

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – December 13, 2023

1055 W. 7th Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Roger Rabaja, <i>RCAC 1 Chair</i> Ana Rodriguez, <i>TTECAC Chair and RCAC 2 Chair</i> Lidia Parra, <i>RCAC 3 Chair</i> Silvia Poz, <i>RCAC 4 Chair</i> Maria Sanchez, <i>RCAC 5 Chair</i> Joyce Sales, <i>RCAC 6 Chair</i> Martiza Lebron, <i>RCAC 7 Chair</i> Ana Romo, <i>RCAC 8 Chair</i> Tonya Byrd, <i>RCAC 9 Chair</i> Damares O Hernández de Cordero, <i>RCAC 10 Chair</i> Maria Angel Refugio, <i>RCAC 11 Chair</i> Lluvia Salazar, <i>At-Large Member **</i> Deaka McClain, <i>TTECAC Vice-Chair and At Large Member</i></p> <p><i>* Excused Absent ** Absent</i> <i>*** Via teleconference</i></p>	<p>Henry Cordero, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Erin LaFargue, Interpreter Alex Mendez, Interpreter Katelynn Mory, Captioner Andrew Yates, Interpreter</p> <p>Gisela Brigidio, Public Elizabeth Cooper, Public Lynnea Johnson, Public Russel Mahler, Public Andria McFerson, Public Demetria Saffore, Public Dazzlin Sanchez, Public Issac Sanchez, Public</p>	<p>Fatima Vazquez, Member, Board of Governors Layla Gonzalez, Advocate, Board of Governors John Baackes, Chief Executive Office, L.A. Care Alex Li, MD, Chief Health Equity Officer, L.A. Care Francisco Oaxaca, Chief of Communication and Community Relations Malou Balones, Board Specialist, Board Services *** Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Christopher Maghar, Community Outreach Field Specialist, CO&E Rudy Martinez, Safety & Security Program Manager III, Facilities Services Linda Merkens, Senior Manager, Board Services ** Frank Meza, Community Outreach Field Specialist, CO&E Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriquez, Board Specialist, Board Services *** Farid Seyed, Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure Marvin Thompson, Community Benefits Grant Specialist II, Community Benefit Program *** Martin Vicente, Community Outreach Field Specialist, CO&E Shavonda Webber-Christmas, Director, Community Benefits, Community Benefit Program *** Naoko Yamashita, Manager, C&L Services, Health Education, Cultural & Linguistics Department ***</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Ana Rodriguez, <i>ECAC Chair</i>, welcomed everyone and explained the process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Ms. De La Torre welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Chairperson Rodriguez called the meeting to order at 10:18 A.M</p> <p>Members of the Temporary Transitional Executive Community Advisory Committee (TTECAC), L.A. Care staff, and the public can attend the meeting in-person at the address listed above. Public comment can be made live and in-person at the meeting. A form will be available to submit public comments.</p> <p>https://us06web.zoom.us/j/85234622458</p> <p>Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: (English) 2558 788 7839 Call-in number: 1-415-655-0002 Participants Access Code: (Spanish) 2551 510 9511</p> <p>For those not attending the meeting in person, public comments on Agenda items can be submitted in writing by email to COEpubliccomments@lacare.org or by calling the CO&E toll- free line at 1-888-522-2732 and leaving a voicemail.</p> <p>Attendees who log on to lacare.zoom using the URL above will be able to use “chat” during the meeting for public comment. You must be logged into Zoom to use the “chat” feature. The log in information is at the top of the meeting Agenda. This is a new function during the meeting so public comments can be made live and direct.</p> <ol style="list-style-type: none"> 1. The “chat” will be available during the public comment periods before each item. 2. To use the “chat” during public comment periods, look at the bottom of your screen for the icon that has the word, “chat” on it. 3. Click on the chat icon. It will open a window. 4. Select “Everyone” in the to: window. 5. Type your public comment in the box. 6. When you hit the enter key, your message is sent and everyone can see it. 7. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your 	

comment relates.

8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail or email. If we receive your comments by 10:00 a.m. on December 13, 2023, it will be provided to the members of the TTECAC at the beginning of the meeting. The chat message, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.

Once the meeting has started, public comments should be submitted prior to the time the Chair announces public comments for each agenda item and staff will read those public comments for up to three (3) minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three (3) minutes. If your public comment agenda is not related to any of the agenda item topics, your public comment will be read for up to three (3) minutes at item IX Public Comments on the agenda.

Please note that there may be a delay in the digital transmittal of emails and voicemails. The Chair will announce when the public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section of the agenda.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The TTECAC appreciates hearing the input as it considers the business on the Agenda.

The process for public comment is evolving and may change at future meetings. We thank you for your patience.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act please contact the Community Outreach & Engagement staff prior to the meeting for assistance by calling our toll-free line at 1-888-522-2732 or by email to COEpubliccomments@lacare.org.

SB 1100 was signed by Governor in August 2022, and added a short section to the Brown Act as Govt Code Section 54957.95 to supplement language already part of the Brown Act :

(a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting.

	<p>(b) As used in this section, “disrupting” means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following: (1) A failure to comply with reasonable and lawful regulations adopted by a legislative body pursuant to Section 54954.3 or 54957.9 or any other law. (2) Engaging in behavior that includes use of force or true threats of force. (54954.3 contains provisions related to public comment time restrictions, and 54957.9 allows the presider to clear the room if the meeting can’t continue.)</p> <p>AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION BEFORE THE MEETING AT L.A. Care’s Offices at 1055 W. 7th Street, Los Angeles, CA 90017 through the Reception Area in the Building Lobby.</p>	
<p>APPROVE MEETING AGENDA</p>	<p><u>PUBLIC COMMENT</u> Andria McFerson, RCAC 5 Member <i>Ms. McFerson's public comment begins with a holiday greeting and wishes for a merry Christmas. She then transitions to addressing specific agenda items, requesting dedicated time to discuss peer-to-peer disparities and potential changes to the committee. Ms. McFerson emphasizes the importance of openly discussing these matters without interference, asserting the committee's legal right to freely express their opinions. She highlights the need for the agenda to include a standing item on the right to freedom of speech, emphasizing the importance of having the freedom to discuss matters openly without impediment.</i></p> <p>The Agenda for today’s meeting was approved as submitted.</p>	<p>Approved by roll call. 9 AYES (Byrd, Cordero, Lebron, Poz, McClain, Rabaja, Rodriguez, Sales, and Sanchez)</p>
<p>APPROVE MEETING MINUTES</p>	<p>The November and December 2023 minutes will be considered for approval at the February 14, 2024 meeting.</p>	
<p>STANDING ITEMS</p>		
<p>BOARD MEMBERS REPORT</p>	<p>Ms. Gonzalez and Ms. Vazquez gave a Board Report.</p> <p>They thanked all the ECAC and RCAC members here today and wished everyone to have a happy holiday season and happy New Year.</p> <p>The Board of Governors met on December 7. Approved meeting minutes and meeting materials can be obtained by contacting Board Services and are available on L.A. Care’s website.</p> <ul style="list-style-type: none"> • The list of motions approved at that board meeting can be obtained from CO&E. 	

• They thanked the RCAC members that joined the Board Meeting in person or virtually. We were happy to see members there and we appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person:

1. Joyce Sales (R6)
2. Roger Rabaja (R1)
3. Damares O Hernandez de Cordero (R10)
4. Deaka McClain (R9)
5. Silvia Poz (R4)
6. Ana Rodriguez (R2)
7. Elizabeth Cooper (R2)

Mr. Baackes presented the CEO report, and he will be giving an update later in this meeting.

Board members re-elected the officers for 2024:

Mr. Ballesteros will remain as Chairperson,
Dr. Shapiro as Vice Chairperson,
Dr. Booth as Treasurer, and
Mr. Raffoul as Secretary.

We look forward to seeing members at every Board meeting and hope you are able to attend and learn more about L.A. Care.

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member

Ms. McFerson requests permission from the Chair to address two board seats with a series of questions. She inquired as to whether the Board of Governors (BOG) has made a decision for advisory committees, including RCACs and ECACs, not to meet every month throughout 2024. She seeks clarification on whether the BOG has the authority to vote on the frequency of RCAC meetings and if RCAC members have the right to express their preferences for meeting frequency in 2024. Ms. McFerson also questioned the committee's right to vote on their budget and whether they can provide input on allocating funds for New Year's parties for individual RCACs. She expressed a desire for transparency regarding the budget, asking about the amount allocated and whether any decisions have been made by staff or others throughout the fiscal year.

Ms. Gonzalez responded to Ms. McFerson's questions, stating that there has not been a motion passed regarding the frequency of advisory committee meetings, and encouraged Ms. McFerson to inquire further. She mentioned that the budget is public information, and

	<p>details about what has been approved for the RCACs and ECAC are available upon request from Board Services. Regarding the annual holiday parties, Ms. Gonzalez noted that the events are being restructured, and the possibility of them taking place will be addressed later by Mr. Oaxaca.</p> <p>Member Byrd asked for clarification from Ms. Gonzalez regarding the approval of a budget for TTECAC or ECAC. Ms. De La Torre confirmed that the budget for ECAC is approved annually. Member McClain, expressed confusion about the term "temporary" (indicated by the "T" in TTECAC) in relation to the approved budget. She questioned how a budget can be allocated for a temporary entity without a clear understanding of its future. Ms. De La Torre responded by explaining that the budget was approved months ago, and the distribution and administration of the funds are handled by staff based on Board of Governors' approval.</p> <p>Member McClain persisted, pointing out the apparent contradiction in having a budget for something labeled as temporary. She questioned the logic behind allocating funds for a temporary entity without clarity on its future. Member McClain expressed confusion about the decision-making process and suggested that the budget should align with the temporary nature of TTECAC until decisions are made about its future.</p>	
<p>L.A. CARE HEALTH EQUITY COMMITTEE UPDATE</p>	<p>Alexander Li, MD, <i>Chief Health Equity Officer</i>, briefly introduced himself and highlighted key achievements of the health equity team since the presentation of L.A. Care's 2023-2025 health equity plan. Dr. Li's team received recognition from the Local Health Plans of California for their leadership in health equity. Additionally, he co-chairs the local health plans' chief health equity officer meeting. Dr. Li discussed his involvement with the National Academy Of Science, Engineering, and Medicine, where he contributed to the review of health equity efforts nationwide. He emphasized the challenges faced in states like Texas and Florida, which have not expanded Medicaid, contrasting with California's commitment to healthcare access for all. The presentation delved into the local initiatives, particularly the Equity Practice Transformation Program, aiming to enhance access and services in collaboration with private care practices. Dr. Li noted the participation of 134 practices across Los Angeles County impacting 1.5 million Medi-Cal members. Furthermore, Dr. Li highlighted L.A. Care's pursuit of health plan stamp approval and National Commission on Quality Assurance (NCQA) health equity accreditation, showcasing the organization's proactive approach to meet state requirements by 2026. Dr. Li touched on a unique aspect – the concern for medical debt in Los Angeles County, amounting to \$2.6 million. He expressed the need for a coalition to address this issue, ensuring that people do not avoid necessary healthcare due to financial constraints. Overall, Dr. Li's report underscored L.A. Care's commitment to health equity and its multifaceted</p>	

efforts to make meaningful impacts on both local and national levels. Dr. Li reported on collaborative efforts involving hospitals, county officials, and philanthropic organizations to address health disparities and improve vaccine equity. Notably, progress has been made in partnership with Los Angeles County school districts to enhance vaccination for children affected by the pandemic. Dr. Li provided update on health equity zones, focusing on key disparities and demographic gaps. Using federal standards for race and ethnicity classification, he presented performance measures, such as diabetes control rates, across various ethnic groups. Dr. Li highlighted disparities and emphasized the need to address potential causes, such as access to medication and healthcare providers. The report delves into maternal and child health, showcasing trends in timely prenatal and postpartum care. Disparities among different ethnic groups are noted, with the Latino community performing well in postpartum care. Dr. Li suggested the need for improved communication and education to overcome barriers to postpartum care and enhance overall health equity. Dr. Li highlighted a recent roundtable discussion that brought together various stakeholders, including academics, community-based organizations, county representatives, funders, individuals with lived experience, providers, and even representatives from the sheriff's department. This collaborative effort focused on addressing challenges faced by children and youth in Los Angeles County, marking a unique initiative that involved a diverse set of stakeholders. Dr. Li provided an example of topics discussed during the roundtable, emphasizing the welfare gap in school-aged children, staff, and parents. The discussions covered safety concerns, including firearms, bullying, and gun violence, along with addressing vaccine misinformation and catch-up efforts. The group also discussed the care for children and youth with complex healthcare conditions transitioning into adulthood. He highlighted the conversation around building resilience, noting that participants acknowledged a period of significant trauma and burnout affecting children, staff, and parents. Concerns were raised about the impact of the uncertain future, economic challenges, and setbacks in behavioral health, academic performance, and social skills development among students. Dr. Li provided personal examples and underscore the rising crisis with children experiencing feelings of hopelessness, an increase in suicidal attempts, and a growing number seeking emergency room care. He spoke about the challenges of the post-pandemic learning environment, the need for better support for parents and youth, and the perception of the school system being under resourced and underfunded. The participants highlighted the importance of advocating for improved school-based funding as a crucial aspect of addressing the identified issues. The examples provided illustrate the depth and complexity of the discussions during the roundtable.

(The full written report can be obtained from CO&E)

PUBLIC COMMENT

Elizabeth Cooper, RCAC 2 Member

Ms. Elizabeth Cooper began her public comment by reminding the chair of the Americans with Disabilities Act (ADA) and requested reasonable accommodation on her behalf. She expressed a desire to speak and asked Dr. Li about the representation of RCACs on the committees, emphasizing the importance of including members who actively address and fight for the issues at hand. Ms. Cooper specifically mentioned her son's role as a regional center consumer and her active involvement in regional center concerns. She questioned the committee's composition, funding, and whether there are any RCAC members included. Ms. Cooper emphasized the significance of RCAC members, who are actively involved in addressing health disparities and fighting for these issues. Additionally, Ms. Cooper raised concerns about African Americans being hesitant to seek medical care, contributing to health disparities. She questioned the composition of Dr. Li's committee and whether it includes African American members. Ms. Cooper suggested reaching out to RCACs to ensure broader representation and engagement in addressing health disparities across various communities.

Dr. Li responded to Ms. Cooper's comments by mentioning the Health Equity Committee, which includes two consumers, and the Consumer Health Equity Council. He noted that the Consumer Health Equity Council comprises RCAC members and is multiracial. Dr. Li clarified that he will provide Ms. Cooper with the exact number of council members and assured her that he will check whether anyone from ECAC is on that council.

Andria McFerson, RCAC 5 Member

Andria McFerson expressed gratitude for the opportunity to speak and requested the chance to formally address Dr. Li. She advocates for the RCACs to have the opportunity to speak publicly and hold an event where they can receive updates on ongoing matters and provide input on how these issues impact them. Ms. McFerson emphasized that the RCAC members have the right to voice their concerns directly to Dr. Li, suggesting that this does not necessarily require a formal motion. She proposed the idea of individual RCAC Chairs addressing Dr. Li during their respective committee meetings to convey the disparities they face. , Ms. McFerson suggested a public event to educate the public about the code of care, emphasizing the importance of understanding their rights regarding proper medical treatment. She connects stress and discrimination to health issues such as high blood pressure and early death. Ms. McFerson sought clarification from Dr. Li on the possibility of RCAC members presenting data and engaging in peer-to-peer discussions in the community.

Dr. Li responded by expressing his willingness to collaborate through the ECAC and emphasized the importance of having a well-established structure that is mutually agreed upon. He indicated a preference for working within the existing structure and process of the RCACs, ensuring that their established procedures are respected. Dr. Li reassured that

	<p>he is happy to cooperate and engage with the RCAC Chairs in a manner that aligns with their established framework.</p> <p>Ms. Gonzalez expressed gratitude to Dr. Li for his clear explanation of the statistics, though she finds some of them disheartening, particularly the alarming rise in teenage suicides. She asked Dr. Li about whether individuals were aware of the availability of doulas. Ms. Gonzalez suggested that members may not have been informed about the free services of doulas, which could provide additional support during the challenging period of having a baby. She raised the possibility that a lack of awareness could have contributed to certain health-related issues and questions whether this aspect was explored in the collected statistics. Dr. Li thanked Ms. Gonzalez for her question and provided information about the availability of doulas. He mentioned that while doulas have been a profession for a significant amount of time, they only recently became a Medi-Cal benefit. Dr. Li noted that efforts have been made to match those requesting doulas, successfully doing so for approximately 30 individuals. He acknowledged that the program is still in its early stages and faces challenges such as a limited number of available doulas. Dr. Li explained that there is a transitional process for doulas shifting from cash-based services to working with health plans. He mentioned that the County also has doulas available, both on staff and through contracts with community-referred professionals. Dr. Li highlighted the newness of the program and mentioned efforts, such as sending mailers to pregnant women, to spread awareness about the availability of doulas, indicating that it is still in the early stages of implementation.</p>	
<p>COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p> <ul style="list-style-type: none"> • Community Engagement Model Discussion and Updates 	<p>Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, presented a comprehensive report on the proposed restructuring and operation of advisory committees, specifically focusing on the Health Advisory Committee overseeing L.A. Care's contract with the California Department of Health Care Services (DHCS) for Medi-Cal coverage in Los Angeles County. The report highlighted the new requirements outlined in L.A. Care's contract with the DHCS, effective January 2024, emphasizing five goals set by the DHCS for health plan advisory committees. The DHCS objectives include increasing member engagement, discussions supported by data, regular turnover of members, and promoting diversity in committee voices. Mr. Oaxaca outlined proposed changes necessary for L.A. Care to meet these requirements, some specifically mandated by the DHCS and others deemed essential for compliance. Key proposed changes included quarterly committee meetings, transitioning from 11 regions to eight county area service plans for better data utilization, and aligning ECAC meeting schedules with the Board of Governors. Mr. Oaxaca introduced innovative measures such as community round tables, focus groups, and formalizing focus group participation to enhance member engagement. Mr. Oaxaca also outlined the DHCS-mandated functions, deadlines, and reporting requirements for advisory committees. To meet these new demands, he proposed implementing terms of service,</p>	

establishing a selection committee for member recruitment, adjusting stipend structures, and pausing the annual work plan process until the approved changes are implemented. The timeline for next steps was also presented, with a final update and an advisory vote scheduled for February, followed by a public comment period and final approval in March and implementation by May. Throughout the presentation, Mr. Oaxaca emphasized the significance of these changes in ensuring broader member representation, engagement, and adherence to State requirements.

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member:

Ms. McFerson asked permission from the Chair to address questions directly to Mr. Oaxaca. She inquired if the proposed changes suggested by the staff are mandated by the State and emphasized the need for clarity on whether approval is required for these modifications. Ms. McFerson advocates for preserving Robert's Rules of Order in the decision-making process. She directed a question to Mr. Oaxaca about the criteria for selecting participants in focus groups and roundtable discussions. Ms. McFerson also expressed the desire to discuss and potentially vote on the proposed changes during the meeting. She sought clarification on whether there is a mechanism for the Chairs to express their opinions on the suggested changes, with the possibility of conveying any disagreements to the Board of Governors for further consideration.

Mr. Oaxaca responded by clarifying that the ultimate authority for changes lies with the Board of Governors concerning the operations of the ECAC and RCACs. He mentioned that staff's role is to propose changes in the best interest of members, the health plan, and the community, responding to specific DHCS-mandated requirements under the contract for providing Medi-Cal services in Los Angeles County. Mr. Oaxaca highlighted that some changes are not optional as they are mandated by DHCS. He emphasized that staff's proposals are a response to the requirements, and the Board of Governors will make the final decisions. Mr. Oaxaca assures that there will be further opportunities for public and member comments, and adjustments to the proposal may be made based on feedback. Ultimately, the Board will make decisions in the coming year, and community input will be considered in the decision-making process.

Elizabeth Cooper, RCAC 2 Member

Ms. Cooper expressed deep concern about term limits, referring to legislation SB 2092 and emphasizing that there is no term limit for members. She suggested inviting the Department of Managed Care and Department of Health Care Services to hear public concerns directly. Ms. Cooper appreciates the department's efforts but wants to ensure that rules are fair and in line with both departmental considerations and the legislators' intent. She encouraged the Board to consider inviting the Department of Managed Care

to address members' concerns, stressing her intent to communicate with her legislator on the matter.

Member Poz expressed concern about the lack of information regarding when the RCACs will resume meetings. She mentioned that members are inquiring about upcoming meetings, including whether there will be a meeting in January 2024, and requested clarification on the steps and plans the organization is taking in this regard. Mr. Oaxaca stated that staff is currently working on the schedule for listening sessions with RCAC members and mentioned that several sessions have already taken place. He emphasized that the organization is compiling concerns raised by members during these sessions. Mr. Oaxaca highlighted the constraints imposed by the new contract's specific requirements, necessitating changes to remain compliant. Ms. Poz expressed concern about staff being the ones proposing changes, highlighting the significant number of staff members compared to the required eight from DHCS. She emphasized the importance of giving members an equal opportunity to voice their opinions and concerns.

Ms. Lebron said that she is surprised and concerned about the shift from monthly to quarterly RCAC meetings, questioning how this change aligns with the goal of listening to consumers regularly. She stressed the challenge of covering different areas and representing diverse consumers within a limited timeframe. Ms. Lebron sought clarification on the meeting frequency and whether there is flexibility or any influence from State regulations. Mr. Oaxaca clarified that the proposed changes aim to provide a variety of opportunities for members to provide input, including RCACs, community round tables, and focus groups. He emphasized that the goal is to facilitate productive discussions on topics important to members and their communities, with the intention of maintaining or increasing the number of meetings throughout the year.

Ms. McClain questioned the timeline of staff engagement with the RCAC, expressing confusion as to why staff would come to the RCAC in February, then proceed to the Board in March without returning to the RCAC for further input. Secondly, she sought clarification on the decision-making process, referencing a previous board meeting where she was informed that if the RCAC votes against staff recommendations, those proposals will not go to the board. She sought confirmation on whether the RCAC has the authority to block proposals from reaching the Board if there is disagreement. Mr. Oaxaca explained the timeline for proposed changes, stating that the schedule is designed to meet the DHCS deadline for implementing any changes, which is in May. The timeline works backward, taking into account the meeting schedule of the ECAC and the Board. He clarified that the Board meeting in February is for an advisory vote from the RCAC, and staff would still take a motion to the Board in March. He emphasized that the DHCS did not provide specific instructions on how to implement the changes, leaving it up to L.A. Care staff to figure out

	<p>the best approach. The Board will make the final decision in March, with potential implementation in May to meet the DHCS deadline.</p> <p>Ms. Byrd sought clarification on the proposed changes, expressing confusion and concern about reducing the number of RCACs from 11 to 8. She questioned where the RCAC members were during the discussions, emphasizing that they are members and should have been involved in the decision-making process. She is uncertain about the criteria for choosing members and how decisions about the round table approach will be made. Overall, Ms. Byrd feels that the proposed changes are unclear and raised concerns about the reduction in the number of members and the selection process. Mr. Oaxaca explained that the total number of members participating through focus groups, community round tables, and RCACs will be slightly more than currently participating in just the RCACs. He assured Ms. Byrd that the reduction in the RCAC size is not meant to limit opportunities for participation but rather to align with DHCS requirements. Mr. Oaxaca emphasizes the need for an equitable selection process to ensure diversity among engaged and committed members that reflects the broader community.</p>	
<p>MEMBER ISSUES</p> <ul style="list-style-type: none"> • SPD Member Issues 	<p><u>PUBLIC COMMENT</u></p> <p>Andria McFerson, RCAC 5 Member: <i>Ms. McFerson shared a personal experience where she had to attend to a friend's health emergency, highlighting the urgent need for accessible and feasible options for community members to voice their health concerns at RCACs. She advocated for the continuation of 11 RCACs in 2024 and urged the Chairs to express their agreement after her speech. Ms. McFerson emphasized the importance of formal meetings to discuss various health issues and asserted that the budget allows for such discussions without the need for a motion.</i></p> <p>Elizabeth Cooper, RCAC 2 Member <i>Ms. Cooper commended the presenter for their positive attitude and then addressed the Chair about the importance of emergency preparedness. She shared her personal connection to the issue due to having a developmentally disabled son. Ms. Cooper requested that the RCAC members receive training and emergency preparedness kits, emphasizing the significance of being ready for earthquakes and other emergencies. She urged the Chair to consider a motion to provide these kits for all RCAC members.</i></p> <p>Demetra Saffore, RCAC 4 Member <i>Ms. Saffore expressed frustration with L.A. Care, stating that she had to discontinue her therapy due to inconsistent supply deliveries. She noted that Acacia was assisting her and lied about the provider refusing to help her. Ms. Saffore indicated that she is without her C-pap machine for over a month, and her concerns have not been addressed by the organization, leaving her unsure where to turn for assistance.</i></p>	

OLD BUSINESS

**L.A. CARE'S
CULTURAL &
LINGUISTICS
DEPARTMENT
TRANSLATION
PROCESS**

Naoko Yamashita, *Manager, Health Education Cultural & Linguistics Services Department*, presented information about L.A. Care's Cultural & Linguistics Department Translation Process (*a copy of the report can be obtained from CO&E*).

PUBLIC COMMENT

Elizabeth Cooper, RCAC 2 Member
Ms. Cooper expressed her support for linguistic and cultural considerations but raised concerns about the lack of information addressing cultural issues in the presented proposals. She emphasized the importance of addressing communication problems within cultural contexts and requested more information on what actions are being taken for individuals with cultural concerns. Ms. Cooper sought a comprehensive approach that considers both linguistic and cultural aspects in the proposed measures.

Ms. Gonzalez inquired about the grade level at which the translated documents are being prepared. She expressed concern that even if the translations are technically accurate, the language complexity might still pose challenges for understanding. Ms. Gonzalez sought information on the readability level targeted for the translated documents to ensure accessibility for all L.A. Care members. Ms. Yamashita responded to Ms. Gonzalez, stating that the translated documents aim to maintain a 6th-grade reading level, consistent with L.A. Care's standard. She emphasized that this reading level is also applied to translations, ensuring accessibility for diverse members. Ms. Yamashita acknowledged the potential challenges posed by healthcare terminology and mentions collaborative efforts with the health education department to simplify language. She assured that the reading level in translations won't surpass that of the original English documents.

Ms. Byrd expressed appreciation for the presentation and inquired whether outreach efforts have been made to the predominantly Cambodian community in her RCAC. She emphasized the importance of ensuring that the Cambodian community is informed about the program discussed in the presentation. Ms. Yamashita appreciated the question and mentioned that an investigation into the Khmer community has been conducted. She plans to report back to the Consumer Health Equity group in January or February 2024, sharing findings and potentially delivering the same presentation to the community. Ms. Yamashita expresses a willingness to engage in dialogue to improve documents in Khmer.

NEW BUSINESS

**L.A. CARE'S
EMERGENCY
PREPAREDNESS
TRAINING**

Rudy Martinez, Safety & Security Program Manager III, Facilities Services, led L.A. Care's Emergency Preparedness Training.

FUTURE AGENDA ITEMS

	<p>Member Lebron asked that there be more time allocated for each agenda item to allow for more discussion during each agenda item.</p> <p>Member McClain noted that there are many changes that are coming their way regarding the RCAC restructure and asked if the State can be invited to a meeting so members can share their concerns with them.</p>	
STANDING ITEMS		
<p>CHIEF EXECUTIVE OFFICER UPDATE</p>	<p>John Baackes, <i>Chief Executive Officer</i>, gave the following report.</p> <p>Mr. Baackes explained that substantial changes in the DHCS contract mandate a redetermination process. The net loss of about 190 thousand Medi-Cal members in the first 6 months is primarily due to income exceeding eligibility or non-response to the redetermination process. The State automatically redetermined about 40 percent of individuals based on available data. Mr. Baackes noted that L.A. Care’s call center is not overwhelmed, indicating that most people dropped may have moved out of LA County. He addressed concerns about those who moved and reassured that eligible individuals are being kept on the rolls. He also mentioned that starting January 1, undocumented adults between 26 and 49 years old will be eligible for Medi-Cal in Los Angeles County. About 270,000 individuals are estimated to fall into this category, with roughly 170,000 expected to be Los Angeles County residents. He concluded by mentioning the end of L.A. Care's plan partnership with Kaiser Permanente, stating that about 200,000 people enrolled in L.A. Care using Kaiser will transition to Kaiser's own membership on January 1.</p> <p><u>PUBLIC COMMENT</u></p> <p>Elizabeth Cooper, RCAC 2 Member <i>Ms. Cooper extended holiday greetings and addressed Mr. Baackes, expressing appreciation for allowing input from ECAC members. She raised concerns about major changes proposed within the RCACs, emphasizing the need for legal services to explain the implications to RCAC members in simple terms. Ms. Cooper questioned the absence of legal guidance for members and highlighted specific legislative aspects, such as term limits and potential legislative overrides, expressing her concerns about compliance with the Brown Act.</i></p> <p>Mr. Baackes thanked Ms. Cooper for her comments and said that he would look into her concerns.</p> <p>Andria McFerson, RCAC 5 Member: <i>Ms. McFerson emphasized the importance of RCAC members having the opportunity to share specific health issues instead of just participating in listening sessions. She underscored the need for RCAC members to have an equal voice in decision-making.</i></p>	

Ms. McFerson shared a personal experience about a friend with lung cancer facing challenges with L.A. Care's approval for a breathing apparatus. She proposed that non-compliant staff members be formally investigated for violations such as changing the agenda without permission and other perceived harassment. Ms. McFerson asked for assurance from Mr. Baackes on addressing these concerns. Ms. McFerson stated that staff and not members made changes to the agenda without member approval.

Mr. Baackes expressed confusion about Ms. McFerson's request and suggests that if there's an issue with the meeting order, it is the Chair's responsibility to decide. He appreciated the opportunity to speak out of order.

Ms. McFerson's stated that she is not objecting to that. She is objecting the fact that the staff made that change and not the Chair. She agrees that he should have the floor, but members need to have an equal voice.

Mr. Baackes suggested that if the Chair is unhappy with staff interjections, she should discuss it with the staff. He emphasized the importance of RCAC members representing their regions and sharing community conditions rather than just personal interactions with L.A. Care. He encouraged a focus on broader community issues.

Member Poz asked Mr. Baackes about Health L.A. members being impacted by their change to Medi-Cal. Mr. Baackes responded that many of the 270,000 people eligible for Medi-Cal are enrolled in My Health LA. He recalled that a year and a half ago, undocumented residents over 50 were allowed into Medi-Cal, and most of them came from My Health LA. The goal was to ensure they remain with the same primary care doctor. The younger undocumented population aged 23 was brought into the program in 2016.

Ms. Perez suggests that while it is essential to have rules and agendas, there should also be opportunities for more in-depth conversations, possibly in the form of a focus group or roundtable discussion. She emphasized the need for more interactive discussion within the RCAC to better articulate and represent their collective voice to the Board Members. Mr. Baackes acknowledged Ms. Perez's suggestion and expressed a willingness to explore having a session without a formal agenda where participants can engage in open conversations and bring up any topics they wish. He committed to discussing this with the staff to ensure more opportunities for meaningful input at RCAC meetings.

Ms. McClain expressed concern about members transitioning from L.A. Care to Kaiser and Blue Shield Promise due to State requirements. She emphasized the importance of providing support to these members during the transition, suggesting that L.A. Care should guide and help them connect with the new advisory committee at Kaiser/Blue Shield Promise, ensuring they can continue to contribute their voice. Mr. Baackes responded that

	the only members leaving L.A. Care are Kaiser members and stated that if Kaiser has advisory committees, L.A. Care can inform them.	
PUBLIC COMMENTS		
	<p>Andria McFerson, RCAC 5 Member <i>Ms. McFerson invited RCAC and TTECAC members to join her at the Board of Supervisors meeting to discuss their rights regarding freedom of speech, Robert's Rules of Order, and the Brown Act. She emphasized the need for staff to seek permission from the Chair when speaking at meetings and expressed the desire to address any staff actions perceived as out of order during their meetings. The meeting is scheduled for Tuesday.</i></p> <p>Elizabeth Cooper, RCAC 2 Member <i>Ms. Cooper expressed gratitude to everyone for the opportunity to provide input during the fiscal year. She thanked the Chair for her role and urged consideration for emergency preparedness, especially in the aftermath of a recent earthquake. She encouraged the Chair to bring up these matters to the Board through the Board representatives, emphasizing the importance of emergency preparedness for all RCAC members.</i></p> <p>Demetra Saffore, RCAC 4 Member <i>Ms. Saffore expressed frustration with the lack of action regarding her supply issues. Despite numerous complaints and grievances over the past four years, she has not received satisfactory assistance. She stated that she feels compelled to give up treatment unless she receives written assurance that the problem will be permanently resolved.</i></p>	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:34 p.m.	

RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Ana Rodriguez, ECAC Chair _____
Date _____

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Ana Rodriguez, ECAC Chair
Date 2/14/2024

