



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

# **Strategic Planning Committee Report**

**Monday, September 30, 2024  
10:30 am to 11:30 am**

**IN-PERSON AND VIDEO CONFERENCE**

**Alameda, CA 94502**

# AGENDA

## Strategic Planning Committee Meeting

September 30<sup>th</sup>, 2024  
10:30 AM – 11:30 AM

### In-Person and Video Conference Call

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

55 Harrison Street  
Oakland, CA 94607

1260 B Street, Suite 125  
Hayward, CA 94541

116 Calle Del Arroyo  
Stinson Beach, CA 94970

**PUBLIC COMMENTS:** Public Comments can be submitted for any agenda item or for any item not listed on the agenda, by mailing your comment to: “Attn: Clerk of the Board,” 1240 S. Loop Road, Alameda, CA 94502 or by emailing the Clerk of the Board at [brmartinez@alamedaalliance.org](mailto:brmartinez@alamedaalliance.org). You may attend meetings in person or by computer by logging in to the following link: [Click here to join the meeting](#). You may also listen to the meeting by calling in to the following telephone number: [1-510-210-0967](tel:1-510-210-0967) [conference id 936928362#](#). If you use the link and participate via computer, you may use the chat function, and request an opportunity to speak on any agenda item, including general public comment. Your request to speak must be received before the item is called on the agenda. If you participate by telephone, please submit your comments to the Clerk of the Board at the email address listed above or by providing your comments during the meeting at the end of each agenda item. Oral comments to address the Board of Governors are limited to three (3) minutes per person. Whenever possible, the board would appreciate it if public comment communication was provided prior to the commencement of the meeting.

**PLEASE NOTE:** The Alameda Alliance for Health is making every effort to follow the spirit and intent of the Brown Act and other applicable laws regulating the conduct of public meetings.

### 1. CALL TO ORDER

*A regular meeting of the Alameda Alliance for Health Strategic Planning Committee will be called to order on September 30<sup>th</sup>, 2024, at 10:30 AM in Alameda County, California, by Dr. Marty Lynch, Presiding Officer. This meeting is to take place in person and by video conference call.*

### 2. ROLL CALL

### 3. AGENDA APPROVAL OR MODIFICATIONS

#### 4. INTRODUCTIONS

#### 5. CONSENT CALENDAR

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

#### 6. COMMITTEE BUSINESS

##### a) JANUARY BOARD RETREAT PLANNING

##### b) CEO OVERVIEW OF CURRENT 3-YEAR PLAN

##### c) 5-YEAR STRATEGIC PLAN

#### 7. UNFINISHED BUSINESS

#### 8. PUBLIC COMMENT

#### 9. ADJOURNMENT

#### NOTICE TO THE PUBLIC

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

The agenda may also be accessed through the Alameda Alliance For Health's Web page at [www.alamedaalliance.org](http://www.alamedaalliance.org)

#### NOTICE TO THE PUBLIC

An agenda is provided for each Strategic Planning Committee meeting. Please call the Clerk of the Board at 510-995-1207 for assistance or any additional information. Meeting agendas and approved minutes are kept current on the Alameda Alliance for Health's website at [www.alamedaalliance.org](http://www.alamedaalliance.org).

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

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

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


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

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

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

**Americans With Disabilities Act (ADA):** It is the intention of the Alameda Alliance for Health to comply with the Americans with Disabilities Act (ADA) in all respects. If, as an attendee or a participant at this meeting, you will need special assistance beyond what is normally provided, the Alameda Alliance for Health will attempt to accommodate you in every reasonable manner. Please contact the Clerk of the Board, Brenda Martinez, at 510-995-1207 at least 48 hours prior to the meeting to inform us of your needs and to determine if accommodation is feasible. Please advise us at that time if you will need accommodations to attend or participate in meetings on a regular basis.

I hereby certify that the agenda for the Board of Governors was posted on the Alameda Alliance for Health's web page at [www.alamedaalliance.org](http://www.alamedaalliance.org) on September 30<sup>th</sup>, 2024, by 10:30 AM.



---

Clerk of the Board – Brenda Martinez

**2022-2025 Strategic Priorities**

**Priority #1: Transition to a Single Plan Model**

| Major Strategies |  | Anticipated Outcome   | Alliance Completed | Alliance Did Not Complete | Comments   |
|------------------|--|---|--------------------|---------------------------|--|
| 1A               | Understand non-Alliance Medi-Cal population in Alameda County  | • Easier for members/providers to navigate the system   | X                  |                           |  |
|                  |  | • Anthem members well connected to Alliance   | X                  |                           |  |
| 1B               | Analyze difference between the two managed care plans' networks, operations and member engagement approaches; address any differences with providers and members | • Clinical quality alignment is promoted for Medi-Cal county-wide   | X                  |                           |  |
|                  |  | • Alliance conducts provider and member outreach and education about Alliance procedures  | X                  |                           |  |
| 1C               | Identify all Anthem providers not in Alliance network and reach out to them to see if they want to join the network  | • Alliance is contracted with Anthem providers not in network or develops Continuity of Care arrangements with them so that members do not have a lapse in services | X                  |                           |  |
| 1D               | Develop enrollment process with the County   | • Seamless enrollment and AID code transition process   | X                  | X                         |  |
| 1E               | Analyze and anticipate changes in Alliance staffing to accommodate new members from Anthem and Med-Cal FFS   | • Alliance is appropriately staffed for member growth   | X                  | X                         | This one is partial. We need more time to analyze the increase in volume of calls & claims to (1) understand if it is a blip or the new normal, and (2) to develop strategies for efficiencies and automation. |

**2022-2025 Strategic Priorities**

**Priority #2: CalAIM Focus: Expand Aging and Long-Term Care Services & Supports**

| Major Strategies |   | Anticipated Outcome   | Alliance Completed | Alliance Did Not Complete | Comments  |
|------------------|---|---|--------------------|---------------------------|---|
| 2A               | Assess, prioritize and launch LTC Community Supports designed to assist the aging population  | • Relationships are built with community-based organizations serving older adults   | X                  |                           |   |
|                  |   | • Alliance understands who is serving older adults today and services being offered   | X                  | X                         | Work in Process   |
|                  |   | • Successful implementation of LTC Community Supports including Operations, IT and HCS  | X                  |                           |   |
| 2B               | Build strong SNF partnerships that address member needs and support transitions to lower levels of care   | • Systems are in place for quality assurance/improvement, readmission prevention, ED to SNF transitions, physician rounding, etc. | X                  | X                         |   |
|                  |   | • Improved quality of care and cost reductions for SNF population   |                    | X                         | We have a dedicated team from across the organization working hard to fully understand the challenges with this population and improve on quality of care and cost effectiveness. |
|                  |   | • Decreased ratio of members in SNFs vs. community placements including ALFs, RCFEs and ARFs                                      |                    | X                         |   |
|                  |   | • Contracts are in place with CBOs to support successful community placement (e.g., Independent Living Centers)                   | X                  |                           |   |
| 2C               | Integrate the LTC population from FFS Medi-Cal into the Alliance  | • Successful transition of FFS Members into Alliance  | X                  |                           |   |
| 2D               | Develop and implement day habilitation, fall prevention, community transition services and other community-based programs that support aging in place | • Programs and services that support community transitions and aging in place are implemented                                     | X                  |                           |   |
|                  |   | • Fewer Medicare members reside in LTCFs  |                    | X                         |   |
| 2E               | Conduct a Medicare readiness risk assessment including financial pro forma, IT systems and staffing assessment  | • Alliance understands the costs and risk associated with Medicare expansion and not expanding into Medicare                      | X                  |                           |   |
| 2F               | Create and implement a new Medicare D-SNP product for dual eligible beneficiaries   | • An organizational risk assessment is conducted in 2022-23   | X                  |                           |   |
|                  |   | • Successful launch of Medicare DSNP structure internally at the Alliance in 2024   | X                  |                           | On target to hire DSNP positions by end of 2024 with exception of 2-3 positions scheduled for Q4 2024 which may be delayed due to current hiring freeze.                          |
|                  |   | • New Medicare Advantage product is launched by 2026  |                    | X                         | We may extend to start in 2027.   |

**2022-2025 Strategic Priorities**

**Priority #3: CalAIM Focus: Address Social Needs and Community Health**

| Major Strategies |  | Anticipated Outcome   | Alliance Completed | Alliance Did Not Complete | Comments  |
|------------------|--|---|--------------------|---------------------------|---|
| 3A               | Determine/implement best practices to organize and deliver services addressing health-related social needs | • Alliance executes an action plan that addresses SDOH  | X                  | X                         |   |
|                  |  | • Alliance has a clear internal structure and operational expertise, and reporting capabilities for addressing SDOH                           | X                  | X                         |   |
| 3B               | Develop and implement strong connections to CBOs that address health-related social needs                  | • Alliance has an interconnected, county-wide matrix of case management services  | X                  | X                         |   |
| 3C               | Implement all approved Community Supports within the timeline set by DHCS                                  | • Creation of viable alternatives to acute social admissions  |                    | X                         |   |
|                  |  | • Successful transition of FFS Members into Alliance  | X                  |                           |   |
| 3D               | Evaluate, develop and implement a data collection system for SDOH  | • Programs and services that support community transitions and aging in place are implemented   | X                  |                           |   |
|                  |  | • Members are connected to online classes, community centers and other social activities/programs that positively impact health/mental health |                    | X                         |   |
| 3E               | Evaluate and understand the cost-effectiveness of SDOH services  | • Creation of cost-effectiveness models to deliver SDOH services  | X                  | X                         | Early evaluation has been done on ROI through Analytics and Finance has developed an expense dashboard but we don't have clear model of cost-effectiveness yet. |
|                  |  | • Enhanced core systems to track health outcomes and incorporate into SDOH cost modeling  | X                  | X                         | We have created a CS dashboard but not specific SDOH cost modeling.   |

**2022-2025 Strategic Priorities**

**Priority #4: Engage All Members**

| Major Strategies |   | Anticipated Outcome   | Alliance Completed | Alliance Did Not Complete | Comments  |
|------------------|---|---|--------------------|---------------------------|---|
| 4A               | Analyze utilization data identifying top areas of focus   | <ul style="list-style-type: none"> <li>Alliance has quantitative data and defined targets for increasing utilization</li> </ul>   | X                  |                           |   |
| 4I               | Consider ways to be more flexible and effective to connect with low and high utilizers                              | <ul style="list-style-type: none"> <li>Alliance has a clear plan to engage members with low utilization to increase utilization and to support high-utilizing members with complex case management services</li> </ul>    | X                  | X                         | This is only partially completed. We have some initiatives to improve these 2 items, however, the outcomes still need improvement.                                      |
|                  |   | <ul style="list-style-type: none"> <li>Alliance adopts an outreach strategy for adults, children, and older adults using digital platforms, social media, and personalized customer service (e.g. live agents)</li> </ul> | X                  |                           |   |
| 4C               | Develop and implement processes to engage low utilizers with community-based providers and CBOs                     | <ul style="list-style-type: none"> <li>Utilization targets are met – e.g., members receive annual wellness visit; members receive at least one touchpoint per year</li> </ul>   | X                  | X                         | Partially done  |
|                  |   | <ul style="list-style-type: none"> <li>Decrease in members with 'no visit' each year</li> </ul>   | X                  | X                         | From 2022 to 2023 this number actually increased if we are looking at % of members with a PCP visit. This one is probably a partial also.                               |
| 4D               | Develop capacity, plan and protocols to absorb and engage Anthem members through outreach, onboarding and education | <ul style="list-style-type: none"> <li>By 2024, 60,000 Anthem members are successfully transitioned to Alliance</li> </ul>  | X                  |                           |   |
|                  |   | <ul style="list-style-type: none"> <li>Members' ability to participate with Alliance programs/services is improved</li> </ul>   | X                  |                           |   |
| 4E               | Keep members engaged and involved through expanded platforms (e.g., social media, mobile app, care management)      | <ul style="list-style-type: none"> <li>New platforms are developed and implemented</li> </ul>   | X                  |                           | The upgraded Call Center, Member, and Provider portal offers 17 new features, including real-time service request submissions, Auth and Professional Claims Submission. |
|                  |   | <ul style="list-style-type: none"> <li>Members are more engaged with Alliance</li> </ul>  | X                  |                           | Continuity of Care to our members through real time ADT integrations with hospitals and reporting back to our networks.   |



**2022-2025 Strategic Priorities**

**Priority #5: Bring Mental Health Services Administration In-house**


| Major Strategies |   | Anticipated Outcome   | Alliance Completed | Alliance Did Not Complete | Comments |
|------------------|---|---|--------------------|---------------------------|----------|
| 5A               | Develop and execute transition plan to move mental health services from Beacon to Alliance  | • Successful transition from Beacon                                     | X                  |                           |          |
|                  |   | • Mental health and physical health services are integrated             | X                  | X                         |          |
| 5B               | Develop strategies to increase mental health access through an engaged mental health provider network including delegation and risk sharing                               | • Improved member access to mental health services                      | X                  |                           |          |
|                  |   | • Increase in member utilization of mental health services              | X                  |                           |          |
|                  |   | • Engaged mental health provider network                                | X                  |                           |          |
| 5C               | Implement all approved Community Supports within the timeline set by DHCS   | • Creation of viable alternatives to acute social admissions            |                    | X                         |          |
|                  |   | • Successful transition of FFS Members into Alliance                    | X                  |                           |          |
| 5D               | Develop alternative value-based payment approaches for mental health services that reward providers with incentive payments for quality and target improvements to access | • Increased provider engagement with alternative payment programs       |                    | X                         |          |
|                  |   | • Increase in member utilization of mental health services              | X                  |                           |          |
| 5E               | Educate and engage members about mental health services   | • Members understand new processes for accessing mental health services | X                  |                           |          |
|                  |   | • Increase in member utilization of mental health services              | X                  |                           |          |
| 5F               | Increase technology and data reporting in mental health implementation  | • Creation of cost-effectiveness models to deliver SDOH services        |                    | X                         |          |
|                  |   | • Encourage use of tele-psychiatry services                             | X                  |                           |          |

**2022-2025 Strategic Priorities**

**Priority #6: Implement Flexible Hybrid Work Environment**

| Major Strategies |  | Anticipated Outcome   | Alliance Completed | Alliance Did Not Complete | Comments   |
|------------------|--|---|--------------------|---------------------------|--|
| 6A               | Create structured opportunities for teambuilding and employee connections in hybrid work environment                           | • Employee morale improves  | X                  |                           |  |
|                  |  | • Reduction in employee turnover  | X                  |                           |  |
|                  |  | • Effective collaboration between staff   | X                  |                           |  |
| 6B               | Continue to monitor COVID risks and COVID vaccinations for employees   | • Successful implementation of vaccine monitoring strategy  |                    | X                         |  |
|                  |  | • Safety protocols are in place   |                    | X                         |  |
|                  |  | • Workplace is safe and employees feel safe at work   | X                  |                           |  |
| 6C               | Implement hybrid work plan addressing solo work, team work, meetings, tools and technology to support employees and monitoring | • Clear guidance and protocols are shared with all employees  | X                  |                           |  |
|                  |  | • Remote employees have ergonomically safe work stations  | X                  |                           |  |
|                  |  | • Employee productivity is monitored and sustained  | X                  |                           |  |
|                  |  | • Employee morale improves  | X                  |                           |  |
|                  |  | • Reduction in employee turnover  | X                  |                           |  |
|                  |  | • Performance metrics are maintained  | X                  |                           |  |
|                  |  | • Tools in place to support hybrid work   | X                  |                           |  |
| 6D               | Develop and Implement Business Continuity Plan in sync with current Disaster Recovery Plan                                     | • Business Continuity Plan is completed, understood and implemented effectively                               | X                  | X                         | Disaster Recovery Plan is 100% complete for all high and medium critical system processes and technologies. Also, BCP is >90% in place. Remaining will be do before end of this CY year. |
|                  |  | • Alliance is prepared for the most common types of disruptions and disasters                                 | X                  | X                         |  |
| 6E               | Develop policy and procedures regarding out-of-state employees   | • Policy and procedures define exceptions for out-of-state employees and ratios for in-state vs. out of state | X                  |                           |  |
|                  |  | • Workflows are Implemented for out-of-state employees to address home office ergonomics                      | X                  |                           |  |

1. What is our vision?
  - a. Ideal view the Alliance wants to create of ourselves
  - b. What inspires our stakeholders, members, employees to engage and the difference it makes in their lives
  
2. How is the Alliance going to grow?
  - a. New benefits – State run
  - b. New Products/Needs
    - i. New CS - 2025
    - ii. DSNP - 2026
    - iii. Dental – 2027
    - iv. Move/New Space 2027
    - v. BH Integration - depends on State mandate - 2028
    - vi. Covered CA – 2029 or 2030
    - vii. Medicare Advantage – 2030
  - c. New Network Partners
  - d. New Core Systems
  - e. New Medical Management System
  - f. New PBM
  
3. What are the Alliance’s biggest challenges?
  - a. Internal
  - b. External
  
4. How do we incorporate AI/Machine Learning into our everyday work?
  
5. How can we improve service/quality/equity/access to Alameda County?
  - a. Members
  - b. Providers
  - c. CBOs
  - d. County

- 
6. How is our market changing?
    - a. Compete against Kaiser
      - i. Quality
      - ii. Service
    - a. Change in Demographics
    - b. Change in Populations
  
  9. How will we engage and empower our employees?
    - a. How will we strategically grow our ability to attract and retain talent?
  
  10. How will the Alliance grow its DEIB strategy and be considered a top employer in Alameda County, Bay Area?