



**COMMUNITY ADVISORY COMMITTEE (CAC)**

Thursday, December 5, 2024, 10:00 AM – 12:00 PM

<b>Committee Members</b>	<b>Role</b>	<b>Present</b>
Natalie Williams	Alliance Member	x
Valeria Brabata Gonzalez	Parent of Alliance Member	x
Cecelia Wynn	Alliance Member	x
Tandra DeBose	Community Advocate	x
Irene Garcia	Alliance Member	x
Erika Garner	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	Asthma Coordinator, Alameda County Asthma Start	x
Irene Garcia	Alliance Member	x
Roxanne Furr	Alliance Member	x
Kerrie Low	Social Worker, Alameda County Public Health Department (ACPHD)	x

<b>Other Attendees</b>	<b>Organization</b>	<b>Present</b>
Kellie Knox	City of Berkeley	x
Melodie Shubat	CHME	x
Jennifer Gudiel	ACPHD	x
Carolina Guzman	ACPHD	x
Rebecca Gebhart	Alliance Board of Governors Chair	x
Janice Chin	City of Berkeley	x
Kathrine Shea	Department of Health Care Services	x
Esmail Khaledi	Unknown	

<b>Alliance Staff Members</b>	<b>Title</b>	<b>Present</b>
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Communications & Outreach	x
Alejandro Alvarez	Community Outreach Supervisor	x
Thomas Dinh	Outreach Coordinator	x
Linda Ayala	Director, Population Health and Equity	x
Mao Moua	Manager, Cultural and Linguistic Services	x

Steve Le	Outreach Coordinator	
Isaac Liang	Outreach Coordinator	x
Rosa Carroodus	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	x
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	x
Anne Margaret Macsiljig	Quality Engagement Coordinator	
Donna Carey	Chief Medical Officer	x
Peter Currie	Senior Director of Behavioral Health	
Yen Ang	Director of Health Equity	x
Taumaote Gaoteote	Director of Diversity, Equity, and Inclusion	
Jessica Jew	Population Health and Equity Specialist	x
Jennifer Karmelich	Director of Quality Assurance	
Monique Rubalcava	Health Education Specialist	x
Stephen Smyth	Director of Compliance and Special Investigations	x
Andrea DeRochi	Behavioral Health Manager	x
Oscar Macias	Housing Manager	x
Sean Pepper	Compliance Special Investigator	x
Cecilia Gomez	Senior Manager, Provider Services	x
Yemaya Teague	Senior Analyst of Health Equity	x
Karina Rivera	Senior Manager, Public Affairs and Medica Relations	x
Alma Pena	Senior Manager, Grievance and Appeals	x
Vanessa Suarez	Manager, Vendor Management	x
Adrina Rodriguez	Privacy Compliance Specialist	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
<b>1. WELCOME AND INTRODUCTION</b>			
T. Debose	T. Debose called the meeting to order at 10:03 am.	None	None

	Roll call was taken and a quorum was established. An introduction of staff and visitors was completed.		
<b>2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM JUNE 13, 2024</b>			
T. Debose	Motion to approve the September 19, 2024 meeting minutes.	<u>Motion:</u> N. Williams <u>Second:</u> C. Wynn <u>Vote:</u> Approved by consensus	None
<b>2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA</b>			
T. Debose	Motion to approve switching the order of the 3 <sup>rd</sup> and 4 <sup>th</sup> agenda items under New Business.	<u>Motion:</u> N. Williams <u>Second:</u> M. Le <u>Vote:</u> Approved by consensus	None
<b>3. CEO UPDATE – ALLIANCE UPDATES</b>			
M. Woodruff	<p>Matthew Woodruff, Chief Executive Officer (CEO), presented on the Alliance updates.</p> <ul style="list-style-type: none"> <li>Alliance CEO and Chief Financial Officer (CFO) met with the Department of Health Care Services five (5) times since July 2024, to advocate for increase in rates.</li> <li>The state usually determines rates by looking at the past 2 to 3 years. Utilization was low in the past 2 to 3 years due to COVID.</li> <li>Advocated for the state to look at the current utilization instead, from January 2024, since we transitioned from a two-plan model to a single-plan model. Utilization has increased since then. We now have 407,000 members.</li> <li>The 2024 rates were received in September 2024 and they were not great. We met with the state a few more times to discuss the rates.</li> <li>Good news: the state notified the Alliance on November 27, 2024, that they will relook at the 2024 rates. No exact timeline for revised rates.</li> <li>We received the draft 2025 rates on December 2, 2024, with high-level information only, but the rates look much better.</li> <li>We hope to get more information from the state today (12/05/2024) as our finance report is due tomorrow (12/06/2024) and the finance meeting is on Tuesday (12/10/2024).</li> <li>In our draft, we are reporting a \$125 Million loss for the fiscal year-not final until posted tomorrow (12/06/2024).</li> </ul>	None	None

- The finance team, claims team, and different teams in Healthcare Services have been looking at ways to mitigate in case the state does not help us.
  - Some utilization controls went to effect last Monday (December 2, 2024) with more to come into effect soon.
  - With all these measures in place, we will only be able to save \$10 million per year, so the state needs to look at current utilization instead of utilization during COVID.
  - Other cost-saving measures include the hiring freeze, which saved us a total of \$1.9 million. This will be lifted once we get more details from the state on our budget.
  - Overall, our financial outlook is not great, but it appears that the state is taking seriously what we have been asking them to do.
- *Member Question-N. Williams: What is the ideal amount, in a perfect world, we can get from the state that you expected?*
- *Response-M. Woodruff: I have to break it down by category, but in the largest category, we'll have to get a 20% to 25% raise, and we know that's not realistic with the state budget, but hopefully they can get us close to it.*
- *Member Question: T. Debose: Will you hear from them this month or in January?*
- *Response-M. Woodruff: For 2025 rates, hoping to hear from them today (12/05/2024), as we need to post our report tomorrow (12/06/2024) for the finance committee meeting next week. For 2024 rates, likely at some point in December, but we will know better in January, where we are financially.*
- Preliminary Quality Scores: met 16 out of 18 measures. We will not meet one, which is the lead screening in children. We missed it by 7 members, and we are very close to meeting another, topical fluoride. We are waiting for final numbers.
- ❖ *Member Comment: So, we are on pins and needles until we hear from the state.*
- *Response-M. Woodruff: Pretty much.*

#### 4. FOLLOW-UP ITEMS - ITEMS FROM 09.20.2024

M. Moua	<p>Mao Moua, Manager of Cultural and Linguistic Services, presented the updates on the follow-up items.</p> <ul style="list-style-type: none"> <li>• Online resource survey link was sent via email on 09/19/2024 to CAC members.</li> <li>• Contact information of presenters from Alameda County Public Health Department was sent via email on 09/26/2024 to CAC members.</li> <li>• CEO Report was sent via email on 11/12/2024 to CAC members.</li> <li>• Medicare Program to be presented as a topic at the March or June 2025 CAC meeting.</li> <li>• Behavioral Health to be presented as a topic at the March or June 2025 CAC meeting.</li> </ul>	None	None
<b>5. a. NEW BUSINESS – POPULATION NEEDS ASSESSMENT-CITY OF BERKELEY</b>			
G. Duran J. Chin	<p>Gil Duran, Manager of Population Health and Equity provided an introduction on the Population Health and Management Team’s work with local health jurisdictions and introduced the presenter from the City of Berkeley.</p> <ul style="list-style-type: none"> <li>• The Population Health and Management Team uses data and assessments to better understand all our members, then creates strategies for the different services offered.</li> <li>• Based on needs and gaps, work began this year with our local health jurisdictions.</li> <li>• The goal of these collaborations ultimately is to improve health and equity among our members.</li> <li>• G. Duran introduced Janice Chin, Manager for the Public Health Division at the City of Berkeley.</li> </ul> <p>Janice Chin, Manager of the Public Health Division, City of Berkeley presented on the City of Berkeley’s Population Needs Assessment.</p> <ul style="list-style-type: none"> <li>• The Public Health Division is under the Department of Health, Housing, and Community Services (HHCS).</li> <li>• About HHCS: <ul style="list-style-type: none"> <li>○ The HHCS Department aims to promote the health of all Berkeley residents by ensuring that they have their basic needs met.</li> <li>○ Our Vision is for all residents to have affordable housing, a safe community, and the best possible health outcomes.</li> </ul> </li> </ul>	None	None

	<ul style="list-style-type: none"> <li>○ HHCS has 6 divisions: Office of the Director, Public Health, Mental Health, Housing and Community Services, Environmental Health, and Aging Services.</li> <li>• The City of Berkeley is 1 of the 3 cities in the State of California that has its own local health jurisdiction.</li> <li>• The HHCS reports to the City Manager, the City Manager reports to the City Council, and the City Council reports to the Berkeley residents.</li> <li>• The Public Health Division leads the Community Health Assessment (CHA) and the Community Health Improvement Plan (CHIP) for the HHCS Department as a whole.</li> <li>• Berkeley Wellness Blueprint: Project Process Map       <ol style="list-style-type: none"> <li>1. Landscape Scan-already completed, helped inform which areas that need more deep diving in the CHA.</li> <li>2. The CHA includes informant interviews, focus groups, and surveys. The CHA is focused on areas with more vulnerable populations or communities, and health disparities seen in the landscape scan.</li> <li>3. Health Improvement Plan:3 to 4 work groups that will be focusing on 3 to 4 health areas of interest identified in the CHA and will dive even deeper to come up with strategies to address the health issues. Performance measures will be identified to help provide a goal in the improvement plant to guide the next 3 to 5 years. Recruiting has started for the workgroups and the goal is to complete the process by May 2025.</li> </ol> </li> <li>• Community Steering Committee: helps drive, assess, and synthesize information being compiled, as well as drive the whole process.</li> <li>• The HHCS works with multiple community partners, as well as support from a consulting group called JSI Research and Training Institute.</li> <li>• Intended Outcomes:       <ul style="list-style-type: none"> <li>○ A clear community-shaped vision of the most pressing health equity issue in Berkeley.</li> <li>○ A set of impactful and feasible actions to address the identified issues.</li> <li>○ Established relationships and partnerships to support collective accountability for the actions.</li> <li>○ Identification of necessary resources to make the desired change.</li> </ul> </li> </ul> <p>➤ <i>Member Question-N. Williams: Where do you get the people that you're assessing? Are you getting elders, children, or is it across the board? How diversified is it?</i></p>		
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	<ul style="list-style-type: none"> <li>➤ <i>Response-J. Chin- We look at diversity as a key factor. For the Community Steering Committee, it was a month-long process to get people who are interested; we put out a recruitment call for it. About 65 individuals applied, and we went through a vetting process to make sure that each neighborhood was represented. We also looked at diversity within race, ethnicity, socioeconomic status, various types of expertise, and lived experience.</i></li> <li>➤ <i>Member Question-C. Wynn: Are you dabbling into mental health? I don't see mental health anywhere here, and I know from living in and trying to get on my feet in Berkeley, it's not easy.</i></li> <li>➤ <i>Response-J. Chin: Mental health has always been on our radar as with many communities and local health jurisdictions. This was identified in our landscape scan as a challenge in our community. It is not surprising that it was identified in our health assessment process as well. Our report is not yet finalized but in the next few slides, I will be presenting a brief overview of what was identified in our health assessment.</i></li> <li>• Landscape Scan Summary: Overall Berkeley Residents appear to be doing fairly well in terms of health and wellness. However, the data masks ongoing inequities and disparities that were highlighted during the pandemic. <ul style="list-style-type: none"> <li>○ Life expectancy: 16-year difference in life expectancy between the north most census tract I in the Berkeley Hills-Cragmont neighborhood (93 years), and the southernmost census tract in the South Berkeley -Lorin neighborhood (77 years).</li> <li>○ Economic environment: poverty rate for children (people under age 18) and among seniors (65 years or older) varies significantly by race. Marginalized groups have been cited by interviewees as experiencing high rates of poverty as well.</li> <li>○ Physical environment: some Berkeley neighborhoods-including the Berkeley Marina, Downtown Berkeley, and South Berkeley are considered by Federal Emergency Management Agency (FEMA) to be some of the most at-risk places in the state of California.</li> </ul> </li> <li>• Community Health Assessment Process: <ul style="list-style-type: none"> <li>○ Community Steering Committee: provides input regularly on the CHA, as well as how to shape the CHIP. Includes 11 diverse members.</li> </ul> </li> </ul>		
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	<ul style="list-style-type: none"> <li>○ We do lots of quantitative and qualitative data gathering. The Community Steering Committee takes that and synthesizes, assesses, reflects upon it, and helps is identify priority populations, as well as 10 health, safety, and equity issues to explore.</li> <li>○ Based on the reflections, community surveys were completed.</li> <li>○ Survey findings were then looked at and assessed through the Community Steering Committee to narrow down to the 6 key findings.</li> </ul> <ul style="list-style-type: none"> <li>● City of Berkeley Demographic Overview <ul style="list-style-type: none"> <li>○ Race/ethnicity: <ul style="list-style-type: none"> <li>▪ White: 51.9%</li> <li>▪ Asian: 20.7%</li> <li>▪ Hispanic or Latino: 12.1%</li> <li>▪ Black Two or More Races: 6.6%.</li> </ul> </li> <li>○ Population total: increase in population in 2020, anticipating a dip going into 2025, and projecting rise again in 2030.</li> <li>○ Educational attainment: the population is fairly educated based on their degrees and level of education.</li> </ul> </li> <li>● Key priority areas from the CHA: <ul style="list-style-type: none"> <li>○ Housing</li> <li>○ Community Safety</li> <li>○ Environmental Health Hazards</li> <li>○ Health Disparities</li> <li>○ Mental Health</li> </ul> </li> <li>● Next Steps: The CHIP &amp; Beyond <ul style="list-style-type: none"> <li>○ The CHA is to be finalized by the end of the month (December 2024).</li> <li>○ Two key questions that will be investigated in the CHIP <ul style="list-style-type: none"> <li>▪ What strategies have the greatest potential to be both impactful and feasible, and address the priorities that emerged from the assessment?</li> <li>▪ Who can advance the strategies and with what resources?</li> </ul> </li> </ul> </li> <li>● Our Shared Goal with Managed Care Plans</li> </ul>		
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	<ul style="list-style-type: none"> <li>○ Improve access to care for at least one priority population in the City of Berkeley (LGBTQ+), adolescent, older adults, or perinatal residents.</li> </ul>		
<b>5. b. NEW BUSINESS – ALLIANCE LOGO AND DSNP NAME FEEDBACK</b>			
M. Lewis K. Rivera	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a tsunami warning.		
<b>5. c. NEW BUSINESS – PROVIDER MANUAL</b>			
C. Gomez M. Lewis	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a tsunami warning.		
<b>5. d. NEW BUSINESS – NON-SPECIALTY MENTAL HEALTH SERVICES</b>			
A. DeRochi	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a Tsunami Warning		
<b>6. a. CAC BUSINESS – CAC SELECTION COMMITTEE</b>			
L. Ayala	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a tsunami warning.		
<b>6. b. CAC BUSINESS – CAC MEMBERSHIP RECRUITMENT</b>			
L. Ayala	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a tsunami warning.		
<b>7. ALLIANCE CARE BAGS</b>			
M. Lewis	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a tsunami warning.		
<b>8. OPEN FORUM</b>			
T. Debose	This agenda item was not covered as the meeting was abruptly ended due to a building evacuation in response to a tsunami warning.		
<b>9. ADJOURNMENT</b>			

M. Woodruff	The meeting was abruptly concluded at 11:02 am due to an emergency. Matthew Woodruff, Chief Executive Officer, instructed the attendees to evacuate the building due to a tsunami warning	None	None
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Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator  
Approved by:

Date: 12/30/2024  
Date:

DRAFT