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IMPORTANT PUBLIC HEALTH AND SAFETY MESSAGE REGARDING PARTICIPATION AT ALAMEDA ALLIANCE FOR HEALTH COMMITTEE MEETINGS

STATE OR LOCAL OFFICIALS CONTINUE TO IMPOSE OR RECOMMEND MEASURES TO PROMOTE SOCIAL DISTANCING.

AS A RESULT OF THE COVID-19 VIRUS, AND RESULTING ORDERS AND DIRECTION FROM THE PRESIDENT OF THE UNITED STATES, THE GOVERNOR OF THE STATE OF CALIFORNIA, AND THE ALAMEDA COUNTY HEALTH OFFICER, THE PUBLIC WILL NOT BE PERMITTED TO PHYSICALLY ATTEND THE ALAMEDA ALLIANCE FOR HEALTH MEETING TO WHICH THIS AGENDA APPLIES.

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 cbrazil@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: 172 594 183 #. 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:	June 16, 2022	Time:	10:00 AM – 12:00 Noon
Meeting Chair and Vice Chair:	Natalie Williams, Vice Chair	Location:	Call in or video call only.
Call In Number:	Telephone Number: 1.510.210.0967 Code: 172 594 183 #	Webinar:	Microsoft Teams link is provided 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
Melinda Mello	Alliance Member	Natalie Williams	Alliance Member, Vice Chair
Maria Archuleta	Alliance Member	Bassam Jammal	Alliance Member
Roxanne Furr	Alliance Member	Mimi Le	Alliance Member
Irene Garcia	Alliance Member	Brenda Burnell	A/C Child Health & Disability Prevention
Erika Garner	Alliance Member	Amy Sholinbeck	Asthma Coordinator, Alameda County Asthma Start
Charlene Harrison	Site Director, Native American Health Center		

III. Meeting Agenda

Topic	Responsible Party	Time	Vote to approve or Information
Welcome and Introductions a. Member Roll Call b. Alliance Staff	Natalie Williams, Vice Chair	5	Information

Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

c. Welcome Guests <ul style="list-style-type: none"> • Warren Cushman • Sonya Richardson • Jody Moore 			
Approval of Minutes and Agenda			
1. Approval of Agenda	Natalie Williams , Vice Chair	2	Vote
2. Approval of Minutes from March 16, 2022	Natalie Williams , Vice Chair	3	Vote
Alliance Reports			
1. Alliance CEO Update <ul style="list-style-type: none"> • MAC Member Recognitions • Finance and Operations • Mental Health and Autism Services 	Scott Coffin Chief Executive Officer	25	Information
2. Grievances and Appeals <ul style="list-style-type: none"> • 3rd Quarter Fiscal Year 2022 	Jennifer Karmelich Director, Quality Assurance	10	Information
3. Outreach Report <ul style="list-style-type: none"> • 2nd Quarter Fiscal Year 2022 	Michelle Lewis Manager, Communications and Outreach	10	Information
4. Cultural and Linguistic Services <ul style="list-style-type: none"> • Annual Review • Cultural Sensitivity Training 	Linda Ayala Health Education Manager	20	Discussion
New Business			
1. MAC Candidates <ul style="list-style-type: none"> • Warren Cushman • Sonya Richardson • Jody Moore 	Rosa Reyes Health Educator Linda Ayala Health Education Manager	20	Vote
2. Chair and Vice-Chair Nominations	Linda Ayala Health Education Manager	20	Vote
Open Forum	Natalie Williams , Vice Chair	8	Discussion
Adjournment	Natalie Williams , Vice Chair	2	Next meeting:



Alameda Alliance for Health
Member Advisory Committee Meeting Agenda

			September 15, 2022
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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 **Cindy Brazil** at **510.747-6166** 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 17, 2022 10:00 AM – 12:00 PM
 DRAFT

Committee Member Name	Role	Present
Maria Archuleta	Alliance Member	
Roxanne Furr	Alliance Member	X
Irene Garcia	Alliance Member	X
Erika Garner	Alliance Member	X
Charlene Harrison, Native American Health Center	Safety Net Provider	X
Bassam Jammal	Alliance Member	X
Mimi Le	Alliance Member	X
Melinda Mello	Alliance Member, Chair	X
Amy Sholinbeck	Asthma Coordinator	X
Natalie Williams	Alliance Member, Vice Chair	X

Other Attendees	Organization	Present
Brenda Burrell	Alameda County Child Health & Disability Prevention	X
Ed Ettleman	CHME	X
Bernie Zimmer	CHME	X

Staff Member Name	Title	Present
Alex Alvarez	Outreach Coordinator	X
Linda Ayala	Manager, Health Education	X
Cindy Brazil	Health Programs Coordinator	X
Donna Carey, MD	Medical Director of Case Management	X
Scott Coffin	Chief Executive Officer	X
Peter Currie	Senior Director, Behavioral Health	X
Jessica Jew	Health Education Specialist	X
Jennifer Karmelich	Director, Quality Assurance	X
Steve Le	Outreach Coordinator	X
Helen Lee	Senior Director of Pharmacy Services	X
Michelle Lewis	Manager, Communications & Outreach	X
Isaac Liang	Outreach Coordinator	X
Steve O'Brien, MD	Chief Medical Officer	X
Rosa Reyes	Disease Management Health Educator	X
Stephanie Wakefield	Senior Director of Quality	X

Matt Woodruff	Chief Operations Officer	X
Farashta Zainal	Quality Improvement Manager	X

Agenda Item	Responsible Person	Discussion	Action	Follow-Up
Welcome and Introductions	Natalie Williams	Welcomed attendees. L. Ayala took attendance and introduced new staff members Farashta Zainal from Quality Improvement and Dr. Peter Currie with Behavioral Health. Colleen Payne has retired from Alameda County Child Health & Disability Prevention and is no longer a MAC member. Brenda Burrell is filling in for now.	N. Williams called the meeting to order.	L. Ayala will follow up with B. Burrell and N. Williams to verify correct email address.
Approval of Agenda and Minutes	Natalie Williams			
1. Approval of Minutes from December 2, 2021			Minutes from the previous meeting approved by consensus.	
2. Approval of Agenda		This agenda item was not covered.		
Alliance Reports				
1. Alliance CEO Update	Scott Coffin Matt Woodruff Steve O'Brien, MD Helen Lee	M. Woodruff presented an update on the COVID-19 vaccination incentive program. <ul style="list-style-type: none"> The vaccination incentive program ran from September 21, 2021 to February 28, 2022. The vaccination rate of members 12 years and older increased from 61% to 74%, which falls short of the State's goal of 85%. Successes were new community partnerships and improvement in vaccination rates for homebound members. The rate for ages 50 to 64 is almost 85%. Currently the Alliance is ranked 4th in the state on vaccine efficacy, behind San Francisco, Santa Clara, and San Mateo counties. The gift card was not a strong motivator for members getting vaccinated, as very few members called to redeem the offer. Finished projects include live outbound calls and texts; Haller's Pharmacy pop-up clinics; 		

		<p>media campaign with African American Wellness Project; and outreach partnerships with the Alameda County Care Alliance in churches and UCSF in schools.</p> <ul style="list-style-type: none"> • Ongoing projects include partnering with Alameda County Public Health Department on vaccination in Santa Rita Jail, hyperlocal neighborhood outreach, school-based clinic outreach, and homebased vaccines. <p>S. Coffin presented on the corporate strategy and priorities in 2022.</p> <ul style="list-style-type: none"> • The Board approved the 3-year Strategic Plan and 10-year Strategic Roadmap. These will be sent to MAC members. • As of January, the Alliance had a \$1.1 million net income. A net income of \$5.2 million is expected by the end of the fiscal year in June 2022. Medi-Cal membership has reached record highs. • The governor has an initiative to transition fee-for-service Medi-Cal members into managed care. The first group transitioned in January. About 8,000 undocumented adults ages 50 and up will transition January 1, 2023. <ul style="list-style-type: none"> ○ A. Sholinbeck asked whether HealthPAC will continue to exist and how the new members would enroll. S. Coffin answered that HealthPAC will still have undocumented adults under age 50 and there will be an enrollment assistance campaign. • Priorities for 2022 include getting ready for insourcing behavioral health in October 2022, long-term care transition in January 2023, and single plan model in 2024. 		<p>Alliance staff will send the 3-year plan and 10-year roadmap to MAC members.</p>
<p>2. Hepatitis C</p>	<p>Helen Lee</p>	<p>Presented an overview of Hepatitis C and treatment.</p>		

		<ul style="list-style-type: none"> • Hepatitis C is the number one cause of liver cancer and transplants and is spread through contact with blood. • The treatment depends on the type of Hepatitis C and whether the patient has been treated before, but medicine can cure most people in 8 to 24 weeks. • Advice to patients is to know the name of the drug and how often to take it. There were 8 different drugs presented. • Hepatitis C screening is recommended in adults ages 18 to 79 years old. • In 2021, less than 1% of Alliance members had Hepatitis C. The top demographic groups were males, ages 45 to 64, English-speaking, residents of North County, and Black, Hispanic, and White ethnicities. • Questions and comments from MAC members: <ul style="list-style-type: none"> ○ M. Mello: What does it mean to have non-immunity on a blood test? S. O'Brien answered that if the blood test is negative then there is no Hepatitis C. If someone is not immune, then they are at risk to getting it if exposed. There is no vaccine for Hepatitis C, but there is for Hepatitis A and B. You can avoid risk factors for Hepatitis C like sharing needles and unprotected sex. ○ B. Jammal commented that there are other types of Hepatitis in other countries. Secondly, many baby boomers have not been tested. Information in the presentation could help make people conscious of the viruses. 		
<p>3. Grievances and Appeals</p>	<p>Jennifer Karmelich</p>	<p>Presented Q3 and Q4 2021 grievance and appeals report.</p>		

		<ul style="list-style-type: none"> • In Q4 2021, the compliance rate was met for grievances and appeals except for expedited appeals, where one case missed the deadline out of six. • The highest number of grievances was filed against the Plan. These included difficulty with accessing the member portal, member ID cards not sent timely, coverage disputes, and not reaching Alliance staff by phone. • Grievances about Kaiser enrollment continue to be most common reason for delegates, but this is decreasing. • The Alliance continues to receive quality of service complaints about ModivCare. Alliance currently meets weekly with ModivCare to go over the grievances. • The Q3 2021 report was not covered at the last meeting. There was one expedited grievance out of compliance. The types of grievances were similar to Q4 2021. 		
4. Outreach Report	Michelle Lewis	<p>Presented the annual Outreach Report for 2021.</p> <ul style="list-style-type: none"> • The Outreach team continues to conduct member orientations over the phone and is working on adding training on using the member portal. • Communications & Outreach tracks Alliance website and social media engagement. Alliance had an active presence on social media in 2021 and focused on sharing information about COVID-19 and the vaccine. 		
New Business				
1. Chair and Vice-Chair Nominations	Linda Ayala	Facilitated nominations for Chair and Vice-Chair.		

		<ul style="list-style-type: none"> Recognized M. Mello for serving as chair. She has decided to step down but will be staying on the MAC. Chair responsibilities are to prepare meeting agendas and facilitate the meeting. The process begins with announcing that nominations are open and requesting nominees. Candidates give a brief statement. MAC members vote by e-mail after the meeting, and S. Coffin communicates the result with the new Chair and Vice-Chair. MAC members suggested names for nominations. N. Williams accepted a nomination for Chair. Maria Archuleta was not present to accept or decline her nomination. No other members accepted a nomination. 	MAC members voted to carry over the nomination to the next meeting.	L. Ayala will contact Maria Archuleta and MAC members.
2. Health Education Annual Review	Linda Ayala	<p>Presented the Health Education 2021 Update & Work Plan.</p> <ul style="list-style-type: none"> Alliance provides materials, classes, and programs upon member request. Materials distribution was lighter in 2021. An article about recruiting for the MAC was published in the Spring/Summer 2021 newsletter. Alliance is still recruiting new MAC members, so meeting participants can let Linda know if anyone is interested. Accomplishments from the 2021 Work Plan included a child weight virtual forum with provider and community partners, enhanced asthma services, member calls around asthma and diabetes, and COVID-19 vaccine focus groups. <p>Announced that Alliance staff will be reaching out to MAC members about Population Needs Assessment focus groups and recognition gift jacket sizes.</p>		
Open Forum	Natalie Williams	<ul style="list-style-type: none"> M. Le asked whether it is a good idea to visit doctors in-person. N. Williams commented that it depends on the reason for the visit 		

		<p>whether it is better to go in-person. S. O'Brien agreed and said now might be a good time.</p> <ul style="list-style-type: none"> • E. Garner asked if Kaiser will still be available for new members. S. Coffin replied that as of January 2024, Medi-Cal members who meet the Kaiser criteria can enroll with Kaiser. Up until then there are no changes. • E. Garner asked what autism evaluation services there are for a three-year old. S. O'Brien replied that Alliance Case Management can connect her to services through Beacon. • R. Furr asked about a referral to a doctor for a six-year old with asthma regarding the COVID-19 vaccine. D. Carey will follow up. 		<p>Alliance Case Management will reach out to E. Garner.</p> <p>D. Carey will follow up with R. Furr.</p>
Adjournment	Melinda Mello, Natalie Williams	Next meeting: June 16, 2022	N. Williams adjourned the meeting at 11:56 AM.	

Meeting Minutes Submitted by: Jessica Jew, Health Education Specialist Date: 3/18/2022

Approved By: _____ Date: _____
Melinda Mello, Chair, Member Advisory Committee (Natalie Williams, Co Chair, Member Advisory Committee)

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CEO Update to the Alameda Alliance Member Advisory Committee

Operations & Financial Performance Update

Mental Health & Autism Spectrum Services

Presented by Dr. Sanjay Bhatt, Dr. Peter Currie, Ruth Watson, Tami Lewis, and Scott Coffin

June 16th, 2022

Agenda

- CEO Update
- Operations & Financial Performance Update
- Mental Health & Autism Spectrum Services
 - Overview
 - Service Domains
 - Planning Update
 - Organizational Priorities
 - Current Activities
 - Insourcing Timeline
 - Next Steps

CEO Update

- **Total membership in Medi-Cal and IHSS (Group Care) setting new records each month, exceeded 313,000 in the month of May.**
 - Public Health Emergency & Medi-Cal Re-determinations.
- **Fiscal Year 2022** (July 1st, 2021 through June 30th, 2022):
 - April 2022 financial performance: \$2.3 million net income.
 - Year-to-date: \$15.2 million net income, and forecasting to end the year over \$16 million.
- **Preliminary budget for fiscal year 2023** (July 1st, 2022 through June 30th, 2023)
 - \$1.3 billion in revenue, enrollment nearly 300,000, projecting a \$14.9 million net loss.
 - Presented preliminary budget to the Finance Committee on Tuesday, June 7th
 - Board of Governors presentation on Friday, June 10th for final approval.

CEO Update

What is leading to a forecasted net loss of \$14.9 million dollars next year?

Revenue increases by \$122 million dollars, and is driven by membership and covered services, and Medi-Cal enrollment is forecasted to decline by 15,000 over 12 months.

Medical Expense

\$130 million more than current year

- New Medi-Cal programs and services, including Major Organ Transplants, Long-Term Care, Enhanced Care Management, and Community Supports.
- Increasing health care costs for hospital stays, outpatient visits, and other services
- 20+ new clinical staff being hired

Administrative Expense

\$19.5 million more than current year

- 57+ new administrative staff being hired (majority of administrative expense is staffing)

Mental Health & Autism Spectrum Services

Presentation Team

Tami Lewis, Senior Director, Integrated Planning
Dr. Peter Currie, Senior Director, Behavioral Health
Dr. Sanjay Bhatt, Senior Medical Director / Quality
Ruth Watson, Chief of Integrated Planning
Dr. Steve O'Brien, Chief Medical Officer

Overview

- Phase One – Internal Planning *** Completed in December 2020
 - Preliminary planning with staff and industry experts to develop material for phase two.
 - Requirements gathering to identify costs, regulatory compliance, technology, and other process-related impacts and opportunities.
 - Organizational change management, best practices, core competencies, and staffing.
- Phase Two – Community Engagement *** Completed in March 2021
 - Listening Sessions with Community Partners currently engaged in mental health & autism spectrum services.
 - Feedback incorporated into the detailed planning for the insourcing of the service domains.
- In April 2021, approval to terminate contract with Beacon Health Options no later than December 2022, insourcing seven domains of service.
 - Original Implementation Costs were estimated \$1.2 million to \$1.7 million
 - Original Annual Administrative Costs were estimated \$3.0 million to \$4.5 million (excluding provider payments), resulting in the hiring of 36.5 new employees.

Service Domains

1. Care Transitions
2. Utilization Management
3. Quality Improvement
4. Provider Network
5. Credentialing
6. Customer Service
7. Claims Processing & Payment

Mental Health & Substance Use Services (Alameda County)

MEDI-CAL MANAGED CARE Alameda Alliance for Health		Alameda County Health Care Services			
Physical & Social health care services <ul style="list-style-type: none"> • Maternity & Newborn care • Pediatric services, including oral & vision • Ambulatory patient services, including mental health within the PCP's scope of practice • Prescription drugs • Prevention & wellness services, and chronic disease management • Enhanced Care Management • Community Support Services 	Mental Health Services		Rehabilitative & habilitative services (mental health)	Emergency mental health services	Inpatient mental health hospitalization
	Mild to Moderate Acuity	Severe Acuity			
	<ul style="list-style-type: none"> • Individual & Group Therapy • Psychological testing when clinically indicated to evaluate a mental health condition • Psychiatric consultation 	<ul style="list-style-type: none"> • Individual & group therapy • Psychological Testing • Medication Management • Substance Use 			
School-based behavioral health services					

Planning Update

- **Senior Director, Behavioral Health - Hired**
 - Provides industry-level expertise and knowledge of insourcing and building a Medi-Cal Behavioral Health program
- **Provider Network Assessment**
 - Refreshed Beacon utilization data for updated understanding of network needs
 - Utilization of consultant resources to assist with contracting Behavioral Health network
- **Project Planning and Initiation**
 - Detailed project plan and timeline creation – in progress
 - Identify workstreams to support “Lift and Shift” methodology – complete
 - Project kick-off – completed on April 6th
 - Update in-sourcing cost estimate – complete

Lift & Shift Approach - “Day 1” Opportunities

- Regulatory Compliance / Reporting / Data Sharing
- Direct contracting will strengthen Provider relationships
- Continue Tele-Psych Program
- Leverage existing core systems and staff
- Build comprehensive internal Behavioral Health team that includes expertise in treating patients with autism
 - Creation of a new Behavioral Health Department
 - Expansion of Member Call Center to include behavioral health specialists
 - Formation of internal crisis response team (e.g. threat & potential harm assessment)
- Cohesive Medical and Behavioral Health record in Medical Management Systems (MMS)
- Access Issues / “No Wrong Door”
 - Joint workgroup with Alameda County Behavioral Health

Lift & Shift Approach - Improvement Opportunities “Day 2 & Beyond”

Areas the Alliance will evaluate:

- Warm Handoffs
- Step Up / Step Down
- Enhanced Member & Provider Portals
- Referral & Re-authorization Process
- Explore Payment Reform & Delegation Opportunities
- Primary Care Physician Engagement
- Telehealth Psych Program
- Assess Network Gaps (Linguistic/Cultural/Racial Disparities & Barriers to care)

Organizational Priorities in 2022-2023

GO LIVE November 1, 2022

- Insourcing of Mental Health & Autism Spectrum Services
 - Conducted an Enterprise Portfolio and Risk assessment
 - Evaluated resource capacity and regulatory demand
 - CEO & Executive Team reviewed progress report in the month of May, CEO approved to extend go-live by 30 days to November 1st, 2022. Minimizing the impact on members and providers is the highest priority.
- CalAIM
 - Enhanced Care Management (ECM) – four (4) additional Populations of Focus: 1/1/2023 (3) and 7/1/2023 (1)
 - Long Term Care Carve-In: 1/1/2023
 - Population Health Management Plan: 1/1/2023
 - Justice Involved/Coordinated Re-entry: TBD
- Incentive Programs
 - Behavioral Health Integration Incentive Program (BHIIP): Commenced 1/1/2021 and continues through 12/31/2022
 - CalAIM Incentive Payment Program (IPP): Commenced 1/1/2022 and continues through 12/31/2023
 - Student Behavioral Health Incentive Program (SBHIP): Commenced 1/1/2022 and continues through 12/31/2024
 - Housing and Homelessness Incentive Program (HHIP): Commenced 1/1/2022 and continues through 12/31/2023
- Various Federal and State-mandated projects and Enterprise Portfolio
 - 20 Active Projects
 - 5 projects in the Intake phase

Current Activities

- Internal Reassessment

- Conduct Monthly Executive Level evaluation of project deliverables, risk and timeline
- Begin Recruitment of New Staff
- Building detailed Business and Technology Requirements
- Identify Regulatory Compliance Requirements (DHCS/DMHC)
 - Regulator Notification
 - Member & Provider Notifications
 - Policy & Procedure Development

Insourcing Timeline

	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22
Network Development	Network Adequacy – M2M / ASD Network Contracts – New contracts/negotiations		Credentialing Workflow Process & Policy Changes System Enhancements/Config						
IT Infrastructure	Data exchange capabilities evaluation Construct exchange capability gaps			Data Sharing Provider Portal Updates - Intake Forms					
Staffing		Recruitment/ Onboarding Training							
Prior Auth. (UM)		Process Updates System Enhancements/Config – new rates							
Claims		Process Updates System Enhancements/Config – new rates							
Care Management		Process Updates System Enhancements/Config – new rates							
Data Analysis / Reporting		Analysis for transitioning volumes DHCS Requirements Reporting Library							
Finance		Rates				Rates			
Training					Staff & Provider Training				
Comm/ Notifications		Member Communications - Household/Impacted Members (8/1 & 9/1 Mailings) Provider Notifications - Portal / Newsletter ID Cards							
Quality			Quality Program Development Oversight of Providers/Facilities						
Compliance / P&P Approval			Policy & Procedure Approval						
Member Services		Workflow Process & Policy Changes System Enhancements/Config (IVR, HS, TC)							
Regulatory Filing and Approval		Notify Beacon (120 Days) DHCS Notification (30 Day) DMHC Notification (?)							
BH Advisory Committee									

**Target Go
Live
11/1/2022**

Next Steps

- Notify Beacon of contract termination by June 30th, 2022; termination effective October 31st, 2022
- Initiate the insourcing implementation
 - Detailed Planning – In Progress
 - Regulatory Notification
 - Provider Network Development (Contracting, Credentialing) – In Progress
 - System Updates/Configuration
 - Recruitment – In Progress
 - Space Planning
 - Member Notification – Scheduled to mail Sept 1, 2022
 - Mild to Moderate Mental Health / Autism Spectrum Disorder Program Cutover to AAH on November 1st, 2022

COMMUNICATIONS & OUTREACH DEPARTMENT

ALLIANCE IN THE COMMUNITY

FY 2021 - 2022 | 3RD QUARTER (Q3) OUTREACH REPORT

ALLIANCE IN THE COMMUNITY

FY 2021 - 2022 | 3RD QUARTER (Q3) OUTREACH REPORT

Between January 2022 and March 2022, the Alliance completed **1,013**-member orientation outreach calls and conducted **309** member orientations (**31%-member** participation rate). In addition, in Q3 2022, the Outreach team completed **255** Alliance website inquiries.

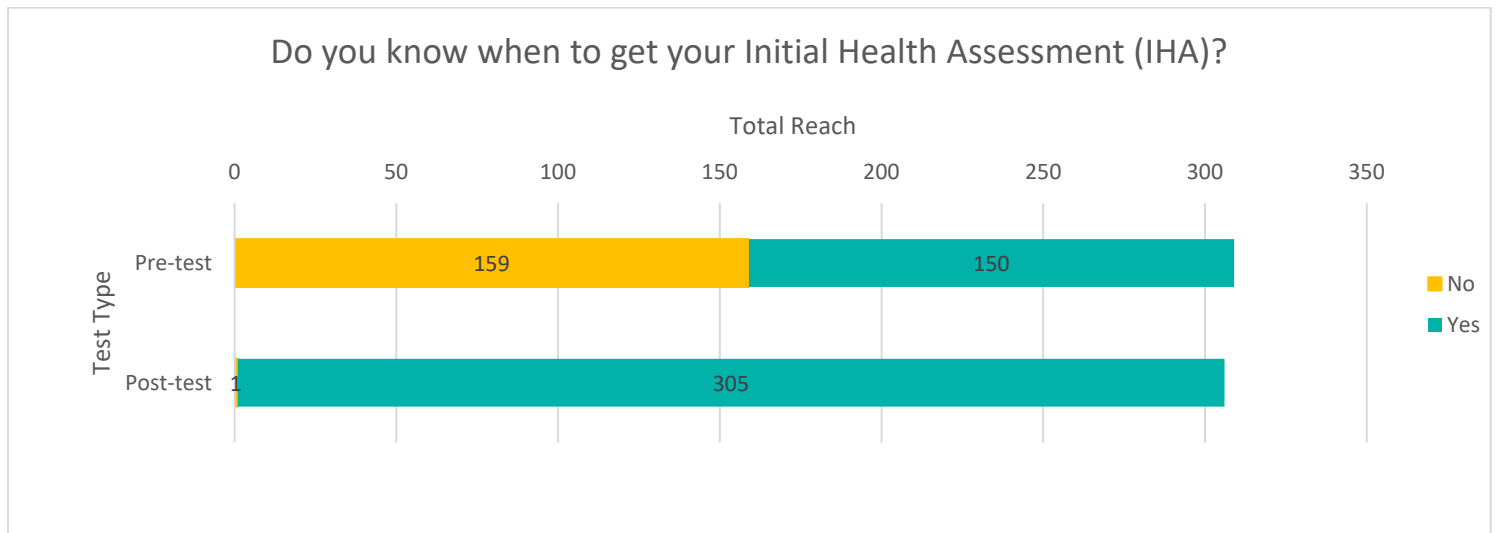
The Communications & Outreach Department began reporting the number of members reached during outreach activities in late February 2018. Since July 2018, **24,898** self-identified Alliance members have been reached during outreach activities.

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

On **Wednesday, March 18, 2020**, the Alliance began conducting member orientations by phone. As of March 31st, 2022, the Outreach Team completed **17,970**-member orientation outreach calls and conducted **5,073** member orientations (**28%-member** participation rate).

The Alliance Member Orientation (MO) program has been in place since August 2016. In 2019, the program was recognized as a promising practice to increase member knowledge and awareness about the Initial Health Assessment, by the Department of Health Care Services (DHCS), Managed Care Quality and Monitoring Division (MCQMD). We have steadily increased program participation. Our 2019 6-month average participation rate was **111** members per month. Between March 18, 2020, through March 31, 2022) – **5,073** members completed our MO program by phone.

After completing a MO **99.7%** of members who completed the post-test survey in Q3 FY 21-22 reported knowing when to get their IHA, compared to only **48.5%** of members knowing when to get their IHA in the pre-test survey.



All report details can be reviewed at: **W:\DEPT_Operations\COMMUNICATIONS & MARKETING_OFFICIAL FOLDER\Reports\C&O Reports\Outreach Reports\FY 21-22\Q3\3. March 2022**

ALLIANCE IN THE COMMUNITY

FY 2021 - 2022 | 3RD QUARTER (Q3) OUTREACH REPORT

Q3 FY 2021-2022 TOTALS



0 VIRTUAL COMMUNITY EVENTS

0 MEMBER EDUCATION EVENTS

309 MEMBER ORIENTATIONS

0 MEETINGS/ PRESENTATIONS

0 TOTAL INITIATED/INVITED EVENTS

309 TOTAL EVENTS



0 TOTAL REACHED AT VIRTUAL COMMUNITY EVENTS

0 TOTAL REACHED AT MEMBER EDUCATION EVENTS

309 TOTAL REACHED AT MEMBER ORIENTATIONS

0 TOTAL REACHED AT MEETINGS/PRESENTATIONS

0 TOTAL MEMBERS REACHED AT EVENTS

309 TOTAL REACHED AT ALL EVENTS



ALAMEDA
ALBANY
BERKELEY

CASTRO VALLEY
DUBLIN

FREMONT
HAYWARD
LIVERMORE

NEWARK
OAKLAND
PLEASANTON

SAN LEANDRO
SAN LORENZO
UNION CITY

TOTAL REACH 19 CITIES

* Cities represent the mailing addresses for members who completed a Member Orientation by phone. The italicized cities are outside of Alameda County. The following cities had <1% reach during Q3 2022: Elk Grove, Emeryville, Los Angeles, Portland, Minneapolis, Richmond, and San Francisco. The C&O Department started including these cities in the Q3 FY21 Outreach Report.



\$0

TOTAL SPENT IN DONATIONS, FEES & SPONSORSHIPS*

* Includes refundable deposit.



Cultural & Linguistic Services Annual Update

Member Advisory Committee
June 16, 2022



Cultural and Linguistic Program Goal

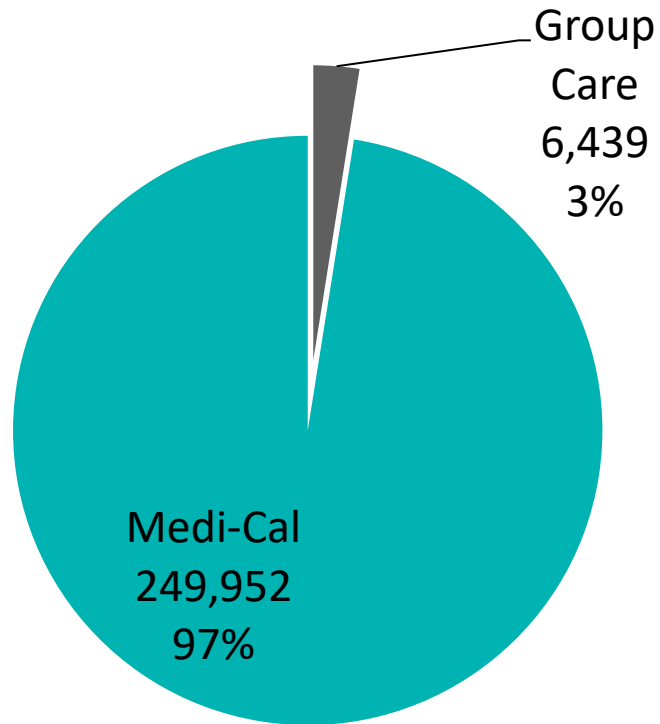
Ensure that all Alliance members receive **equal access** to high **quality health care** services, that meet the **diverse needs** of our members:

- Language
- Culture
- Gender
- Sexual orientation
- Disability
- Socio-economic status
- Age
- Religion

Membership

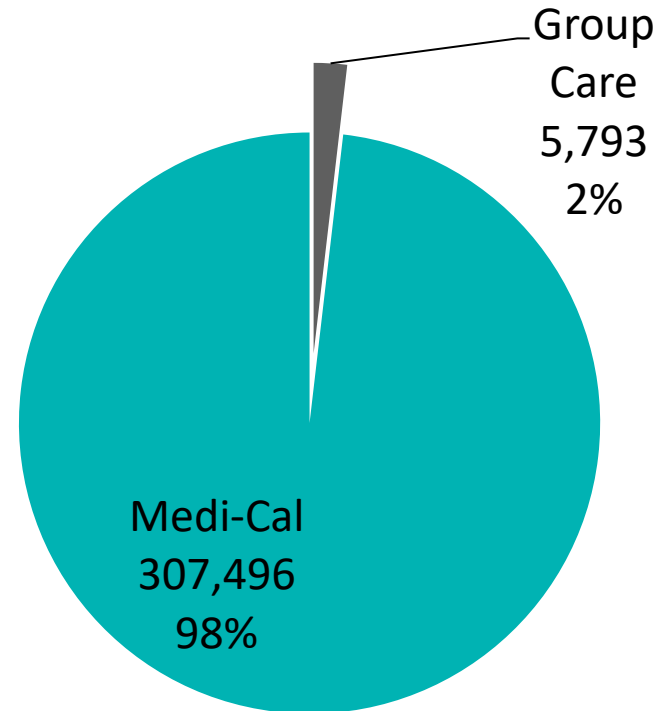
Language, Ethnicity, Age, Gender

Current Membership



Total: 288,712

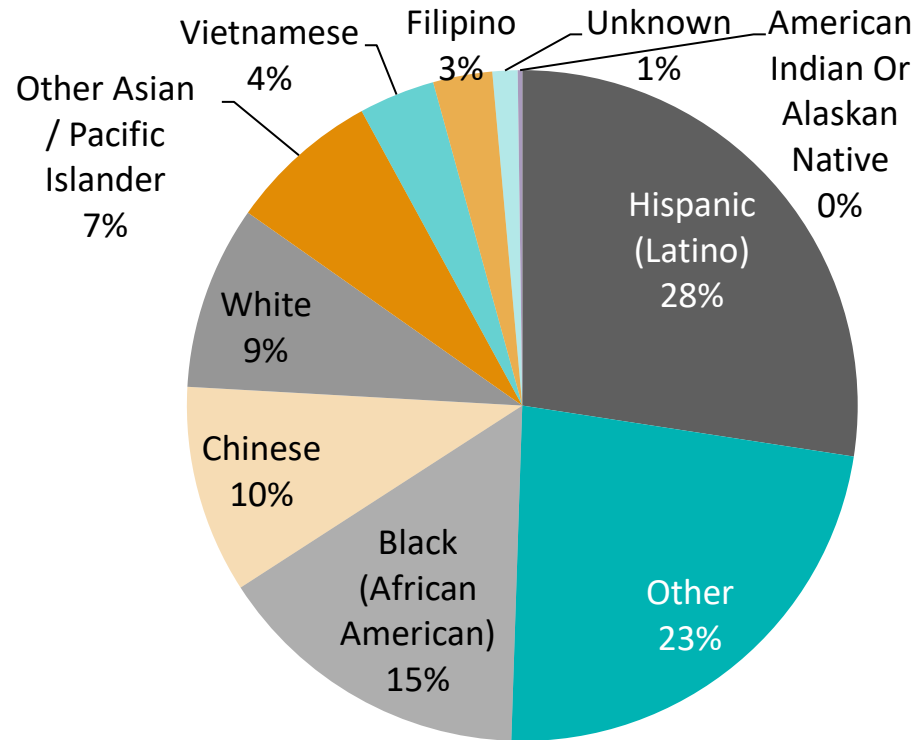
June 2021



Total: 313,289

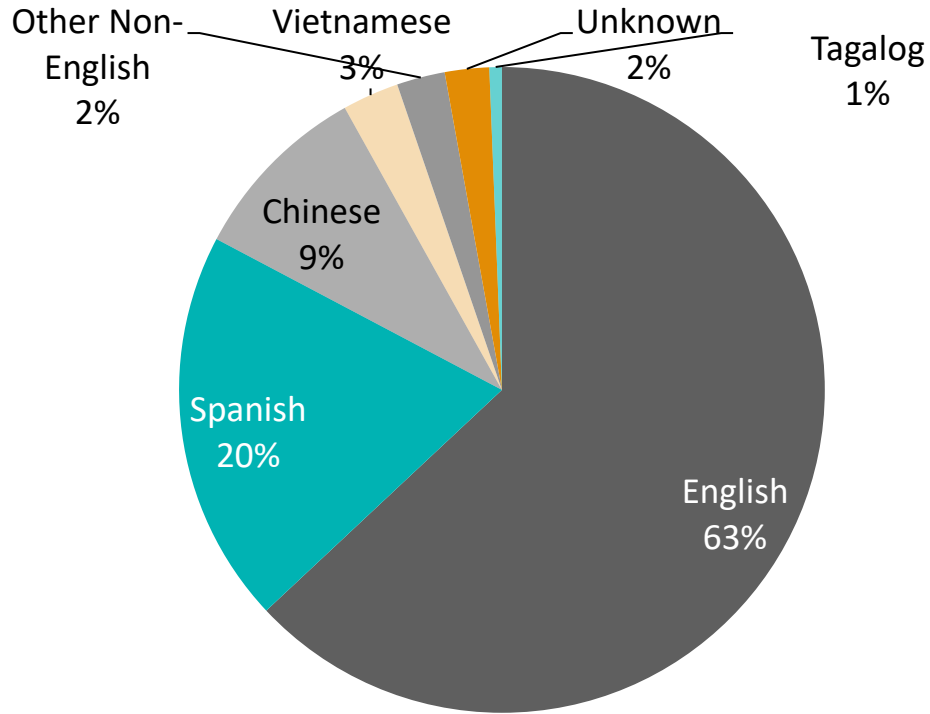
June 2022

Membership by Ethnicity



June 2022

Membership by Language



June 2022

Threshold Languages

Medi-Cal

- English
- Spanish
- Chinese
- Vietnamese
- Tagalog

Group Care

- English
- Chinese
- Spanish

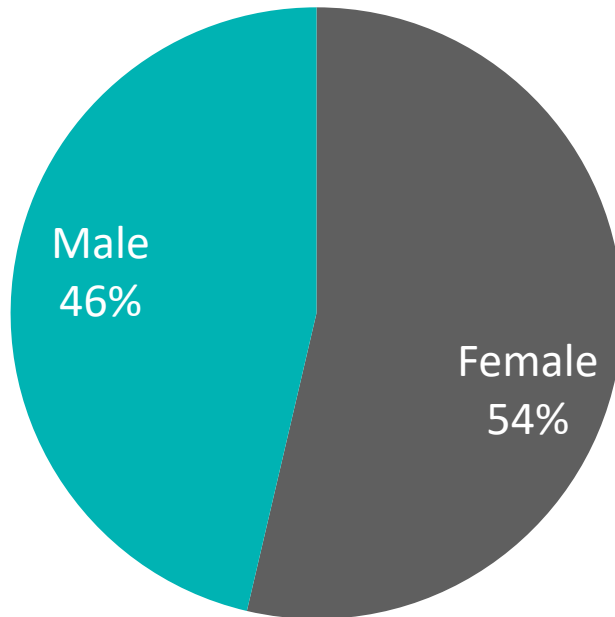
- Threshold language is spoken by 5% or over 3,000 of the Medi-Cal eligible population in Alameda County.
- Alliance must translate key documents and letters into these languages.

Languages with 500+ Members

Language	June 2022
ENGLISH	63.02%
SPANISH	19.72%
CANTONESE	7.15%
VIETNAMESE	2.83%
UNKNOWN	2.42%
MANDARIN CHINESE	1.96%
ARABIC	0.79%
TAGALOG	0.62%
FARSI	0.59%
CENTRAL KHMER	0.24%
KOREAN	0.23%

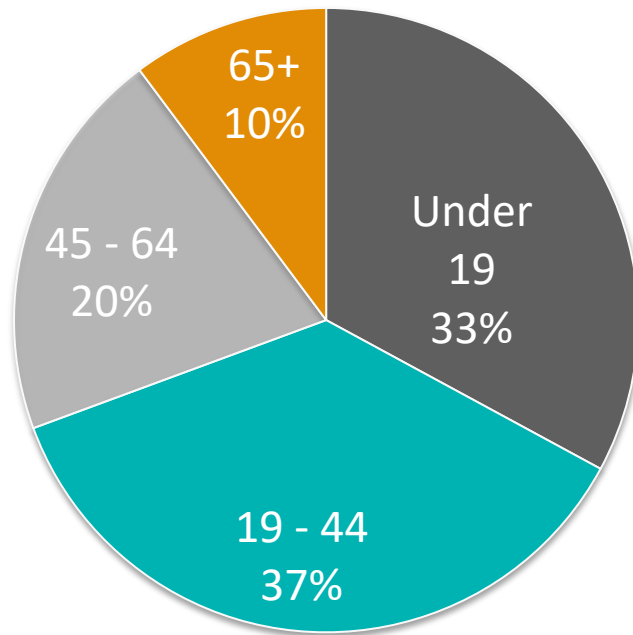


Membership by Gender



June 2022

Membership by Age



June 2022

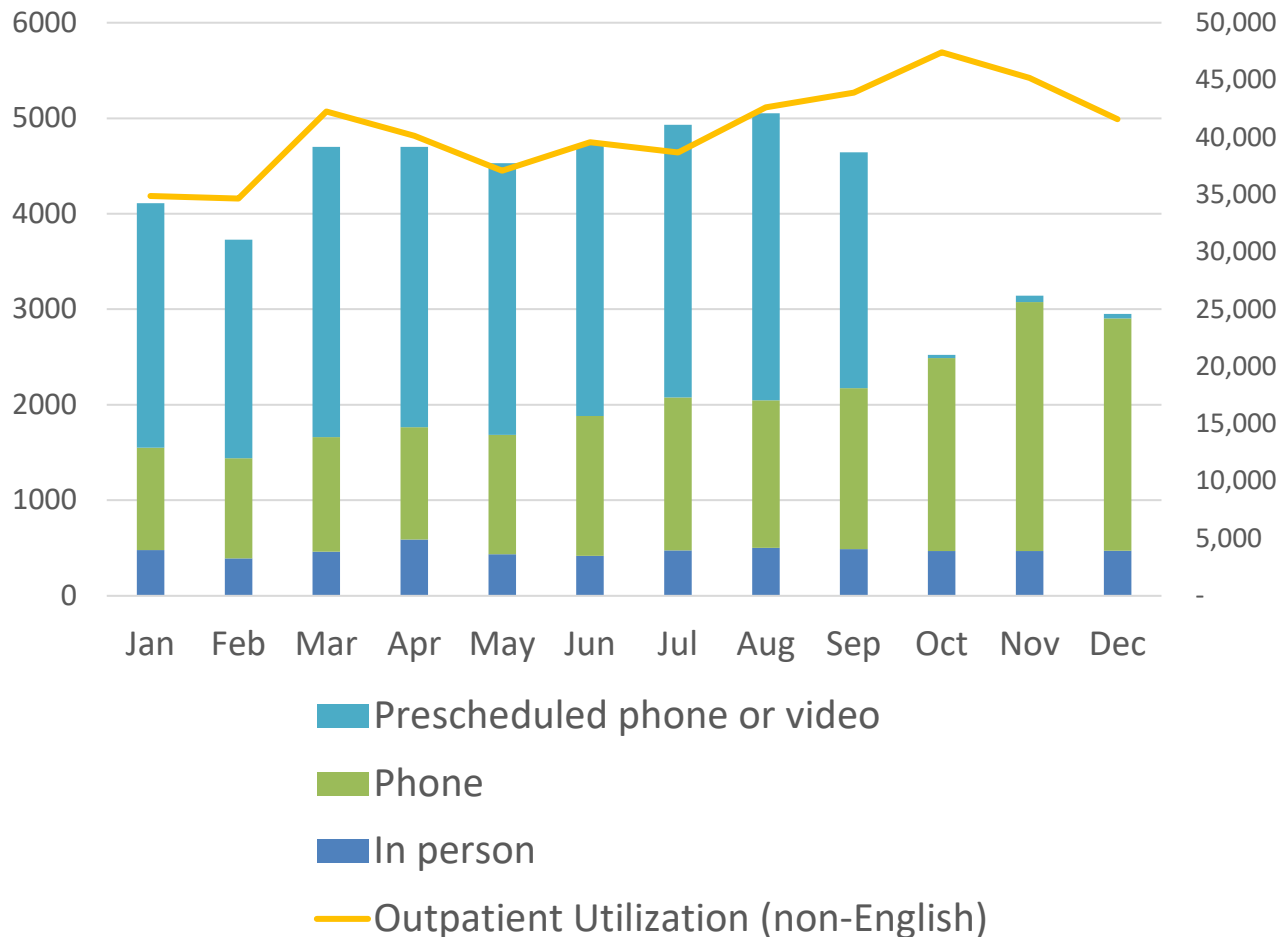


Language Services

Interpreter Services

Provider language capacity

Interpreter Services Provided in 2021 by Type



Interpreter Services Provided in 2021 by Language

Interpreter Services	2021
Cantonese	24,371
Vietnamese	8,356
Spanish	5,795
All Other Languages	4,215
Mandarin	2,100
Khmer	2,333
Arabic	1,379
Korean	931
Punjabi	806
Dari	502
Farsi	482
Total	49,745



Other languages: Mongolian, American Sign Language, Tagalog, Mam, Burmese, Hindi, Karen

Interpreter Services Fill Rates

- ▶ **Goal:** The Alliance will fill 95% or more of interpreter requests over the quarter for all languages.
- ▶ We have exceeded this metric for all of 2021

	3-month total			
	Q1	Q2	Q3	Q4
Appointments Requested	5,605	6,428	7,299	5,120
Unfilled	58	41	65	77
Percent Available	99.0	99.4	99.1	98.5

Provider Language Capacity

Medi-Cal # Members per provider		
Language	4 th Quarter 2020	4 th Quarter 2021
English	264	228
Chinese	402	377
Spanish	339	293
Vietnamese	505	451
Tagalog	N/A	105
Arabic	367	376
Farsi	249	257

Group Care # Members per provider		
Language	4 th Quarter 2020	4 th Quarter 2021
English	8	6
Chinese	23	19
Spanish	3	2
Vietnamese	15	13
Tagalog	N/A	1
Arabic	1	1
Farsi	19	18

Notes; Some PCPs do not have a primary language designated. Multilingual providers are counted for each language they speak

- Count of members per PCP by language was stable in 2021 for both Medi-Cal and Group Care.
 - For Medi-Cal, Vietnamese has the highest ratio (451 members per PCP).
 - For Group Care, Chinese has the highest ratio (19 members per PCP).

Provider Language Capacity

- ▶ Consistent response from last year on Member Satisfaction Survey, CG-CAHPS.
 - ▶ Survey Question: “Were you able to communicate with your doctor and clinic staff in your preferred language?”

Favorable Response Rate	2020	2021
Adult	83.7%	84.4%
Child	91.4%	93.0%

2021 C & L Highlights

- ▶ Met goal of over greater than 95% fill rate for interpreter services (99%)
- ▶ Continued expansion of access to telephonic and video interpreting to meet provider and member needs.
- ▶ New Member Advisory Committee Members
 - ▶ Added provider to committee
 - ▶ Member newsletter outreach
- ▶ Updated Cultural Sensitivity Training; 99% of staff completed

2022 Work Plan

Cultural and Linguistic (C & L) Program

Assess C&L Needs

- ▶ Hold ***Cultural and Linguistic Subcommittee*** meetings each quarter
 - ▶ Review members' race, ethnicity, language and age
 - ▶ Review interpreter and translation services
 - ▶ Review grievances and member surveys
 - ▶ Take actions as needed



Language Services

- ▶ Ensure interpreters and bilingual staff meet quality standards
- ▶ Inform members of interpreter services
- ▶ Post and mail non-discrimination notices and **taglines** with letters/on website.

How else might we let members know of the right to interpreters, translations, and alternative formats?

ALAMEDA Alliance FOR HEALTH

LANGUAGE ASSISTANCE SERVICES

English
ATTENTION: If you speak another language, language assistance services, free of charge, are available to you. Call 1.877.932.2738 (CRS/TTY: 711 or 1.800.735.2929).

Español (Spanish)
ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al 1.877.932.2738 (CRS/TTY: 711 o 1.800.735.2929).

繁體中文 (Chinese)
注意：如果您使用繁體中文，您可以免費獲得語言協助服務。請致電 1.877.932.2738 (加掛中國傳統電話服務 (CRS/TTY) 專線：711 或 1.800.735.2929)。

Tiếng Việt (Vietnamese)
CHÚ Ý: Nếu quý vị nói tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Gọi số 1.877.932.2738 (CRS/TTY: 711 hoặc 1.800.735.2929).

العربية (Arabic)
انتباه: إذا كنت تتحدث لغة أخرى، فإن خدمات المساعدة اللغوية متاحة لك مجاناً. اتصل على الرقم 1.877.932.2738 (CRS/TTY: 711 أو 1.800.735.2929).

Հայերեն (Armenian)
Ուշադրություն: Եթե խոսում եք հայերեն, ապա ձեզ տեղեկացված կարգով կեն ստանալուքով և անվճար կան աջակցություն ձեր լեզվով: Չեմարաները 1.877.932.2738 (CRS/TTY (հեռախոս)՝ 711 կամ 1.800.735.2929):

ខ្មែរ (Cambodian)
សូមជូនចំនុចដាក់: ប្រសិនបើអ្នកនិយាយភាសាខ្មែរ លោកអ្នកអាចទទួលបានសេវាជំនួយភាសាឥតគិតថ្លៃ។ សូមអ្នកទូរស័ព្ទ 1.877.932.2738 (CRS/TTY: 711 ឬ 1.800.735.2929)។

فارسی (Farsi)
توجه: اگر به زبان فارسی صحبت می کنید، خدمات کمک در زمینه (زبان) بطور رایگان در اختیار شما قرار داده می شود. با 1.877.932.2738 (CRS/TTY 711) یا 1.800.735.2929 تماس بگیرید.

हिंदी (Hindi)

1

Provider Language Capacity

- ▶ Inform providers of member language needs
- ▶ Educate providers of role in language access
- ▶ Track provider language capacity



Member Advisory Committee

- ▶ Hold quarterly MAC meetings to receive member/community input into Alliance services
- ▶ Recruit members:
 - ▶ Preferred language not English
 - ▶ Male, non-cisgender
 - ▶ Asian, Latinx, and African American
 - ▶ Ages 19 to 44



Source: Microsoft Office Clip Art

How might we find new members?

Cultural Sensitivity Training

- ▶ Staff and provider Cultural Sensitivity Training.
- ▶ Inform staff and providers of cultural sensitivity resources.

What do you wish Alliance staff and providers knew about meeting the cultural and linguistic needs of members?

What might we include in trainings?



Source: Microsoft Office Clip Art

Thank you!

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

Linda Ayala

Alameda Alliance for Health

layala@alamedaalliance.org



Member Advisory Committee (MAC)

MAC Member Recruitment

1. **Outreach:** Alliance support staff and/or current members recruit new members to the Member Advisory Committee through direct outreach to members, community organizations, clinics and provider offices.

2. **Complete Application Forms:**
 - Interested members contact the Alliance.
 - 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 receive responses to the “Potential MAC Member Questions.”

2. **Attend a MAC Meeting:**
 - The member is invited to attend the next MAC meeting, with transport, childcare and interpreter services covered.
 - The Alliance Staff will present the candidate to the MAC members at the meeting, including their responses to the application and Potential MAC Member Questions.
 - The candidate will be asked if they would like to add anything to what was presented.
 - The MAC members can ask questions, but it is not required.

3. **Voting:**
 - MAC members will vote by secret ballot whether to approve, reject or abstain from approving the candidate as a member of the MAC.
 - After the meeting, votes are counted by Alliance staff.
 - Alliance staff will then inform the candidate and MAC committee after the results are determined.



Member Advisory Committee (MAC)

MAC Chair and Vice Chair selection process

- 1) Prior to the MAC meeting when the elections will be held:
 - a. Inform members of the MAC meeting date when Chair and Vice-Chair elections will take place.
 - b. If a MAC member wants to be considered for the Chair and Vice-Chair role, but can't attend, he/she can submit a written statement.
- 2) At the MAC Meeting:
 - a. Request nominations, including self-nominations.
 - b. Write up names on board of candidates.
 - c. Ask all nominees to share briefly on why they are a good candidate.
 - d. Use the "Voting Form" (or email) to vote by secret ballot for the Chair.
 - e. Alliance staff will count votes. If there is a tie, the vote will be retaken among the individuals who tied, to determine the Chair recommendation.
 - f. Repeat process for Vice-Chair.
- 3) After the MAC meeting:
 - a. The results will be passed on to the Alliance Chief Executive Officer for the final decision.
 - b. All MAC members will receive notice by e-mail after the CEO appoints the MAC Chair and Vice-Chair.

Last updated: 3/8/2022



Member Advisory Committee (MAC) Chair and Vice-Chair responsibilities

The role of the Chair and Vice-Chair is to 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:

1. Serve at the request of the Chief Executive Officer of the Alliance.
2. Work with Alliance staff to prepare meeting agendas.
3. The Chair will chair the meetings of the MAC. The Vice-Chair will facilitate the meetings when the Chair is absent.
4. Help ensure that MAC meetings follow Robert's Rules of Order and Meeting Ground Rules.
5. Start the meeting and review the agenda.
6. Facilitate discussion of agenda topics.
7. Put off-topic issues into a "Parking Lot" or future.
8. Decide whether to continue the discussion if a topic goes into overtime.
9. Ensure that all members can take part in the discussions.
10. Involve all MAC members in the decision making.

Last updated: 5/16/2018