

# Board of Governors

## Temporary Transitional Executive Community Advisory Committee (TTECAC)

### Meeting Minutes – July 10, 2024

1055 W. 7<sup>th</sup> 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, RCAC 1 Chair                      Ana Rodriguez, TTECAC Chair and RCAC 2 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                      Sonia Hernandez, Interpreter                      Isaac Ibarlucea, Interpreter                      Eduardo Kogan, Interpreter                      Katelynn Mory, Captioner                      Andrew Yates, Interpreter</p> <p>Ryan Bowen, Call the Car                      Joann Cannon, Public ***                      Elizabeth Cooper, Public                      Siliva Cosio, Public                      Nereyda Ibarra, Public ***                      Estela Lara, Public                      Russel Mahler, Public                      Kimberly Martinez, Public                      Andrea McFerson, Public                      Fresia Paz, Public ***                      Demetria Saffore, Public</p>	<p>Layla Gonzalez, Advocate, Board of Governors                      Fatima Vazquez, Member, Board of Governors                      John Baackes, Chief Executive Officer, L.A. Care                      Sameer Amin, MD, Chief Medical Officer, L.A. Care                      Francisco Oaxaca, Chief of Communication and Community Relations ***                      Tyonna Baker, Community Outreach Field Specialist, CO&amp;E                      Michelle Brodsky, MD, Senior Medical Director, Community Health, Behavioral Health                      Kristina Chung, Community Outreach Field Specialist, CO&amp;E                      Idalia De La Torre, Field Specialist Supervisor, CO&amp;E                      Auleria Eakins, Manager, CO&amp;E                      Ramon Garcia, Community Outreach Field Specialist, CO&amp;E                      Hilda Herrera, Community Outreach Field Specialist, CO&amp;E                      Christopher Maghar, Community Outreach Field Specialist, CO&amp;E                      Rudy Martinez, Safety &amp; Security Program Manager III, Facilities Services                      Linda Merkens, Senior Manager, Board Services ***                      Frank Meza, Community Outreach Field Specialist, CO&amp;E                      Alfredo Mora, Staff Augmentation, Facilities Services                      Abraham Rivera, Provider Network Account Manager, Provider Network                      Cindy Pozos, Community Outreach Field Specialist, CO&amp;E                      Victor Rodriguez, Board Specialist, Board Services ***</p>
<p>* Excused Absent    ** Absent                      *** Via teleconference</p>		

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Ana Rodriguez, <i>TTECAC Chairperson</i>, explained the meeting rules guidelines and 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. Chairperson Rodriguez 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 10:02 A.M.</p>	
<b>APPROVE MEETING AGENDA</b>	<p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson, RCAC 5 Member, expressed her concerns, urging the TTECAC to prioritize communication with the executive committee before making any changes to the RCAC and TTECAC structure. She emphasized that the perspectives of those directly affected by these changes, particularly RCAC members, must be considered. Ms. McFerson questioned how the program could be effectively revamped without input from ECAC members who might not fully understand the needs of L.A. Care members, especially those with chronic illnesses, disabilities, and mental health issues. She called for better communication among RCAC members and with staff to ensure that decisions made by the BOG are informed and effective. Ms. McFerson concluded by requesting that these communication issues be addressed on the agenda before any changes are implemented.</i></p> <p>The Agenda for today’s meeting was approved.</p>	<p>Approved Unanimously. 11 AYES (Byrd, Cordero, Lebron, McClain, Parra, Poz, Rabaja, Refugio, Rodriguez, Romo, and Sales)</p>
<b>APPROVE MEETING MINUTES</b>	<p>Member Lebron stated that on page 12 third paragraph, one of her comments was written down incorrectly. She stated that she meant that people should speak slowly so that interpreters can interpret properly.</p> <p>The June 12, 2024 Meeting minutes were approved with changes.</p>	<p>Approved Unanimously. 11 AYES</p>
<b>STANDING ITEM</b>		
<b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b>	<p>John Baackes, <i>Chief Executive Officer</i>, gave the following update:</p> <p>He provided an update on a significant ballot initiative, Proposition 35, which will be on the November 5 ballot. L.A. Care has been heavily involved in getting this initiative on the ballot, which is centered on reinstating the MCO (Managed Care Organization) tax in</p>	

California, with proceeds used to fund Medi-Cal providers. From 2012 to 2021, the MCO tax generated substantial funds that the state used to draw matching federal funds, though these funds were primarily allocated to the state's general fund rather than directly benefiting Medi-Cal providers.

In 2022, the tax was allowed to lapse by the Governor due to a state budget surplus. However, the subsequent strain on healthcare providers, particularly in recruiting nurses, highlighted the need for more resources in the Medi-Cal system. In response, L.A. Care and other stakeholders formed the Los Angeles County Safety Net Initiative to advocate for reinstating the MCO tax, with the stipulation that all federal funds drawn from the tax should be used to increase reimbursements for Medi-Cal providers.

This proposal gained statewide support and was eventually incorporated into the 2023 state budget, expected to generate \$19 billion over three years, with \$11 billion allocated to Medi-Cal providers. However, concerns arose that future state decisions might divert these funds elsewhere, leading to the push for Proposition 35. This proposition ensures that the MCO tax revenue is permanently directed toward increasing funding for Medi-Cal providers, thereby improving access to care and reducing emergency room crowding.

Mr. Baackes also spoke about the importance of this initiative in addressing health disparities and improving provider participation in Medi-Cal. He encouraged support for the proposition and expressed his commitment to continuing advocacy efforts as part of the steering committee for the ballot initiative.

#### **PUBLIC COMMENT**

***Elizabeth Cooper, RCAC 2 Member, expressed her disappointment, particularly concerning the lack of voter education efforts within the RCACs. She highlighted that as a member and an advocate for voter information, she has not seen any initiatives encouraging RCAC members to register and vote. Ms. Cooper emphasized the importance of voting and being informed about decisions made in Sacramento and Washington, D.C., which directly impact the programs and services that members rely on. She voiced her concern that despite her long-term involvement and efforts to stay educated on the Governor's budget, her calls for voter education have been ignored. Ms. Cooper stressed that democracy depends on voter participation and education, and she urged for these issues to be addressed by the Chair and the organization.***

Mr. Baackes responded to Ms. Cooper by explaining that voter education and the ballot initiative hadn't been discussed in RCAC meetings earlier because they had only recently received the proposition number. He mentioned that the Coalition, which includes L.A. Care, was engaged in negotiations with the Governor's office, which had requested a two-year postponement of the initiative in exchange for future funding. However, the Coalition

decided to move forward with the initiative, not wanting to be misled again. Now that the proposition number has been assigned, discussions about the ballot initiative will take place in RCAC meetings leading up to the November 5th vote. Mr. Baackes emphasized the importance of the initiative and encouraged members to understand its value and spread the word within their communities.

***Andria McFerson, RCAC 5 Member, thanked Mr. Baackes for the update on Proposition 35 and acknowledged the importance of understanding how the proposition benefits the community. She expressed some confusion about the process, particularly regarding the reinstatement of the managed care tax and how the funds are used to support providers. Ms. McFerson emphasized the need for L.A. Care members to receive high-quality care and suggested that if funds are returned to providers, there should be clear, substantial measures in place to evaluate the care received. She advocated for conducting specific surveys to assess the quality of treatment provided, which would help ensure that the public receives better care overall.***

Mr. Baackes responded that the funds drawn from the federal government, which were previously moved to the state's general fund, should be directed to Medi-Cal to increase provider reimbursement. This would help retain current providers and attract new ones to participate in Medi-Cal. He noted that a lack of participating doctors forces patients to rely on emergency rooms for care, as seen at MLK Hospital. Baackes highlighted that low reimbursement rates cause doctors to rush through appointments, leading to inadequate patient care. He expressed hope that the increased funds would allow providers to spend more time with patients. Additionally, he mentioned that L.A. Care already has a system in place to evaluate the quality of participating providers, emphasizing that the goal of the tax is to make Medi-Cal participation financially viable for more doctors and hospitals.

Ms. Layla Gonzalez asked Mr. Baackes if the coalition behind the proposition would raise funds for advertising to make the proposition clearer to the general public. Mr. Baackes responded that the coalition has already spent about \$10 million on gathering signatures and is now aiming to raise \$30-\$50 million for a public campaign. He explained that L.A. Care, as a public entity, cannot use its funds to promote the proposition but has contributed \$300,000 for signature gathering. The campaign is receiving strong financial support from organizations like the California Hospital Association and the California Medical Association. Mr. Baackes also mentioned that the coalition is concerned about potential opposition from the Governor.

	<p>Member Sales asked Mr. Baackes about the payments that providers receive under Medi-Cal, specifically whether they are paid per patient or a flat rate. Mr. Baackes explained that Medi-Cal has a fee schedule that transitioned from fee-for-service to a capitation basis, where providers are reimbursed a set amount based on the member's aid category (e.g., TANF population, special needs). He mentioned that Medi-Cal typically pays around 60-70% of what Medicare would pay, and the aim is to increase this to the 80% range, with the long-term goal of matching Medicare payments. Mr. Baackes noted that Medi-Cal is underfunded compared to Medicare and commercial insurance, with California being among the bottom ten states in terms of reimbursement rates for Medi-Cal providers. He highlighted the financial challenges providers face, including that some doctors might receive as little as \$10 for a visit, which is insufficient to cover the costs. He also mentioned that L.A. Care receives an average of about \$320 per month per member, which must cover all expenses, including provider payments and administrative costs. Mr. Baackes emphasized that it is financially difficult for providers to have a practice solely based on Medi-Cal patients, and the proposed tax would help address these financial challenges.</p> <p>Member Refugio expressed support for the proposition and asked what would happen if it is approved or not, and whether L.A. Care would continue to advocate for it. Mr. Baackes responded that L.A. Care will continue to advocate for increased funding to adequately reimburse providers, emphasizing his long-term goal of achieving parity between Medicare and Medicaid/Medi-Cal payments. He noted the significant disparity in funding between Medicare and Medicaid, despite Medicaid covering more people. Mr. Baackes responded that the coalition behind the proposition is strong and includes hospitals, doctors, clinics, health plans, and unions. He expressed confidence that the coalition would continue its efforts even if the proposition fails, as unity is key to making progress. He is hopeful for the proposition's success but assured that advocacy efforts would persist regardless of the outcome.</p>	
<p><b>UPDATE FROM CHIEF MEDICAL OFFICER</b></p>	<p>As part of the Chief Medical Officer update, Sameer Amin, MD, <i>Chief Medical Officer</i>, and Michael Brodsky, MD, <i>Senior Medical Director, Community Health, Behavioral Health</i>, gave a presentation on Increasing Access to Mental Health Treatment in L.A. County Schools (<i>a copy of the full presentation can be obtained from CO&amp;E</i>).</p> <p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson, RCAC 5 Member, noted the importance of peer support in mental health care, advocating for therapists who have shared similar life experiences with their patients. She believes that such connections can enhance the quality of care, especially for individuals who have faced significant challenges. She also highlighted the needs of children with disabled parents and those affected by homelessness, abuse, or substance-related family issues.</i></p>	

***McFerson suggested creating engaging, game-like environments to help children feel more comfortable in expressing themselves.***

Dr. Brodsky responded that California has been investing in peer support for many years, particularly for individuals with lived experiences of substance abuse, mental illness, and various forms of abuse. He noted that while L.A. Care is relatively new to this approach, they have started employing community health workers who have similar life experiences and are available at community resource centers to support the public. He also mentioned an upcoming state-level program, wellness coaches for students, which has been delayed but is anticipated to launch in the near future.

***Elizabeth Cooper, RCAC 2 Member, speaking as an African American, highlighted the stigma surrounding therapy within the African American community. She spoke about the importance of cultural sensitivity when hiring therapists, noting that it's crucial for therapists to understand and respect the cultural values of their clients, whether they are African American, Latino, or from any other background. She supported the idea of hiring culturally aware therapists and stressed the need to address the reasons why some parents might be hesitant to seek therapy for their children. She urged policymakers to be more sensitive to the unique challenges faced by the African American community and other communities.***

Dr. Brodsky responded that L.A. Care agrees with those priorities.

Member Sales suggested that while the student program sounds excellent, there is a need to support students after they graduate and transition into adulthood, as they can be left in limbo. She recommended incorporating parents into the program, mentioning her work with the Therapeutic Play Foundation, which focuses on social play therapy activities. The organization's mission is to empower parents and build resilience, which then positively impacts the child. Sales emphasized the importance of involving both parents and children together, as having one healthy and the other not can lead to conflicts. Dr. Brodsky expressed agreement with Member Sales' suggestion, acknowledging that the current program with L.A. Care and the superintendent is somewhat limited, as it only covers counseling for students and allows minimal interaction with parents. However, he noted that a statewide program is forthcoming, which will include services involving parents, such as family meetings and therapy work. Dr. Brodsky mentioned that Medi-Cal is beginning to cover more services to support parents with their children and suggested discussing this further in a future ECAC meeting.

	<p>Member Byrd expressed concerns about addressing the root causes of issues faced by African American and Hispanic children, particularly regarding the use of mind-altering drugs for conditions like ADHD. She noted that these drugs often have side effects, such as depression, which can lead to severe outcomes like suicide. Member Byrd emphasized the need to tackle these underlying issues comprehensively and questioned the focus on targeted therapies without addressing the broader problem of drug use and its effects on these communities. She also pointed out a perceived disparity in how these issues are addressed across different racial groups.</p> <p>Member Lebron emphasized the importance of addressing stigma around mental health in the community. She noted that some parents and children view seeking help as a sign of weakness and suggested that the program should include a campaign to counteract this perception. Member Lebron recommended making mental health support more attractive and breaking down negative stereotypes to help children and families better understand and embrace the opportunities for receiving assistance. Dr. Brodsky agreed with Member Lebron about the longstanding issue of stigma surrounding mental health. He noted that showing vulnerability and seeking help takes strength. Dr. Brodsky mentioned that there is a statewide campaign led by Medi-Cal to address stigma, which L.A. Care supports.</p> <p>Dr. Eakins inquired about access and enrollment data, noting an increase in African American and Latino youth, with a higher increase among Latino youth. She questioned whether the program's outreach included LA County school districts or just county schools. Dr. Brodsky responded that the L.A. school district recently joined the program, which contributed to the increase in numbers. He said that while the L.A. school district is a participant, other districts such as Compton and Inglewood were involved earlier. He said that the program also encompasses over 400 charter schools across L.A. County, which includes many of the communities of concern.</p>	
<p><b>Board Members Report</b></p>	<p>Ms. Gonzalez and Ms. Vazquez gave the following Board Member Report:</p> <p>Ms. Vazquez began by thanking the members that are in attendance at today's meeting. The Board of Governors met on June 6. 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. The list of motions approved at that Board meeting can be obtained from CO&amp;E. They thanked the RCAC members that joined the Board meeting in person or virtually. They were happy to see members there and 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:</p> <ol style="list-style-type: none"> <li>1. Roger Rabaja (R1)</li> <li>2. Ana Rodriguez (R2)</li> </ol>	

3. Silvia Poz (R4)
4. Joyce Sales (R6)
5. Maritza Lebron (R7)
6. Ana Romo (R8)
7. Deaka McClain (R9)

In his report Chairperson Ballesteros acknowledged that the month of June includes several national recognition topics. A few of them are National Portuguese Heritage Month, National Caribbean American Heritage Month, National PTSD Awareness Month, National Give a Bunch of Balloons Heritage Month, National DJ Month, Men's Health Month, National Papaya Month and National Adopt a Cat Month. There are also several holidays in June that are very important. One is Juneteenth, celebrated on June 19, a very important federal holiday. It is celebrated annually to commemorate the ending of slavery in the United States. Chairperson Ballesteros noted that June is LGBT Awareness Month and Pride Month. He noted that there are a lot of health and access disparities that continue with the LGBTQ populations. Mr. Baackes gave a Chief Executive Officer report. He gave an update earlier today. Dr. Amin gave a Chief Medical Officer report. He gave an update earlier today. Dr. Amin also presented a Performance Monitoring May 2024 report. L.A. Care wants to be transparent organization, and has encouraged other health plans to do the same. It might be of interest to report that Tara Nelson presented results for utilization management (UM). For the past six months, L.A. Care has been consistently above 99 %. These are requests that can come from a, primary care physician, specialist, and hospital. For standard or routine requests, those decisions are made timely within five business days. Results are consistently 99 % to 100 % the past six months, ensuring that the request is assigned, has adequate coverage, and there are no delays in getting the service for the member. Mr. Baackes presented the proposed restructure of the Consumer Advisory Committee (CAC) to Board Members along with a motion requesting approval to delegate authority to the Executive Committee of the Board of Governors to approve revisions to the Operating Rules of the Consumer Advisory Committees (CAC) and Executive Community Advisory Committee (ECAC), the transition from 11 to 8 RCAC geographic areas and an enhanced CAC member volunteer stipend structure. These changes were approved by the Temporary Transitional Executive Community Advisory Committee (TTECAC) at its meeting of May 14, 2024. The revised Operating Rules to implement the changes were approved on June 26 by the Board's Executive Committee. It is important to note that the changes can be revisited by the members if improvements need to be made in the future.

**PUBLIC COMMENT**

***Andria McFerson, RCAC 5 Member, spoke about the need to discuss the new structure of the RCACs with RCAC members, noting that the ECAC oversees***



	<p><i>this structure and that current Chairs are not part of the ECAC. She stressed the importance of continuing the RCACs and ensuring representation in ongoing discussions. She spoke about the need to address homelessness, ensuring that individuals are properly evaluated for psychological health and that different needs, such as those of individuals with violations, mental illnesses, or disabilities, are met with appropriate programs.</i></p> <p><i>Elizabeth Cooper, RCAC 2 Member, expressed concerns about a lack of communication and representation from the Chairs of the RCACs (Regional Community Advisory Committees). She noted that there was no prior meeting or vote involving the RCAC members before the recent meeting. Emphasizing the importance of Chairs representing their members, she criticized the process for not reflecting the consensus of the RCAC members and indicated that she objects to how the situation was handled.</i></p> <p>Member McClain raised several points regarding the executive committee report and motions submitted to the Board of Governors (BOG). She noted that she had not heard an update on the executive committee report. She mentioned that one motion to change the BOG meeting time back to its regular schedule had passed. However, she expressed concern about the second motion related to installing push buttons in the building, which was reportedly not approved. She asked for clarification on why this motion was handled by the executive committee instead of the BOG as initially instructed, and she requested an update on the next steps and reasons for the decision. Ms. Gonzalez responded that that is an excellent question so the BOG will not meet until September. It was brought forth to the executive committee to make a decision. Now as far as the decisions that were made with those two motions, she hasn't received an update yet but will check on it and follow up at a later meeting.</p>	
<p><b>COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE</b></p>	<p>Francisco Oaxaca, <i>MBA, Chief, Communication and Community Relations</i>, gave the following update:</p> <ul style="list-style-type: none"> <li>• Community Resource Centers: Construction on the last two centers, South LA and Lincoln Heights, is progressing well. The South LA center is expected to open in October, with a grand opening event planned. The Lincoln Heights center should be ready for a grand opening by November or December. Invitations to the events will be sent to ECAC and RCAC members representing those areas.</li> <li>• RCAC Meetings: The CO&amp;E team is organizing a schedule for resuming RCAC meetings at the community resource centers. This will allow members to experience the centers and interact with their programs and staff.</li> </ul>	

- Annual Meeting: An annual conference or relaunch event will be held in August to bring all members together and introduce the new RCAC structure and operations. This event will be held every year going forward.
- RCAC Membership: The selection committee is working to interview and select new RCAC members. There has been significant interest in joining, and new members will be added in the coming weeks.

**PUBLIC COMMENT**

***Andria McFerson expressed support for the expansion of community resource centers (CRCs) and inquired about receiving invitations to the grand openings and related events for these centers. She emphasized the need for detailed information regarding these events for families and friends. Additionally, she raised a concern about the approval process for the new structure, suggesting that it should be reviewed and approved by the Board of Governors (BOG) first.***

Mr. Oaxaca addressed Ms. McFerson's questions by explaining that each existing community resource center (CRC) has a monthly calendar and newsletter detailing programs and events. He mentioned that RCAC members would have opportunities to visit their local CRCs to experience the centers firsthand and share this information with their communities. For the upcoming openings of the South L.A. and Lincoln Heights centers, materials and invitations would be provided to both RCAC and ECAC members.

***Elizabeth Cooper expressed concerns about the accessibility and availability of staff to committee members. She questioned why staff members, who are supposed to serve the committees, are not available for communication. Additionally, she expressed dissatisfaction with the recent changes in the committee structure, noting that they were made without proper consultation with ECAC members. She suggested that these changes might involve legislative matters and should have been addressed differently.***

Member Sales inquired about the new center opening on Crenshaw Boulevard for RCAC 6, specifically asking if RCAC 6 members would be divided between locations or if everyone would move to the new center. Mr. Oaxaca responded that it will be up to the members of RCAC 6 to decide. They can choose to alternate meetings between the existing and new centers or decide how they prefer to meet, depending on the availability of resource centers.

Member Poz asked Francisco Oaxaca about reimbursement for members, specifically inquiring whether mileage would be covered and if the payment method could revert to gift cards instead of checks. Mr. Oaxaca responded that he does not have an update at the

	<p>moment. The team is still working on the details, and more time is needed before a resolution can be provided.</p>	
<p><b>MEMBER ISSUES</b></p>	<p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson, RCAC 5 Member, reported on her recent participation in a Board of Supervisors meeting where she advocated for improved mental health access and broader program inclusion for addressing various issues with LA County's Department of Mental Health. She emphasized the need for information on volunteer opportunities with stipends related to mental health care and invited RCAC members to contact her for details. Additionally, she stressed the importance of addressing homelessness and suggested that it should be added to the agenda for future discussions.</i></p> <p><i>Demetria Saffore, RCAC 4 Member, expressed concerns about long wait times for appointments with primary care physicians, citing that she cannot secure an appointment until January. She highlighted that excuses related to financial constraints are not improving the situation and emphasized the need for urgent attention to this issue.</i></p> <p>Dr. Eakins acknowledged the concern about primary care physician wait times but stated that there is no immediate answer. She suggested that the inquiry will be investigated, and an update will be provided either at the next meeting or as soon as possible.</p> <p><i>Elizabeth Cooper, RCAC 2 Member, expressed concern about not being respected or heard as a long-time RCAC member. She noted that her questions to Francisco had gone unanswered and mentioned feeling disrespected by the ECAC leadership. Ms. Cooper indicated that she would consult the legal department to understand her rights and seek support for her complaints, especially regarding her own and her disabled son's needs.</i></p>	
<p><b>OLD BUSINESS</b></p>		
<p><b>CALL THE CAR PRESENTATION</b></p>	<p>Ryan Bowen, <i>Account Manager and Transportation Experience Manager, Call the Car</i>, gave a presentation about Call the Car's Transportation Services (<i>a copy of the full presentation can be obtained from Board Services</i>).</p> <p><b><u>PUBLIC COMMENT</u></b>  <i>Elizabeth Cooper expressed frustration over a poor experience with the Call the Car service. She described an instance where staff arrived early in the morning without prior notification, causing significant stress. She emphasized that there was no advance call to confirm the appointment, which led to her being</i></p>	

***unprepared and upset. Ms. Cooper stressed that proper procedures, including advance notification, should have been followed.***

Mr. Bowen acknowledged Ms. Cooper's frustration and apologized for the lack of notification regarding the Call the Car service. He assured her that he would address the issue with his team to ensure better adherence to notification procedures in the future. He emphasized that this protocol applies to both advisory group meetings and medical appointments. Mr. Bowen encouraged Ms. Cooper to contact the L.A. Care outreach and engagement department if she experiences similar issues in the future, so they can assist and confirm arrangements.

***Andria McFerson asked about several aspects of transportation and coverage services. She asked who is responsible for approving transportation coverage and how grievances are investigated, including whether affected individuals are directly consulted. She also wanted to know if Call the Car covers mental health therapy, physical therapy, and other medical appointments, and if such services require PCP referrals. She also asked about whether transportation services extend to homeless individuals, including their basic needs such as clothing, blankets, and food, and expressed concern about ensuring these services are accessible to those in need.***

Mr. Bowen responded that the approval of what transportation services are covered is managed by L.A. Care's contracting team and Call the Car. He confirmed that mental health services are included and that transportation for these services can be arranged through Call the Car's scheduling system. Regarding transportation for the homeless, he noted that Call the Car currently provides services only to L.A. Care and Medi-Cal members. He mentioned that any initiatives for expanding coverage to the homeless would need to be addressed by L.A. Care and Call the Car. He also asked if Ms. McFerson was referring to bringing a guest with her to appointments.

***Russel Mahler, RCAC 4 Member, asked how he can place a note on his account to ensure that Call the Car drivers arrive at the correct address. He expressed concern that drivers have repeatedly gone to the wrong location, which is unsafe due to the presence of homeless encampments. He wants to ensure that drivers come to the front of the building instead.***

Mr. Bowen responded that if Mr. Mahler's residence is difficult for drivers to find, he can flag his profile to ensure the Call the Car center is aware of the situation. This would include instructing drivers to pick him up at the front of the building rather than the back. First, they need to confirm that the correct address is on file, and then they will update the profile to ensure drivers receive accurate instructions.

Member Poz stated that vehicles used for patient transport should have some form of identification or signage to make them easily recognizable. While using an application for scheduling, it's important to ensure that drivers are properly trained in patient transport, even if not all drivers are directly employed. She noted that her previous complaint had been satisfactorily addressed and thanked Mr. Bowen for resolving it. Mr. Bowen responded to Member Poz by acknowledging her previous complaint and expressing satisfaction that it had been resolved. He stated that drivers contracted with Call the Car are credentialed and trained to meet the required standards of care. This includes specialized training for handling disabilities, such as assisting with wheelchairs and securing equipment during transportation. This ensures that drivers can effectively meet the needs of passengers and provide appropriate care during transfers from their residence to their appointments.

Member Cordero inquired about the differences between types of transportation services provided by Call the Car. Specifically, she asked about the distinctions between "door-to-door" and "curb-to-curb" services, the rationale behind requiring advance notice ranging from one to three hours, and why she was informed that transportation could not be provided when requested within a shorter timeframe. Mr. Bowen explained that Door-to-Door Service involves a higher level of assistance where drivers help passengers from their door to the vehicle. This service typically requires more notice because it may involve more coordination and time for the driver. Curve-to-Curve Service is for passengers who can walk independently between their door and the vehicle. This service is generally provided by ride-share vendors like Lyft or Uber. Due to the extensive network and coverage of these services, drivers can usually be found quickly, resulting in a shorter notice requirement (5-10 minutes). Door-to-Door Assistance requires advance notice of up to two business days. Unlike curve-to-curve service, door-to-door assistance typically involves contacting specialized vendors and arranging for appropriate care, which takes more time. The process involves reaching out to various vendors to ensure they can accommodate the reservation, thus necessitating a longer notice period.

Member McClain shared her concerns about a transportation involving Call the Car, where she was being rushed to the emergency room from a physical therapy appointment, she had trouble requesting a return ride home. After being discharged from the emergency room the following morning, she encountered problems with Call the Car, who initially refused to provide transportation back home, citing that they had originally picked her up from therapy. Mr. Bowen clarified that Call the Car typically handles non-emergency transport and advised that in true emergencies, contacting 911 is recommended. He acknowledged the issue, noting that requests for transportation from a hospital to home should be covered as a benefit. He indicated that he would need to investigate the specific case to understand the service lapse and ensure that such transportation issues are addressed properly.

	<p>Member Parra asked Mr. Bowen if the application is available in a different language and if two different reservations need to be made for a round trip. Mr. Bowen responded that the application is only available in English, but it is being worked on to include multiple languages. He stated that only one reservation needs to be made for both rides.</p> <p>Member Poz raised several concerns. She asked if there could be after-hours support available, as she experienced difficulties when her ride was delayed and no one answered the phone after 5:30 P.M., forcing her to use Uber at her own expense. She also inquired about the possibility of drivers waiting a few minutes if they arrive early, as she has a disability that makes it challenging to move quickly and often leads to delays and missed appointments. Additionally, she questioned the policy regarding ride time limits, asking what happens if more than the allotted 20 minutes is needed. Mr. Bowen addressed Ms. Poz's concerns by first confirming that the Call the Car call center operates 24/7. He advised ensuring she is calling the correct number and following the prompts, as after-hours support should be available. If problems persist, she should contact L.A. Care for further investigation. Regarding the issue of drivers arriving early, Mr. Bowen explained that the wait times vary depending on the level of care. For ambulatory services using Lyft or Uber, drivers can wait 5 minutes before leaving. For higher levels of care, such as door-to-door services or those requiring a wheelchair, drivers can wait up to 15 minutes. He noted that if a ride share driver leaves after waiting 5 minutes, another ride can usually be arranged quickly upon notification.</p>	
<p><b>REGIONAL COMMUNITY ADVISORY COMMITTEES (RCACs)</b></p>	<p>Dr. Eakins gave a Regional Community Advisory Committee (RCAC) update <i>(a copy of the report can be obtained from CO&amp;E)</i>.</p> <p>Dr. Eakins announced the upcoming two-day conference titled "Celebration of Voices," which will feature new member orientation and the reimplementation of RCACs. The conference, set for August 23rd and 24th at the Saint Anne Conference Center, aims to educate, inform, and empower members, both returning and new. Dr. Eakins emphasized the importance of RSVP by the end of July for proper planning, including food and gifts. Members are encouraged to wear Mardi Gras-themed colors and to be prepared for long days from 8:30 a.m. to 3:00 p.m., with stipends and transportation provided. The transportation may involve centralized bus services from local CRCs. Dr. Eakins also mentioned the upcoming selection process for new RCAC members, involving a committee based on language needs. She expressed excitement about these developments and encouraged active participation from all members.</p> <p><b><u>PUBLIC COMMENT</u></b> <b><i>Elizabeth Cooper expressed her strong objection to the selection process for new RCAC members, stating that it is unfair and excludes current RCAC</i></b></p>	

***members from participating. She voiced her concerns about the ECAC members being involved in the selection despite not having connected with RCAC members. While she respects Dr. Eakins and the committee, she disagrees with the process and plans to file a formal complaint with the Board of Governors and the state of California, as well as potentially reaching out to her legislator regarding the issue.***

Dr. Eakins clarified to Ms. Cooper that all current RCAC members will be automatically "grandfathered" into their respective RCACs without needing to participate in the new selection process. She mentioned that current members might undergo a brief interview to reconnect, but the selection process is primarily for new members who are unfamiliar with the RCACs. Dr. Eakins emphasized that the process is designed to introduce new members to the roles and responsibilities within the advisory group, and reassured that the current members' status would be maintained as previously ensured by Mr. Baackes.

***Ms. Cooper asked her to reiterate what she said about the selection committee.***

Dr. Eakins explained that according to the approved rules and terms, the TTECAC will be actively involved in the selection process. She emphasized the importance of effective communication between the committee and the prospective members, noting that the selection committee needs to match the language of the prospective members. For example, if a prospective member speaks only Spanish, the committee must include Spanish speakers to ensure clear communication. She also mentioned that since TTECAC members are considered consumers, they are by default eligible to participate in this selection process.

***Andria McFerson expressed her gratitude for the upcoming event, which coincides with her birthday, and mentioned her willingness to participate despite the timing. She raised concerns about the selection process for the committee, emphasizing that it should not be handpicked and should include a diverse group of individuals willing to be involved. She questioned how the selection process would accommodate those who cannot physically write and suggested that they should be able to participate in the orientation. Additionally, she stressed the importance of RCACs having meetings before the BOG election and mentioned concerns about potential reductions in the number of RCAC meetings.***

Dr. Eakins clarified that L.A. Care does not have authority over the selection committee requirements, as these were determined by the Department of Health Care Services (DHCS). However, L.A. Care advocated for a broader definition of the selection committee, ensuring it includes consumers, L.A. Care leadership and staff, and community-based organizations (CBOs) that work with L.A. Care, while explicitly excluding CO&E staff to maintain neutrality. She emphasized that the committee's role is to understand applicants and ensure they know what they are signing up for. Regarding the Board of Governors (BOG) election, Dr. Eakins explained that CO&E works in partnership with board services,

	<p>which leads the process. She stated that BOG elections would not occur until the RCACs are reinstated, everyone is acclimated, and a clear plan is established in collaboration with board services and the ECAC. She noted that they are not yet at that stage.</p> <p>Member Romo asked who will be on the selection committee. Dr. Eakins responded that it's based on the applicant's availability. Ms. De La Torre will reach out to each person to check availability based on the needs of the applicant and availability. So they'll have to work it out for everyone, not just for one person. Ms. De La Torre reminded the committee that, according to the approved operating rules, the selection committee must include two community-based organizations, three Chairs from ECAC, and a staff member from the health equity department, either Dr. Li or his designated staff. She acknowledged the large number of applicants and explained that the selection process would be adjusted based on the language of the applicants and TTECAC members to determine the best fit for the committee.</p>	
<b>FUTURE AGENDA ITEM SUGGESTIONS</b>		
	<p>Member Lebron stated that she had asked about the Health Promoters program and would like to get more information. She said she thinks some of them are working and would like to know what L.A. Care is doing. She would like the community resource centers to have activities for young people.</p>	
<b>PUBLIC COMMENTS</b>		
	<p><b><i>Andria McFerson expressed her concern about the potential reduction of RCACs and emphasized the importance of maintaining or expanding them to ensure representation aligns with recent efforts by county supervisors to increase equality and diversity in LA County. She also highlighted the need to address issues related to homelessness.</i></b></p> <p><b><i>Ms. Cooper expressed her concerns as a long-time RCAC member and mother of a disabled son. She feels that disability issues have not been fairly represented and that there has been a lack of consideration for these matters. Additionally, she is worried that the RCACs are losing public interest and social engagement, which affects their effectiveness in addressing public concerns.</i></b></p>	



**ADJOURNMENT**

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The meeting was adjourned at 1:19 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, TTECAC Chair \_\_\_\_\_

Date \_\_\_\_\_

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**APPROVED BY**

Ana Rodriguez, TTECAC Chair



Date

9/11/24