you had, and I tried to navigate your system, and I needed to go from one department to another, so it seems that departments do not communicate with each other or do not know what each other is doing. How can we fix that? As a lifelong resident of Oakland, I do not really utilize my Public Health (services), but I think it would be a great opportunity to utilize it, but how can we use it in the most effective way?* ➢ *Response-C. Guzman: For the first question on outreaching to the youth group, of course we'll be happy to reach out to them and do a focus group. For the second question on recruiting for focus groups and community forums, we rely a lot on our community partners, through non-profits in the area. It is hard sometimes due to lack of resources, but we were able to get some funding this year and so we can provide gift cards to participants. For the third question on how fragmented our system is, you are absolutely right, that is exactly what we struggle with as it limits the residents' ability to maximize their access to services. This is what the Front Door Program is trying to address. It will help residents connect the dots and navigate the public health system in a more efficient way.* ❖ *Member Feedback-T. Debose: Yes, I appreciate that as it always shows on your data that the African American Community are leading in worst health outcomes, and it does not seem that we are solving the problem because the numbers are not going down as it should. If you are reaching people then the numbers should go down but they're not, and I only say this because I'm African American. I want the system to work for us in order for the numbers not to stay up. I am the type to see my doctor for preventative care and that's what I want to encourage people to do. In our school system, health system, and community, it seems like work is being done but does not really seem like it's helping.* ❖ *Member Feedback and Request-C. Wynn: I understand that the QR codes are the new way to connect to sites, however it is working as I just*		

	tried scanning it with my phone. Can you please give me your contact information? ➢ *Response-C. Guzman: Yes, we will put it in the chat.* ➢ *Response-L. Ayala: We can also include the contact information in the follow-up email after this meeting for those that are unable to grab it from the chat.* ➢ *Member Question-V Gonzalez: I have two questions. The first question is related to the information on life expectancy, which I find shocking. Is there any research that explains the increase in gap and decrease across all groups? And the second question is regarding your priority areas. You initially pointed at five priority areas but only three later. The housing, as well as mental and behavioral health were no longer mentioned. Are those two going to be prioritized later?* ➢ *Response-C. Guzman: We have a full report from our unit of epidemiologists which includes trends, and there is an indication that our lifestyle, which is not the healthiest, is a leading cause. I do believe that COVID has also caused a lot of shifts in the numbers. For the question regarding the priority areas, you are right, we do have five big results that came from the CHNA, and we merged some of those categories, specifically economic security within the food security. We are partnering with agencies that work on housing security like the Office of Homeless Care, as well as behavioral health partners. Mental health continues to be the top one issue in these focus groups. Mental health is connected to housing, food security, and employment. It's intersectional.* ❖ *Member Comment-N. Williams: Everything seemed to change with COVID. A lot of people suffered from behavioral disabilities. The shelter in place and social distancing was a hardship for young people and adults.* ➢ *Response-C. Herrera: You are right about the young people. School for them was at home or where they happened to live for almost two years.* L. Ayala reminded the CAC members that Mao and Misha have passed out handouts where members can put in comments or feedback. L. Ayala presented two (2) questions for CAC members. • Should the priorities that the county has identified influence the work we offer our members here at the Alliance, and how we're doing preventative work, health equity work, hath education, or cultural and linguistic needs?		

	• How can the Alliance support these programs to have the biggest impact for Alliance members? ➢ *Member Comment- J. Moore: I was on the Commission of Disability of the City of Alameda 20 years ago, and the focus was more on seniors and physical disabilities. There was very little attention on invisible disabilities and developmental disabilities, so I appreciate that your focus groups are so thoughtful. My community which is the very severely disabled, autistic, and cognitively and behaviorally disabled very seldom get represented so we really need a focus group. I wonder if you work with school districts to somehow get parents' input on behalf of students who are not able to communicate for themselves, to discuss where the lack and the need for support is. I also have been researching a lot about mental health strategies that other countries and cultures use that we do not do here in America, and so I will send you my information so we can collaborate and generate ideas.* ➢ *Response-A. Weiss: Jody, we would love to connect with you, we did a couple focus groups with people with disabilities through the Regional Center of East Bay, and with people with intellectual and developmental disabilities through Helping Hand East Bay. We will be very grateful for any connections you may want to offer us.* L. Ayala invited the attendees from The City of Berkeley to share the opportunity for CAC members to participate in their survey. Kelly Knox from the City of Berkeley Department of Public Health introduced herself and presented their community needs assessment survey. • We are much earlier in the process. We are at the last days of the collection stage of our assessment. We have a survey that just went live a couple of days ago. • We have a few flyers that we can leave for people, and we can also forward a digital copy with survey links. This is specifically for Berkeley residents. • We did our process a bit differently. We started with a few informative interviews and focus groups earlier, and now doing surveys based on the information gathered then and will then move on to our improvement plan. • We look forward to figuring out how the CAC can be involved.		

	L. Ayala: We'll invite them back once they have some results from the survey and the other assessment they are working on.		
6. c. NEW BUISINESS – NATIONAL COMMITTEE FOR QUALITY ASSURANCE (NCQA): ALLIANCE ONLINE RESOURCES			
M. Lewis	Michelle Lewis, Senior Manager of Communication and Outreach, presented information on the National Committee for Quality Assurance (NCQA): Alliance Online Resource Testing. • CAC Members were invited to take a 40-question online survey in the training room. Feedback is important because it helps the Alliance better serve the community and people. Participants receive a $50 grocery gift card. Option to complete the survey online if not able to today. • Surveys help identify what's working, needed changes, areas for improvement. The Alliance has a lot of resources on our website (over 505,000 PDF files) and the goal is to improve information sharing and access to care.	None	None
7. CAC BUSINESS			
L. Ayala	Linda Ayala, Director of Population Health Management presented on the CAC Selection Committee (SC) Updates. • CAC Selection Committee is a new committee that's being formed to nominate new CAC members that will be forwarded to the Board of Governors for approval. • This is a new process that is required by our contract with the Department of Health Care Services. • The good news is that we recruited all the members, and they will meet at the end of September. The meeting will be led by the Alliance Legal team and the CAC planning team. ➢ *Member Question-N. Williams: How many members are there?* ➢ *Response-L. Ayala: I believe there are 10 members.*	None	None

	➢ *Response-M. Woodruff: It includes the Board of Governors Chair and Vice Chair, CAC Chair and Vice Chair, and there's community representatives from our provider network, education, dental, and regional center.* • CAC Demographic Survey: The CAC SC will review our demographic survey to understand the current representation and how it reflects our overall membership. • Recruitment Goals: Identified the need to recruit additional members with limited English proficiency (LEP), men ages 19 to 44, diverse racial and ethnic backgrounds, diverse genders and gender identities, physical disabilities, and individuals who live in the Tri-Valley and Tri-City areas. • If you have individuals you would like to refer, please email us at livehealthy@alamedaalliance.org or contact Misha. Members can call the Member Services Department, and the CAC Planning team will reach out to provide more details on the application process.		
8. OPEN FORUM - PUBLIC COMMENTS AND NEXT MEETING TOPICS			
T. Debose	*Tandra Debose, CAC Vice Chair opened the floor for the open forum.* ❖ *Member Comment-V. Gonzalez: We have talked about ABA Services in previous meetings, and I know there are lots of efforts trying to improve, however, I just want to share as a mom of a child with a disability that it is not improving. We still cannot have all the hours that my son is approved for covered. We get providers that quit and some that don't really know what they're doing.* ➢ *Response: M. Woodruff: I'm actually sad to hear as it was shared during the last board meeting that there was growth in the network and tremendous increase in people that are getting the services. Maybe you and I can talk just for a little bit because the data looks good.* ❖ *Member Comment-V. Gonzalez: The issue is really with the quality. Thank you, I appreciate and would love the opportunity to discuss.* ➢ *Response: M. Woodruff: I'm happy to share the same presentation too and have the behavioral health team come.* ➢ *Member Question-N. Williams: Is the issue with connecting to your providers or is it an accessibility issue?*	None	CAC Planning Team to coordinate for the Behavioral Health Team to present in a future CAC meeting.

	➢ *Response: V. Gonzalez: There is a high turnover with providers, and the new providers have no training. When we lose a provider, we wait 2 to 3 months to get a new provider assigned. In theory he receives services, but the hours he is approved for are not fulfilled, and of course the quality issue.* ➢ *Response: M. Woodruff: The main complaint we get a lot is the high turnover with ABA services. At our board meeting last January, we discussed how we can increase our network and how we can check on qualifications. Qualifications are very minimal; you only need a high school diploma and only need to attend a weekend training and that's it. Jody has been a huge advocate for this part especially.* ❖ *Member Comment: V. Gonzalez: There could be a system change. The pay is so low, so the good ones leave and get another job. They only get $20 an hour or something. They also do not get paid if they come to the house and the client is not there. There are a lot of policies that these companies put in place that cause the high turnover.* ❖ *Member Comment-J. Moore: We experienced a year-long waitlist for ABA. I want to tell you that there is a form of ABA called PT from UC Barabra and I's amazing. I will share this with you, if you want to contact me. A big part of the problem too is that every single behavioral agency is a corporate-run entity, so it's really hard to find people that come from a place where you need to come from when doing this type of work.* ❖ *Staff Comment-P. Currie: I just wanted to validate your experiences with ABA treatment. We are aware of the limitations and are addressing them. As Matt suggested, we can come to one of your future CAC meetings to really explore what we've discovered on the network.*		
9. ADJOURNMENT			
T. Debose	T. Debose announces that the next CAC meeting is on December 5, 2024. Motion to adjourn the meeting. T. Debose adjourned the meeting at 12:01 pm.	Motion: N. Williams Second: I. Garcia Vote: Approved by consensus	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 10/11/24
Approved by: Date: