COMMUNITY ADVISORY COMMITTEE (CAC)

Thursday, June 12, 2025, 10:00 AM – 12:00 PM

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

Other Attendees	Organization	Present
Bernie Zimmer	CHME	x
Donna Leonard-Pagau	Alliance Member	x
Keith Pageau	Alliance Member	x
Marilen Biding	Alameda County Public Health	x
Melodie Shubat	CHME	x
Omoniyi Omotoso	Native American Health Center	x
Sharon Wright	UCSF	x
Alan Oiwa	CHME	x

Alliance Staff Members	Title	Present
Alejandro Alvarez	Community Outreach Supervisor	x
Alma Pena	Senior Manager, Grievance and Appeals	
Anne Margaret Macsiljig	Quality Engagement Coordinator	
Catherine Knezevic	Health Plan Privacy and Privacy Operations Manager	x
Dana Patterson	Business Analyst, Incentives and Reporting	x
Danube Serri	Senior Legal Analyst	x
Donna Carey	Chief Medical Officer	

Emily Erhardt	Population Health and Equity Specialist	x
Farashta Zainal	Quality Improvement Manager	x
Gabriela Perez-Pablo	Outreach coordinator	x
Gil Duran	Manager, Population Health and Equity	x
Isaac Liang	Outreach Coordinator	x
Jennifer Karmelich	Director of Quality Assurance	
Jessica Jew	Population Health and Equity Specialist	x
Jorge Rosales	Manager, Case Management	
Joyce Wong	Strategic Account Representative	x
Katrina Vo	Senior Communications and Content Specialist	x
Krystaniece Wong	Regulatory Compliance Specialist	x
Lao Paul Vang	Chief Health Equity Officer	x
Linda Ayala	Director, Population Health and Equity	x
Loc Tran	Manager, Access to Care	x
Mao Moua	Manager, Cultural and Linguistic Services	x
Mara Macabinguil	Interpreter Services Coordinator	x
Matthew Woodruff	Chief Executive Officer	x
Michelle Lewis	Senior Manager, Communications & Outreach	x
Michelle Stott	Senior Director, Quality Improvement	x
Misha Chi	Health Education Coordinator	x
Mohammed Abbas	Outreach Coordinator	
Monique Rubalcava	Health Education Specialist	x
Oscar Macias	Housing Program Manager	x
Peter Currie	Senior Director of Behavioral Health	
Ronnie Wong	Program Manager, Grants and Incentives	x
Rosa Carrodus	Disease Management Health Educator	x
Schuyler Hall	Communications Initiative Specialist	x
Shatae Jones	Director, Housing and Community Services Program	x
Stephen Smyth	Director of Compliance and Special Investigations	x
Steve Le	Outreach Coordinator	
Taumaoe Gaoteote	Director of Diversity, Equity, and Inclusion	
Thomas Dinh	Outreach Coordinator	x
Yen Ang	Director of Health Equity	x

AGENDA ITEM SPEAKER	DISCUSSION	ACTION	FOLLOW-UP
1. WELCOME AND INTRODUCTIONS			

T. Debose	T. Debose called the meeting to order at 10:03 am. A roll call was taken, and a quorum was not established. An introduction of staff and visitors was completed.	None	None
2. a. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF MINUTES FROM DECEMBER 5, 2024, December 16, 2024, and March 20, 2025.			
T. Debose	The committee was unable to vote on the December 5, 2024, December 16, 2024, and March 20, 2025 meeting minutes approval as quorum was not established.	None	None
2. b. APPROVAL OF MINUTES AND AGENDA – APPROVAL OF AGENDA			
T. Debose	The committee was unable to vote on the June 12, 2025 meeting agenda approval as quorum was not established.	None	None
3. CEO UPDATE – CEO Report			

M. Woodruff	Matthew Woodruff, Chief Executive Officer (CEO), presented on the Alliance Updates.
	
	• Financials
	  ○ Four (4) consecutive months of positive net income.
	• Key Performance Indicators
	  ○ The Grievance and Appeals Team (G&A) missed the expedited case criteria for grievances, 83% (5 out of 6 were compliant), and 75% (3 out of 4 were compliant). The criteria is that these cases be resolved in 3 calendar days. Non-compliance with these 2 metrics is attributed to the G&A team's current staffing shortages.
	• Medicare
	  ○ An update will be given during the July 2025 Board meeting.
	
	Summary of Medicaid Related Provisions in the Federal Reconciliation Package and California's May Revise (Budget)
	
	• Major Provisions in the House Reconciliation Bill
	  ○ Citizenship/Immigration Status
	  ▪ Removes 90-day period in which states can enroll individuals and receive Federal Financial Participation (FFP) while verifying immigration status. Effective: December 31, 2026.
	  ○ Federal Medical Assistance Percentage (FMAP) Penalty
		None	Alliance to confirm current address requirements for Medi-Cal members.
			
			Alliance staff to get information on availability of GLP-1 drugs for diabetic members.

	▪ Reduces federal match by 10% (equivalent to $4.4 billion) for expansion states that provide Medicaid coverage for undocumented individuals. Effective: October 1, 2027. ○ Work Requirements/Community Engagement ▪ Eighty (80) hours per month for 19-64 age group (without dependents), with exemption for medically frail as defined by the state. Effective: December 31, 2025. ○ Supplemental Payments ▪ Limits new State-Directed Payments (SDPs) for services provided to 100% of Medicare rates (for expansion states). ○ Redeterminations ▪ Requires determinations for adult expansion population (19-64) every 6 months. Effective: December 31, 2026. ○ Gender Services ▪ No federal match for gender transition procedures for children and adults. Effective: Upon enactment. ○ Assets ▪ $1 Million ceiling permissible home equity values for Long-Term Support Services (LTSS) eligibility. Effective: January 1, 2028. ○ Retroactive Coverage ▪ Restricted to 1 month (currently 3 months) before application. Effective: December 31, 2026. ○ Cost Sharing or Expansion Adults ▪ Cost sharing for adults over 100% Federal Poverty Levels (FPL). Effective October 1, 2028. Max $35 copay/service. ▪ No cost share for primary, prenatal, pediatric, or emergency room care services. ○ Beneficiary Addresses ▪ Requires states to obtain correct addresses. Effective: October 1, 2029. ▪ Requires states to submit Social Security Numbers. Effective: October 1, 2029. ❖ *Guest Comment-D. Leonard-Pageau: That's already happening because I did not have an address when I was homeless, so I used a P.O. box to be able to continue my coverage, however, I was told that I could not use a P.O. box. As a result, I lost coverage for a few months and had to reapply*		

	once I finally got an address. You can use building or institution addresses, but not a P.O. box. ➢ *Response-M. Woodruff: I will ask Social Services as I have not heard that before. Thank you.* Reconciliation Bill and Impacts to California • Up to 400,000 Californians in expansion population could lose their coverage due to the redetermination provisions (every 6 months). • Social Services agencies in counties are losing positions due to shrinking budget, meanwhile, the work will double. • FMAP penalty for covering undocumented population could lead to $4.4 billion loss. Revised Budget and Shortfall • The state borrowed $7 billion to get through the fiscal year. Medi-Cal Budget Proposals • Undocumented population enrollment freeze for full-scope Medi-Cal for adults, staring January 1, 2026. • The Alliance continues to see a small growth in enrollment of undocumented members, however, other counties are already seeing a decrease. • Elimination of Prospective Payment System (PPS) rates in 2026-2027 which will cause reduction on funding for Federally Qualified Health Centers (FQHCs) and Rural Health Clinics. • Increase in the Medical Loss Ratio (MLR) for Managed Care Organizations to 90% (from current 85%), beginning January 1, 2026. • Provider Supplemental Payments ▪ Elimination of Prop 56 payments for dental, family planning, and women's health providers. ▪ Elimination of Workforce and Quality Incentive Program (Skilled Nursing Facility). • Governor moved Managed Care Organization (MCO) tax dollars to offset Medi-Cal budget (lawsuit). 100% was supposed to go to providers, but the governor is putting portions of it back to the general fund. ➢ *Staff Question-L. Ayala: Matt, can you explain the MCO tax dollars?* ➢ *Response-M. Woodruff: For medical health plans, we essentially are taxed on a per member per month basis and we pay it quarterly. It is*		

	almost like a free loan where we pay a tax and then the state and federal pay us back the same amount of money. When Prop 35 passed in November, it basically says that all of the money must go to providers, but the governor has decided to take some of the money to move to the general fund.
	
	• Other Medi-Cal Cuts-all effective in 2027
	  ○ Reinstating Medi-Cal asset limits.
	  ○ Elimination of acupuncture as an optional benefit.
	  ○ Implementation of prior authorization requirements for hospice benefits.
	  ○ Limiting payments to Program of All-Inclusive Care for the Elderly (PACE) providers.
	
	• Cal AIM
	  ○ California continues to fund Enhanced Care management (ECM) and Community Supports with an estimated $2.4 billion in expenses.
	  ○ $200 million from Prop 35 to support Flexible Housing Rental Assistance and Housing Supports over 2 years. The Alliance has started to work with Alameda County and has had 2 meetings so far. Realistically, 80% of the work will be done by Alameda County and 20% by the Alliance.
	• Pharmacy Budget Proposals
	  ○ A key change is the elimination of pharmacy coverage for COVID-19 tests (out-of-network). Once enacted, tests will still be a benefit but can only be ordered by in-network providers.
	  ○ Other drugs may no longer be covered.
	
	➢ *Guest Question-D. Leonard-Pageau: Regarding the elimination of weight loss drugs, those same drugs are used to treat diabetes, so will it still be available for diabetics? Many are using these drugs for weight loss, so we have experienced shortages.*
	➢ *Response-M. Woodruff: I do not know the answer to that as it does not go through us, but we have a pharmacist on our board, and I am hoping to get answers from him at our board meeting.*
	
	• In-Home Support Services (IHSS) Budget Proposals
	  ○ Elimination of IHSS benefits for undocumented population.		

	○ Change from 60 to 70-hour cap on IHSS provider overtime and travel, to only 50 hours beginning 2025-2026. ➢ *Member Question-E. Garner: I have people ask me questions. One is [someone] takes psychiatric meds, which she now has to pay for. I also have a person come up to me asking about his daughter as he does not have Alameda Alliance any longer. Are you cutting coverage from kids?* ➢ *Response-M. Woodruff: As far as the question regarding medications, that does not go through us, it goes through the state. But so far, the way all the rules are written, children are not affected by any of these cuts. It's only adults aged 19 and above.* • Legislatures Budget Version ○ Modifies Medi-Cal enrollment freeze proposal, applying to undocumented immigration status (UIS) 19 years and older, beginning January 1, 2026, and established a 6-month reenrollment grace period. ○ Modifies $100 Medi-Cal premiums for UIS population by lowering to $30 per month, limits to those aged 19-59, and postpones to January 1, 2027. ○ Delays elimination of dental benefits for UIS population until January 1, 2027. ○ Restores the Medi-Cal Asset limit to $130K for an individual and $195K for a couple. ○ Delays Prop 56 supplemental payments for dental until July 1, 2027 and rejects Prop 56 supplemental payments for family planning and women's health. ○ Delays proposed $1.1 billion cuts to Health Centers and Rural Clinics until July 1, 2027. ○ Approves Governor's MCO tax proposal. ○ Rejects proposal to eliminate Long-Term Care (LTC) and IHSS for UIS adults. ○ Rejects proposal to eliminate acupuncture benefit. ○ Approves Governor's proposal to eliminate the Workforce and Quality Incentive Program for skilled nursing facilities (SNFs). ○ Proposed the development of a large employer contribution requirement for employers with employees enrolled in Medi-Cal. • What Happens Next? ○ The Governor has to sign by June 15, 2025.		

	○ Depending on the final federal budget, a special session of the legislature will be called, to redo whatever needs to be redone to be in compliance with the federal budget. There might be changes across the board depending on how everything works out with the state, as well as on the federal side. ➢ *Member Question-T. Debose: Have we always been giving medical coverage to undocumented people?* ➢ *Response-M. Woodruff: No. It started in 2022 with children (under 19), then 64 and older in 2023, and then everybody in 2024. It has only been 1 full year since we covered undocumented members in all ages. Prior to that, it was the county's responsibility to provide medical coverage via the HealthPAC Program.* ➢ *Member Question-T. Debose: When you started, you talked about their status and need to be verified. Is there a time limit that they have to submit documents for verification?* ➢ *Response-M. Woodruff: It's not us, it is Alameda County that needs to verify all that information. And the answer is that we can't start claiming and they don't get care until everything is verified. There used to be a 90-day grace period, but that's gone starting in 2027.* ➢ *Member Question-K. Pageau: Regarding IHSS, does the reduction to 50-hour cap apply to the end-user or the employee?* ➢ *Response-M. Woodruff: It applies to the employee that is working, the IHSS provider.* ❖ *Guest Comment-D. Leonard-Pageau: A live-in caregiver averages about 100 hours per week, but they're only paid for 70 hours, and now it will go down to 50 hours.* L. Ayala acknowledged the presence of the Medicare team who briefly joined the meeting.		
4. FOLLOW-UP ITEMS			
M. Moua	Mao Moua, Manager of Cultural and Linguistic Services, presented updates on the follow-items from March 03, 2025. • Information on additional Housing and Community Supports resources was sent to CAC members via email on 03/20/2025.	None	None
5. a. NEW BUSINESS – FAITH-BASED COMMUNITY ENGAGEMENT			

Y. Ang	Yen Ang, Health Equity Director, presented on faith-based on community engagement.
	
	• Y. Ang started by presenting the mission and vision of the Health Equity Department.
	• Health Equity Road Map: 6 Milestones
	  ○ Organization
	  ○ Data Driven
	  ○ Education
	  ○ Communication
	  ○ Community Engagement
	  ○ Social Determinants of Health
	• Adapting the Co-Design Model which is evidence-based and has shown to be effective in eliciting participation from a group setting.
	• Co-Design-Partners
	  ○ Community-Based Organizations (CBOs)
	  ○ Safety Network
	  ○ Members
	• Co-Design Model is a ground-up approach, instead of a top-down approach.
	• The partners engage in activities wherein they collaborate and come up with collective solutions to remove Social Determinants of Health (SDOHs).
	• Faith Based Organizations (FBOs) include churches, mosques, temples, or any faith systems that people practice.
	• Why engage FBOs?
	  ○ Trusted body and support system
	  ○ Safe space
	  ○ Sensitive topic or taboo
	• Three (3) critical rules in identifying the FBOs to approach:
	  ○ Does the FBO have members that are high-risk or experiencing health disparities?
	  ○ Do we have a relationship with the FBO? Existing relationship is very helpful as an entry way to start a conversation.
	  ○ Do we have funding to support the work?
	• Y. Ang encouraged the meeting attendees to reach out to her or the Alliance if they know of any FBOs that may be receptive to partner with the Alliance on health education or intervention.
		None	Alliance staff to share CAC Member Ceceilia Wynn's contact information to Dr. Yen Ang, to connect regarding outreach to Allen Temple, Oakland.

	❖ *Member Comment-C. Wynn: I know that there are Alliance members that are also members of the Allen Temple. If you need a liaison to reach out to the pastors there, I don't mind doing something like that.* ➢ *Member Question-T. Debose: How do we send you a list of FBOs?* ➢ *Response-Y. Ang: You should have my email on the packet, so please feel free to send me an email directly.* ❖ *Member Comment-T. Debose: We can also write them down on our feedback forms.* ❖ *Guest Feedback-D. Leonard-Pageau: We just had a health screening for kidney disease and diabetes at the senior center in Berkeley. Senior centers are willing to open up for these screenings and they have big spaces, whereas some FBOs may not have the space. There are many people like me who are 65 or older who do not talk to other people who we feel do not understand us, because we all can't move fast, but we will talk to other people our age in the community. Rooms are more comfortable when they are slower, you don't worry about being knocked over. The aging population needs a much slower space; a much better explained program and you can do that with the help of senior centers because they know how to work with older people.*		
5. b. NEW BUSINESS – MEMBER SATISFACTION SURVEY			

L. Tran	Loc Tran, Access to Care Manager, presented on the Member Satisfaction Survey: Q1 2024-Q4 2024 CG-CAHPS.
	
	• Survey measures the member's experience with their healthcare providers in the past 6 months in the following metrics:
	  ○ In-Office Wait Time
	  ○ Call Return Time
	  ○ Time to Answer Call
	• Call Return Time Compliance MY 2024
	  ○ Compliant response: within 1 business day.
	  ○ PCP: met compliance rate goal of 70% in all quarters.
	  ○ BH: met compliance rate goal of 70% in Q2 and Q4, did not meet in Q3, and no data for Q1 as the survey was not expanded to include BH providers until Q2.
	• In-Office Wait Time MY 2024
	  ○ Compliant response: less than 60 minutes
	  ○ PCP: met compliance rate goal of 80% in all quarters.
		None	None

	○ BH: met compliance rate goal of 80% in Q2, Q3, and Q4. No data for Q1. • Time to Answer Call MY 2024 ○ Compliant response: within 0-10 minutes ○ PCP: met compliance rate goal of 70% in all quarters ○ BH: met compliance rate goal of 70% in Q2, Q3, and Q4. No data for Q1. CG-CAHPS Summary • The providers continue to meet the compliance rate for all 3 measures. • Improvement on ratings for measure related to Time to Answer Call. Next Steps • Share results with delegates and direct entities. • Track and trend compliant rates. • Send out non-compliant Corrective Action Plans (CAPs) to providers who are not meeting the compliance rate. • Ongoing provider education and onsite/virtual office visits to providers with trends. ➢ *Member Question-N. Williams: When it comes to the In-Office Wait Time measure, does that include the interpreters that maybe the members need to wait on to come?* ➢ *Response-L. Tran: No, it does not include the wait time for the interpreter. This measure is only designed to check if the member is seen within 60 minutes by the provider after they have checked in with the front office.* ➢ *Response: L. Ayala: There are other member and provider satisfaction surveys that we implement to see if members are getting connected to interpreters when they're needed. So, it is important but not a part of this particular survey.* ➢ *Guest Question- K. Pageau: In general, providers, as soon as you see them, ask you to complete a survey. In addition, we get these Alameda Alliance surveys in the mail. My question is why does everybody want a survey to see how they're doing when we've already told their managers how good of a job they've done? You end up just filling out 20 minutes worth of surveys per day.* ❖ *Guest Comment-D. Leonard-Pageau: This matters to me because I go to the doctor 3 days a week, and he (K. Pageau) goes 2 days a week, so together, we get 5 to 15 surveys a week.*		

	➢ *Response-L. Tran: The reason we conduct the survey is to make sure that our members are satisfied with the services of the Alliance and our providers. As for survey fatigue, we do work with our vendor to "dedupe" our sample size to make sure that our members are not getting the same questions over and over again. So, we "deduplicate" to minimize survey fatigue.* ❖ *Guest Feedback-D. Leonard-Pageau: I don't believe deduping is working. I'm not trying to be cruel or anything, but I'm seeing this 1 doctor every 3 weeks, and this other doctor every 2 weeks, and I am getting surveys on both doctors. And the surveys are pretty much the same. So, I'm pretty much getting 5 surveys a week. You need to take into consideration for people like me. We don't need all that. I have had these doctors for many years, and I'm telling you they're good every time.* ➢ *Response-M. Lewis: That's good feedback, thank you for sharing that. And it's a bigger, more global impact for the healthcare system, as a whole. Because we are required to do surveys, but that's something we could look at and take that feedback into consideration. We also have the grievance system. So, if there's something wrong, there's a way to tell us. If you feel like you're getting too many surveys, you can also use the grievance system, that way it is documented, and we can track it and then we can work to make improvements. It's just part of improving our processes and services to our members in our community because it's important.*		
5. c. NEW BUSINESS – POPULATION HEALTH MANAGEMENT STRATEGY			

L. Ayala
E. Earnhardt
F. Zainal
	Linda Ayala, Director of Population Health and Equity, presented on the Population Health Management (PHM) strategy.
	
	What is Population Health Management?
	• Understand Alliance member needs
	  ○ Assessment and data
	  ○ Medical, behavioral, and social health
	  ○ Identify groups of members at risk
	• Provide equitable access to needed services
	  ○ Wellness and prevention services
	  ○ Care coordination
	  ○ Care management programs
	• Collaborate with
	  ○ Providers
	  ○ Community partners
		None	Alliance staff to share Alliance Member, Keith Pagaeu's contact information to Farashta Zainal to connect regarding getting a covered blood pressure monitor machine.

	• Improve health and equity
	
	2025 PHM Strategy Programs
	• Address primary care gaps and inequities
	  ○ Cancer Prevention
	  ○ Under 30 Months Well-Visits—Equity
	• Support members managing health conditions
	  ○ BirthWise Wellbeing—Equity
	  ○ Blood Pressure Monitoring
	  ○ Diabetes Prevention Program (DPP)
	  ○ Diseases Management Health Education
	• Connect members in need to whole person care
	  ○ Doula Services
	  ○ Multiple Chronic Case management
	  ○ Poste ED Visit for Mental Illness
	  ○ Transitional Care Services (TCS)
	
	2025 PHM Strategy Highlighted Activities
	
	Emily Earnhardt, Population health and Equity Specialist, presented on the Community Health Worker Programs.
	
	• Community Health Worker Programs
	  ○ Diseases Management Health Education: The Good Life Nutrition and Wellness program for members with diabetes and high blood pressure.
	  ○ BirthWise Wellbeing: Our Roots peer mental health coaching for members who were pregnant in the last year.
	
	Questions for CAC Members:
	• Have you heard of or worked with a Community Health Worker (CHW) before?
	• What would encourage you to join a CHW program?
	• What other topics or populations should the Alliance consider for future CHW programs?
	
	❖ *Guest Feedback-D. Leonard-Pageau: Regarding the 12-week nutrition program, when you go in there, you try to learn things on the first month and you do not want to expose yourself too much, you do not talk much in the beginning. But, as soon as you figure out what you're supposed to do,*		

	the program is done. They don't have enough time to absorb the information and start applying it. You find a program where you find a community, people you trust, but then the program ends and you feel isolated, and you do not know what to do and where to go. I believe that 2 to 3 months longer, even without the food, would be more effective and they can apply it and make it part of their routine. ➢ *Response-E. Earnhardt: Thank you so much for sharing, and I will just highlight that this particular program just piloted with a small group of members and we're expanding it this year. So hopefully we'll have the opportunity to offer this program to more members.* ❖ *Guest Feeback-D. Leonard-Pageau: Yes, hopefully for a longer time because we can't absorb it in 12 weeks. You are talking about a life change, you're changing life patterns. You go through separation anxiety because when you finally learn to trust, the program is done.* ❖ *Member Feedback-N. Williams: To encourage members to join the CHW programs, I think you can introduce them via handouts or calls from the Alliance saying that these vendors or community organizations are partnering with you and give their contact information to members.* ❖ *Guest Feedback-D. Leonard-Pageau: They can include that information on discharge summary or after-visit summary and ask members if they would be interested in having a CHW call them, because I personally do not answer calls from phone numbers I do not recognize.* ❖ *Member Comment-T. Debose: Yes, and at these times, there are so many people out there doing scams, especially targeting seniors. So, if they do not have the association before they leave their doctor's office, or before they leave the hospital, they have no association.* ❖ *Member Feedback-T. Debose: The reason why I sit on this board is because of my daughter who has special needs, and that's a large community. And right now, my daughter is 22 and has graduated from the school system. You have a lot of young adults that are transitioning. We just did a wellness check with our doctor because she is in a new stage of life, and even though everything is great, I'm still wondering about other families who do not get their children out and mostly sitting at home. And so those people need to be a population that you're communicating with, not just with the special needs community, but also their parents who are becoming elderly. They are having to care for these children that may be heavier than them at times. We really need to look at this because we're going to end up caring for them when their parents pass on. That's a very*		

	vulnerable community that I believe you should consider in your population health management strategy. ❖ *Member Feedback-N. Williams: It is also important to make sure the community is aware of all the resources available to facilitate the care of people with special needs.* Farashta Zainal, Quality Improvement Manager, presented on the At-Home Blood Pressure Tracking and Cancer Screening Programs. • At-Home Blood Pressure Tracking and Cancer Screening Programs. o Blood Pressure Monitoring-assist Alameda Health System members with getting a blood pressure monitor though the Alliance. ❖ *Guest Comment-D. Leonard-Pageau: He (K. Pagaeu) was prescribed a blood pressure monitor last week, but we were told by Highland Hospital Pharmacy that it was not covered. It was $93.00.* ➢ *Response-F. Zainal: There is a list of blood pressure monitors that are covered that we share with our providers, as not all machines are covered. Perhaps the provider prescribed a machine that is not on the list. We will definitely reach out to them as we can surely get you a covered device.* o Cancer Prevention-at-home HPV swab test for cervical cancer and Cologuard stool test for colorectal cancer. Questions for CAC Members: • What would help members track their blood pressure or complete a cancer screening at home? • How can providers support members with blood pressure control? • Who can we partner with to increase cancer screening for groups with lower rates (Am. Indian/Alaska Native, Black, Other Asian*, White)? ❖ *Member Feedback-N. Williams: Regarding the low return rate for at-home tests, what I heard from members was that there is not a convenient way to return it. You have to either go to the post office or drop it in the mail. It's not something you want to hand off to your mail carrier. If they had maybe a drop box or something in a neighborhood or a church or somewhere else, they could be collected, it would be a lot easier.*		

	❖ *Guest Feedback-D. Leonard-Pageau: The envelope says not to take it back to the doctor's office, but I believe that's where it should go. Nobody wants to put it in the mail, and nobody wants to let the others know they did the test. Also, it will be beneficial to add a flyer or pamphlet that talks about why doing the test will benefit you and your family, and perhaps the number of people whose lives were saved by taking these tests.* ➢ *Response-F. Zainal: That's great feedback. One of the reasons why the PCPs don't want it back in their office is because the specimen must be collected and get to the lab in a timely manner, otherwise the sample is not good.* ❖ *Guest Feedback-D. Leonard-Pageau: But that's not a good excuse because the lab picks up the samples from the doctor's office every day.* T. Debose reminded the CAC members that they can also write their feedback and comments on the CAC feedback sheet. ❖ *Member Feedback-T. Debose: I would just say coming from a perspective as an African American. One of the things that we say all the time in our community is our health is our wealth. And that is what people are talking about these days. You know, we're talking about wealth and growth, and empowerment, but if you don't have your health, you can't have financial growth and all those other things. So, if you talk to other communities, you have to speak their language so that they will connect with you. I think that doctors should keep on mentioning it during appointments. We just went on a wellness appointment, and the nurse actually talked about the blood pressure monitors that you can get. So, I think that doctors and nurses should keep drilling down information because unless you have the information you may not know what you need and how to get it. The doctors and nurses should give you a list of all the things you need.* ❖ *Member Feedback-N. Williams: Well, it has to be inspirational too and not just a laundry list. If you add just a touch of inspiration and admiration to it, you'll get better results.* ❖ *Guest Feedback-D. Leonard-Pageau: I am part of LifeLong, and my daily tasks pop up every morning, take your blood pressure, take your blood sugar. With My Health Online and Sutter, you can enroll in daily tasks. So, I have been doing these for 3.5 years without missing. You might want to ask them how they did it.* ❖ *Guest Feedback-K. Pageau: When I was with LifeLong, I was enrolled in a diabetes class, and we met, but it seemed like forever until they*		

	reassigned the doctor. There, they took our blood sugar and maybe blood pressure as well. Maybe what we can do here with Alameda Alliance is maybe give members who are not enrolled in a program like that, a call every 3 or 4 months and remind the members to take their vitals and to document somewhere that you reached out to them. ❖ *Member Comment-M. Le: Regarding the BP monitors, I think it depends on how your doctor writes the prescription. My doctor had to rewrite the prescription 3 times, and include a letter with it, before the pharmacy finally gave the BP monitor for free.*		
5. d. NEW BUSINESS – ANNUAL REVIEW OF CULTURAL AND LINGUISTIC SERVICES			
M. Moua	Tandra Debose, CAC Vice Chair, announced postponement of this agenda item to the next CAC meeting due to time constraint.	None	None
6. ALLIANCE REPORTS – COMMUNICATIONS AND OUTREACH			
A. Alvarez	Alejandro Alvarez, Communications and Outreach Supervisor, presented on Alliance Outreach Report. • Reached 38,033 self-identified Alliance members during outreach activities (since July 2018). • Completed 47,497 member orientation outreach calls (since March 2020). ❖ *Member Comment-T. Debose: You do wonderful work, and I have to say, I was at the DMV getting my real ID, and I saw the Alliance poster and I took a picture. And the models are of various races, and I love seeing that, that's beautiful. I am happy to see that I keep seeing the Alliance everywhere.*	None	None
7. a. CAC BUSINESS – CAC CHAIR NOMINATIONS AND VOTING			
L. Ayala T. Debose	• The committee was unable to nominate and vote for a new chair as a quorum was not established.	None	CAC Planning Team to move the CAC Chair Nominations and Voting to the next meeting.
7. b. CAC BUSINESS – CAC MEMBERSHIP RECRUITMENT			
M. Moua	Mao Moua, Cultural and Linguistic Services Manager presented on the CAC membership recruitment updates.	None	None

	• Priority Areas for Recruitment
	  ○ Foster parents of Alliance members, advocates, and/or youth
	  ○ Long Term Support Services (LTSS) advocates, or Alliance members participating in LTSS
	  ○ Members
	  ▪ Men
	  ▪ Younger adults
	  ▪ Preferred language is non-English
	  ○ Providers
	• Connected and presented information about the CAC to the following group and organizations:
	  ○ New Beginnings: 01/17/2025
	  ○ Oakland Catholic Worker (Immigrant Services): 04/28/2025
	  ○ Children's First Medical Group (CFMG): 04/29/2025
	  ○ City of Berkeley (Local Health Department): 05/20/2025
	  ○ Community Health Center Network (CHCN): 05/21/2025
	  ○ Native American Health Center (NAHC): 05/29/2025
	• Next Steps
	  ○ Follow up with group/organization we presented to.
	  ○ CAC Recruitment Workgroup.
	  ○ Present CAC candidates at the next CAC Selection for review and voting.		

8. OPEN FORUM			
T. Debose	• N. Williams introduced and highlighted the care bags that she and former CAC Chair Melinda pioneered. It started with just 50 bags, and now at 5,000 bags. • D. Leonard-Pageau expressed dissatisfaction with grievance and appeals process due to submitting repeat grievances against CHME within a span of 5 years and took many years before getting help. The grievances were due to improper packaging of catheters, as well as mistakes in the incontinence supplies size sent. She also expressed dissatisfaction over only having one DME supplier, CHME. She commented that once she was given prior authorization and transferred to Shield, she has not experienced any issues. ➢ *Response-M. Lewis: We can definitely take this back and have our Grievance and Appeals team, reach back out you to follow-up. But that's*	None	Alliance staff to connect with the Grievance and Appeals Team and get information on the process for repeat grievance cases from the same member. Alliance staff to connect Donna Leaonard-Pageau to the G&A team for follow-up.

	great feedback, and we do have a process, but I want to defer to them to speak to it. Thank you for sharing that. ➢ *Response-L. Ayala: Like Michelle said, this is an important part of the CAC, giving an opportunity for folks to share where things are maybe going well, and where things aren't, but we need to step up so there will be continued follow-up. And I think after the meeting, we do have representatives from CHME that might be willing to chat with you. But as always, when these kinds of issues come up that are specific to individual member concerns, we will be following up on the back end to make sure we're making whatever connections we can, so the process continues.* • L. Ayala reminded CAC members that there are still focus groups and other opportunities available, and that a follow-up email will be sent with information. She also advised members that they may call her if e-mail does not work for them. • K. Pageau expressed appreciation to the Alliance for the assistance and covering the cost of renewing their First Aid and CPR cards. He also commented that the trainer used in Oakland is an excellent teacher.		
9. ADJOURNMENT			
T. Debose	• T. Debose announced that the next CAC meeting will be on September 11, 2025. • T. Debose adjourned the meeting at 12:11 pm.	None	None

Meeting Minutes Submitted by: Mara Macabinguil, Interpreter Service Coordinator Date: 07/23/2025

Approved by: _____ Date: