YOU MAY SUBMIT COMMENTS ON ANY AGENDA ITEM OR ON ANY ITEM NOT ON THE AGENDA, IN WRITING VIA MAIL TO "ATTN: ALLIANCE MEMBER ADVISORY COMMITTEE" 1240 SOUTH LOOP ROAD, ALAMEDA, CA 94502; OR THROUGH E-COMMENT AT **llee@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: **551 130 296#** 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:	Member Advisory Committee		
Date of Meeting:	September 14, 2023	Time:	10:00 AM – 12:00PM
Meeting Chair and Vice Chair:	Natalie Williams, 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: **551 130 296#**	Webinar:	[Click here to join the meeting] in Microsoft Teams. Link is also in your email.

I. Meeting Objective

Advise Alameda Alliance for Health on the development and implementation of its cultural and linguistic accessibility standards and procedures.

II. Members

Name	Title	Name	Title
Natalie Williams	Alliance Member, Vice Chair	Mayra Matias Pablo	Parent of Alliance Member
Valeria Brabata Gonzalez	Alliance Member	Melinda Mello	Alliance Member
Brenda Burrell (Acting)	Administrative Specialist II, ACPH Child Health & Disability Prevention	Jody Moore	Parent of Alliance Member
Tandra DeBose	Alliance Member	Sonya Richardson	Alliance Member
Roxanne Furr	Alliance Member	Amy Sholinbeck, LCSW	Asthma Coordinator, Alameda County Asthma Start
Irene Garcia	Alliance Member		
Erika Garner	Alliance Member		
Mimi Le	Alliance Member		

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions • Member Roll Call • Alliance Staff • Visitors	**Natalie Williams**, Vice Chair	5	Information
Approval of Minutes and Agenda			
1. Approval of Minutes from • March 16, 2023 • June 15, 2023	**Natalie Williams**, Vice Chair	3	Vote
2. Approval of Agenda	**Natalie Williams**, Vice Chair	3	Vote
CEO Update			
1. Alliance Updates 2. Redetermination update	**Matt Woodruff** Chief Executive Officer	20	Information

III. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
Follow up Items 6/15/2023 Meeting	**Mao Moua** Manager, Cultural and Linguistic Services	3	Information
New Business			
1. Access and Availability: CG-CAHPS	**Loc Tran** Manager, Access to Care	10	Information
2. Enhanced Care Management (ECM) Update	**Amy Stevenson** Clinical Manager, Enhanced Care Management **Shatae Jones** Director, Housing and Community Services Program	10	Information
Alliance Reports			
1. Grievances and Appeals • April - June 2023	**Jennifer Karmelich** Director, Quality Assurance	10	Information
2. Outreach Report • April - June 2023 • Care Bags	**Alejandro Alvarez** Community Outreach Supervisor	5	Information
MAC Business			
1. MAC Chair and Vice Chair	**Linda Ayala** Director, Population Health and Equity	15	Vote
2. New Candidates a. Cecelia Wynn	**Rosa Reyes** Disease Management Health Educator **Linda Ayala** Director, Population Health and Equity	10	Vote
Open Forum 1. Next meeting topics: • ABA Services	**Natalie Williams**, Vice Chair	5	Information

III. Meeting Agenda			
Topic	**Responsible Party**	**Time**	**Vote to approve or Information**
• MAC Charter Update • Others?			
Tribute – Maria Archuleta	**Natalie Williams,** Vice Chair	15	Information
Adjournment	**Natalie Williams**, Vice Chair	2	Next meeting: **December 14, 2023**

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 **Lena Lee** at **510.747-6104** 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.

MEMBER ADVISORY COMMITTEE (MAC)
Thursday, March 16, 2023 10:00 AM – 12:00 PM
DRAFT

Committee Member Name	Role	Present
Maria Archuleta	Alliance Member, Chair	
Valeria Brabata Gonzalez	Alliance Member	X
Brenda Burrell (Acting)	Administrative Specialist, Alameda County Child Health & Disability Prevention	X
Warren Cushman	Alliance Member	
Tandra DeBose	Alliance Member	X
Roxanne Furr	Alliance Member	
Irene Garcia	Alliance Member	
Erika Garner	Alliance Member	X
Charlene Harrison	Site Director, Native American Health Center	X
Mimi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	X
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Vice-Chair	X

Other Attendees	Organization	Present
Ed Ettleman	CHME	X
Ashley Prasad	CHME	X
Abegail Quijano-Gella	Alameda County Family Health Services Division	X
Bernie Zimmer	CHME	X

Staff Member Name	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	X
Linda Ayala	Director, Population Health and Equity	X
Susan Baca	Community Supports Supervisor	X
Cindy Brazil	Interpreter Services Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Raul Cornejo	IT Service Desk Supervisor	X

Thomas Dinh	Outreach Coordinator	X
Gil Duran	Manager, Population Health and Equity	X
Rose Ann Florez	Community Supports Coordinator	X
Kisha Gerena	Manager, Grievances and Appeals	X
BJ Gerona	Service Desk Support Technician	X
Tessa Hammer	Associate Counsel	X
Jessica Jew	Population Health and Equity Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X
Michelle Lewis	Senior Manager, Communications & Outreach	X
Isaac Liang	Outreach Coordinator	X
Maryam Maleki	Supervising Associate Counsel	X
Rachel Marchetti	Supervisor, Case Management	X
Brenda Martinez	Clerk of the Board	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Jorge Rosales	Manager, Case Management	X
Danube Serri	Legal Analyst	X
Grace St. Clair	Director, Compliance & Special Investigations	X
Michelle Stott	Senior Director of Quality	X
Loc Tran	Manager, Access to Care	X
Paul Vang	Chief Health Equity Officer	X
Katrina Vo	Communications & Content Specialist	X
Ruth Watson	Chief Projects Officer	X
Matt Woodruff	Chief Operating Officer	X
Farashta Zainal	Quality Improvement Manager	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Linda Ayala	Chair Maria Archuleta was not able to attend today's meeting. L. Ayala facilitated the meeting at the request of the Chair and Vice-Chair. • Bassam Jammal has stepped down as a MAC member, and Mayra Matias Pablo and Sonya Richardson were voted into the MAC.	L. Ayala called the meeting to order.	Additional presentations will be mailed to MAC members.

		• A couple of presentations were missing from the mailed packets and will be mailed separately after the meeting. • M. Mello: Was not able to attend today's meeting in person due to medical reasons.		
Approval of Agenda and Minutes	Linda Ayala			
1. **Approval of Minutes from December 15, 2022**			Minutes from the previous meeting approved by consensus.	
2. **Approval of Agenda**			Agenda approved by consensus.	
Brown Act and Public Meetings	Maryam Maleki	Presented AB 2449 and Brown Act post-pandemic requirements for public meetings and in-person vs. virtual participation. • The Brown Act defines how public meetings are run in California. During the state of emergency, public meetings could be held remotely. The state of emergency ended February 28th, 2023. AB 2449 is a new law allowing for remote participation in limited circumstances. • Members can attend remotely if they have "just cause" or in emergency circumstances. In these cases, they should notify the Alliance and provide a general description (in 20 words or less, no need to share personal information). For emergency circumstances, the MAC must approve and vote as an action item. • Only two of the four MAC meetings per year can be attended remotely, and not three consecutive meetings. Members must participate with both sound and video and let other MAC members know before any vote if someone 18 or older is present and what their relationship is to the member.		

		• M. Mello: Do I have to let people know why I'm remote? M. Maleki replied that this would fall under "just cause", and members could provide a general explanation. L. Ayala added that the Alliance will be walking MAC members through meeting the requirements. S. O'Brien emphasized that there is no need to share personal information beyond "I am getting medical treatment."		
CEO Update	Scott Coffin Matt Woodruff Paul Vang	S. Coffin presented an update on Alliance mission, vision & values and the Board of Governors. • The mission states that we work through collaboration. The Alliance currently has over 9,000 access points for health care. • The Board of Governors has appointed a new Chair, Rebecca Gebhart, and Vice-Chair, Dr. Noha Aboelata. Dr. Evan Seevak completed his term as Chair. Rebecca Gebhart had previously been Chair of the Compliance Advisory Committee and requested a new Committee Chair to be appointed. • All 15 Board seats are filled, but four more are planned to be added: Alameda County Social Services Agency (SSA), Alameda County Health Care Services Agency (HCSA), Community Health Center Network (CHCN), and long-term care. CHCN is adding a second seat due to serving a large number of Alliance members. • This will be the last MAC meeting for Scott, who will be retiring as CEO on May 31st. Matt Woodruff has been appointed the new CEO, starting June 1st. M. Woodruff thanked the Board for their work on the CEO selection process and gave an update on the public health emergency. • With the state of emergency ending in California on February 28th and the federal		

	public health emergency ending in May, Medi-Cal redeterminations will begin April 1st.
	• The Alliance is working closely with Alameda County Social Services Agency on co-branding an outreach campaign. April and May will be focused on broad marketing outreach efforts. The Alliance has already shared information via social media and website.
	• The Alliance is establishing an agreement with the County to do direct call outreach and postcards to members who might be disenrolled. The plan is to start in June for the disenrollments that will begin in July and continue every month. We are also looking at other marketing strategies like TV, radio, and billboards.
	• Questions from MAC members:
	   ○ N. Williams: Will you include information on how to stay enrolled? M. Woodruff: Yes, the County and State websites will both be included.
	   ○ A. Sholinbeck: Are there materials available to pass out to people? M. Woodruff: This will be available in another week or two.
	   ○ T. DeBose: Can you provide a list of Board of Governors members as well as how to find out about the ambassador program if interested in helping? I also have a background in broadcasting if you need help with media. M. Lewis shared the link to the Board of Governors (https://alamedaalliance.org/about/governance/) and ambassador program (https://www.dhcs.ca.gov/toolkits/Pages/PHE-Outreach-Toolkit.aspx)
			Links to Board of Governors and DHCS ambassador program will also be e-

		and encouraged MAC members to sign up.
		   ○ J. Moore added that April is Autism Awareness Month, so this could be part of the content.
		
		P. Vang, the new Chief Health Equity Officer, shared his priorities.
		  • The four priority areas are 1) diversity, equity, inclusion, and belonging for Alliance staff; 2) health equity for Medi-Cal members, for example timely access to culturally responsive health care services; 3) support for providers; and 4) value contracting services for community-based organizations and vendors.
		  • Tier 1 priorities will include enhancing a diverse and inclusive workforce, staff retention, health care equity, data collection and analysis, community engagement and outreach to historically marginalized and underserved populations, and technical advisory support to internal and external partners.
		  • Tier 2 priorities are value contracting services and community and social activities.
		
		S. Coffin requested that Medi-Cal delivery model changes be postponed to the next meeting and concluded with brief updates.
		  • Operating performance is strong.
		  • Mental health and autism spectrum services will be transitioning in-house in April.
				mailed to MAC members.
				
				Medi-Cal delivery model changes to be presented next meeting.

New Business				
1. **Timely Access Report**	Loc Tran	Presented on Q1-Q4 2022 CG-CAHPS (PCP post-visit survey) results for in-office wait time, call return time, and time to answer call.		

	• In-office wait time: 91.1% of members waited less than 60 minutes in Q4, meeting the goal of 80% despite a slight decrease from previous quarters. All delegate providers scored above 80% for the year. • Call return time: 75.5% of members had call returned within one business day in Q4, meeting the goal of 70% (starting Q3, 2022 the compliance threshold goal was changed from 80% to 70%), with a slight increase from Q3. Alameda Health System (AHS) was below the threshold but had significant improvement in Q4. CHCN fell below the threshold in Q4. • Time to answer call: 72.9% of members waited 0-10 minutes to speak to their provider office in Q4, meeting the goal of 70% with a decrease throughout the year. AHS and CHCN were below the goal in Q4. • These results are tracked for providers who do not meet the goal for three consecutive quarters. • The next steps are to continue to track and trend rates, share results with providers, and send corrective action plans (CAPs) to non-compliant providers. • S. O'Brien added that the times are specified by the State. This presentation gives a technical behind-the-scenes look at how we work to make sure members can get care. • Questions from MAC members: ○ V. Brabata Gonzalez: Is the data divided by race/ethnicity or language? For example, the wait time for a call will be longer for Spanish. L. Tran: This report fulfills the State requirements. We also collect other information and could present more in the future. S. O'Brien added that	

		we can look at this more closely in our health equity work. T. DeBose: 60 minutes would feel unacceptable to Kaiser members, usually the wait is only 15 minutes. N. Williams: Is there an ideal wait time aside from the 60 minutes? S. O'Brien: We don't have an ideal wait time. 60 minutes is the minimally acceptable wait time by the State's standards.		
2. Addressing Social Determinants of Health	Jorge Rosales Susan Baca Amy Stevenson	J. Rosales provided an overview of the Alliance transportation benefit. - The Alliance has been contracted with Modivcare for transportation since 2011. Currently, Case Management is responsible for the benefit including physician certification statements (PCS), call scripts, member care, and discharge coordination. Vendor Management is also involved with coordinating meetings to discuss quality issues and grievances and conducting provider audits. - The slide contains a typo on the percentage of services that are Non-Medical Transportation (NMT) vs. Non-Emergency Medical Transportation (NEMT). 80% of trips are NMT (e.g., car, bus or taxi) and 20% are NEMT, which is the higher level of transportation and requires the PCS authorization form. - The largest category of the purpose for trips (40%) are dialysis treatments, which are recurring rides. The next largest category for NMT is methadone treatment. For NEMT, the next largest categories are other, methadone treatment, physician services, and physical therapy.		

		• Members are informed of the benefit via the Member Handbook. The Member Services Department, Case Management Department, PCP office, dialysis offices, and community partners can all assist members.
		• Questions from MAC members:
		    ○ V. Brabata Gonzalez: What would transportation for a child be considered? What if someone doesn't have a car seat? J. Rosales: The car seat would be NMT. If the parents had a need like being in a wheelchair, that would NEMT. S. O'Brien clarified that a car seat is non-medical but the vehicle would need to be able to accommodate a car seat.
		    ○ M. Le: Could my husband, who is an Alliance member, use the transportation benefit? J. Rosales: Yes, please call Member Services. S. O'Brien added that the Alliance will reach out.
		    ○ A. Sholinbeck: How do you determine if someone gets a sedan or a bus pass? Do you use Uber or Lyft? J. Rosales: We will not force people to take public transportation. Modivcare asks specific questions during the intake, for example how close you live to a bus stop or BART. Historically we have mostly sent bus passes, but now it is different and we want to make the benefit more available. The cars are not Uber or Lyft, although we are working on a pilot for recovery rides with Lyft if a driver is running late to an appointment.
				Case Management will reach out to M. Le to coordinate transportation.

		o A. Quijano-Gella: How far in advance do you have to request? J. Rosales: Three business days, although Modivcare will try to accommodate urgent requests. S. Baca presented on Community Supports at the Alliance. • Community Supports are part of the CalAIM initiative. These are services that are medically appropriate and cost effective alternatives. • Housing services include housing navigation (assisting members to find housing), deposits (helping to cover initial costs), and tenancy and sustaining services (assisting members with staying in their residences). • Medical respite is for members who recently had surgery and need a place to recover. • Asthma remediation is currently for members 18 years of age and younger, though we are hoping to expand to adults soon. Asthma Start will do a home evaluation to see if members qualify for asthma remediation supplies and minor home modifications. • Medically tailored meals are offered by Project Open Hand. These are home-delivered meals following discharge from the hospital or nursing home. Recipe for Health does home-delivered produce for those who have a qualifying medical condition. Members must be assigned to one of four participating clinics. • There is a pilot project with East Bay Innovations to help those in a high level of care such as a nursing facility transition to a lower level of care with support. We are also starting a program to help people return home with home modifications. This is not a		

		Community Supports program yet, but if successful might be in the future. • Questions from MAC members: o A. Sholinbeck: People have called into 211 and not been able to access these housing services, how do they request it? S. Baca: I recommend members to call 211 or walk into a housing resource center. Once the member has been assessed to see if they qualify, Alameda County HCSA will place a referral with the Alliance. Because housing is an issue, this is not an easy or fast process. S. O'Brien added that Alliance members will be identified through the County's coordinated entry system and do not need to ask for the service. Although limited resources are available, the housing bundle is still the largest Community Supports program being provided. o M. Le: I know someone in Section 8 housing with no elevator; would this service help them find ground floor housing? S. Baca: Would recommend having them work with their housing case manager to see if they can get a more accessible unit. o N. Williams: Is this for the homeless or members in general? S. Baca: People who are unstably housed can still call 211 for resources or go to a housing resource center. The coordinated entry system will identify high priority members, for example long-term homelessness with a chronic medical condition or homeless families with children. The		Link to housing resource centers will be shared with MAC members and other questions answered after the meeting and/or at a future meeting.

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		link to housing resource centers in Alameda County is: https://docs.google.com/document/d/1U6d4KIXAFMMF8E2H-VAi3gpLy71L3Tvm/edit Due to time constraints, L. Ayala requested MAC members to continue asking questions via post-it notes. The presentation on Enhanced Care Management will be postponed to the next meeting.		Enhanced Care Management to be presented next meeting.
3. **Health Education Program**	Gil Duran	G. Duran presented the Health Education Workplan Update for 2022. He introduced himself as the new manager of Population Health and Equity and Lena Lee as the new Health Education Coordinator. • The Wellness Programs & Materials Request Form is sent out to members letting them request information and materials. • Health Education is looking for a couple of volunteers to field-test a cookbook. MAC members can pick these up from Cindy Brazil. • The top health education handouts requested were nutrition and exercise. The top health education programs were La Clinica nutrition counseling and Asthma Start. Family Paths is a local organization we work with to offer parenting classes to members. • Health Education also identifies people who could benefit from wellness campaign outreach, for example for asthma and pregnancy, and shares information on health education topics and resources with all members through the member newsletter. • Work plan activities included responding to member requests, supporting the development of clinic electronic health record infant feeding assessment, asthma and diabetes management, and collaboration with other organizations.		

		• In 2023, Health Education plans to support primary care engagement, mental health services, and maternal and child health.
		• T. DeBose: Does the Alliance provide information for new caregivers for both children and adults to tell members where to go for services and how to get it? For example, it was difficult to find a dentist that accepts Medi-Cal. A class on this would be very helpful.
		    ○ G. Duran: This is a component of what Family Paths does. We try to get information out through our newsletter and website.
		    ○ N. Williams: Would be good to get more providers that would take Medi-Cal.
		    ○ M. Lewis: Dental services are covered by Denti-Cal and not the Alliance, but we should provide more education.
		    ○ S. O'Brien: Case Management can help coordinate people into Denti-Cal. Even though we don't administer this we want to find better ways for people to access information.
		    ○ V. Brabata Gonzalez: My agency offers educational programs, how can an organization become a provider with Alliance? L. Ayala: Please contact us.		

Alliance Reports				
1. **Grievances and Appeals**	Kisha Gerena	Due to time constraints, L. Ayala proposed postponing this quarter's Grievances & Appeals report to the next meeting.		Q4 2022 Grievances & Appeals report to be presented at

				the next meeting.
2. Outreach Report	Alejandro Alvarez	Presented the 2022 annual outreach report. • The Outreach team attended four community events in 2022; pre-pandemic they were attending 1-2 per month. • Since March 18, 2020, the Alliance has conducted 6,411 member orientations explaining how to utilize Alliance services. YouTube videos that are part of the orientation are also available. The pre- and post-test shows that members who complete the orientation learn when to get their Initial Health Assessment. • The Outreach team is working on additional outreach for non-utilizers who have never used their benefits. There is a gap especially among Hispanic/Latino members who do not know they have insurance.		
MAC Business				
1. Confidentiality Statement	Lena Lee	Requested MAC members to sign a new confidentiality statement every year. This statement will be mailed to members attending virtually. MAC members can contact Lena Lee if they would like to go over the form.		Confidentiality statement will be mailed to MAC members attending virtually. MAC members to sign and return.
2. Stipend Update	Lena Lee	The MAC stipend is $155 for in-person and $75 for virtual attendance. MAC members who have not already let Lena Lee know how they would like to receive the stipend should contact her.		MAC members to let Lena Lee know preference for stipend.
Open Forum/Future Meeting Topics	Linda Ayala	• V. Brabata Gonzalez: Autism services and CalAIM are important topics. Does the Alliance help people with Medi-Cal waivers? This is a complicated process.		

		o N. Williams: Medi-Cal waivers have been coming up a lot with 27- to 35-year-olds who are worried about their Medi-Cal benefits. o V. Brabata Gonzalez: The Regional Center processes the developmental disabilities one, there's the Center for Elders' Independence for the nursing waiver and all these different places. • L. Ayala requested that further ideas and questions be submitted by post-it or in the chat.		The Alliance will follow up with further questions.
Adjournment	Linda Ayala	Next meeting: June 15, 2023	L. Ayala adjourned the meeting.	

Meeting Minutes Submitted by: Jessica Jew, Population Health and Equity Specialist   Date: 3/20/2023

Approved By: _____   Date: _____
            Maria Archuleta, Chair, Member Advisory Committee

MEMBER ADVISORY COMMITTEE (MAC)
Thursday, June 15, 2023, 10:00 AM – 12:00 PM
DRAFT

Committee Member Name	Role	Present
Maria Archuleta	Alliance Member, Chair	
Valeria Brabata Gonzalez	Alliance Member	X
Brenda Burrell (Acting)	Administrative Specialist, Alameda County Child Health & Disability Prevention	
Warren Cushman	Alliance Member	
Tandra DeBose	Alliance Member	X
Roxanne Furr	Alliance Member	
Irene Garcia	Alliance Member	
Erika Garner	Alliance Member	X
Charlene Harrison	Site Director, Native American Health Center	
Mimi Le	Alliance Member	X
Mayra Matias Pablo	Parent of Alliance Member	X
Melinda Mello	Alliance Member	X
Jody Moore	Parent of Alliance Member	
Sonya Richardson	Alliance Member	
Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start	X
Natalie Williams	Alliance Member, Vice-Chair	X

Other Attendees	Organization	Present
Ed Ettleman	CHME	X
Abegail Quijano-Gella	Alameda County Family Health Services Division	X
Bernie Zimmer	CHME	X

Staff Member Name	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	X
Linda Ayala	Director, Population Health and Equity	X
Raul Cornejo	IT Service Desk Supervisor	X
Peter Currie	Senior Director, Behavioral Health	X
Thomas Dinh	Outreach Coordinator	X
Gil Duran	Manager, Population Health and Equity	X
Michelle Findlater	Director, Utilization Management	X
Lily Hunter	Director, Social Determinants of Health	X
Jessica Jew	Population Health and Equity Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Lena Lee	Health Education Coordinator	X

Michelle Lewis	Senior Manager, Communications & Outreach		X
Isaac Liang	Outreach Coordinator		X
Rachel Marchetti	Supervisor, Case Management		X
Mao Moua	Manager, Cultural and Linguistic Services		X
Steve O'Brien, MD	Chief Medical Officer		X
Gabriela Perez-Pablo	Outreach Coordinator		X
Rosa Reyes	Disease Management Health Educator		X
Monique Rubalcava	Health Education Specialist		X
Grace St. Clair	Director, Compliance & Special Investigations		X
Amy Stevenson	Clinical Manager of Enhanced Care Management		X
Loc Tran	Manager, Access to Care		X
Lao Paul Vang	Chief Health Equity Officer		X
Anne Margaret Villareal	Outreach Coordinator		X
Katrina Vo	Communications & Content Specialist		X
Matt Woodruff	Chief Executive Officer		X
Farashta Zainal	Quality Improvement Manager		X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Natalie Williams	N. Williams welcomed attendees and conducted roll call. L. Ayala introduced staff and announced that Jody Moore was unable to attend due to a family event. Today's MAC meeting will not contain any voting items because the Brown Act required notice was not posted on time.		
Approval of Agenda and Minutes	Natalie Williams			
1. **Approval of Minutes from March 16, 2023**		Postponed until next meeting.		Vote on March minutes at next meeting.
2. **Approval of Agenda**				
CEO Update	Matt Woodruff	M. Woodruff presented an update on Alliance financials. • Financial performance has been doing well this fiscal year through April. Next fiscal year, income is expected to drop due to members coming in and Kaiser members leaving. • Community reinvestment is a new requirement from the State that about 5% of the money made must be paid back to the community through quality and access starting in 2025. This committee will need to approve the investment and send recommendations to the full Board. This is a		

| | | draft plan that still needs to go through the legislature and governor.
• Questions:
    o T. DeBose: What does quality and access mean? M. Woodruff: We have quality scores that we need to meet. Access could mean bringing in new providers or incentivizing providers to stay open longer or on weekends. S. O'Brien: We are held accountable to quality scores and reward providers for their performance. We can also give incentives to members to receive care.
    o N. Williams: Does community investment apply to members that are fully covered and receive wraparound services? M. Woodruff: Yes, it will be for the community as a whole as opposed to individual members to improve quality scores and provider access.
    o V. Brabata Gonzalez: Is this like creating a foundation? Will the money go to partners? M. Woodruff: We have started talking to the full Board about doing a grant program, which will be different from a foundation. The money will be given back to the community.
    o N. Williams: What's a ballpark figure for 5%? M. Woodruff: It could be about $2-3 million in a good year.

M. Woodruff continued with updates on delivery model changes, including insourcing of mental health and autism spectrum services for both Medi-Cal and Group Care and the single plan model.
• Insourcing is going well, but there was a larger than anticipated backlog. Phone lines and provider office hours are open, but there will be 4-5 months needed for stabilization.
• Discussion: | | |

		o V. Brabata Gonzalez: Families have been waiting for months for ABA services but are hopeful that the Alliance can change something. Agencies seem to not be able to hire enough staff, maybe because of reimbursement or regulations. M. Woodruff: There aren't enough providers. I don't think it's a reimbursement issue since we pay at market rates. o T. DeBose: It's time and people providing the services. They can't meet the demand with the stipulations of when and how often to see someone. o V. Brabata Gonzalez: Had behavior interventionists quit because of the agency's rules about getting paid. Alameda Alliance could try to understand the staffing issues. S. O'Brien: Agree that the network is not large enough, so we are working to get more CDE psychologists and behavior analysts. We are also looking for more psychiatrists, which has been another need. P. Currie: We contracted with all the ABA providers that were willing to which was 100% of the CDE providers and close to that for ABA, but that has been inadequate. We are meeting with providers to learn about the staffing barriers and see what we can do as a health plan. Hoping to show improvement in 6 months. o N. Williams: Maybe the MAC members would like more information about ABA in a future meeting. o A. Sholinbeck: Is there a dedicated phone line? I've known of at least one client that was dropped after the transition. M. Woodruff: We bought		ABA services suggested as a future MAC meeting topic.

		the phone number from Beacon to redirect to Alliance Member Services. S. O'Brien: We are backlogged on calls but will be caught up next week.
		
		    o V. Brabata Gonzalez: A lot of families with children with disabilities are very frustrated, since ABA is an urgent intervention. People are feeling hopeful that the Alliance is a new voice.
		
		• Kaiser will get default enrollment, but the percentage in Alameda County is unknown.
		• Disenrollments start in two weeks, and the Alliance is still doing outreach with the County.
		
		    o N. Williams: Is there coverage for people who do not sign anything? M. Woodruff: In Alameda County, 36% will be automatically re-enrolled, but the rest must take action.
		
		• Still waiting on final findings from DHCS audit in April, but they made between 11 and 14 comments. Under 10 findings is very good.		

New Business				
1. **Addressing Social Determinants of Health (Part II)**	Amy Stevenson	Provided an overview of the Enhanced Care Management (ECM) program. • To recap from the previous presentation, Alliance Case Management programs are telephonic and include care coordination, Transitional Care Services, and Complex Case Management. • Members qualify for ECM through various populations of focus and get a lead case manager to coordinate their health care services. They outreach in different settings like the home, clinic, or on the street and work with members on a care plan. • On July 1, ECM will open to children and youth populations of focus under 21 years. Six new providers have been added to support them. Two more populations of focus will be added in 2024.		

		- There are some overlaps with other programs where members cannot be in both. The Alliance has a No Wrong Door policy where providers can refer, or members and family members can self-refer. Members should not be concerned about eligibility because they can still be referred to one of the other case management programs. - Questions: T. DeBose: Does this program include foster youth? A. Stevenson: Yes, starting July 1st. A. Sholinbeck: How long are people in the program being followed? A. Stevenson: There is no time limit from the State. We authorize for 24 months, and providers can submit a justification to extend. The program is supposed to help people stabilize and connect to services, but people can always come back. V. Brabata Gonzalez: Excited about ECM since coordinating care can be hard financially. How can we make sure community organizations who have been doing this work are part of ECM and not just focus on the clinical? Subpopulations of children also have very complex and specific needs. S. O'Brien: Almost 9,000 eligible children are joining about 15,000 adults. Many of the ECM providers we have brought on for the kids are from the community. A. Stevenson: We are partnering with California Children's Services and community-based organizations Seneca Family Services, La Familia, and the umbrella organization Full Circle. The providers also have the ability to meet members in the community. S. O'Brien added that there are new Community Supports coming on in		

		July including caregiver respite, personal caregiver services, and home modifications. ○ V. Brabata Gonzalez: When services are available, how can we share the information? L. Hunter: They are going live July 1st. We are working on publications to share with the community and can send to you.		
2. **Cultural and Linguistic Services**	Mao Moua	M. Moua presented the cultural and linguistic services (CLS) annual update. • The goal of the CLS program is to ensure that all Alliance members receive equal access to high quality health care services that meet the diverse needs of our members. • The Medi-Cal membership has increased from the previous year. The largest race/ethnic groups are Hispanic (Latino) and Other. ○ T. DeBose: Do you have a breakdown of what race/ethnic groups there are in the people who need to re-enroll? Thought the largest group was African American and don't want to see this group lose health care. M. Woodruff: No, but according to the last census in Alameda County the largest groups were Chinese, White, Hispanic, and African American. In September I would be able to give July results. We are still waiting for the June file of people who would be disenrolled since the files from the State are incorrect right now. ○ S. O'Brien posted a chart with the county data Matt referenced and added that how we outreach to people will be important as we get more information; for example, languages, providers and community-based organizations to involve, or sick patients. ○ N. Williams: What about the members that need sign language? M. Moua: We offer scheduled		Provide data on members needing to re-enroll by race/ethnicity.

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appointments and video for all languages, including sign language.

  - V. Brabata Gonzalez: How is race/ethnicity identified for Hispanic? L. Ayala: We get data from the State that does not separate race and ethnicity, but we are asking the State how we should report this information.
  - V. Brabata Gonzalez: Why does the race/ethnicity breakdown differ so much from the county? M. Moua: We have members who have Medicare and Medi-Cal but could go into more detail on demographics in the future.

- Languages are also reported by the State, but they do not capture all types, for example Mam. There are currently five threshold languages with Arabic being added.

  - A. Sholinbeck: Do you know if the members are monolingual? Have found that a lot of Tagalog speakers are bilingual, but many Arabic speakers are not. M. Moua: These are preferred languages. M. Woodruff: Tagalog became a threshold language a couple of years ago when the State mandated it. We are planning to translate materials to Arabic proactively. Farsi will probably become a threshold language this year or next.
  - V. Brabata Gonzalez: What about Mam? M. Moua: We will track and trend and look at the concentration. L. Ayala: Mam is not an option on the enrollment form, so our tracking only comes from interpreter services requests.
  - M. Matias Pablo: For Mam, family members usually help with filling out forms, but it's hard to translate what they are reading on the paper, if it's not in their spoken language. M.

</td><td></td><td>

When we look at our membership demographics, our data comes directly from the state and it's not accurately capturing all races and ethnicities. For future state, we will take a closer look at our membership race and ethnicities in comparison with county data. We will also share Medi-Cal eligibility requirements from the state.

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		Moua: Will continue to work on better serving Mam-speaking members.
		• Interpreter services have stayed steady at about 3,000-4,000 per month. The top languages requested are Cantonese, Vietnamese, Spanish, Mandarin, and Arabic. The goal is to fill at least 95% of the interpreter service requests.
		   ○ V. Brabata Gonzalez: Have had bad experiences calling into Spanish interpreter lines with families, not just at the Alliance. Is there quality assurance? M. Moua: We have a quality assurance process and share member feedback with our vendors. L. Ayala: Alliance bilingual staff must pass an assessment, and Member Services staff have a quality assurance process through recorded phone calls.
		   ○ V. Brabata Gonzalez: Is there an easy option to give feedback, like press a number to take a survey or make it automatic? L. Ayala: This is part of our normal grievances & appeals process, and members can comment to Member Services staff. M. Woodruff: At the beginning or end of every Member Services call, you are asked if you want to take a survey and press a key, but not with the interpreter line.
		   ○ V. Brabata Gonzalez: Families also have the issue when the child turns 18 and doesn't have conservatorship yet and then on the phone they won't talk to the parent, so we help them fill out the release form. Should also have the option to give feedback on the interpreter line. M. Moua: Will bring back to discuss improving quality assurance.
				Alliance staff to consider ways to give feedback when using interpreter line.

		• For 2024, there will be new requirements for the cultural sensitivity training for Alliance staff and providers. Will plan to get feedback from members for next year's training. 　○ T. DeBose: Can MAC members listen to the training? M. Moua: It is posted publicly online. L. Ayala: We could also consider making it a webinar.		Alliance to share 2023 Cultural Sensitivity Training with MAC members.
Alliance Reports				
1. **Grievances and Appeals**	Jennifer Karmelich	Presented Grievances & Appeals reports for Q4 2022, Medi-Cal Q1 2023, and Group Care Q1 2023. • Grievances and appeals turnaround time standards were all met except for Group Care Q1 2023 standard grievances. For Group Care Q1 2023 the compliance rate was 96.8% overall. • Met overturn rate of under 25% for both quarters. • The highest number of grievances was filed against the Plan under Access to Care, which includes difficulty accessing the portal and being unable to reach Alliance staff by phone. In Q1 2023 for Medi-Cal, there were issues with members receiving Alliance ID cards timely. For Group Care, there were access issues related to providers. • Medi-Cal had an increase in enrollment in 2022 and therefore an increase in grievances throughout the year. • Kaiser has the most grievances for delegated networks/vendors, mostly because of member enrollment denials. • Grievance decision charts will need to be revised, but the majority are in favor of the member. • Discussion: 　○ E. Garner: Has gotten billed by Kaiser before. When filing grievances against Kaiser, it seems like they get overlooked with no apology for wrongdoing. It feels like Medicaid members get poor treatment. J.		J. Karmelich will send revised grievance decision charts with next meeting packet.

		Karmelich: Kaiser is fully delegated and process their own grievances. The Alliance can also send grievances to Kaiser and ensure that they respond. ○ V. Brabata Gonzalez: Started to encourage parents to file grievances. Has Alliance prepared for grievances about ECM and behavioral health? J. Karmelich: Yes, we have been preparing for increased enrollment with the single plan model. ○ V. Brabata Gonzalez: If parents have been waiting months for ABA, should they file the grievance against the Alliance? J. Karmelich: Tell them to contact the Alliance. We now have the behavioral health department in house to better communicate with grievances & appeals. P. Currie: We are committed to providing responses to members who have waited a long time for services and will build our network in the coming months. ○ M. Mello: Do you also do approvals? M. Woodruff: This is a different department.		
2. Outreach Report	Alejandro Alvarez	Presented the FY2023 Q3 Outreach Report (January to March 2023). • The Outreach team continues to conduct member orientations via 10–30-minute phone calls and makes sure to answer member questions or get back to them. • The Outreach team is starting to go back out into the community. Staff will provide their business cards or follow up with members who have questions. In July, will start scheduling onsite orientations again at clinics. • Questions: ○ V. Brabata Gonzalez: Is there data on whether there's a group that is eligible but not enrolled? M. Woodruff: We don't know that data,		

		but the Alliance hired a Chief Health Equity Officer who will review marketing materials. o V. Brabata Gonzalez: Do we know the race and ethnicity of people who are eligible? M. Woodruff: No, we do not know this, but we know who is eligible. We've hired a Chief Health Equity Officer to help make sure our marketing materials is targeted, but it's going to take time.		
MAC Business				
1. **New Candidates**	Linda Ayala	Postponed to the next meeting because it is a voting item. At the next meeting will also discuss the Chair and Vice-Chair. • N. Williams: With MAC chair elections coming up, give some thought to Melinda Mello, who was the previous Chair.		New candidates and MAC elections to be discussed at the next meeting.
Open Forum	Natalie Williams	L. Ayala requested MAC members to e-mail an Alliance staff member if there are any agenda items to suggest.		
Adjournment	Natalie Williams	Next meeting: September 14, 2023		

Meeting Minutes Submitted by: <u>Jessica Jew, Population Health and Equity Specialist</u>   Date: <u>6/16/2023</u>

Approved By: _____   Date: _____
          Maria Archuleta, Chair, Member Advisory Committee

Alliance CEO Update

Presented by:
Matt Woodruff, Chief Executive Officer

ALAMEDA
Alliance
FOR HEALTH

The Public Health Emergency and Redetermination

Presented to the Alameda Alliance Consumer Advisory Committee

September 14th, 2023

ALAMEDA
Alliance
FOR HEALTH

Alameda County Social Services Agency and Alameda Alliance Collaborative Efforts

▷ Regular Meetings

  ▸ Since January 2023 - first Friday of every month

    → Discuss agency community-wide and direct outreach activities, updates, and areas for additional support e.g., CalSAWS go-live in Alameda County, Single Plan Model, Kaiser transition

▷ Data Sharing

  ▸ Memorandum of Agreement (MOU)

    → To provide Alliance member-specific data

  ▸ [DHCS Continuous Medi-Cal Coverage Unwinding Dashboard](#)

    → Provides statewide and county level data

▷ Tracking and Trending

  ▸ Alliance direct member outreach based on DHCS renewal dates

  ▸ SSA monthly outreach:

    → Renewals due in Alameda County

    → Ex Parte renewals

    → Renewal letters mailed

    → Renewal packets received

    → Who are the Alliance member who did not return their renewal forms to help with follow-up and to provide additional resources

  ▸ Number of Alliance member call center calls received related to redetermination

Alameda County Medi-Cal Renewal Data

Preliminary Renewal Data*

Redeterminations

	Due	Complete	Continued in Coverage	Ex Parte Renewals	Discontinued	Discounted / Procedural	Renewals in Process
June	37,556	24,469 *(65.1%)*	14,449 *(59%)*	8,555 *(22.8%)*	10,020 *(26.7%)*	9,089 *(90.7%)*	13,097 *(34.9%)*

Enrollment by Population – Impact of Redeterminations
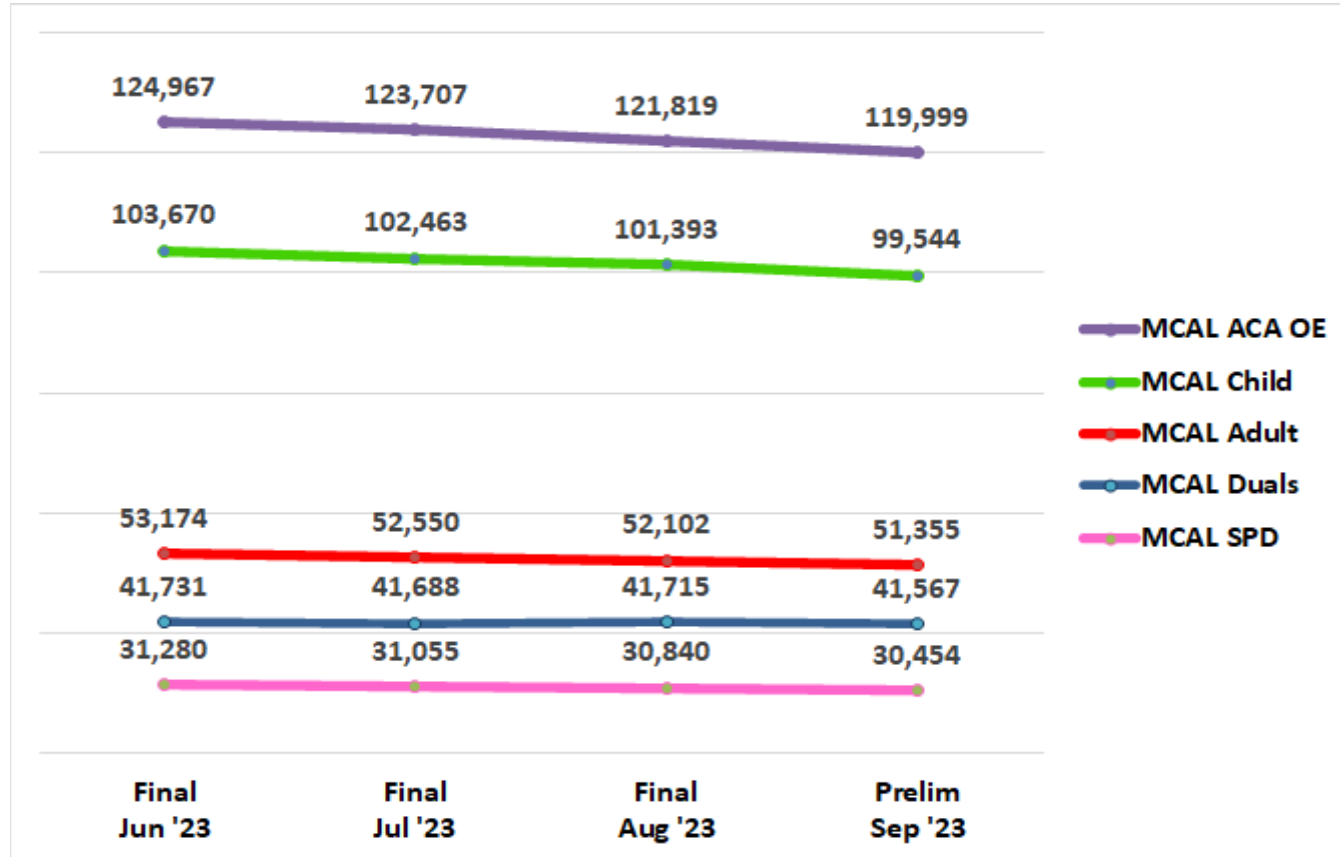
- Biggest net reductions in ACA OE and Child Categories of Aid.
- Minimal change for SPD, Duals, LTC and Group Care.
- For the past 3 years, Final Enrollment has been less than Preliminary Enrollment; that changed in July. Between July 5th and August 5th, July net membership grew by 419. Between August 5th and September 5th, August net membership grew by 1,416.

Enrollment by Population – Impact of Redeterminations

	Beginning	July		August		Ending
		% Adds	% Terms	% Adds	% Terms	
MCAL Child	103,696	1.3%	2.5%	1.2%	2.5%	101,393
MCAL Adult	53,159	3.1%	4.3%	2.9%	3.9%	52,102
MCAL SPD	31,310	1.3%	2.1%	1.0%	2.0%	30,840
MCAL ACA OE	124,909	2.2%	3.2%	1.9%	3.5%	121,819
MCAL Duals	41,793	1.3%	1.6%	1.2%	1.3%	41,715
MCAL LTC	149	0.0%	5.4%	0.0%	4.2%	138
MCAL LTC Duals	1,027	0.0%	-0.6%	0.0%	0.8%	1,019
Group Care	5,683	1.9%	2.1%	2.2%	2.6%	5,645
	361,726	1.9%	2.8%	1.7%	2.8%	354,671

- ❑ July saw 6,829 additions and 10,249 terminations.
- ❑ July saw 6,071 additions and 10,208 terminations.

Membership Profile: Prior Utilization

Chart legend: ■ AAH Overall ■ Terminated Members

93% of members terminated have less than $5k in costs or no utilization

Category	AAH Overall	Terminated Members
$100K+	0.5%	0.5%
$60K - $99,999	0.5%	0.4%
$30K - $59,999	1%	1%
$5k - $29,999	7%	5%
Less than $4,999	56%	47%
No utilization	34%	46%
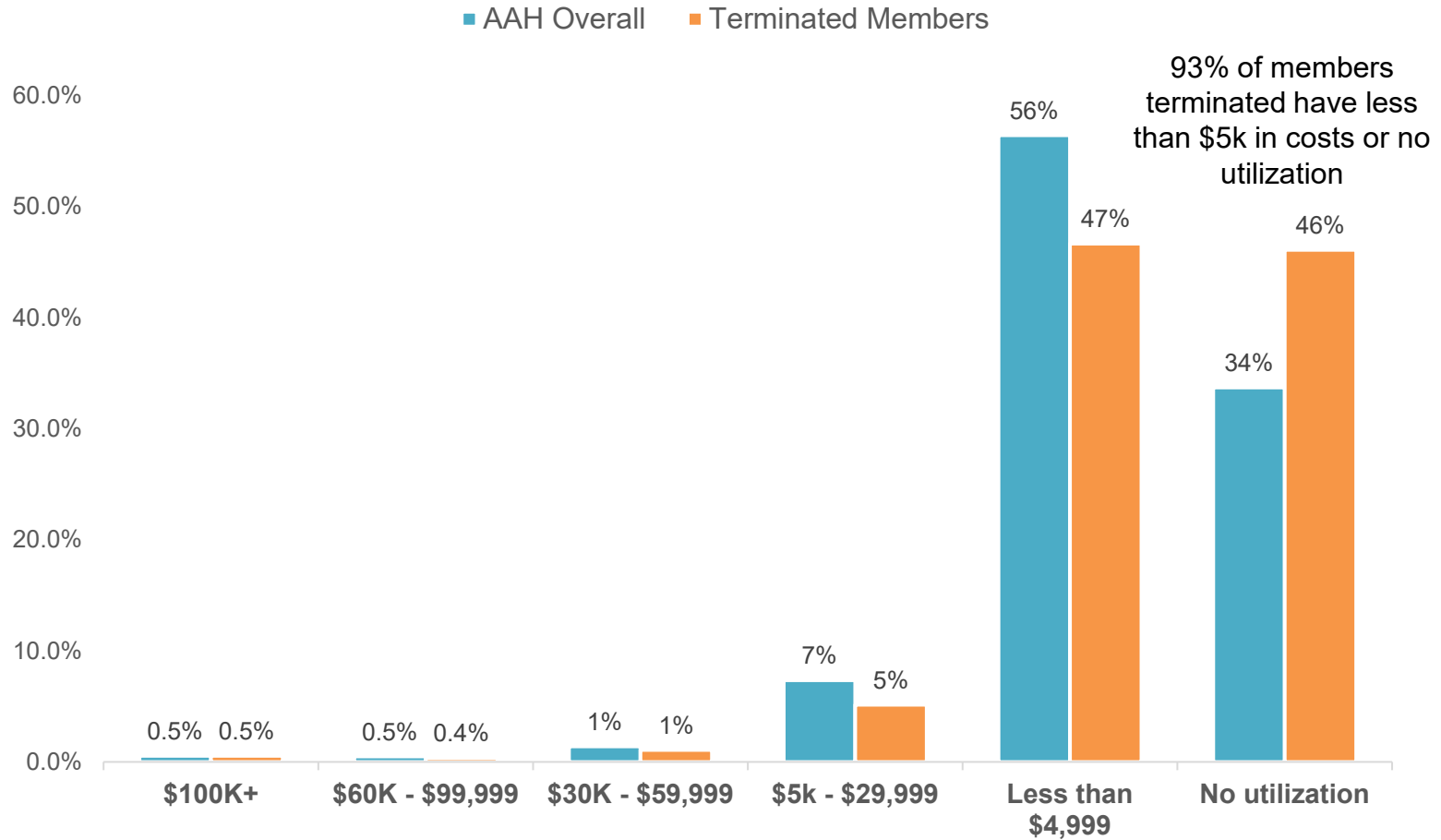
-Utilization Time Frame: 6/1/2022 - 5/30/2023
- Excludes Kaiser and GroupCare

Membership Profile: Age

■ AAH Overall   ■ Terminated Members

The 19 - 45 year-old category has the largest variance compared to their AAH Overall average percentage.
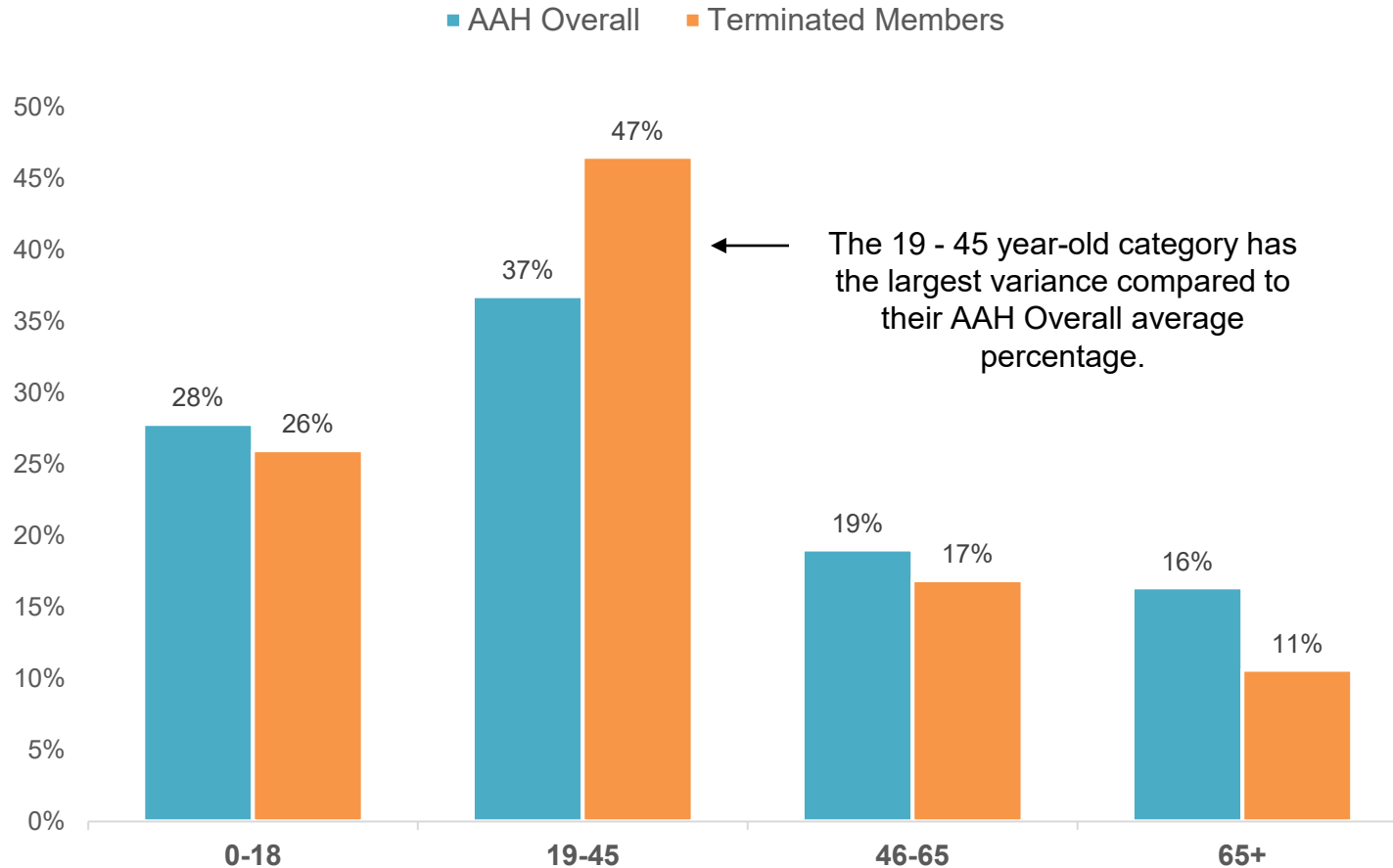
- Excludes Kaiser and GroupCare

To: **Alameda Alliance for Health Consumer Advisory Committee**

From: **Matthew Woodruff, Chief Executive Officer**

Date: **September 14th, 2023**

Subject: **CEO Report**

- **Financials:**
  - **August 2023:** Net Operating Performance by Line of Business for the month of July 2023 and Year-To-Date (YTD):

	July	**YTD**
Medi-Cal.....................	$9.1M	$9.1M
Group Care	$609K	$609K
Totals.........................	**$9.7M**	**$9.7M**

  - **Revenue was $138.7 million in July 2023 and $138.7 million Year-to-Date (YTD)**.
    - Medical expenses were $126.2 million in July and $126.2 million year-to-date; the medical loss ratio is 90.9% for the month and fiscal year-to-date.
    - Administrative expenses were $5.7 million in July and $5.7 million year-to-date; the administrative loss ratio is 4.1% of revenue for the month and fiscal year-to-date.
  - **Tangible Net Equity (TNE)**: Financial reserves are 723% of the required DMHC minimum, representing $287.9 million in excess TNE.
  - **Total enrollment in July 2023 was 358,306**, a decrease of 3,379 Medi-Cal members compared to June.

- **Key Performance Indicators:**
  - **Regulatory Metrics:**
    - All regulatory metrics were met for the month of July.
  - **Non-Regulatory Metrics:**
    - The member services department did not meet one metric for the month of July. The member services team had an abandonment rate of 6% instead of the internal metric of 5%

- **Program Implementations:**

  - **Single Plan Model**

- The Alliance received State approval on September 1st, 2023, for our new single plan model effective on January 1st, 2024.
- The Alliance has four submissions left in our Compliance Readiness timeline from the State.

- **Continuous Coverage**

  - The public health emergency has ended, and Medi-Cal redeterminations have started.
  - For the first month of the new fiscal year, the disenrollment is lower than originally budgeted.
  - Alameda Alliance for Health is partnering with Alameda County Social Services Agency on an outreach campaign to minimize the disruptions to county residents due to disenrollment from the Medi-Cal program.

- **Cal AIM**

  - The Alliance, along with Alameda County Health Care Service Agency and CHCN, hosted the DHCS and HHS for a half-day session on August 24th, 2023. We showcased the great work that has been done in Alameda County.
  - The Alliance will present at the October Board meeting our current ECM and Community Support Progress.

- **Medicare DSNP**

  - The Alliance DSNP implementation is currently underway. We are working with our consulting vendor on the Alliance systems analysis and proforma. Once the analysis is complete, I will report back to the Board about our findings.

- **Race, Gender, Ethnicity Salary Survey**

  - In June, the Alliance began a salary survey to ensure our employees are compensated appropriately. The Alliance will share the findings at our October Board meeting.

Follow -up Items

Mao Moua

FOLLOW-UP ITEMS FROM 6-15-2023

▷ **ABA Services suggested as a future MAC meeting topic.**

  ▶ Plan to present at the December MAC meeting

▷ **Provide data on members needing to re-enroll by race/ethnicity.**

  ▶ Will present during today during CEO Update

▷ **Alliance staff to consider ways to give feedback when using interpreter line.**

  ▶ Call Member Services

  ▶ Participation in a survey after a phone call encounter

FOLLOW-UP ITEMS CONTINUED

▷ **Alliance to share 2023 Cultural Sensitivity Training with MAC members.**

▶ On pause until 2024 to ensure alignment with new 2024 Medi-Cal and Diversity, Equity, Inclusion All Plan Letter (APL) requirements

▷ **J. Karmelich will send revised grievance decision charts with next meeting packet.**

▶ Will send as a follow-up after 9/6/2023 meeting

▷ **When we look at our membership demographics, our data comes directly from the state and it's not accurately capturing all races and ethnicities. For future state, we will take a closer look at our membership race and ethnicities in comparison with county data. We will also share Medi-Cal eligibility requirements from the state.**

▶ Working on an action plan to compare county data on race and ethnicities with Alliance membership

▶ Department of Health Care Services (DHCS) Medi-Cal Interactive Dashboard

▶ DHCS Medi-Cal Website: Do You Qualify? | Medi-Cal Eligibility

▶ Alliance Key Contact Sheets

Q1 2021 – Q4 2022 CG-CAHPS
Language & Ethnicity Breakdown

ALAMEDA
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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

In-Office Wait Time (Ethnicity) Q1 2021 - Q4 2022
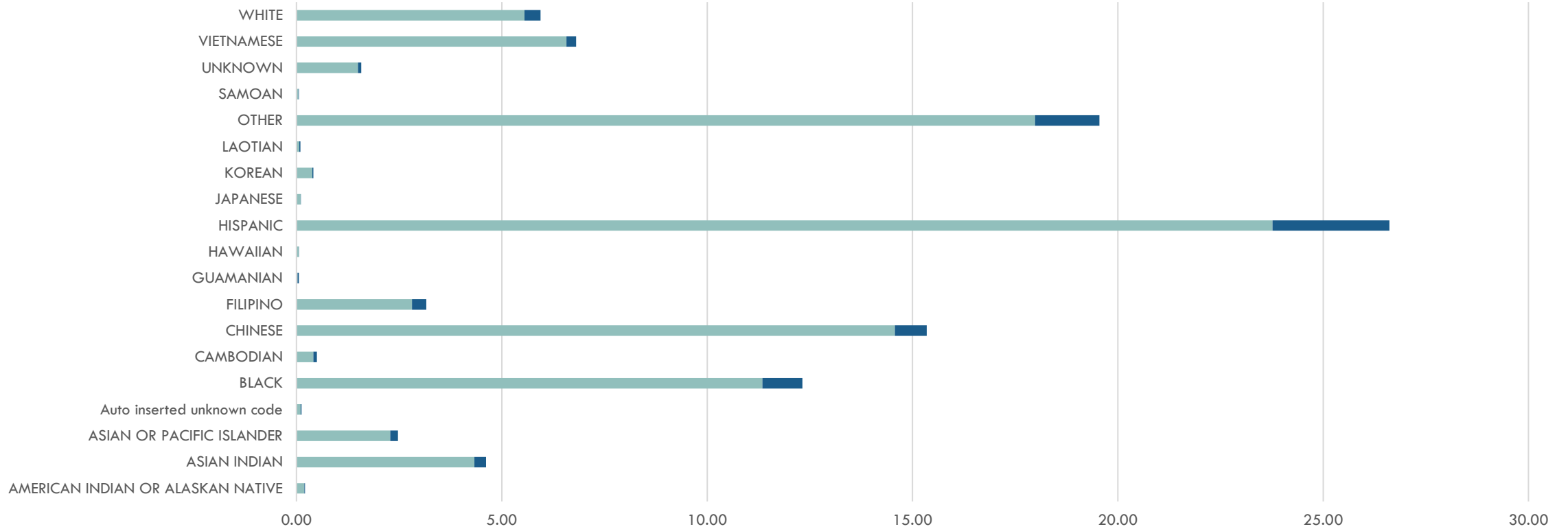
	AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN INDIAN	ASIAN OR PACIFIC ISLANDER	Auto inserted unknown code	BLACK	CAMBODIAN	CHINESE	FILIPINO	GUAMANIAN	HAWAIIAN	HISPANIC	JAPANESE	KOREAN	LAOTIAN	OTHER	SAMOAN	UNKNOWN	VIETNAMESE	WHITE
Total % Under 60 minutes	0.19	4.33	2.28	0.10	11.35	0.41	14.57	2.81	0.03	0.05	23.76	0.10	0.39	0.07	17.98	0.05	1.49	6.58	5.55
Total % Over 60 minutes	0.02	0.29	0.19	0.02	0.97	0.09	0.78	0.35	0.03	0.01	2.85	0.01	0.03	0.03	1.57	0.01	0.09	0.24	0.39

■ Total % Under 60 minutes ■ Total % Over 60 minutes

Total Members responded in 2021: 12176

Total Members responded in 2022: 7778

In-Office Wait Time (Language) Q1 2021 - Q4 2022
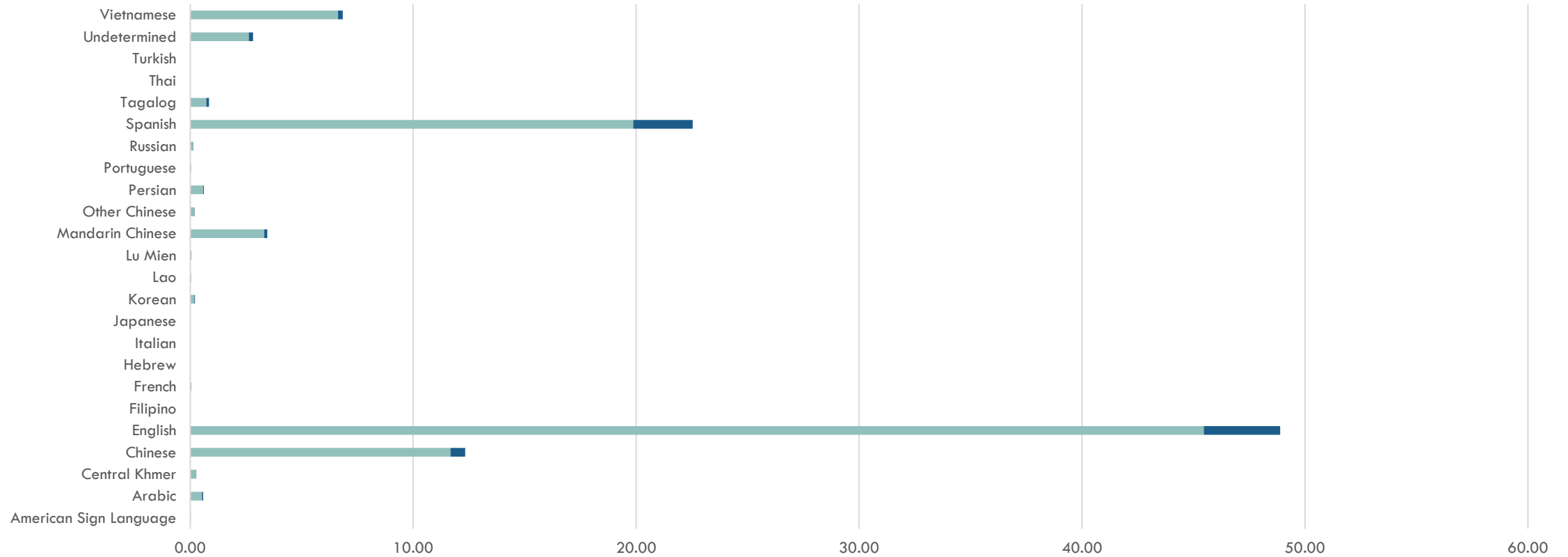
	American Sign Language	Arabic	Central Khmer	Chinese	English	Filipino	French	Hebrew	Italian	Japanese	Korean	Lao	Lu Mien	Mandarin Chinese	Other Chinese	Persian	Portuguese	Russian	Spanish	Tagalog	Thai	Turkish	Undetermined	Vietnamese
■ Total % Under 60 minutes	0.04	0.53	0.26	11.68	45.46	0.02	0.04	0.01	0.01	0.02	0.18	0.04	0.03	3.32	0.19	0.58	0.03	0.13	19.88	0.73	0.02	0.01	2.63	6.63
■ Total % Over 60 minutes	0.00	0.05	0.01	0.66	3.43	0.00	0.01	0.00	0.00	0.00	0.03	0.01	0.02	0.14	0.01	0.03	0.01	0.02	2.66	0.11	0.00	0.00	0.19	0.21

■ Total % Under 60 minutes ■ Total % Over 60 minutes

Total Members responded in 2021: 12178

Total Members responded in 2022: 7681

Call Return Time (Ethnicity) Q1 2021 - Q4 2022
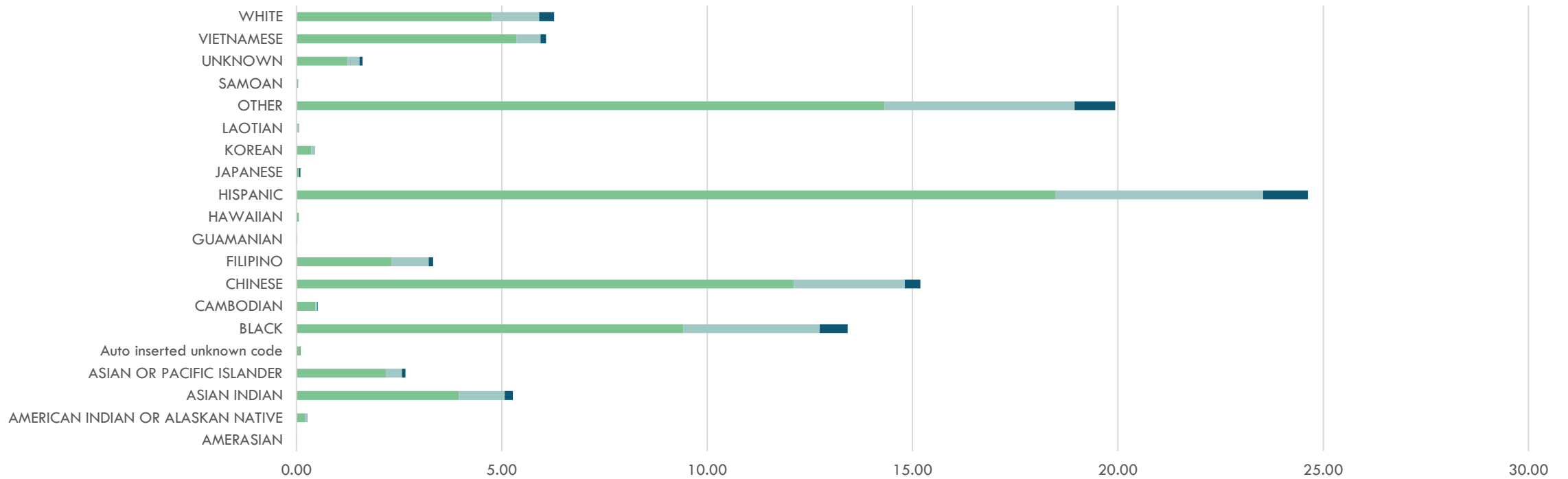
	AMERASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN INDIAN	ASIAN OR PACIFIC ISLANDER	Auto inserted unknown code	BLACK	CAMBODIAN	CHINESE	FILIPINO	GUAMANIAN	HAWAIIAN	HISPANIC	JAPANESE	KOREAN	LAOTIAN	OTHER	SAMOAN	UNKNOWN	VIETNAMESE	WHITE
Total % Within 1 Bussiness Day	0.01	0.20	3.96	2.17	0.09	9.42	0.46	12.11	2.32	0.02	0.06	18.49	0.07	0.35	0.03	14.31	0.04	1.25	5.35	4.76
Total % Over 1 Business Day	0.00	0.06	1.11	0.39	0.00	3.32	0.05	2.70	0.90	0.00	0.00	5.05	0.00	0.10	0.04	4.64	0.00	0.29	0.58	1.15
Total % Did not Heart Back	0.00	0.01	0.20	0.09	0.01	0.68	0.01	0.38	0.11	0.00	0.00	1.09	0.03	0.00	0.00	0.99	0.00	0.08	0.13	0.36

■ Total % Within 1 Bussiness Day ■ Total % Over 1 Business Day ■ Total % Did not Heart Back

Total Members responded in 2021: 6318

Total Members responded in 2022: 4121

Call Return Time (Language) Q1 2021 - Q4 2022

	American Sign Language	Arabic	Central Khmer	Chinese	English	Filipino	French	Hebrew	Italian	Iu Mien	Japanese	Korean	Lao	Mandarin Chinese	Other Chinese	Persian	Portuguese	Russian	Spanish	Tagalog	Thai	Undetermined	Vietnamese
▪ Total % Within 1 Bussiness Day	0.04	0.40	0.25	9.65	38.18	0.00	0.03	0.01	0.01	0.02	0.01	0.22	0.03	2.79	0.12	0.54	0.03	0.12	14.87	0.73	0.01	2.18	5.26
▪ Total % Over 1 Business Day	0.01	0.10	0.05	2.13	11.54	0.01	0.03	0.00	0.00	0.03	0.00	0.08	0.01	0.66	0.05	0.15	0.01	0.00	4.14	0.35	0.00	0.59	0.45
▪ Total % Did not Heart Back	0.00	0.00	0.00	0.21	2.44	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.12	0.00	0.04	0.00	0.01	0.98	0.06	0.00	0.14	0.12

▪ Total % Within 1 Bussiness Day   ▪ Total % Over 1 Business Day   ▪ Total % Did not Heart Back

Total Members responded in 2021: 6316

Total Members responded in 2022: 4110

Time to Answer Call (Ethnicity) Q1 2021 - Q4 2022
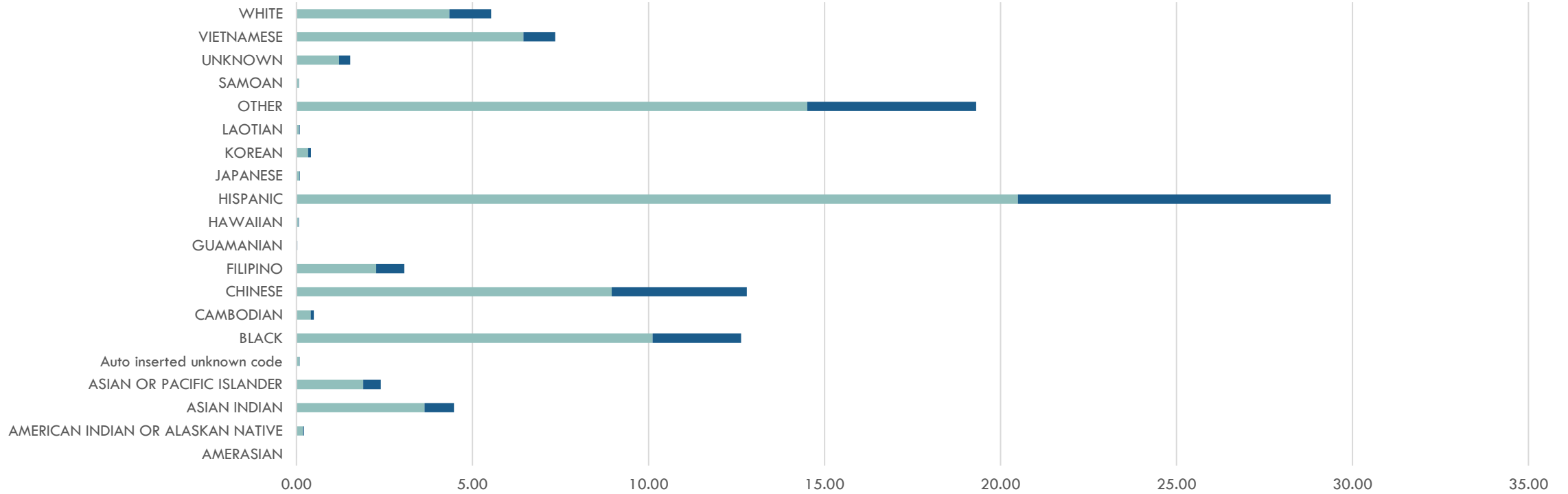
	AMERASIAN	AMERICAN INDIAN OR ALASKAN NATIVE	ASIAN INDIAN	ASIAN OR PACIFIC ISLANDER	Auto inserted unknown code	BLACK	CAMBODIAN	CHINESE	FILIPINO	GUAMANIAN	HAWAIIAN	HISPANIC	JAPANESE	KOREAN	LAOTIAN	OTHER	SAMOAN	UNKNOWN	VIETNAMESE	WHITE
Total % 0-10 Minutes	0.00	0.19	3.63	1.89	0.08	10.12	0.41	8.96	2.26	0.01	0.05	20.49	0.08	0.33	0.07	14.51	0.06	1.21	6.44	4.34
Total % Greater than 10 Minutes	0.01	0.03	0.84	0.50	0.01	2.51	0.08	3.84	0.80	0.01	0.01	8.88	0.01	0.08	0.02	4.80	0.01	0.32	0.91	1.19

■ Total % 0-10 Minutes ■ Total % Greater than 10 Minutes

Total Members responded in 2021: 9595

Total Members responded in 2022: 5926

Time to Answer Call (Language) Q1 2021 - Q4 2022
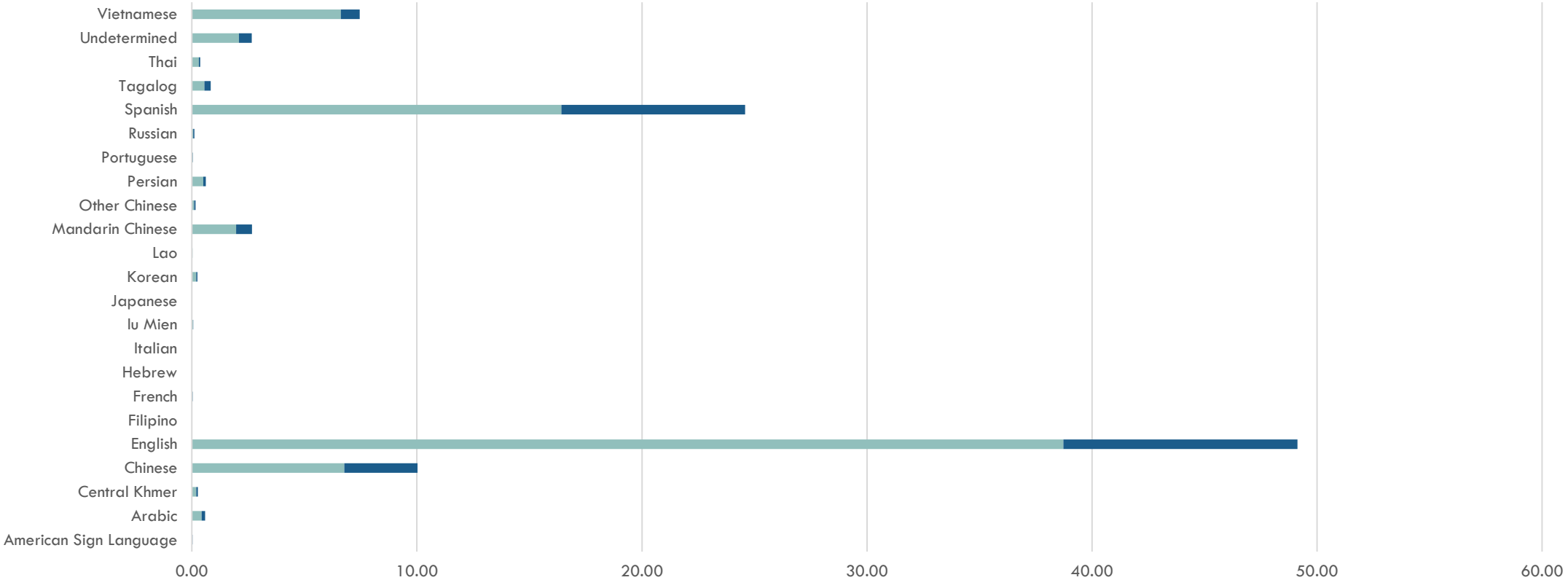
	America n Sign Langua ge	Arabic	Central Khmer	Chinese	English	Filipino	French	Hebrew	Italian	Iu Mien	Japanes e	Korean	Lao	Mandar in Chinese	Other Chinese	Persian	Portugu ese	Russian	Spanish	Tagalo g	Thai	Undeter mined	Vietnam ese
Total % 0-10 Minutes	0.02	0.44	0.20	6.78	38.73	0.01	0.03	0.01	0.01	0.05	0.02	0.20	0.03	1.97	0.10	0.51	0.04	0.06	16.42	0.56	0.31	2.09	6.62
Total % Greater than 10 Minutes	0.01	0.15	0.06	3.26	10.40	0.00	0.01	0.00	0.00	0.01	0.00	0.05	0.00	0.71	0.06	0.11	0.01	0.05	8.17	0.28	0.06	0.58	0.84

■ Total % 0-10 Minutes   ■ Total % Greater than 10 Minutes

Total Members responded in 2021: 9656

Total Members responded in 2022: 5914

In-Office Wait Time Q1 2021 – Q4 2022

Ethnicity	Q1 21 Under 60 Minutes	Q1 21 Over 60 Minutes	Q2 21 Under 60 Minutes	Q2 21 Over 60 Minutes	Q3 21 Under 60 Minutes	Q3 21 Over 60 Minutes	Q4 21 Under 60 Minutes	Q4 21 Over 60 Minutes	Q1 22 Under 60 Minutes	Q1 22 Over 60 Minutes	Q2 22 Under 60 Minutes	Q2 22 Over 60 Minutes	Q3 22 Under 60 Minutes	Q3 22 Over 60 Minutes	Q4 22 Under 60 Minutes	Q4 22 Over 60 Minutes	Total Under 60 minutes	Total Over 60 minutes	Total
AMERICAN INDIAN OR ALASKAN NATIVE	6	0	6	1	4	0	5	0	3	1	2	0	6	1	6	0	38	3	41
ASIAN INDIAN	167	10	123	8	118	11	101	4	73	10	70	0	115	8	97	6	864	57	921
ASIAN OR PACIFIC ISLANDER	90	8	70	4	76	3	50	5	50	3	28	6	46	3	45	6	455	38	493
Auto inserted unknown code	6	0	5	0	1	0	2	0	2		2	4	1	0	1	0	20	4	24
BLACK	478	43	402	42	312	24	250	24	164	10	100	0	272	24	286	27	2264	194	2458
CAMBODIAN	18	0	11	1	10	2	9	0	6	1	11	11	7	0	10	2	82	17	99
CHINESE	536	37	450	25	412	15	446	23	364	27	270	0	191	13	238	15	2907	155	3062
FILIPINO	93	7	64	3	86	12	69	7	63	10	37	13	97	8	52	9	561	69	630
GUAMANIAN	1	0	2	0	0	0	1	0	0	0	1	6	0	0	0	0	5	6	11
HAWAIIAN	2	0	2	1	1	0	1	0	1	0	0	0	0	0	3	0	10	1	11
HISPANIC	951	91	786	99	669	83	562	74	332	38	134	22	597	74	711	87	4742	568	5310
JAPANESE	4	0	3	0	6	1	1	0	2	0	1	0	1	0	2	0	20	1	21
KOREAN	9	0	12	2	11	0	5	1	12	1	4	0	7	1	17	0	77	5	82
LAOTIAN	4	2	0	0	2	1	0	1	1	0	1	1	2	1	3	0	13	6	19
OTHER	620	51	521	53	454	34	429	42	320	23	224	17	527	49	493	44	3588	313	3901
SAMOAN	3	0	2	0	1	1	2	0	0	0	0	0	0	0	1	1	9	2	11
UNKNOWN	59	7	50	3	40	1	29	0	24	1	24	1	39	1	33	3	298	17	315
VIETNAMESE	231	13	209	7	171	2	194	10	169	4	102	5	169	5	67	1	1312	47	1359
WHITE	222	19	190	14	156	10	133	7	117	6	63	3	124	8	103	11	1108	78	1186

In-Office Wait Time Q1 2021 – Q4 2022

Language	Q1 21 Under 60 Minutes	Q1 21 Over 60 Minutes	Q2 21 Under 60 Minutes	Q2 21 Over 60 Minutes	Q3 21 Under 60 Minutes	Q3 21 Over 60 Minutes	Q4 21 Under 60 Minutes	Q4 21 Over 60 Minutes	Q1 22 Under 60 Minutes	Q1 22 Over 60 Minutes	Q2 22 Under 60 Minutes	Q2 22 Over 60 Minutes	Q3 22 Under 60 Minutes	Q3 22 Over 60 Minutes	Q4 22 Under 60 Minutes	Q4 22 Over 60 Minutes	Total Under 60 minutes	Total Over 60 minutes	Total
American Sign Language	0	0	3	0	0	0	1	0	1	0	1	0	0	0	1		7	0	7
Arabic	21	4	12	0	13	1	16	2	11	0	7	0	12	2	14	1	106	10	116
Central Khmer	11	0	8	1	3	0	5	0	5	0	9	0	7	0	3		51	1	52
Chinese	402	34	376	21	333	16	383	25	298	0	225	11	138	10	164	14	2319	131	2450
English	1714	138	1365	132	1246	91	1024	87	802	0	485	48	1195	95	1197	90	9028	681	9709
Filipino	2	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	3	0	3
French	3	0	2	0	1	0	2	1	0	0	0	0	0	0	0	1	8	2	10
Hebrew	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Italian	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Japanese	1	0	0	0	0	0	0	0	1	0	1	0	1	0	0	0	4	0	4
Korean	7	0	6	2	5	2	2	1	7	0	2	0	7	0	0	0	36	5	41
Lao	1	1	0	0	2	0	0	0	0	0	1	0	2	0	1	0	7	1	8
Lu Mien	0	0	0	0	5	1	0	2	0	1	0	0	1	0	0	0	6	4	10
Mandarin Chinese	127	6	103	4	90	3	98	2	85	5	56	0	36	3	64	4	659	27	686
Other Chinese	7	0	3	0	9	0	3	0	6	0	8	1	2	0	0	0	38	1	39
Persian	28	1	16	1	14	0	7	0	8	0	8	1	21	2	14	1	116	6	122
Portuguese	1	0	3	0	0	0	2	0	0	0	0	1	0	0	0	0	6	1	7
Russian	4	0	3	0	5	1	1	0	4	0	1	0	4	0	4	2	26	3	29
Spanish	792	79	679	89	552	75	473	66	248	37	113	21	474	72	616	89	3947	528	4475
Tagalog	0	0	0	0	20	4	22	2	28	8	16	1	55	7	3	0	144	22	166
Thai	1	0	0	0	0	0	0	0	0	0	0	0	0	0	3	0	4	0	4
Turkish	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Undetermined	152	12	96	6	58	4	58	1	40	4	33	1	44	2	41	8	522	38	560
Vietnamese	225	13	234	7	172	2	192	9	159	3	105	4	195	3	35	0	1317	41	1358

Call Return Time Q1 2021 – Q4 2022

Ethnicity	Q1 21 Less 1 Business Day	Q1 21 Over 1 Business Day	Q1 21 Did not hear back	Q2 21 Less 1 Business Day	Q2 21 Over 1 Business Day	Q2 21 Did not hear back	Q3 21 Less 1 Business Day	Q3 21 Over 1 Business Day	Q3 21 Did not hear back	Q4 21 Less 1 Business Day	Q4 21 Over 1 Business Days	Q4 21 Did not hear back	Q1 22 Less 1 Business Day	Q1 22 Over 1 Business Day	Q1 22 Did not hear back	Q2 22 Less 1 Business Day	Q2 22 Over 1 Business Day	Q2 22 Did not hear back	Q3 22 Less 1 Business Day	Q3 22 Over 1 Business Day	Q3 22 Did not hear back	Q4 22 Less 1 Business Day s	Q4 22 Over 1 Business Day s	Q4 22 Did not hear back	Total Less 1 Bus Day	Total Over 1 Bus Day	Did not Hear Back
AMERASIAN	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
AMERICAN INDIAN OR ALASKAN NATIVE	2	1	0	4	1	0	3	0	0	2	0	0	3	2		1			4			2	2	1	21	6	1
ASIAN INDIAN	75	27	2	65	18	0	54	12	4	59	8	1	41	9	7	24	14	2	52	18	4	43	10	1	413	116	21
ASIAN OR PACIFIC ISLANDER	40	11	0	35	5	2	35	8	0	27	7	1	24	1	2	15	4	1	24	2	2	27	3	1	227	41	9
Auto inserted unknown code	3	0	1	3	0	0	0	0	0	1	0	0	1			1		0	0	0	0	0	0	0	9	0	1
BLACK	192	70	18	172	59	10	138	55	13	108	41	5	59	23	4	50	25	8	132	47	4	132	27	9	983	347	71
CAMBODIAN	6	0	0	7	1	0	7	0	0	6	0	1	1	1		6	1		7	1		8	1		48	5	1
CHINESE	211	54	12	199	44	2	177	41	2	213	46	2	161	25	6	113	21	9	83	27	3	107	24	4	1264	282	40
FILIPINO	36	11	2	29	8	0	40	14	0	29	11	2	25	15	2	15	8	1	47	21	2	21	6	2	242	94	11
GUAMANIAN	0	0	0	1	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	2	0	0
HAWAIIAN	0	0	0	2	0	0	1	0	0	1	0	0	0	0		0	0	0	0	0	0	2	0	0	6	0	0
HISPANIC	369	77	14	332	88	17	279	79	11	224	75	23	136	36	9	50	19	8	266	72	18	274	81	14	1930	527	114
JAPANESE	0	0	1	1	0	0	3	0	1	1	0	0	1		0	1	0	0	0	0	0	0	0	1	7	0	3
KOREAN	4	0	0	9	2	0	5	2	0	1	2	0	4	2	0	2	0	0	4	1	0	8	1	0	37	10	0
LAOTIAN	1	1	0	0	0	0	2	0	0	0	0	0	0	0	0	0	0	0	1	0	0	1	1	0	3	4	0
OTHER	245	89	15	229	75	7	191	43	16	172	59	16	142	42	7	84	32	8	231	75	15	200	69	19	1494	484	103
SAMOAN	2	0	0	1	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	4	0	0
UNKNOWN	25	7	2	19	4	1	16	6	1	10	3	1	13	2	2	12	1	0	16	3	1	19	4	0	130	30	8
VIETNAMESE	147	13	2	68	9	2	61	7	4	77	4	3	73	9	1	35	6	0	68	10	1	30	3	1	559	61	14
WHITE	97	20	5	82	24	6	82	17	9	55	19	7	51	11	4	27	4	4	54	12	1	49	13	2	497	120	38

Call Return Time Q1 2021 – Q4 2022

Language	Q1 21 Less 1 Bus Day	Q1 21 Over 1 Bus Day	Q1 21 Did not hear back	Q2 21 Less 1 Bus Day	Q2 21 Over 1 Bus Day	Q2 21 Did not hear back	Q3 21 Less 1 Bus Day	Q3 21 Over 1 Bus Day	Q3 21 Did not hear back	Q4 21 Less 1 Bus Day	Q4 21 Over 1 Bus Day	Q4 21 Did not hear back	Q1 22 Less 1 Bus Day	Q1 22 Over 1 Bus Day	Q1 22 Did not hear back	Q2 22 Less 1 Bus Day	Q2 22 Over 1 Bus Day	Q2 22 Did not hear back	Q3 22 Less 1 Bus Day	Q3 22 Over 1 Bus Day	Q3 22 Did not hear back	Q4 22 Less 1 Bus Day	Q4 22 Over 1 Bus Day	Q4 22 Did not hear back	Total Less 1 Bus Day	Total Over 1 Bus Day	Did not Hear Back
American Sign Language	0	0	0	2	0	0	0	0	0	1	0	0		1		0	0	0	0	0	0	1	0	0	4	1	0
Arabic	6	2	0	5	2	0	4	1	0	7	1	0	4			3			7	2		6	2		42	10	0
Central Khmer	2	0	0	5	0	0	1	0	0	5	1	0	1	2		5	1		4	1		3			26	5	0
Chinese	165	41	6	171	32	3	138	33	1	178	38	2	138	20	1	90	17	7	55	20	1	71	21	1	1006	222	22
English	703	228	41	610	193	27	581	154	43	447	147	33	346	99	28	206	80	22	555	165	28	533	137	32	3981	1203	254
Filipino	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0
French	0	1	0	1	0	0	0	0	0	2	1	0	0	0	0	0	0	0	0	0	0	0	1	0	3	3	0
Hebrew	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Italian	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Iu Mien	0	0	0	0	0	0	0	2	0	0	1	0	2	0	0	0	0	0	0	0	0	0	0	0	2	3	0
Japanese	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Korean	3	0	0	4	2	0	4	1	0	1	1	0	2	2	0	1	0	0	4	1	0	4	1	0	23	8	0
Lao	1	0	0	0	0	0	1	1	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	3	1	0
Mandarin Chinese	45	16	3	52	13	1	36	10	2	47	13	0	40	5	3	25	5	1	17	5	0	29	2	3	291	69	13
Other Chinese	1	1	0	1	0	0	3	1	0	2	0	0	2	2	0	3	1	0	1	0	0	0	0	0	13	5	0
Persian	14	2	0	8	2	0	10	1	0	4	1	0	4	0	1	3	1	0	8	7	3	5	2	0	56	16	4
Portuguese	0	0	0	1	0	0	0	0	0	2	0	0	0	0	0	0	1	0	0	0	0	0	0	0	3	1	0
Russian	2	0	0	2	0	0	3	0	0	0	0	0	1	0	0	1	0	0	1	0	0	3	0	1	13	0	1
Spanish	301	63	15	281	76	13	213	67	11	187	61	21	92	23	6	39	16	9	209	52	12	228	74	15	1550	432	102
Tagalog	0	0	0	0	0	0	14	4	0	10	3	0	15	9	1	10	4	2	26	16	3	1	1	0	76	37	6
Thai	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0
Undetermined	61	20	2	36	11	3	26	5	1	29	3	2	21	7	3	14	3	0	20	11	2	20	1	2	227	61	15
Vietnamese	150	7	2	80	7	0	59	5	3	66	4	4	67	8	1	34	5	0	77	9	2	15	2	1	548	47	13

Time to Answer Call Q1 2021 – Q4 2022

Ethnicity	Q1 21 0-10 Minuites	Q1 21 Greater than 10 Minutes	Q2 21 0-10 Minuites	Q2 21 Greater than 10 Minutes	Q3 21 0-10 Minuites	Q3 21 Greater than 10 Minutes	Q4 21 0-10 Minuites	Q4 21 Greater than 10 Minutes	Q1 22 0-10 Minuites	Q1 22 Greater than 10 Minutes	Q2 22 0-10 Minuites	Q2 22 Greater than 10 Minutes	Q3 21 0-10 Minuites	Q3 22 Greater than 10 Minutes	Q4 21 0-10 Minuites	Q4 22 Greater than 10 Minutes	Total 0-10 Minutes	Total Greater than 10 Minutes	Total
AMERASIAN	0	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	1
AMERICAN INDIAN OR ALASKAN NATIVE	5	1	4	1	4	0	3	0	4	1	2		4		3	1	29	4	33
ASIAN INDIAN	105	20	83	14	93	25	58	14	48	17	45	11	74	15	58	14	564	130	694
ASIAN OR PACIFIC ISLANDER	57	11	43	9	52	22	36	9	37	4	17	4	22	10	30	9	294	78	372
Auto inserted unknown code	4	0	4	0	0	0	1	0	2		1	1	0	0	1		13	1	14
BLACK	302	59	278	62	263	78	171	51	99	36	58	20	190	46	209	38	1570	390	1960
CAMBODIAN	9	2	10	2	11	1	7	2	2	2	6	3	8	1	10		63	13	76
CHINESE	234	105	197	65	235	184	203	74	193	55	111	29	89	38	128	46	1390	596	1986
FILIPINO	53	16	39	8	67	26	43	19	33	16	24	5	56	24	36	10	351	124	475
GUAMANIAN	0	0	1	1	0	0	0	1	0	0	1	0	0	0	0	0	2	2	4
HAWAIIAN	0	0	2	1	1	0	1	0	1	0	0	0	0	0	3	1	8	2	10
HISPANIC	578	210	532	208	528	210	399	180	229	96	58	38	401	200	456	237	3181	1379	4560
JAPANESE	3	0	1	0	5	2	0	0	1	0	1	0	1	0	1	0	13	2	15
KOREAN	3	3	12	2	6	3	4	1	7	2	3	0	6	0	10	2	51	13	64
LAOTIAN	4	1	0	0	2	1	0	0	0	0	2	0	2	0	1	1	11	3	14
OTHER	376	97	337	93	335	136	251	89	190	58	124	40	332	117	307	115	2252	745	2997
SAMOAN	2	0	2	0	1	1	2	0	0	0	0	0	0	0	2	0	9	1	10
UNKNOWN	38	9	34	6	29	11	18	4	11	4	14	3	20	6	24	6	188	49	237
VIETNAMESE	193	20	144	18	145	20	142	26	130	8	84	8	119	28	43	13	1000	141	1141
WHITE	137	21	102	34	118	48	76	19	71	17	33	10	76	14	61	21	674	184	858

Time to Answer Call Q1 2021 – Q4 2022

Language	Q1 21 0-10 Minuites	Q1 21 Greater than 10 Minutes	Q2 21 0-10 Minuites	Q2 21 Greater than 10 Minutes	Q3 21 0-10 Minuites	Q3 21 Greater than 10 Minutes	Q4 21 0-10 Minuites	Q4 21 Greater than 10 Minutes	Q1 22 0-10 Minuites	Q1 22 Greater than 10 Minutes	Q2 22 0-10 Minuites	Q2 22 Greater than 10 Minutes	Q3 21 0-10 Minuites	Q3 22 Greater than 10 Minutes	Q4 21 0-10 Minuites	Q4 22 Greater than 10 Minutes	Total 0-10 Minutes	Total Greater than 10 Minutes	Total
American Sign Language	0	0	1	1	0	0	1	0		1	0	0	0	0	1		3	2	5
Arabic	12	5	11	1	10	3	9	3	9		3	1	6	7	8	4	68	24	92
Central Khmer	4	2	7	1	2	0	4	1		3	5	2	6	1	3		31	10	41
Chinese	170	93	151	57	185	154	165	66	153	49	91	28	54	28	86	32	1055	507	1562
English	1091	225	926	211	974	339	672	202	501	141	281	86	797	205	788	211	6030	1620	7650
Filipino	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
French	0	0	2	0	1	0	2	0	0	0	0	0	0	0	0	1	5	1	6
Hebrew	0	0	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Italian	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Iu Mien	0	0	0	0	5	2	1	0	2	0	0	0	0	0	0	0	8	2	10
Japanese	1	0	0	0	0	0	0	0	0	0	1	0	1	0	0	0	3	0	3
Korean	3	2	7	1	5	1	1	1	3	2	1	0	6	0	5	1	31	8	39
Lao	1	0	0	0	2	0	0	0	0	0	1	0	1	0	0	0	5	0	5
Mandarin Chinese	50	11	48	8	52	43	38	12	46	10	22	5	15	7	35	14	306	110	416
Other Chinese	2	1	1	1	6	3	0	0	3	2	3	3	1	0	0	0	16	10	26
Persian	20	1	11	1	11	3	3	2	5	2	5	1	13	4	11	3	79	17	96
Portuguese	1	0	3	0	0	0	2	0	0	0	0	1	0	0	0	0	6	1	7
Russian	2	0	1	1	2	3	0	1	1	0	1	0	0	2	3	1	10	8	18
Spanish	459	197	441	202	426	186	322	165	170	82	48	29	304	182	386	229	2556	1272	3828
Tagalog	0	0	0	0	17	6	13	6	11	12	14	1	29	18	3	0	87	43	130
Thai	1	0	0	0	47	9	0	0	0	0	0	0	0	0	0	0	48	9	57
Undetermined	87	23	56	17	47	9	35	7	26	7	22	5	27	12	25	10	325	90	415
Vietnamese	198	17	160	22	150	17	148	22	128	5	86	9	137	32	23	7	1030	131	1161

Q&A

Enhanced Care Management (ECM)

Amy Stevenson, DNP, RN, PHN, ACM-RN
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Health Homes & Whole Person Care

The journey to ECM

ALAMEDA
Alliance
FOR HEALTH

Timeline

2017 ACBH & AAH HHP/WPC self-funded pilot

SHIE/prototype CHR

Data Sharing/Model of Care

Provider Network

Training

2019 ACBH & AAH HHP/WPC pilot

SHIE/CHR launch

Network Expansion

Training

2022 ECM/Community Supports launch & expansion. Street Health
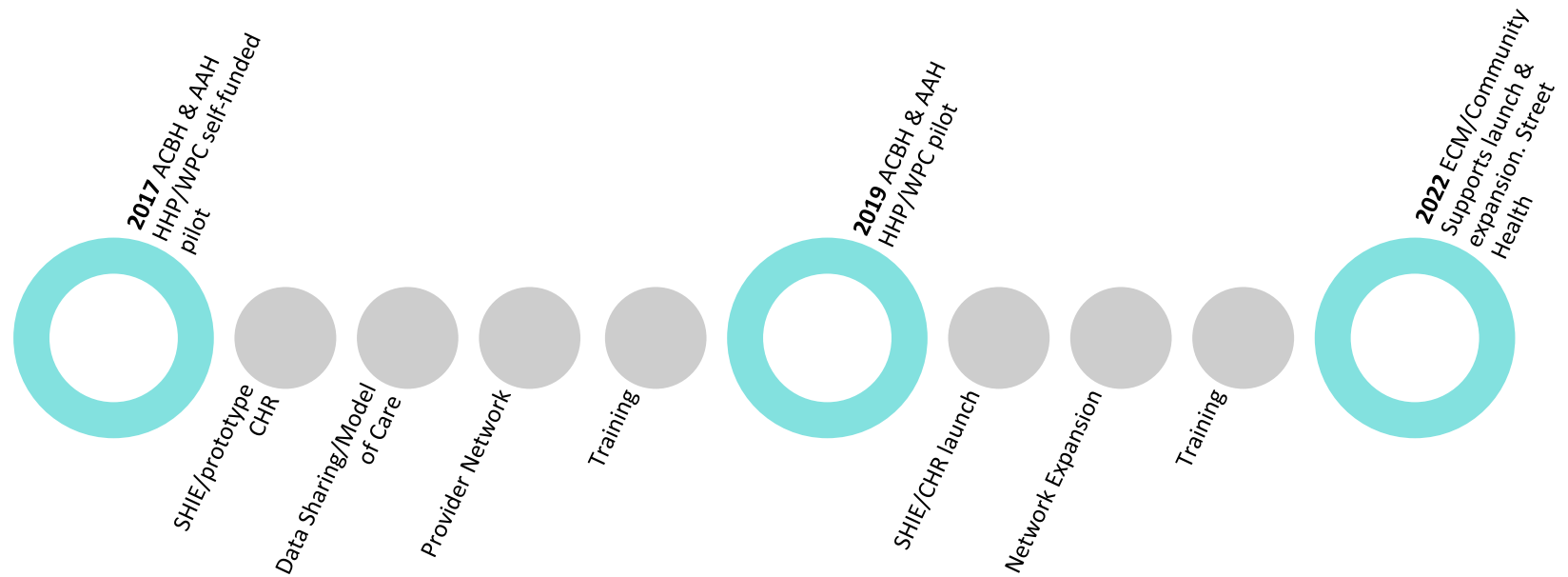
Social Health Information Exchange (SHIE)
Community Health Record (CHR)

What is ECM?

❑ ECM gives qualified members extra services from a dedicated ECM provider, which is an entity that contracts with a Medi-Cal managed care health plan.

❑ A **lead care manager**, who works for the ECM provider, coordinates the member's health care services and links them to community and social services.

❑ The member's ECM provider works with all of their providers to give an **added layer of support**.

❑ Members get these **extra services at no cost** as part of their Medi-Cal benefits.

❑ ECM will **not take away** any of the member's current Medi-Cal benefits

ECM is exclusively for Medi-Cal managed care health plan members. Only managed care health plan members can access the ECM benefit. Medi-Cal beneficiaries who receive care through the fee-for-service (FFS) delivery system must enroll in a managed care health plan to receive ECM services.

Source: CalAIM Enhanced Care Management (ECM) Policy Guide

What Services Does ECM Offer?

▷ **Outreach and Engagement:** Contact and engage the member in their care.

▷ **Comprehensive Assessment and Care Management Planning:** Complete a comprehensive assessment with the member and work with them to develop a care plan to manage and guide their care and meet their goals.

▷ **Enhanced Coordination of Care:** Coordinate care and information across all of the member's providers and implement the care plan.

▷ **Health Promotion:** Provide tools and support that will help the member better monitor and manage their health.

▷ **Comprehensive Transitional Care:** Help the member safely and easily transition in and out of the hospital or other treatment facilities.

▷ **Member and Family Supports:** Educate the member and their personal support system about their health issues and options to improve treatment adherence.

▷ **Coordination of and Referral to Community and Social Support Services:** Connect the member to community and social services.

California Advancing and Innovating Medi-Cal (CalAIM)
Our Journey to a Healthier California for All

CalAIM is a long-term commitment to transform and strengthen Medi-Cal, making the program more equitable, coordinated, and person-centered to help people maximize their health and life trajectory.
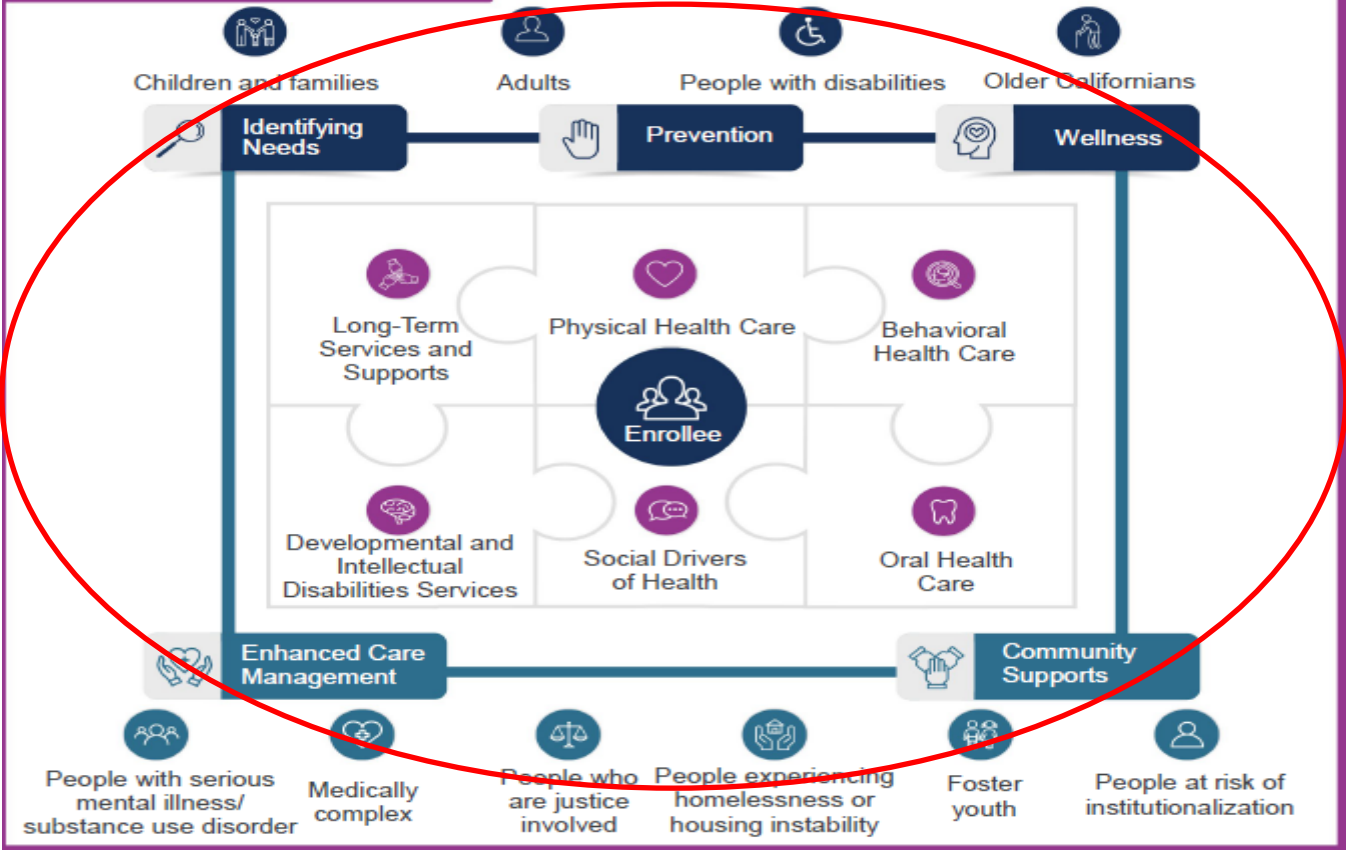
CalAIM Goals

Implement a whole-person care approach and address social drivers of health.

Improve quality outcomes, reduce health disparities, and drive delivery system transformation.

Create a consistent, efficient, and seamless Medi-Cal system.

Population Health Management

Children and families   Adults   People with disabilities   Older Californians

Identifying Needs — Prevention — Wellness

Long-Term Services and Supports   Physical Health Care   Behavioral Health Care

Enrollee

Developmental and Intellectual Disabilities Services   Social Drivers of Health   Oral Health Care

Enhanced Care Management   Community Supports

People with serious mental illness/ substance use disorder   Medically complex   People who are justice involved   People experiencing homelessness or housing instability   Foster youth   People at risk of institutionalization

Source: CalAIM Enhanced Care Management (ECM) Policy Guide

ECM Populations of Focus

ECM Populations of Focus	Adults	Children & Youth
1a	Individuals Experiencing Homelessness: *Adults without Dependent Children/Youth Living with Them Experiencing Homelessness*	✓	
1b	Individuals Experiencing Homelessness: *Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness*	✓	✓
2	Individuals At Risk for Avoidable Hospital or ED Utilization (*Formerly "High Utilizers"*)	✓	✓
3	Individuals with Serious Mental Health and/or SUD Needs	✓	✓
4	Individuals Transitioning from Incarceration	✓	✓
5	Adults Living in the Community and At Risk for LTC Institutionalization	✓	
6	Adult Nursing Facility Residents Transitioning to the Community	✓	
7	Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition		✓
8	Children and Youth Involved in Child Welfare		✓
9	Birth Equity Population of Focus	✓	✓

Populations of Focus Implementation Timeline

Adults and their Families Experiencing Homelessness

Adults At Risk of Avoidable Hospital or Emergency Department (ED) Utilization

Adults with SMI/SUD

January 2022

Children and Youth Populations of Focus

July 2023

January 2023

Adults Living in the Community and At Risk for LTC Institutionalization

Adult Nursing Facility Residents Transitioning to the Community

January 2024

Individuals Transitioning from Incarceration

Birth Equity

ECM Network

- Alameda County Behavioral Health (ACBH)
- Alameda Health System (AHS)
  - Eastmont Wellness
  - Highland Wellness
  - Hayward Wellness
- Bay Area Community Services (BACS)
- California Cardiovascular Consultants
- California Childrens Services (CCS)
- Community Health Center Network (CHCN)
  - Asian Health Services
  - BACH Liberty
  - BACH Mowry
  - La Clinica San Antonio
  - La Clinica Transit Village
  - Lifelong Ashby
  - Lifelong Downtown Oakland
  - Lifelong East Oakland
  - Lifelong Howard Daniel
  - Lifelong Trust Center
  - Lifelong West Berkeley
  - Native American Health Services
  - Tiburcio Vasquez
  - West Oakland Health Center

- East Bay Innovations (EBI)
- Full Circle
  - A Better Way
  - Alameda Family Services
  - Alternative Family Services
  - East Bay Agency for Children
  - Fred Finch Youth & Family Services
  - Linoln
  - Stars, Inc.
  - West Coast Children's Clinic
- Institute on Aging
- La Familia
- James A. Watson Wellness Center
- MedZed
- Roots Community Health Center
- Seneca Family Services
- Titanium Health Care

Overview

	Members	Homeless	% Homeless
Eligible	27,287	8,597	31.5%
Outreached	1,354	415	30.6%
Enrolled	2,011	780	38.8%
Graduated	312	100	32.1%
Grandfathered (HHP/WPC)	988	317	32.1%
Grandfathered (HHP/WPC) Graduated	249	63	25.3%

OMB SITE VISIT HIGHLIGHTS

What Contributed To The Collective Success?

ALAMEDA
Alliance
FOR HEALTH

- CREATING INTENTIONAL SPACE FOR PARTNERS TO SHOW UP IN THEIR SKILLSETS
- BUILDING TRUST THROUGH DOING THE WORK TOGETHER
- FOSTERING COLLABORATION WITH PARTNERS
- TRAINING

CONTRIBUTIONS TO SUCCESS

DATA SHARING

Alameda County was recognized for stellar data collection systems such as the SHIE & Community Health Record. This data repository allows for the health plan and other service providers to engage in a collective system of care and easily navigate coordination of services with one another.

CROSS COLLABORATION

BOLD IDEA

Developing a shared language to understand the importance of each others programs and program limitations

INVESTMENT

Keeping our Members at the Center

GROWING THE PRORAM

- To scale the programs must also examine need for additional funding to support any programmatic funding gaps
- Awareness of staffing capacity and monitoring of program components

Highlights

Alameda Alliance was recognized for deep and intentional cross collaboration with our county partners, community-based organizations and community stakeholders

Importance of breaking down silos by fostering opportunities to data share and increase member service connection

Practicing Cultural Humility and Diversity, Equity and Inclusion to deliver member-centered care.

Honoring the dignity of all members and their rights to high quality services

Permanent Supportive Housing (PSH) Site Visit

❑ Housing is foundational to a member's health and wellness. Without a safe and affordable place to reside, members care becomes secondary, and they become more at risk for poor health outcomes.

❑ Permanent supportive housing is one of the resolutions to support members in getting back into the driver-seat of their health goals.

❑ Residents pay 30 % of their income towards rent

❑ Residents receive case management supportive services to help with their self-identified goals

❑ Engagement Support to reduce isolation and increase community building

❑ Community Supports are essential to advancing the health and wellness to help members feel planted in their homes because it also helps to off-set cost.

Community

Safety of HOME

Family & Networks of Reciprocity

Housing is Healthcare

Goal-Setting & Achievement

Leadership and Learning

Dignity in Death-Dying

ALAMEDA
Alliance
FOR HEALTH

Health care you can count on.
Service you can trust.

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	September 5, 2023
From:	Jennifer Karmelich – Director, Quality Assurance
Reporting Period:	Resolved IHSS Q2 2023

Purpose: In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	152	30 Calendar Days	95% compliance within standard	150	98.6%	
Expedited Grievance	0	72 Hours	95% compliance within standard	0	N/A	
Exempt Grievance	229	Next Business Day	95% compliance within standard	229	100.0%	
Standard Appeal	12	30 Calendar Days	95% compliance within standard	12	100.0%	
Expedited Appeal	0	72 Hours	95% compliance within standard	0	N/A	
Q2 2023 Total Cases:	393		95% compliance within standard	391	99.4	19.03

*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

Appeal Data/Analysis:

| Prior Authorization Appeals	Filed Against:		Grand Total
	CHCN	**Plan**	
Coverage Disputes	1	0	1
Disputes Involving Medical Necessity	1	9	10
Out of Network	0	1	1
Grand Total:	**2**	**10**	**12**
Overturned %:	**0%**	**60%**	**50%**

25% Benchmark for overturns was not met for the quarter, there were six overturned decisions made by the plan, five our of the six overturns were pharmacy appeals.

Grievance Data/Analysis:

| Filed Against:	Grievance Type					Grand Total
	Access to Care	**Coverage Dispute**	**Other**	**Quality of Care**	**Quality of Service**	
Ancillary	3	12	0	0	1	16
Clinic	45	1	1	5	12	64
Delegate	2	2	6	0	2	12
Hospital	1	8	0	0	0	9
Mental Health Facility	1	0	0	0	0	1
Mental Health Professional	6	0	0	0	1	7
Other	0	1	0	0	20	21
Out-of-Network	7	28	0	0	4	39
PCP	28	0	1	1	9	39
PCP Non-Physician Medical Practitioner	0	0	0	0	0	1
Plan	50	42	14	0	34	140
Skilled Nursing Facility	0	1	0	0	0	1
Specialist	15	0	0	1	5	21
Vendor	0	1	0	0	9	10
Grand Total	**159**	**93**	**22**	**7**	**97**	**381**

- **Grievances filed against the Plan:**
  - Access to Care:
    - 43 out of the 50 complaints were related to AAH system errors, and telephone access Plan, 42 of the 43 were closed as exempt grievances.
  - Coverage Disputes
    - (42) Disputes related to benefits, billing and reimbursement requests.
  - Other
    - Enrollment: PCP Auto assignments
    - Eligibility
  - Quality of Service
    - Complaints against our internal departments: G&A, Member Services, Behavioral Health, and Case Management regarding customer service.

IHSS Q1-Q2 2023 Filed Against Trend Line
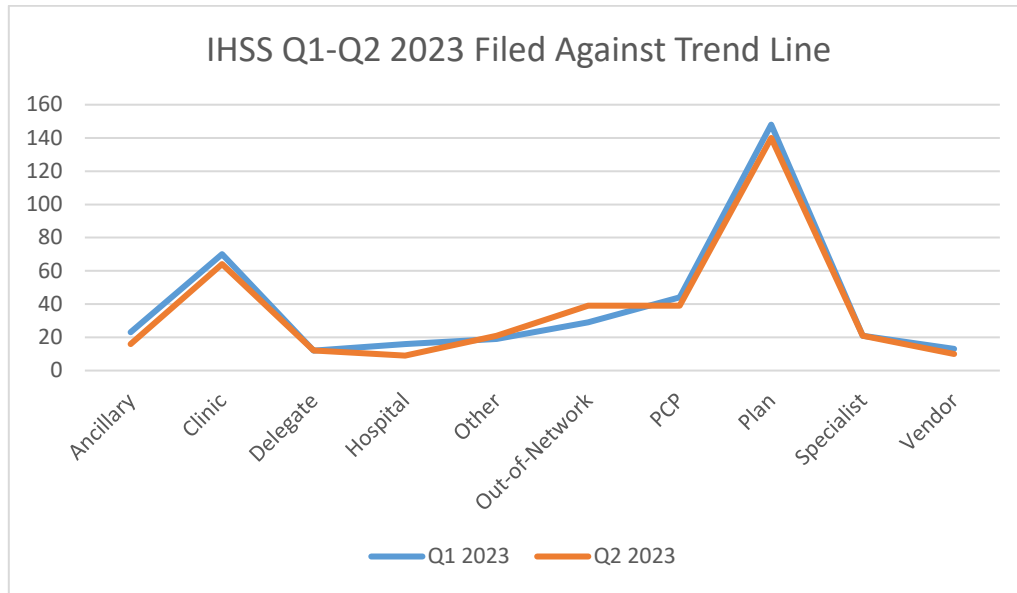
Grievances filed against our Delegated Networks/Vendors:

Filed Against:	Grievance Type					Grand Total
	Access to Care	**Coverage Dispute**	**Other**	**Quality of Care**	**Quality of Service**	
Delegate	**2**	**2**	**6**	**0**	**2**	**12**
Beacon	0	1	0	0	0	1
CHCN	1	0	0	0	0	1
Kaiser	1	0	5	0	0	6
March Vision	0	1	0	0	1	2
PerformRx	0	0	1	0	1	2
Vendor	**0**	**1**	**0**	**0**	**9**	**10**
CHME	0	1	0	0	1	2
ModivCare	0	0	0	0	1	1
Teladoc	0	0	0	0	1	1
Xaqt	0	0	0	0	6	6
Grand Total	**2**	**3**	**6**	**0**	**11**	**22**
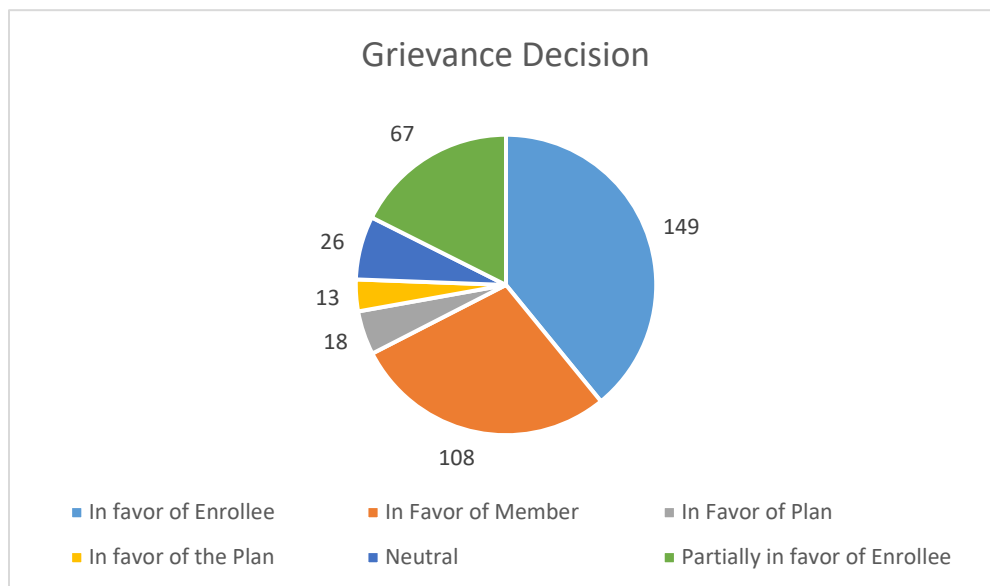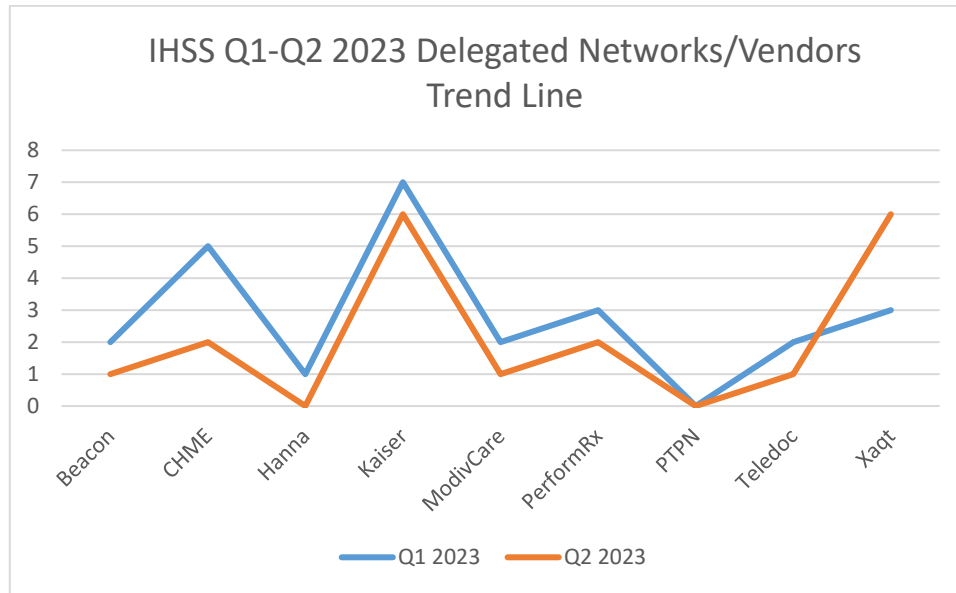
IHSS Q1-Q2 2023 Delegated Networks/Vendors Trend Line

Grievance Decision

*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 324 unique grievance cases for IHSS members resolved during the reporting period, with a total of 381 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

Issues/Recommendations:

Action Items:

Action Item:	Responsible Party:	Completed:

Grievance and Appeals Report

To:	Member Advisory Committee Meeting
Date:	September 5, 2023
From:	Jennifer Karmelich – Director, Quality Assurance
Reporting Period:	Resolved Q2 2023

Purpose: In accordance with Title 28 of the California Code of Regulations §1300.69(f) Enrollees and subscribers participating in establishing public policy shall have access to information available from the plan regarding public policy, including financial information and information about the specific nature and volume of complaints received by the plan and their disposition.

Standards/Benchmark:

Case Type	Total Cases	TAT Standard	Benchmark	Total in Compliance	Compliance Rate	Per 1,000 Members*
Standard Grievance	2455	30 Calendar Days	95% compliance within standard	2339	95.3%	
Expedited Grievance	3	72 Hours	95% compliance within standard	3	100.0%	
Exempt Grievance	5136	Next Business Day	95% compliance within standard	5130	99.9%	
Standard Appeal	79	30 Calendar Days	95% compliance within standard	79	100.0%	
Expedited Appeal	1	72 Hours	95% compliance within standard	1	100.0%	
Q2 2023 Total Cases:	7674		95% compliance within standard	7552	98.4%	5.92

*Goal is to have less than 1 complaint per 1,000 members, (calculation: the sum of all unique grievances for the quarter divided by the sum of all enrollment for the quarter multiplied by 1000.)

Appeal Data/Analysis:

Prior Authorization Appeals	Filed Against:				Grand Total
	Beacon	CFMG	CHCN	Plan	
Coverage Disputes	0	0	0	3	3
Disputes Involving Medical Necessity	0	2	13	27	42
Out of Network	0	1	16	18	35
Grand Total:	**0**	**3**	**29**	**48**	**80**
Overturned %:	**0%**	**33.3%**	**13.8%**	**16.7%**	**16.3%**

Grievance Data/Analysis:

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Ancillary	80	262	4	11	44	401
Clinic	1000	72	11	103	377	1563
Delegate	65	53	436	11	131	696
Hospital	50	114	3	30	30	227
Mental Health Facility	25	9	1	5	25	65
Mental Health Professional	44	1	1	1	30	77
Other	2	5	0	0	4	11
Out-of-Network	67	283	2	8	37	397
PCP	333	1	0	40	130	504
PCP Non-Physician Medical Practitioner	6	0	0	2	2	10
Plan	1049	99	809	1	940	2898
Skilled Nursing Facility	7	0	0	8	7	22
Specialist	138	14	1	20	53	226
Vendor	46	24	5	5	417	497
Grand Total	**2912**	**937**	**1273**	**245**	**2227**	**7594**

- Grievances filed against the Plan:
  - Access to Care: Telephone/Technology: Members having difficulty accessing/navigating through member portal, not receiving their member ID cards timely, unable to reach AAH staff by telephone.
  - Coverage Disputes: Disputes related to benefit and reimbursement requests.
  - Other
    - Enrollment: 677
    - Eligibility: 119
    - F/W/A: 5
    - PHI: 8
  - Quality of Service: Complaints against our internal departments, G&A, Member Services and Case Management regarding customer service.
  - Behavioral Health Grievances: We had a total of 134 grievances due to the Plan not following up with members who were requesting an ABA evaluation and connection to an ABA provider for services.

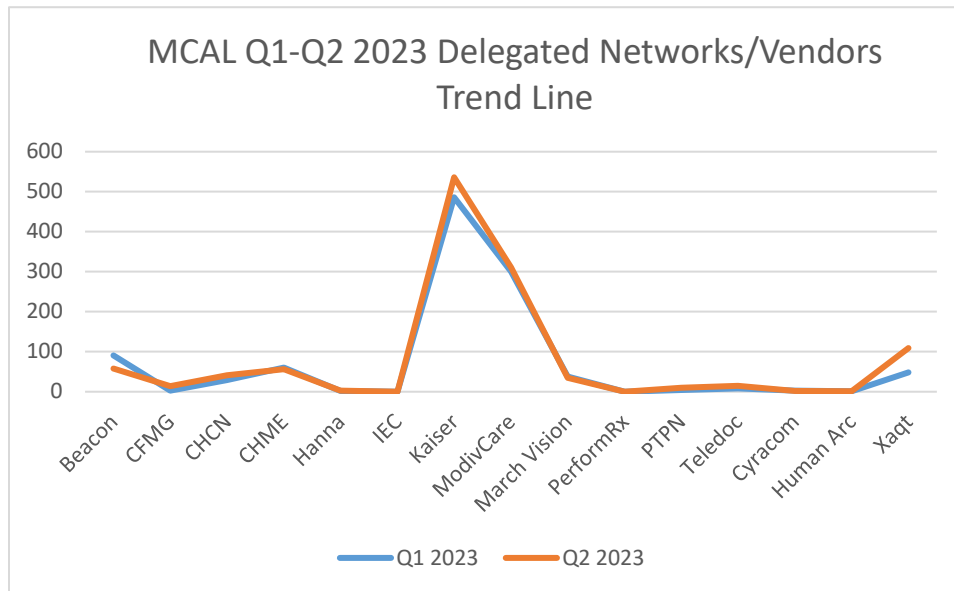MCAL Q1-Q2 2023 Filed Against Trend Line
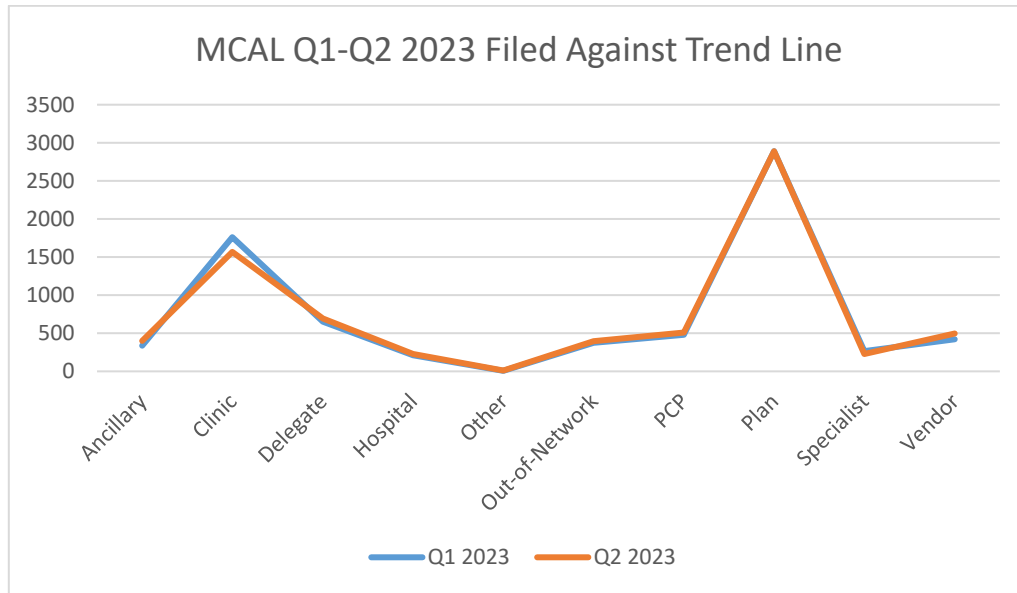
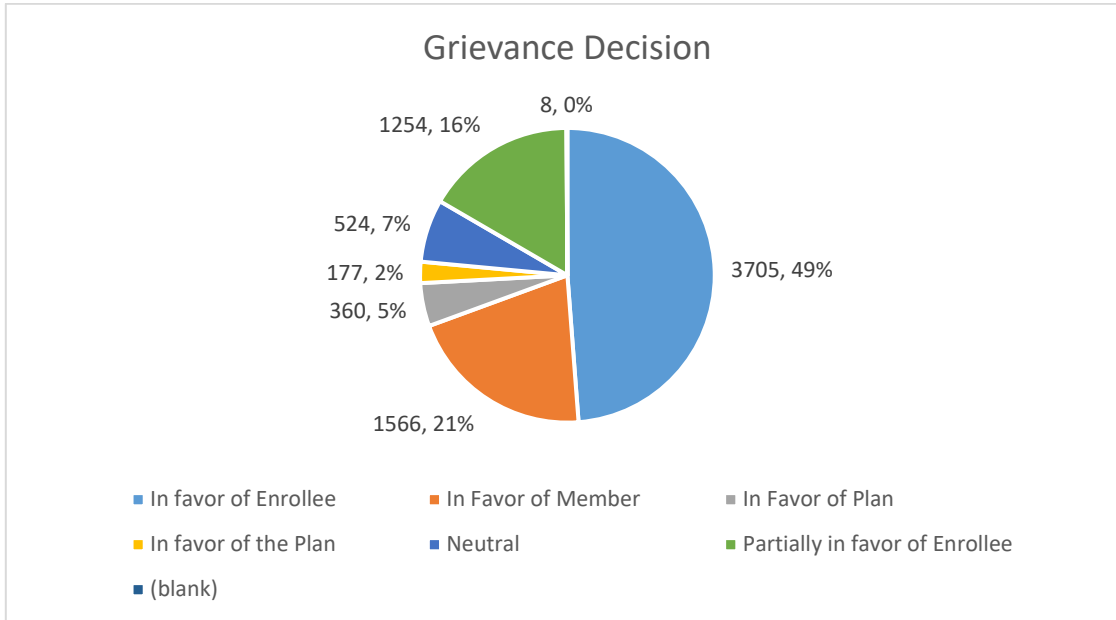**Grievances filed against our Delegated Networks/Vendors:**

Delegated Network is a subcontractor with a Health Plan that has been given authority to perform functions, our delegates are listed below:

- Beacon Health Strategies – Behavioral Health Benefit Provider (through Q1 2023)
- Children First Medical Group (CFMG) – Alliance Provider Network
- Community Health Center Network (CHCN) – Alliance Provider Network
- California Home Medical Equipment (CHME) – DME Benefit Supplier
- Kaiser – Fully Delegated Provider
- March Vision Care Group – Vision Benefit Provider

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Delegate	**65**	**53**	**436**	**11**	**131**	**696**
Beacon	18	4	1	1	34	58
CFMG	11	1	0	0	2	14
CHCN	16	5	1	0	19	41
Kaiser	9	36	430	9	52	536
March Vision	6	7	4	1	17	35
PTPN	5	0	0	0	5	10
Solera	0	0	0	0	2	2
Vendor	**46**	**24**	**5**	**5**	**417**	**497**
CHME	25	4	0	1	26	56
Cyracom	0	0	0	0	2	2
Hanna	3	0	0	0	0	3

Filed Against:	Grievance Type					Grand Total
	Access to Care	Coverage Dispute	Other	Quality of Care	Quality of Service	
Human Arc	0	0	1	0	0	1
ModivCare	14	18	2	1	276	311
Teladoc	2	2	2	3	6	15
Xaqt	2	0	0	0	107	109
Grand Total	111	77	441	16	548	1193

MCAL Q1-Q2 2023 Delegated Networks/Vendors Trend Line

Grievance Decision

8, 0%
1254, 16%
524, 7%
177, 2%
360, 5%
3705, 49%
1566, 21%

- In favor of Enrollee
- In Favor of Member
- In Favor of Plan
- In favor of the Plan
- Neutral
- Partially in favor of Enrollee
- (blank)

*Neutral decisions are decided when it is he/she said complaint and the complaint cannot be substantiated either way.

Tracking and Trending:

- There were 6,404 unique grievance cases resolved during the reporting period, with a total of 7,594 grievances including all shadow cases.
- All grievances related to quality of care were forwarded as a Potential Quality Issue (PQI) to the AAH Quality department, upon further investigation, the PQI nurse and Alliance MD assign severity levels, action codes and outcome codes as deemed appropriate.
- Grievances filed against our Delegates/Vendors have been provided to the groups during our quarterly Joint Operation Meetings.

Issues/Recommendations:

Action Items:

Action Item:	Responsible Party:	Completed:

COMMUNICATIONS & OUTREACH DEPARTMENT
ALLIANCE IN THE COMMUNITY
FY 2022 - 2023 | 4TH QUARTER (Q4) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY
FY 2022 - 2023 | 4TH QUARTER (Q4) OUTREACH REPORT

Between April 2023 and June 2023, the Alliance completed **2,430** member orientation outreach calls among net new members and non-utilizers and conducted **390** member orientations (**16%** member participation rate). The Alliance Outreach Team also completed **10** Service Requests, and **139** Website Inquires in Q4. The Alliance reached a total of **903** people and spent a total of $160 in donations, fees, and/or sponsorships at the 2023 Spring Extravaganza, AHS Food Distribution, San Leandro Cherry Festival, and the Summer Health Block Party community and member education events.**
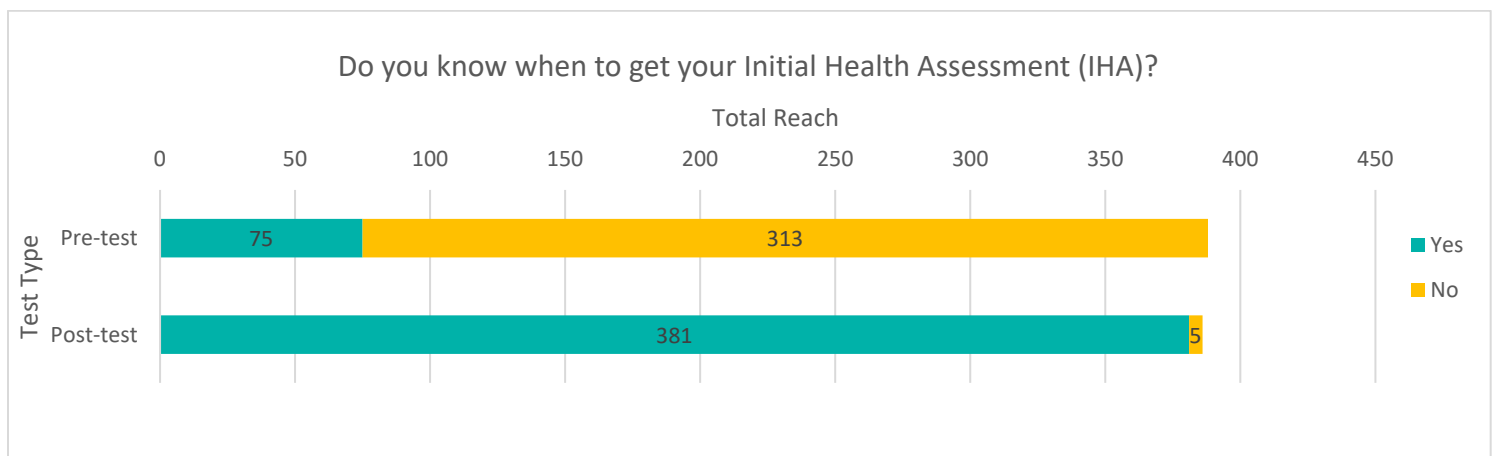
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **27,645** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020,** the Alliance began conducting member orientations by phone. As of **Friday, June 30, 2023**, the Outreach Team completed 27,185 member orientation outreach calls and conducted 7,100 member orientations (26.1%-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 June 30, 2023 – **7,100** members completed our MO program by phone.

After completing a MO **98.7%** of members who completed the post-test survey in Q4 FY 22-23 reported knowing when to get their IHA, compared to only **19.3%** of members knowing when to get their IHA in the pre-test survey.

Do you know when to get your Initial Health Assessment (IHA)?
Total Reach — Pre-test: Yes 75, No 313 — Post-test: Yes 381, No 5

All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 22-23\Q4\3. June 2023**

ALLIANCE IN THE COMMUNITY
FY 2022 - 2023 | 4TH QUARTER (Q4) OUTREACH REPORT

Q4 FY 2022-2023 TOTALS

2 COMMUNITY EVENTS

623 TOTAL REACHED AT COMMUNITY EVENTS

2 MEMBER EDUCATION EVENTS

280 TOTAL REACHED AT MEMBER EDUCATION EVENTS

390 MEMBER ORIENTATIONS

390 TOTAL REACHED AT MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

10 TOTAL INITIATED/INVITED EVENTS

754 TOTAL MEMBERS REACHED AT EVENTS

394 TOTAL EVENTS

1,293 TOTAL REACHED AT ALL EVENTS

ALAMEDA	CASTRO	FREMONT	NEWARK	SAN LEANDRO
BERKELEY	VALLEY	HAYWARD	OAKLAND	SAN LORENZO
	DUBLIN	LIVERMORE	PLEASANTON	UNION CITY

TOTAL REACH 13 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 Q4 2023: El Dorado Hills. The C&O Department started including these cities in the Q4 FY21 Outreach Report.

$160

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

* Includes refundable deposit.

MAC Member Recruitment Update and Candidates

MAC MEMBERSHIP UPDATE(S)

▷ Transportation Support

▷ Review MAC Candidates

▷ Chair and Vice Chair nominations/recommendations

MAC Candidates: Outreach & Application Process

Outreach

▷ Alliance support staff and/or current members recruit new members to MAC through:

- ▸ Direct outreach to members
- ▸ Community organizations
- ▸ Clinics
- ▸ Provider offices.

▷ Interested members may contact the Alliance.

Application

▷ The Alliance sends an application form by mail.

▷ Alliance staff can assist members in completing the form over the phone.

▷ If the candidate meets the basic criteria for MAC membership, the Alliance staff will reach out to the member to complete the "Potential MAC Member Questions."

MAC Candidates:
Voting Process

Attend a MAC Meeting

▷ Member/candidate is invited to attend the next MAC meeting.
▷ Alliance Staff will introduce the candidate to the MAC members.
▷ Candidate shares additional information.
▷ MAC members may ask questions.

Voting

▷ Members will vote by secret ballot.
▷ After the meeting, votes are counted by Alliance staff.
▷ Alliance staff will inform the candidate and MAC committee of the results.

MAC Member Candidate

▷ Cecelia Wynn

MAC Chair & Vice-Chair

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Alliance
FOR HEALTH

Chair & Vice Chair Roles

Provide guidance to the MAC so its members identify, discuss, and make recommendations on issues of concern for Alliance members. The Chair and Vice-Chair will:

▷ Meet with Alliances staff to prepare meeting agendas

▷ The Chair will chair the meetings of the MAC. The Vice-Chair will facilitate the meetings when the Chair is absent.

▷ Help ensure that MAC meetings follow Robert's Rules of Order and Meeting Ground Rules.

▷ Start the meeting and review the agenda.

▷ Facilitate discussion of agenda topics.

▷ Put off-topic issues into a "Parking Lot" or future.

▷ Decide whether to continue the discussion if a topic goes into overtime.

▷ Ensure that all members can take part in the discussions.

▷ Involve all MAC members in the decision making.

Chair & Vice-Chair Selection Process

1. Inform member of Chair and Vice-Chair elections

2. Request nominations (Ok to nominate self!)

3. Nominees share briefly on interest

4. Use voting form to vote by secret ballot

5. Alliance staff will count votes and share with CEO

6. CEO makes final decision

7. Results are shared with MAC

Thank you!

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

Mao Moua, Cultural and Linguistic Services Manager

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