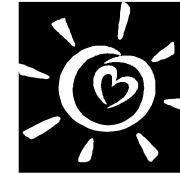


Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – November 8, 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>Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Roger Rabaja, RCAC 1 Chair Lidia Parra, RCAC 3 Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair ** Joyce Sales, RCAC 6 Chair Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair ** Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member</p>	<p>Izmir Coello, Interpreter Henry Cordero, Interpreter Pablo De La Puente, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Alex Mendez, Interpreter Katelynn Mory, Captioner</p> <p>Elizabeth Cooper, Public Russel Mahler, Public Andria McFerson, Public Hilda Perez, Public Demetria Saffore, Public Ricardo Sanchez, Public</p>	<p>Fatima Vazquez, <i>Member, Board of Governors</i> Layla Gonzalez, <i>Advocate, Board of Governors</i> John Baackes, <i>Chief Executive Office, L.A. Care</i> Francisco Oaxaca, <i>Chief of Communication and Community Relations</i> ***</p> <p>Brigitte Bailey, <i>Quality Improvement Program Manager, Quality Improvement Department</i> Tyonna Baker, <i>Community Outreach Field Specialist, CO&E</i> Malou Balones, <i>Board Specialist, Board Services</i> *** Kristina Chung, <i>Community Outreach Field Specialist, CO&E</i> Idalia De La Torre, <i>Field Specialist Supervisor, CO&E</i> Auleria Eakins, <i>Manager, CO&E</i> Hilda Herrera, <i>Community Outreach Field Specialist, CO&E</i> Christopher Maghar, <i>Community Outreach Field Specialist, CO&E</i> Rudy Martinez, <i>Safety & Security Program Manager III, Facilities Services</i> Linda Merkens, <i>Senior Manager, Board Services</i> Frank Meza, <i>Community Outreach Field Specialist, CO&E</i> Cindy Pozos, <i>Community Outreach Field Specialist, CO&E</i> Victor Rodriguez, <i>Board Specialist, Board Services</i> Farid Seyed, <i>Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure</i> Martin Vicente, <i>Community Outreach Field Specialist, CO&E</i></p>
<p>* Excused Absent ** Absent *** Via teleconference</p>	<p>Kent Newman, Public Mike Rominiecki, Public Richard Wong, Public</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<p>CALL TO ORDER</p>	<p>Ana Rodriguez, ECAC Chairperson, welcomed everyone and apologized for technical difficulties. She 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 10:18am</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>Accordingly, members of the public should join this meeting via teleconference as follows: https://us06web.zoom.us/j/85734707096</p> <p>Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2493 471 4085 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2486 232 6316 (Spanish)</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 November 8, 2023, it will be provided to the members of the Temporary Transitional Executive Community Advisory Committee 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 Temporary Transitional Executive Community Advisory Committee 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.

(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:

	<p>(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.</p> <p>(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>The Agenda for today's meeting was approved with the changes mentioned above.</p>	<p>Approved by roll call. 9 AYES (Byrd, Cordero, Parra, Rabaja, Refugio, Rodriguez, Sales, Sanchez, Vazquez, McClain)</p>
<p>APPROVE MEETING MINUTES</p>	<p>The September 13, 2023 and October 11, 2023 Minutes were approved as submitted.</p>	<p>Approved by roll call. 9 AYES (Byrd, Cordero, Parra, Rabaja, Refugio, Rodriguez, Sales, Sanchez, Vazquez, McClain)</p>
<p>STANDING ITEMS</p>		
<p>UPDATE FROM CHIEF EXECUTIVE OFFICER</p>	<p>John Baackes, <i>Chief Executive Officer</i>, gave a Chief Executive Officer update.</p> <p>Mr. Baackes began by recognizing Member McClain. He shared that he attended an event on October 3 where Member McClain, a member of a group representing the disabled community, was honored and elected to the Hall of Fame. The event took place on the 50th anniversary of the Cal State Long Beach disabled students services center, also known as the Bob Murphy access center. Mr. Baackes expressed his thrill at being present at the event and highlighted the significance of Member McClain's recognition. He noted that she received her bachelor's degree in journalism and a master's degree from Cal State Long Beach. He acknowledged the presence of others at the event and conveyed his honor in witnessing Member McClain's recognition. Additionally, a quote about persistence and believing in oneself was shared, followed by congratulations to Member McClain for her achievements.</p>	

Mr. Baackes provided information about the ongoing Med-Cal redetermination process, challenges, new enrollment, upcoming changes, and opportunity for coverage through Covered California. He informed the committee about the ongoing redetermination process for Med-Cal members. He explained that all Med-Cal members, as of June, are required to undergo the eligibility redetermination process. It will take one year for all members to go through this process. During the public health emergency, eligibility renewals were suspended, leading to a backlog. Mr. Baackes highlighted that approximately 40% of people have been automatically renewed through state access to various databases, while the remaining 60% receive a package in the mail for manual verification. About half of those seeking assistance at L.A. Care's community resource centers are first-time applicants. He expressed concern about the roughly 50% of packages not returned, which results in a 90-day coverage hold for those individuals. Approximately 4% of people in this category have been restored after completing the redetermination process. Despite challenges, Mr. Baackes mentioned that L.A. Care has seen 160,000 new Med-Cal beneficiaries sign up in the past five months.

Mr. Baackes then addressed upcoming changes, stating that starting January 1, undocumented residents between the ages of 26 and 49 will become ineligible for Med-Cal coverage. He encouraged those affected to consider applying for coverage through Covered California, emphasizing that it is a state-funded program with no federal dollars involved. The CEO also touched on the last cohort of people in the county who were not previously eligible for Med-Cal and provided information about Covered California, a commercial product in the individual market exchange. He mentioned that L.A. Care Health Plan is the lowest-priced plan and encouraged Med-Cal beneficiaries, who become ineligible due to increased income, to consider enrolling in Covered California.

PUBLIC COMMENT

Elizabeth Cooper, RCAC 2 Member

Ms. Cooper began her comments by expressing gratitude to Mr. Baackes for his leadership and acknowledging her African-American identity. She highlighted her previous role as the former chair of the interim advisory committee during the establishment of LA Care Health Plan. Ms. Cooper emphasized the importance of recognizing Member McClain's representation on behalf of the developmentally disabled community, underscoring the need for more focus on this group within LA Care Health Plan. She raised concerns about the lack of support for developmentally disabled individuals, citing her own experience with her disabled son, who used to be an LA Care Health Plan member. Ms. Cooper praised the outstanding employees, Ms. Chung and Ms. Baker, for their helpfulness and dedication to assisting members promptly. While acknowledging

Jonathan, she emphasized the need for recognition of the exemplary staff. Ms. Cooper expressed her concern as a member about the limited support from the representatives who sit at the table during public comment sessions. She advocated for increased diversity in committees such as RCACs and ECACs, emphasizing the importance of diverse perspectives. She thanked the new Board Member for addressing issues brought to her attention.

Mr. Baackes responded that the mission of L.A. Care Health Plan is to support the vulnerable population in the county and give them access to the best healthcare possible, and support for the providers that give that care. L.A. Care is the only health plan that has a dual mission to support both the members and the providers.

Andria McFerson, RCAC 5 Member

Ms. McFerson expressed her concern about stakeholders and members being hesitant to discuss their health issues openly during the meeting. She emphasized the importance of community discussions to understand the health challenges faced by the people they represent. Ms. McFerson praised the significance of the RCACs and efforts to enhance community involvement. She suggested initiating more outreach efforts to reach undocumented individuals eligible for coverage. Ms. McFerson advocated for increased visibility at events, emphasizing the effectiveness of peer-to-peer communication. She highlighted the need for personal connections, suggesting that individuals are more likely to pay attention if they see someone like them discussing available health coverage opportunities. Ms. McFerson encouraged collaboration with community-based organizations, health professionals, and other stakeholders to disseminate information effectively. She stressed the importance of utilizing the available budget and resources to support outreach efforts. Ms. McFerson concluded by emphasizing the willingness of people to contribute to the cause, urging the organization not to be afraid to request their involvement in outreach activities.

Mr. Baackes thanked Ms. McFerson for her comments and stated that L.A. Care does have a table at any event to which it is invited. Some volunteer to help at those tables, and LA Care thanks volunteers for doing that.

Member Sales asked Mr. Baackes about the 138 percent of the poverty level. Mr. Baackes stated that Medi-Cal recipients' income can't go above 138% of the federal poverty level to be eligible for Medi-Cal. Member Sales asked what that amount equals in terms of salary. Mr. Baackes responded to Member Sales by stating that the income threshold for Medi-Cal is lower than the number provided, specifying it as just under \$20,000 for an individual and about \$38,000 for a family of four. He assured that exact numbers could be provided,

	<p>highlighting that these figures are indexed annually and are subject to change. Mr. Baackes emphasized the uniformity of these income thresholds across the 48 contiguous states, with slight variations in Hawaii and Alaska. He raised concerns about the current approach, noting that the qualification amount is not adjusted based on the cost of living in different regions. Mr. Baackes expressed personal advocacy for indexing the income threshold to reflect the cost of living in specific areas rather than relying on a national average.</p> <p>Member Salazar addressed Mr. Baackes, expressing concern about a health coverage issue affecting undocumented Deferred Action for Childhood Arrivals (DACA) recipients. She highlighted that DACA recipients were removed from Medi-Cal when their income exceeded \$300, and they were supposed to transition to Covered California. However, Covered California does not accept DACA recipients. Member Salazar shared her personal experience of being charged by Covered California despite not qualifying. She emphasized the significant problem this poses for numerous college students and young adults who lack health insurance. Seeking L.A. Care Health Plan's assistance, she urged for proactive measures to address this issue and emphasized the importance of helping this vulnerable population within the community.</p> <p>Mr. Baackes responded to Member Salazar, acknowledging the issue with DACA recipients and Covered California. He explained that federal funds cannot be used for undocumented residents in the Covered California program due to national regulations. To address this, he proposed lobbying for a separate category within Covered California specifically for undocumented residents. In this new category, the subsidy would be entirely funded by the State of California, eliminating the reliance on federal money. Mr. Baackes emphasized the need to advocate for this change to ensure that undocumented individuals who do not qualify for Medi-Cal or Medicare can receive state-funded subsidies for their health coverage.</p>	
<p>BOARD MEMBERS REPORT</p>	<p>Layla Gonzalez, Consumer Advocate Board Member and Fatima Vazquez, Consumer Board Member, presented the Board Report.</p> <p>Ms. Gonzalez began the report by stating that the Board of Governors met on November 2. Approved meeting minutes for previous Board meetings can be obtained by contacting Board Services and meeting materials are available on L.A. Care's website.</p> <p>The list of motions approved at that Board meeting can be obtained from CO&E. She thanked the RCAC members that joined the Board Meeting in person or virtually. They were happy to see members there in person and appreciated their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended in person:</p> <ol style="list-style-type: none"> 1. Deaka McClain (RCAC 9) 2. Ana Rodriguez (RCAC 2) 	

3. Maritza Lebron (RCAC 7)
4. Damares O Hernandez de Cordero (RCAC 10)
5. Elizabeth Cooper (RCAC 2)

Mr. Baackes gave a report and provided an update on the Medi-Cal eligibility redetermination process, and he provided an update earlier today.

Ms. Vazquez reported that Dr. Kagen gave a Chief Medical Officer update on behalf of Dr. Amin. He spoke about the changes and efforts made in the Appeals and Grievances Department and the Utilization Management Department processes. She said that Dr. Brodsky gave a presentation on services for unhoused members and members with housing insecurity. The presentation outlined support for members with housing navigation services, housing deposits and eviction prevention through sustaining services to maintain long-term housing. He stated that programs have resulted in housing for 2,783 members. His presentation included proposals for funding in field medicine for the unhoused to receive care, not just on the street but also in key brick and mortar locations.

Ms. Gonzalez expressed gratitude toward the Community Resource Centers (CRCs) for their diverse training programs, including vision screening, healthy eating resource fairs, technology classes, and English as a second language courses. She commended the CRCs for investing in the community and acknowledged the efforts in providing turkey baskets to address the rising costs of groceries, particularly during the holidays. Ms. Gonzalez emphasized the importance of families being able to enjoy the holidays and participate in events with access to food. Additionally, she advocated for more information about changes to the Regional Community Advisory Committees (RCACs), requesting details on requirements, mandates, suggestions, and the proposed implementations by the L.A board staff beyond state mandates.

PUBLIC COMMENT

Public (Unidentified)

[Public] emphasized the deteriorating conditions faced by families and advocated for improved health services. [Public] called for the reinstatement of regular monthly meetings for Regional Advisory Councils (RACs) to facilitate collective decision-making. [Public] urged the Board Members to address concerns raised by ECAC chairs during meetings and stressed the importance of representation, highlighted the need for discussion on issues affecting those who have lost family members or are currently dealing with sickness. [Public] also reiterated a previous mention of surveys, emphasizing the importance of members and RAC participants providing feedback on program changes and staff performance.

	<p><i>[Public] underscored the community's right to voice their opinions on coverage, healthcare professionals, and the overall improvement of conditions.</i></p> <p>Elizabeth Cooper, RCAC 2 Member <i>Ms. Cooper expressed gratitude to the ECAC Chairperson and members for the opportunity to speak. She commended new Board Members, specifically acknowledging Fatima Vasquez, and praised their receptiveness to member input. Ms. Cooper urged the ECAC to address public comments and emphasized the importance of collective action on various issues raised by the community. Drawing on her experience as a former chair, she highlighted past opportunities and challenges, encouraging unity within ECAC. Ms. Cooper called on ECAC members to actively represent their constituents and proposed inviting tenant advocates to discuss housing issues, emphasizing the local impact. She concluded by urging ECAC to take note of her comments, particularly regarding consumer advocates and representatives.</i></p> <p><i>(Unfortunately, some public comments and committee members questions were not recorded due to technical issues with audio)</i></p>	
<p>COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE</p>	<p>Mr. Oaxaca gave a Communications and Community Relations update.</p> <p>Mr. Oaxaca expressed gratitude for the opportunity to provide an update, covering various important topics. He began by discussing the expansion of assistance at L.A. Care’s community resource centers (CRCs) for California Fresh Program enrollment. He mentioned a contract with the National Health Foundation to provide assistance at eight centers initially, with plans to expand to all fourteen centers starting in January. The last two centers under construction in South L.A and Lincoln Heights are expected to be completed by the end of March 2024. Mr. Oaxaca highlighted the completion of the two newest centers, West L.A and Panorama City, stating that the West L.A center is open, and staff is preparing to offer services in January. The Panorama City center is also complete, with staff moving in, and doors are expected to open next month, followed by a grand opening, likely in February 2024. He detailed the success of flu and COVID-19 vaccination events held at all ten centers, with almost 14,000 visits. The events provided flu and COVID-19 vaccines, glucose blood tests, blood pressure screenings, and additional activities at each center such as gift cards, healthy eating resource fairs, and food giveaways. Mr. Oaxaca discussed a lead poisoning awareness event in partnership with the Department of Public Health, emphasizing plans for more such events in the future. He then addressed the Med-Cal pre-determination process, highlighting support provided to over 2,000 individuals through nine contracted community-based organizations at resource centers. In response to a question about the health promoters program, Mr. Oaxaca mentioned that the program is currently at capacity, with no immediate opportunities for additional health promoters. However, if</p>	

vacancies arise in the future, efforts will be made to increase diversity in the program. He concluded by mentioning a proposed restructuring of the RCACs and expressed his intent to discuss this matter further with the group.

In response to a question, Mr. Oaxaca responded to the member's inquiry regarding several changes, providing detailed explanations for each. The first proposed change involves setting a maximum of 13 individuals in each round table, with Mr. Oaxaca citing best practices and the effectiveness of smaller groups. The suggestion is for round tables to meet quarterly but will have the flexibility to meet more often if needed. He elaborated on the success of a similar approach with other committees, highlighting the positive impact on productivity and engagement. Another aspect is that round tables would not be subject to the Brown Act or Roberts Rules of Order, allowing for more flexibility and productive conversations. The proposal includes the formalization of focus groups, aligning ECAC meeting schedules with the Board of Governors, and addressing changes mandated by the Department of Health Care Services (DHCS). DHCS is emphasizing specific functions and roles for advisory committees, setting deadlines for member selection and replacement, and requiring the development of a member diversity and recruitment plan. To meet DHCS requirements, Mr. Oaxaca proposed implementing term limits, aligning with best practices, and introducing a structured application process for committee members. A key change is the formation of a selection committee, which would include staff members, health equity teams, and community-based organization partners. Additionally, there are proposals to adjust stipends for increased member engagement and pause RCAC work plans for the current fiscal year to accommodate structural changes. Mr. Oaxaca acknowledged that further discussions with the Board and TTECAC are expected, with some changes possibly mandated by DHCS not subject to a vote. The final decision on the proposed changes will involve reviews and potential votes by the board after additional discussions with the TTECAC.

PUBLIC COMMENT

Demetria Saffore, RCAC 4 Member

Ms. Saffore asked Mr. Oaxaca if members can get a copy of the contract between L.A. Care and DHCS so they can review it themselves and see what the organization is saying.

Mr. Oaxaca responded that he will distribute the contract to members.

Elizabeth Cooper, RCAC 2 Member

Ms. Cooper expressed concerns about what she perceives as malpractice within the organization. She highlighted her role as the former vice chair of the Advisory Committee and emphasized her knowledge of the laws enacted by the California

legislature. Ms. Cooper criticized the lack of transparency and consumer input in decision-making processes, stating that she and other consumers should be given a voice in such matters. She mentioned her disappointment with a program that was not adequately communicated to consumers and expressed her intention to bring the issue to the attention of Governor Newsom and the Department of Managed Care. Ms. Cooper concluded by characterizing the situation as malpractice and emphasizing the need for consumer representation and transparency.

Andria McFerson, RCAC 5 Member

Ms. McFerson expressed concerns during her public comment, emphasizing the importance of representation for the people of L.A. County. She criticized decisions made by the outreach and engagement department, questioning staff's authority and pointing out the impact on individuals' health, particularly in the context of the COVID-19 pandemic. McFerson highlighted her personal struggles, including health issues and harassment during meetings, advocating for a voice for all represented individuals. She questioned the discontinuation of Regional Consumer Advisory Committees (RACs) and urged for increased consumer involvement in managed care development. McFerson stressed the need for outreach, sensitivity, and support for consumers, addressing barriers like transportation, babysitting, reimbursement, and convenience for effective participation on appropriate boards.

Member Byrd addressed concerns regarding the community resource center and health promoters, expressing the need for a more diverse group working in these roles. She emphasized the high maternal death rate among African-American women and stressed the importance of inclusivity, suggesting outreach to Spanish-speaking individuals who can assist young black mothers. Byrd questioned the lack of young mothers' involvement in the meetings and urged for community-based, culturally-oriented programs for various demographics, including Asians, Spanish speakers, African-Americans, and individuals with disabilities. She highlighted the importance of providing support to young mothers of all races and both genders. Mr. Oaxaca acknowledged Member Byrd's concerns, agreeing that the work to reach diverse populations is ongoing. He explained the limitations of the health promoters program, which operates as a volunteer program, restricting their deployment and member engagement. Oaxaca highlighted efforts to address diversity in community resource centers, mentioning the approval of community health worker roles and plans to request more. He emphasized the strategic location of resource centers in areas with diverse ethnic communities and the hiring of staff members who speak various languages. Mr. Oaxaca discussed initiatives like community baby showers and partnerships to support

	<p>pregnant moms, emphasizing health equity efforts and prioritizing the African-American maternal mortality rate. Overall, he thanked Member Byrd for her comments and assured her that they are actively working to address these concerns.</p> <p>Ms. Gonzalez expressed concerns about the translation services for the Cambodian language. Mr. Oaxaca responded that the Cultural & Linguistics Department will be presenting at a future meeting.</p> <p>Member McClain thanked Mr. Oaxaca for his report and expressed concern about the restructure process going to the Board before getting member input first.</p> <p>Member Poz expressed concerns about changes within the organization, suggesting that the alterations are primarily originating from staff rather than the DHCS office. She highlighted a perception that staff members are the driving force behind the changes, raising questions about the decision-making process and the source of the modifications taking place. Mr. Oaxaca responded to Member Poz's concerns by explaining that the changes being witnessed are an attempt to be transparent and align with requirements set by DHCS. He clarified that DHCS outlines broader changes, such as new reporting, diversity, and recruitment requirements, without specifying how health plans should meet them. Staff then proposes operational changes to meet these requirements, and DHCS does not dictate the details in the contract. Mr. Oaxaca emphasized the health plans' responsibility to determine the best way to fulfill the new requirements, ensuring compliance and transparency in the process.</p> <p>Member Sales expressed uncertainty about how to proceed regarding recent changes and indicated her willingness to make a motion. She then raised concerns about her inquiry into volunteering for the health promoter program, stating that despite seeking information over six months ago, she has yet to receive a follow-up. Member Sales questioned the hiatus of the program, particularly since it operates on a volunteer basis. She inquired about the limit on community consumer stakeholders and sought information about the program's status, operation, and emphasis. Additionally, Member Sales sought clarification on the mention of "all-inclusive stipends to reflect increased engagement," seeking an explanation of what this entails. Mr. Oaxaca responded to Member Sales' questions, starting with the health promoter program. He acknowledged that it is a volunteer program but highlighted the need for staff support and resources for training, supplies, and capacity-building. Due to the current structure, the program can only accommodate a specific number of volunteers, and they are currently at capacity, not accepting additional volunteers. Mr. Oaxaca mentioned that if there are vacancies in the future due to volunteers leaving, they would actively recruit to fill those positions, but as of now, there are no vacancies.</p>	
MEMBER ISSUES	<u>PUBLIC COMMENT</u>	

	<p>Elizabeth Cooper, RCAC 2 Member <i>Ms. Cooper expressed concern during her public comment, apologizing for the emotional tone but emphasizing that emotional involvement is necessary. She raised the issue that RCAC members may not be adequately involved or listened to. Ms. Cooper urged the ECAC members to pay attention to the concerns of RCAC members and not be passive "potted plants." She highlighted the challenges RCAC members face in getting involved due to limited time and suggested that the ECAC should inquire about their issues. Ms. Cooper asked for the committee's attention to address the lack of involvement and ensure that members have the opportunity to express their concerns.</i></p> <p>Andria McFerson, RCAC 5 Member <i>Ms. McFerson shared her concerns during her public comment, raising the issue of RCAC members who have passed away and the challenges they faced in getting in contact with L.A. Care. She highlighted that these members were seeking assistance with health disparities and expressed frustration that they did not receive any response. Ms. McFerson emphasized the importance of the RCAC in addressing such issues and suggested that more direct communication with the board could have potentially saved lives. She also mentioned the changes in the structure of the RCAC announced in October 2017 and questioned the impact of these changes over the past six years. Ms. McFerson shared her personal experience, including having had brain surgery, to underscore the urgency of addressing these issues within the committee structure.</i></p> <p>Ms. Vazquez stated that as a member of L.A. Care she has received text messages that provide resources in case she has any questions about her benefits. It also provides her providers information as a reminder. She said it can be an important tool for members.</p> <p>Member Refugio stated that she agrees with Ms. Cooper and Ms. McFerson. They are not able to speak about members issues, because the RCACs are not meeting and they are not able to bring members in from their RCACs. That was the avenue that the community and members used to bring their issues to ECAC. She said that something needs to be done.</p>	
OLD BUSINESS		
MOTION TO ECAC	<p>A Motion to request that the L.A. Care Board of Governors ratify the selection by RCAC members of new and continuing members of the Temporary Transitional Executive Community Advisory Committee (TTECAC):</p> <ul style="list-style-type: none"> o Roger Rabaja, RCAC 1 o Ana Rodriguez, RCAC 2 	

- o Lidia Parra, RCAC 3
- o Silvia Poz, RCAC 4
- o Maria Sanchez, RCAC 5
- o Joyce Sales, RCAC 6
- o Maritza Lebron, RCAC 7
- o Ana Romo, RCAC 8
- o Tonya Byrd, RCAC 9
- o Damares Cordero de Hernandez, RCAC 10
- o Maria Angel Refugio, RCAC 11
- o Deaka McClain, At-Large Member
- o Lluvia Salazar, At-Large Member

PUBLIC COMMENT

Andria McFerson, RCAC 5 Member

Ms. McFerson addressed concerns related to a motion, expressing that she was not provided with information about the motion beforehand. She inquired about who would be affected by the motion, particularly the individuals being considered for the ECAC chair role due to relocation. Ms. McFerson questioned why specific individuals were no longer ECAC chairs and whether the replacements were hand-chosen or voted for. She sought clarity on the rules and procedures governing ECAC elections and emphasized the importance of adhering to established laws and processes, including the Democratic process, the Brown Act, and Roberts Rules of Order. Ms. McFerson underscored the need to avoid staff dictating committee actions and urged compliance with established regulations.

Elizabeth Cooper, RCAC 2 Member

Ms. Cooper expressed concerns about the election process and accountability. She highlighted the limitations faced by RCAC members in addressing certain issues due to constraints on forming a consensus. Ms. Cooper urged elected members to actively raise and address the concerns brought to the table by individuals like her, who invest time and effort in advocating for diverse perspectives, including her son's as a disabled L.A. Care member. She emphasized the importance of elected members remembering their role as representatives of the broader membership and encouraged them to respond to the issues presented during the election. Despite expressing her concerns passionately, Ms. Cooper stressed her respect for each committee member.

Approved by roll call.
9 AYES (Cordero, Poz, Parra, Rabaja, Refugio, Rodriguez,

	<i>The Motion to approve the TTECAC membership was approved.</i>	Salazar, Vazquez, McClain)
2024 BOARD OF GOVERNORS ELECTIONS	<p>Linda Merkens, <i>Senior Manager, Board Services</i>, gave the following update about the 2024 Board of Governors Elections:</p> <p>Ms. Merkens provided a brief update on the election process for committee members next year. She mentioned a draft motion in the meeting materials but clarified that she wasn't seeking approval for it during this session. The motion primarily addresses the timeline and application process. Ms. Merkens encouraged committee members to review the documents sent out in September and October, seeking their comments. The approval of the draft documents related to the election is expected to be discussed and finalized in the December meeting.</p> <p><u>PUBLIC COMMENT</u> Andria McFerson, RCAC 5 Member <i>Ms. McFerson expressed concerns about potential changes to the voting structure for RCAC members. She inquired if there were alterations to the entire voting process, especially considering the proposal for quarterly meetings. She raised the issue that some members might be unable to participate in certain discussions due to their involvement in focus groups where the Brown Act might not be implemented. Ms. McFerson sought clarification on how these changes would affect RCAC members' ability to voice opinions on proposed elections, including the timing of such discussions and whether they would have the opportunity to express agreement or disagreement. Additionally, she questioned the decision-making process and how decisions could be made without the input of RCAC members on crucial matters like elections.</i></p> <p>Member Salazar asked when the final motion would be presented. Ms. Merkens responded that it will be presented in December and stated that she would like to give everyone enough time to think about it. She noted that there are no changes made to the election process, other than some clarification included in the election rules. She referred members to her memo that included clarification to member's questions. Ms. Merkens stated that she included the results of the questionnaire in her memo.</p>	
CLOSING CARE GAPS & IMPROVING PATIENT CARE: L.A.	<p>Brigitte Bailey, <i>Quality Improvement Program Manager, Quality Improvement Department</i>, gave a report about L.A. Care's At-Home Test Kit Initiative (<i>a copy of the full report can be obtained from CO&E.</i>)</p> <p><u>PUBLIC COMMENT</u></p>	

**CARE AT-HOME TEST
KIT INITIATIVE**

Hilda Perez, RCAC 6 Member

Ms. Perez, who is also a Health Promoter at L.A. Care, expressed appreciation for the presentation but mentioned difficulty in understanding due to the complexity of the information. She highlighted her involvement in volunteer collaborations and programs related to colorectal cancer and diabetes. Ms. Perez shared concerns about the challenges faced in encouraging members to undergo testing and make appointments, emphasizing the need for simpler presentations. She requested the return of outcomes from the presented program and suggested better communication between L.A. Care departments and health promoters for effective community outreach and follow-up assistance.

Ms. Bailey stated that she would like to gather feedback not only on the presentation but also on member materials being sent out. She acknowledged the importance of collaborating with the health promoter team and indicated a willingness to stay in touch with Ms. Perez.

Ms. Gonzalez raised concerns about seniors being reluctant to use technology and suggested considering additional methods, such as using a postcard, to remind them about the test results. She emphasized the challenges seniors may face in adopting new technologies and proposed alternative communication approaches for better engagement. Ms. Bailey responded that Ms. Bailey assured Ms. Gonzalez that their approach includes various methods such as text messages, emails, physical mail, robo-calls, and automated calls. Additionally, they plan to send letter reminders and are exploring the idea of using certified mail for critical value results. Ms. Bailey mentioned that they are presenting their strategy to the Medicare committee for feedback and improvement.

Ms. Byrd expressed skepticism about the effectiveness of the stool blood test for detecting colorectal cancer. She emphasized that this test might not accurately reflect bleeding on the day of the test and shared her personal choice of opting for an endoscopy, stating that the stool test might not show bleeding, especially for colorectal cancer, which she considers a dangerous disease. Ms. Bailey acknowledged Ms. Byrd's concerns and agreed that the stool blood test might not be suitable for everyone. She highlighted the collaborative efforts with clinics and provider groups to ensure that the kit is appropriate for each patient. Ms. Bailey also emphasized that the education materials provide information on various screening options, including colonoscopy, and acknowledged that not everyone may be comfortable with the same approach. She expressed gratitude for the feedback and clarified that she does not claim to be a medical professional but appreciates the input.

Ms. Vazquez expressed appreciation for the presentation and inquired about the expected reach of the kit, asking for an estimate of the number of people it is intended to reach. She also sought information on the outreach process, specifically the number of attempts to

	<p>contact members and what would happen if there is no response from the members. Ms. Bailey responded stating that on the first launch on December 1, they estimate sending about 45,000 kits, including A1C and kidney health tests. She clarified that this number doesn't necessarily represent unique individuals, as some might receive multiple kits. The outreach plan includes sending reminders via robocalls and exploring options like postcards or letters to prompt kit completion. Ms. Bailey assured that they aim for a balanced approach, understanding the importance of reminders without overwhelming individuals with excessive outreach attempts.</p>	
FUTURE AGENDA ITEMS		
	<p>Ms. De La Torre stated that they have a presentation on Emergency Preparedness and from the Cultural & Linguistics Department regarding translation. She noted that there is also a pending presentation about the federal poverty line.</p> <p>Member McClain asked Ms. De La Torre how long those presentation will take, because she would like to have more time to speak about the restructure. She asked if they can make that the last topic. Ms. De La Torre responded that those are the only items on the agenda at this time. One possible agenda item may be about the 2024 Board Seat Elections.</p>	
PUBLIC COMMENTS		
	<p><u>PUBLIC COMMENT</u></p> <p>Elizabeth Cooper, RCAC 2 Member <i>Ms. Cooper expressed deep concern about the lack of advance information on issues relevant to RCAC members and their exclusion from the legislative process. She specifically referred to SB2092 and emphasized the impact of legislation on members. Ms. Cooper indicated her intention to testify before the legislative department in Sacramento and objected to changes made without input from the members. She stressed the need for consumer participation in the legislative process and highlighted her objections to term limits under SB2092. Ms. Cooper thanked the representatives for their service, clarified her intention to address these concerns with her representative and Governor Newsom, and apologized if her comments seemed rude.</i></p> <p>Hilda Perez, RCAC 6 Member <i>Ms. Perez expressed gratitude for the invitation and raised concerns about the health promoters' program. She highlighted the limited staff (2 members) handling 16 people, with only one being bilingual. Ms. Perez emphasized the importance of expanding and revamping the program, especially considering the interest from potential health promoters in the community. She stressed the significance of health promoters in building trust and facilitating communication</i></p>	

	<i>between patients and the healthcare system. Ms. Perez also expressed passion for the street medicine program and urged attention to colorectal cancer education in community resource centers.</i>	
ADJOURNMENT	Dr. Eakins acknowledged outgoing Board Member Hilda Perez and new Board Member Fatima Vazquez. The meeting was adjourned at 1:20 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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APPROVED BY

Ana Rodriguez, ECAC Chair

Date 2/14/2024

