

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – September 13, 2017

L.A. Care Health Plan, 1055 West 7th Street, Los Angeles, CA 90017



L.A. Care

HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Staff
María Adela Guadarrama, RCAC 1 Chair	Estela Lara, RCAC 2	Hilda Pérez, Member, Board of Governors
Ana Rodriguez, RCAC 2 Chair	Channary Lim, RCAC 2	Layla Delgado-Gonzalez, Member Advocate, Board of Governors
Cynthia Conteras-Wood, RCAC 3 Chair, ECAC Vice-Chair	Daniel Kwong, RCAC 3	John Baackes, Chief Executive Officer
Michael Shelton, RCAC 4 Chair	Hugo Flores, RCAC 4	Malou Balones, Committee Liaison, Board Services
María Sanchez, RCAC 5 Chair	Dove Pinkney, RCAC 6	Idalia De La Torre, Field Specialist Supervisor, CO&E
Andria McFerson, RCAC 6 Chair	Dalia Cadena, RCAC 7	Kristina Chung, Community Outreach Field Specialist, CO&E
Fátima Vázquez, RCAC 7 Chair	Ana Romo, RCAC 8	Misty De Lamare, Director, Communications
María Montes, RCAC 8 Chair	Sambour Lay, RCAC 9	Auleria Eakins, Community Outreach Manager, CO&E
Cristina Deh- Lee, RCAC 9 Chair, ECAC Chair	Sandra Acosta, RCAC 10	Erika Estrada, Supervisor, Community Relations Communication Department
Leticia Navarro, RCAC 10 Chair *	Reyna Hernandez, RCAC 11	Laura Garcia, Health Promoter Liaison CO&E
Elsa Gervacio, RCAC 10 Vice-Chair	Francisca Marcos, CCI Area 2	Felicia Gray, Community Outreach Liaison, CO&E
Lluvia Salazar, RCAC 11 Chair	Carmencita Fernandez, CCI Area 4	Hilda Herrera, Community Outreach Liaison CO&E
Elda Sevilla, At Large Member	Eduardo Kogan, Interpreter	Judy Hsieh Bigman, Senior Communication Specialist, Communication and Community Relations
Deaka McClain, At Large Member	Paula Alvira, Interpreter	Alison Klurfeld, Interim Executive Director, Safety Net Initiatives
Demetria Saffore, CCI Area 1 Chair	Sina New, Interpreter	Susan Ma, CCI Field Specialist, Communications and Community Relations
Wilma Ballew, CCI Area 2 Chair	Bo Uce, Interpreter	Linda Merkens, Manager, Board Services
Brenda White, CCI Area 3 Chair		Frank Meza, Community Outreach Field Specialist, CO&E
Nesima Istrefi, CCI Area 4 Chair		Nancy Molina, CCI Liaison, Communications and Community Relations
* Excused Absent ** Absent		Courtney Nicholas, Community Outreach Field Specialist, CO&E
*** Via teleconference		Francisco Oaxaca, Senior Director, Communication & Community Relations
		Roland Palencia, Director, Community Benefits Program
		Jose Ricardo Rivas, Community Outreach Liaison CO&E
		Victor Rodriguez, Community Outreach Liaison CO&E
		Carlos Rueda, CMC Health Navigator, Even MORE Outreach & Services
		Martin Vicente, Community Outreach Field Specialist, CO&E

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Cristina Deh-Lee, <i>ECAC Chairperson</i>, called the meeting to order at 10:00 a.m.</p> <p>Chair Deh-Lee reviewed the new meeting effectiveness guidelines:</p> <ul style="list-style-type: none"> ● Speaking time on agenda item <ul style="list-style-type: none"> ○ ECAC members will have two minutes to speak on each agenda item. ○ Public will have two minutes to speak in each agenda item. ○ If time is limited, the Chair will reduce speaking time to both ECAC members and the public to one minute. ● How many questions or comments can be made on agenda items <ul style="list-style-type: none"> ○ Only one comment or one question per agenda item. ● Comment cards and index cards <ul style="list-style-type: none"> ○ The public will continue to use comment cards. ○ If time is limited and their question is not answered or they are unable to make a comment, they will be asked to complete and index card for staff response. ○ ECAC members, if time is limited and their question is not answered or they are unable to make a comment, they will be asked to complete an index card for staff response. ● Tips <ul style="list-style-type: none"> ○ Avoid story telling ○ Ask clear and concise questions ○ No loaded questions 	
APPROVE MEETING AGENDA	<p>Chair Deh-Lee noted that the agenda would be revised to include a brief discussion with John Baackes, <i>Chief Executive Officer</i>, at 11:00 am.</p> <p>Deaka McClain, <i>At Large Member</i>, reminded ECAC members and members of the public not to have side conversations during the meeting.</p> <p>The Agenda for today's meeting was approved as amended.</p>	<p>Approved. 16 AYES, (Ballew, Conteas-Wood, Deh-Lee, Gervacio, Guardarrama, Istrefi, McClain, McFerson, Rodriguez, Saffore, Salazar, Sanchez, Sevilla, Shelton, Vásquez, and White).</p>
APPROVE MEETING MINUTES	<p>Brenda White, <i>CCI Area 3 Chair</i>, noted that on page 7 Ms. McClain's name is misspelled.</p> <p>Demetria Saffore, <i>CCI Area 1 Chair</i>, noted that on page 7 her title is incorrect, At Large Member, it should be CCI Area 1 Chair.</p> <p>The July 12, 2017 meeting minutes were approved as amended.</p>	<p>Approved. 16 AYES</p>

STANDING ITEMS
ECAC CHAIR PERSON
REPORT

ECAC Chair Deh-Lee presented the motion below.

Motion ECA 100.0917

To approve the following candidate(s) as members of the Regional Community Advisory Committees (RCAC) and Coordinated Care Initiative Councils (CCI), as reviewed by the Executive Community Advisory Committee (ECAC) during the September 13, 2017 ECAC meetings.

Name	RCAC/CCI #	Type of Member (Agency, if applicable)
Soriya Sun	RCAC 2	Consumer
Shammonic Touray	RCAC 6	Consumer
Jewelene Richardson	RCAC 6	Consumer

Approved
 unanimously.
 16 AYES

BOARD MEMBER
REPORT

Hilda Pérez, *Member, Board of Governors*, reported that the Board annual retreat was held at the California Endowment Center for Healthy Communities.

- The former chief of the Centers for Medicare and Medicaid Services under President Obama, Marilyn Tavenner, spoke with the Board at the beginning of the day. Ms. Tavenner is now the President and CEO of America’s Health Insurance Plans (AHIP), which is a national trade association representing more than 160 health plans, including L.A. Care.
- Ms. Tavenner presented the vision and priorities of AHIP and talked about the future of Medicaid.
- She encouraged cooperation among agencies providing assistance to Medicaid members to offer healthcare, housing, job training and/or food insecurity in a single integrated program.
- She encouraged keeping the programs that are working, fixing what needs to be fixed, and starting new cooperative programs to effectively and efficiently address member needs in ways that make it easier for the member to get quality services.
- The Board approved L.A. Care’s Operating and Capital Budget for FY 2017-2018.

Member Perez asked if the new meeting guidelines are for RCAC and CCI Council committee meetings as well. Idalia De La Torre, *Field Specialist Supervisor, CO&E*, responded that the new guidelines are only for ECAC meetings. RCAC and CCI Council members can discuss adopting the guidelines for their committee meetings.

Layla Delgado-Gonzalez, *Member Advocate, Board of Governors*, shared that she enjoyed the retreat and it was very informative.

**COMMUNICATION
AND COMMUNITY
RELATIONS UPDATE**

Francisco Oaxaca, Senior Director of Communications and Community Relations, reported the following:

- The consultant has completed the site visits of those organizations who submitted applications for the Tranquada Safety Net Initiative Grant for adaptive medical equipment. Staff will ask the Board to fund over \$500,000 of adaptive equipment at 73 community clinic sites throughout Los Angeles County. L.A. Care will be hosting an on-site equipment fair in October and will be extending invitations to consumer advisory members. Staff will keep ECAC updated as more information becomes available on this event.
- Board approved the opening of the next Family Resource Center in East L.A. In the coming months staff will work to finalize a lease agreement, build out the new space of the facility, and hire the staff for the new center. The Center is located in a high traffic area of East L.A. Mr. Oaxaca will keep the ECAC updated on the progress and will provide a more formal presentation about the new site as the opening date gets closer.
- ECAC did not pass the motion to approve the revisions to the Operating Rules at the last meeting. Mr. Oaxaca has been saying for the past 6 months, these revisions are important for staff to move forward with clear rules and expectations. He noted that this is still true. Staff will be dedicating a significant amount of time on the RCAC and CCI Council agendas in the next few months to reviewing these revisions again. Staff will continue to review them until each RCAC and CCI Council either has approved the revisions as presented, or have approved with specific amendments. This way, by the time the ECAC sees a motion to approve these revisions again; there will be no confusion on the feedback and vote of each consumer advisory group.
- The Fall Consumer Advocacy Conference, scheduled for September 22, 2017, was postponed to December. After a review of the past year, staff believes that there is no better time than now to pause, evaluate the current operations of the RCACs, CCI Councils and ECAC and partner with ECAC members to move in a new direction. In the past members have indicated that they wanted to “work”. With the health care environment changing, L.A. Care must position itself to meet the challenges ahead. To this end, L.A. Care is analyzing how to re-engage advisory committees to serve their intended purpose. Mr. Oaxaca encouraged members to help staff consider new ways of approaching the work so that they win as members and L.A. Care wins as the health plan. We look forward to the conference each year to reinforce the importance of working together on projects that provide value, empowerment, education and results. Results that leave one with a sense of purpose and direction. The postponement will give staff more time to organize a conference that aligns with its purpose.
- Global Issues Update on RCAC 9 motion regarding Children’s Clinics in Long Beach:
 - Representatives from *The Children’s Clinic* in Long Beach will provide RCAC 9 members with a presentation on September 18, about what to expect when making appointments with facilities and accessing services.

(Maria Montes, RCAC 8 Chair, joined the meeting)

Member Perez shared that her intention was not to delay the process of adopting the changes to the Operating Rules. She believes in working together and teamwork. As a member representative, she is pleased that staff will work with the RCACs and CCI Council members to continue discussing on the Operating Rules as there is still a lot of confusion among the members.

Ms. McClain thanked staff for the accessible tables. She added that she noticed during the first time they voted one way for the Operating Rules at the committee level. When the voting took place at ECAC some votes were not the same as was voted at the committee. The votes at ECAC should have been the same as was agreed at the RCACs and CCI Council meetings, as the Chairs are a representation of all members and the decision they made. Mr. Oaxaca noted that he agreed with Ms. McClain and the votes at the committees will be presented at ECAC.

Andria McFerson, *RCAC 6 Chair*, shared that she was not sure what she was voting on. She thought she was voting to allow more time for discussion. She asked Mr. Oaxaca if he was open for suggestions. Mr. Oaxaca responded that the committees will have an opportunity to discuss the changes.

Estela Lara, *RCAC 2 member*, shared that the Operating Rules are important and chairs votes should represent the votes of the members of their committees.

Elda Sevilla, *At Large Member*, thanked Mr. Oaxaca because they are rescheduling the Consumer Advisory Conference. She asked when an FRC would open in Pomona. Mr. Oaxaca responded an FRC in Pomona would probably be opened sometime 2018-19. Ms. Sevilla reminded all members to work together with love.

Fátima Vásquez, *RCAC 7 Chair*, shared that the Operating Rules are very important and they have to analyze the current problems.

Ms. Ballew asked if chairs could bring the questions and concerns that committee members have about the Operating Rules to ECAC. Mr. Oaxaca responded that was the process the last six months. The new process will be more intense and longer.

Ms. McClain asked if staff would be taking notes during the committee discussions. Mr. Oaxaca responded affirmatively.

Ms. Saffore asked if there is an alternate plan in case ECAC cannot come to an agreement regarding the Operating Rules. Mr. Oaxaca responded that he would go directly to the Board.

Maria Montes, *RCAC 8 Chair*, shared that her vote represented her committee as she abstained because many of her members were confused.

**GLOBAL MEMBER
ISSUES**

Ms. McFerson shared that three members of her committee had to wait a long time for their follow up appointments. In addition, more discussions are needed about the homeless epidemic.

Ms. Istrefi shared that she has a problem with transportation. It sometimes take two to three hours to pick her up and at times, the taxi does not come. She noted that if it is happening to her it might be happening to other members. She is concerned about homeless veterans.

Ms. De La Torre advised Ms. Istrefi to speak to the Health Navigator after the meeting. She recommended all chairs to go back to their committees and ask if any of the members are experiencing the same problem with transportation.

Maria Sanchez, *RCAC 5 Chair*, shared that she knows members who also have transportation problems.

Brenda White, *CCI Area 3 Chair*, shared that transportation to L.A. Care meetings and conferences is bad. Once her taxi arrived an hour late, and the drivers drive recklessly.

Mr. Oaxaca shared that there are transportation workgroups that are looking into short and long-term solutions to problems with transportation. Currently they are looking for a consultant to help improve our transportation services and tailor services for all members' specific needs. Mr. Oaxaca will keep ECAC updated on the progress with transportation improvements.

Ms. Contreas-Wood recommended a survey to ask members if they are experiencing issues with transportation.

Mr. Oaxaca noted that Scan Health Plan is working on how to break up membership into groups of different transportation needs. They are focusing on the type of questions asked during the call members make when requesting transportation.

Ms. De La Torre reminded members to inform staff about transportation problems to their RCAC, CCI Council and ECAC meetings.

Ms. Ballew shared that during the Access meetings that she attends she hears the same complaints about transportation. She has had some great drivers in the past, and some drivers take pride in their job while others do not. She reminded members to write down the name of the driver when they have a problem, and report the problem to the taxi company.

Elsa Gervacio, *RCAC 10 Vice Chair*, shared that after her RCAC meeting her driver was intoxicated. She called her field specialist while in the car to inform him. He also was driving on the wrong side of the road.

Ms. De La Torre reminded members to report to staff about transportation experiences and to remember to write down the date, time and driver identification number.

Dove Savage Pinkney, RCAC 6 member, shared that her taxi driver stopped to put gas in the care while she was in the car.

UPDATE FROM CHIEF EXECUTIVE OFFICER

John Baackes, *Chief Executive Officer*, reported that from the beginning, the new federal administration has wanted to repeal and replace the Affordable Care Act (ACA). A bill was passed by the House that went beyond repeal and replace, by fundamentally changing the way Medicaid is funded across the country. That would have affected more people than just the members that gained coverage through the ACA and the expansion of Medi-Cal, because it would cut the Federal share of costs for Medicaid programs. When Medicaid was adopted in 1965, program costs were to be shared between the states and the Federal Government. Both bills include a change to the federal share of cost. Around \$800 billion could be taken from the Medi-Cal program over the next 10 years. This would take coverage from moms, kids and people in nursing homes. As the Senate debated this, the issues became clearer because of advocacy by organizations like L.A. Care. The media began to focus more on Medicaid and how a bill to eliminate the ACA would affect the individual health coverage market. Public opinion has shifted as knowledge of how important the Medicaid program is to the country was provided. Mr. Baackes added that he does not think we will see another assault on Medicaid funding for a long time. There are three significant issues at the federal level:

- Individual markets- L.A. Care has 25,000 members in the Covered California program, and that number is growing. With Anthem dropping out and a huge rate increase by Molina, it is believed that L.A. Care will be the lowest price option in L.A. County for enrollment this fall. Many of those people that can no longer enroll with Anthem and cannot afford Molina may join L.A. Care. The ACA prescribes the pricing for Covered California. L.A. Care will continue with Covered California as long as possible as we have an obligation with the members that belong to that product. There is a bill coming out of the Senate Health, Education, Labor and Pensions Committee that will provide a solution.
- Second, a Graham-Cassidy health care bill is the last attempt to repeal and replace the ACA. In this bill, funding from the cost sharing reductions and Medicaid capitation are lumped in block grant payments, which will change the fundamental formula of Medicaid and cap the funding that will go to the states. L.A. Care opposes this bill. The bill would need to pass by September 30.
- Bernie Sanders introduced a single payer bill today. The details have not yet been provided. Chair Deh-Lee asked, as of 2018, California will be getting the extra income from the medical marijuana taxes. Will it be possible to use that profit for healthcare single payer. Mr. Baackes responded that it could be done if directed by legislators.

	<p>Ms. Istrefi asked if there would be any changes to Medicare. Mr. Baackes responded that congress members have said that is a good program and do not plan to make changes to it. Medicare will keep on going as is and it is not in danger now.</p> <p>Ms. McFerson asked Mr. Baackes to share how he would want the RCAC and CCI Council members to give back to the community as he did during the Board retreat. Mr. Baackes shared that L.A. Care has 25,000 members that are part of the Deferred Action for Childhood Arrivals (DACA) program. L.A. Care is concerned about DACA members as they could avoid getting healthcare if they may think that going to a clinic might expose them to immigration authorities. He suggested at the Board retreat that if there is a way to use the RCAC and CCI Council members to help reach out to community based organizations that work with DACA participants to help protect them. He noted that L.A. Care would not share member information with the federal government. Some demographic member information is in a state database to which the federal government may have access.</p>
<p>OLD BUSINESS ECAC LEADERSHIP TRAINING</p>	<p>Ms. De La Torre informed ECAC that the last leadership training will be held September 20th from 8:30 am to 2:30 pm.</p>
<p>NEW BUSINESS COMMUNITY BENEFITS DEPARTMENT – BRILLIANT CORNERS</p>	<p>Roland Palencia, Director, Community Benefits Program, and Alison Klurfeld, Interim Executive Director, Safety Net Initiatives, provided an overview of the L.A. Care, Housing for Health and Brilliant Corners Partnership (<i>A copy of the presentation can be obtained by contacting CO&E</i>):</p> <p>Goals of Housing for Health:</p> <ul style="list-style-type: none"> ○ Create 10,000 units of housing ○ End homelessness in LA County ○ Reduce inappropriate use of expensive health care resources ○ Improve health outcomes for vulnerable populations <p>Population Housing for Health serves:</p> <ul style="list-style-type: none"> ● Homeless individuals with physical and/or behavioral health conditions, high utilizers of public services, and other vulnerable populations <p>Brilliant Corners is a nonprofit supportive housing agency serving people with developmental disabilities and other special needs in the San Francisco Bay Area and Los Angeles County, including individuals transitioning from homelessness, institutional settings, and homeless veterans. They act as fiscal intermediary for Housing for Health and helps locate housing opportunities for individuals who qualify for services.</p> <p>L.A. Care is investing in a long-term solution to provide pathways to stable housing for L.A. Care members experiencing homelessness and who have complex physical health, behavioral health, and social needs.</p>

L.A. Care awarded \$4 million for Fiscal Year 2016-17 as part of a commitment to provide permanent supportive housing to 300 individuals experiencing homelessness. The five-year commitment of \$20 million comes from L.A. Care's Community Health Investment Fund.

Housing for Health covers move-in assistance, wraparound service support, and non-medical intensive case management services.

L.A. Care's oversight of Brilliant Corners will consist of:

- Staggered payment of grant funds
 - Payment tied to completion of grant objectives
- Biannual progress reports
- Reports include narrative, budget, work plan
- L.A. Care can monitor and conduct an evaluation of grant-funded activities. For example:
 - Site visit
 - Request of audited financial records
- Oversight of Housing for Health Referral Pathway Program:
 - L.A. Care Clinical Leadership reviews program materials
 - Biweekly updates to L.A. Care Leadership on program status
 - Program and clinical team leads meet as needed with Clinical Steering Committee to review pathway design and implementation
 - Future update at Board of Governors meetings

External Challenges

- Housing market:
 - Delays in placement due to high rental cost and low vacancy rate.
 - Vacancy rate for all L.A. County is below 2.8%, probably less for individuals transitioning out of homelessness
- Landlord recruitment
- High acuity population
- Comprehensive strategies for housing individuals
 - Assess market demand
 - Stay ahead of changes in average rental cost
 - Biweekly Brilliant Corners calls with Los Angeles County Department of Health Services
 - Discuss logistics of open cases
 - Communication re market
 - Unit holds
 - If there is a vacant unit, Brilliant Corners can send check to landlord the next day to secure the unit
 - Landlord stops marketing the unit to other individuals
 - Housing for Health Case Managers provide psychosocial, in-person Intensive case management support prior to, during, and after move-in

Ms. Saffore asked how she could get this information to a member in her community. Ms. Klurfeld responded she will provide that information to her.

Member Perez asked how the organization chose Brilliant Corners. Mr. Palencia responded that that organization gave Brilliant Corners a grant in 2015 that was very successful. That grant was for the deposit, moving assistance and furniture for 100 individuals and they actually were able help 150. He added that Brilliant Corners is part of the Housing for Health program and is the physical intermediary for that program in Los Angeles County. L.A. Care was able to leverage funds by collaborating with Brilliant Corners. The housing provided will be permanent for the 300 individuals in the program.

Ms. McPerson suggested that L.A. Care needs more input from individuals who have and are currently receiving services from Brilliant Corners. Mr. Palencia noted that L.A. Care has worked with Brilliant Corners successfully in the past. The results of a program evaluation will be shared with ECAC members.

Ms. Montes asked what is happening with people who live in the streets and do not go to clinics. Ms. Klurfeld responded that the strategy is to identify individuals in hospitals and clinics as it will be a good time to ask in person if individuals are interested in a housing program. Housing for Health uses other strategies to identify individuals through community agencies and street outreach teams. Mr. Palencia added that there are 25 different agencies participating in outreach for this program.

Ana Romo, *RCAC 8 member*, asked if they are working with people before they become homeless, as prevention is important. Ms. Klurfeld responded Measure H is providing funding for prevention services.

Ms. Vasquez asked how long the process is after the individual is identified. Mr. Palencia responded that on average it might take up to six months.

Auleria Eakins, *Community Outreach Manager, CO&E*, provided an overview on “Elevating Advocacy” Operation Reset, Improving the stakeholder process (*A copy of her presentation can be obtained by contacting CO&E*). L.A. Care has launched a new branding campaign. There will be a focus on change, to bring more value to L.A. Care. Ms. Eakins highlighted administrative changes that occurred in the last couple of years, such as the change in CEO and new staff. She presented a strategy for the next few months for staff to learn about the member experience and about being more accountable. She added that she has noticed that there is not a lot of trust between advisory committee members and staff. Going forward, there will be focus on increasing trust to be able to collaborate and work as a team. Lastly, she presented ideas to align the department’s goals with the organizations goals and mission: new meeting structure design, more opportunities to give input, improved consumer training, increased accountability for staff

**2017-2018 CONSUMER
ADVISORY
COMMITTEE
OPERATIONS
PLANNING**