

Board of Governors

Temporary Transitional Executive Community Advisory Committee (TTECAC)

Meeting Minutes – March 13, 2024

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



L.A. Care
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Roger Rabaja, 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>* Excused Absent ** Absent *** Via teleconference</p>	<p>Henry Cordero, Interpreter Pablo De La Puente, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Alex Martinez, Interpreter Katelynn Mory, Captioner Andrew Yates, Interpreter</p> <p>Russel Mahler, Public Andria McFerson, Public Silvia Poz, Public *** Demetria Saffore, Public</p>	<p>Layla Gonzalez, <i>Advocate, Board of Governors</i> Fatima Vazquez, <i>Member, Board of Governors</i> Sameer Amin, MD, <i>Chief Medical Officer, L.A. Care</i> Alex Li, MD, <i>Chief Health Equity Officer, L.A. Care ***</i> Francisco Oaxaca, <i>Chief of Communication and Community Relations</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> Erica Freed, <i>Executive Assistant, Health Services ***</i> Ramon Garcia, <i>Community Outreach Field Specialist, CO&E</i> Elsa Susana Greno, <i>Health Equity Field Specialist II, Health Equity</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> Leah Elizabeth Mitchell, <i>Health Education Project Liaison III, Executive Services</i> Alfredo Mora, <i>Staff Augmentation, Facilities Services</i> Cindy Pozos, <i>Community Outreach Field Specialist, CO&E</i> Marissa Ramirez, <i>Community Benefits Grants Program Manager II, Community Benefits Program ***</i> Victor Rodriquez, <i>Board Specialist, Board Services</i> Henock Salomon, <i>Senior Manager, Incentives, Population Health ***</i> Farid Seyed, <i>Lead Unified Communication Mobility Engineer, IT Operations & Infrastructure</i></p>

		Prity Thanki, <i>Local Government Advisor, Government Affairs</i> *** Marvin Thompson, <i>Community Benefits Grant Specialist II, Community Benefit Program</i> *** Martin Vicente, <i>Community Outreach Field Specialist, CO&E</i> Shavonda Webber-Christmas, <i>Director, Community Benefits, Community Benefit Program</i>
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AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Ana Rodriguez, <i>TTECAC Chairperson</i>, 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>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/82628914456</p> <p>Teleconference Call –In information/Site Call-in number: 1-415-655-0002 Participants Access Code: 2492 069 0481 (English) Call-in number: 1-415-655-0002 Participants Access Code: 2497 816 3798 (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 March 13, 2024, 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 :

	<p>(a) In addition to authority exercised pursuant to Sections 54954.3 and 54957.9, the presiding member of the legislative body conducting a meeting may remove an individual for disrupting the meeting.</p> <p>(b) As used in this section, “disrupting” means engaging in behavior during a meeting of a legislative body that actually disrupts, disturbs, impedes, or renders infeasible the orderly conduct of the meeting and includes, but is not limited to, both of the following:</p> <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>Chairperson Rodriguez called the meeting to order at 10:00 A.M.</p>	
STANDING ITEMS		
<p>APPROVE MEETING AGENDA</p>	<p>PUBLIC COMMENT</p> <p><i>Andria McFerson emphasized the importance of adhering to proper protocol, particularly in allowing public comments before approvals. She specifically addressed Item Number 1 and expressed concern that the public did not receive necessary information within the designated timeframe. Additionally, she questioned whether the meeting’s call to order followed proper protocol.</i></p> <p>The Agenda for today’s meeting was approved.</p>	<p>Approved Unanimously. 10 AYES (Byrd, Cordero, Lebron, McClain, Rabaja, Refugio, Rodriguez, Sales, Salazar, and Sanchez)</p>
<p>APPROVE MEETING MINUTES</p>	<p>Member Lebron stated that on page 6 before the public comment section she said that the focus groups should not have to adhere to the Brown Act and the other meeting should continue to do so.</p> <p>The January 22, 2024 Special Meeting minutes were approved with the changes mentioned above.</p> <p>The February 14, 2024 Meeting minutes were approved with the changes noted above.</p>	<p>Approved Unanimously. 10 AYES</p> <p>Approved Unanimously. 10 AYES</p>
STANDING ITEMS		
<p>UPDATE FROM CHIEF MEDICAL OFFICER</p>	<p><i>(Member Romo arrived at 10:47 A.M.)</i></p>	

Sameer Amin, MD, Chief Medical Officer, gave the following update:

Dr. Sameer Amin, the Chief Medical Officer of L.A. Care, began his report by expressing his enthusiasm for engaging with the audience regarding the restructuring of advisory committees. He emphasized that the goal is to initiate a conversation rather than dictating outcomes. Dr. Amin stressed the importance of seeking input from the community to better understand the needs of L.A. Care's members, aiming to improve the direction of the organization. He acknowledged the complexity of the subject matter but assured simplicity in presentation to facilitate understanding. Dr. Amin highlighted the grassroots approach intended for the restructuring process, seeking to build from the bottom-up rather than top-down. He acknowledged past challenges and expressed a commitment to redesigning the process for better outcomes. Dr. Amin outlined the necessity for changes in alignment with a new contract with the Department of Health Care Services, emphasizing adherence to its requirements. He discussed proposed modifications to advisory committee structures, focusing on enhancing diversity, membership, and engagement. The report delved into contractual language, detailing requirements such as community engagement, selection committees, diversity and recruitment plans, and term limits for committee members. Dr. Amin emphasized the importance of aligning advisory committees with demographic data from specific service areas (SPAs) within the county to inform decision-making effectively. He introduced the concept of community round tables as an additional avenue for engagement, alongside existing RCACs, aiming to gather more diverse input. Dr. Amin explained the proposed changes to RCAC regions and the ECAC (Executive Community Advisory Committee) while addressing concerns about the ECAC's continuity. Regarding stipends, Dr. Amin outlined increases to compensate members for their time and effort adequately. He assured continued support for logistics such as transportation and refreshments during meetings. Dr. Amin concluded by emphasizing a grassroots approach to gather feedback from RCAC members, seeking to ensure that decisions align with the community's needs and preferences. He highlighted the importance of thorough deliberation within the ECAC and eventual endorsement by the Board of Governors before final implementation.

PUBLIC COMMENT

Ms. McFerson began by thanking the Chair for the opportunity to speak, expressing concerns about inequality. She highlighted issues regarding the timing and accessibility of information, stating that she received materials for the RCAC meeting late, preventing adequate review before the public session. She noted that the information provided was only available in Spanish, with no English translation provided. Ms. McFerson emphasized the importance of having complete and timely information, especially for individuals like herself

who have undergone brain surgery. She expressed doubt regarding the proper execution of Item 4 and urged the Chairs and co-Chairs to honor public access to information. She raised questions about the necessity of proposed changes, specifically regarding the legality of making RCACs smaller and implementing term limits. Ms. McFerson questioned the selection process for committee members, particularly those with long-standing tenure, and advocated for transparency and the rights of RCACs to vote on such matters. She urged Chairs to express their opinions and sought clarification on the process moving forward, emphasizing the need for RCACs to have a say in decisions that may affect them. Ms. McFerson concluded by stressing the importance of adhering to the law and ensuring that RCACs have a voice in decision-making processes.

Dr. Amin clarified that signing a contract with the Department of Health Care Services and the State of California is a requirement for providing Medi-Cal services, and there is little room for negotiation in this process. Dr. Amin explained that the changes being implemented align with the contractual obligations outlined in the signed contract. He elaborated on specific changes, noting that some directly correspond to contractual requirements, such as the establishment of a selection committee. Dr. Amin emphasized that the transition from the current RCAC structure to Service Planning Areas (SPAs) aims to facilitate actionable meetings with relevant data. He justified the introduction of term limits as a means to address diversity and turnover within RCACs. Dr. Amin acknowledged the importance of soliciting opinions from RCAC members and urged constructive feedback rather than outright rejection. He encouraged members to propose alternative solutions if they believed there was a better approach. Dr. Amin expressed openness to considering different perspectives and emphasized the need for humility in leadership. He concluded by reaffirming the sensibility of the proposed changes while remaining open to revisiting them if they did not resonate with RCAC members.

Member Salazar asked for clarification about the stipends, specifically about the members that have children. Mr. Oaxaca said that a goal is to simplify stipend as all-inclusive, including child care for the meetings that members attend.

Dr. Amin said that the thought is that the overall annual amount would go up in the way that it's displayed in that table. He said that staff can take that back and review. Ms. Salazar noted that the previous system included childcare provisions, which are now absent. She noted the financial strain childcare expenses can place on parents, particularly if the stipend provided is insufficient to cover these costs for those with one or two children. Member Salazar emphasized the importance of considering the needs of parent members, stressing that while their input is valuable, it may not adequately address the challenges posed by childcare expenses. Mr. Oaxaca responded by highlighting the efforts to simplify the

stipend structure and increase the stipend amounts, which had not been updated in years. He mentioned the availability of childcare supervision at local community resource centers during meetings, suggesting it as a solution to childcare concerns. Dr. Amin agreed with the idea, emphasizing that it aligns with the focus on the Regional Community Advisory Committee (RCAC). Mr. Oaxaca clarified that the current structure aims to provide some compensation for meeting participation expenses, further adjustments could be considered.

Member Refugio inquired about who would be responsible for selecting the selection committee and choosing its members. She also expressed concern about the potential reduction of RCACs from 11 to 8, which would impact the membership, particularly the 20 members. Additionally, she questioned whether RCAC members attending Board of Governors (BOG) meetings and Executive Community Advisory Committee (ECAC) meetings would receive payment for their attendance. Mr. Oaxaca clarified that the target membership for the 11 RCACs is 20 members each, totaling 140 current members. With the reduction to 8 RCACs, there will still be 160 members, not counting the additional 65 members participating in round tables. He emphasized that they are not losing members but actually accommodating more. Attendance at board meetings or ECAC meetings is already covered in existing policy. Each RCAC will select two members monthly to attend board meetings and receive stipend, with no stipend for additional attendees. RCAC members can also attend ECAC meetings and round table meetings as observers. Similarly, round table members can attend RCAC meetings as members of the public.

Member Sales raised questions regarding the development and implementation of a member diversity and recruitment strategy, the establishment of a member selection committee, maintaining a composition reflective of contractor and member populations, determining topics for round tables, and distinguishing between the RCAC structure and the proposed board advisory committee. Dr. Amin explained that the board advisory committee is essentially a name change and won't structurally differ from the RCACs. He then discussed the demographic considerations and the transition from RCACs to SPAs to ensure demographic representation. The selection committee would use demographic reports and input from the SPA to make decisions. Mr. Oaxaca explained that the committee's composition would include L.A. Care staff, health plan representatives, and community partners, with active recruitment efforts in the community to ensure diverse representation. Member Sales asked about the community partners. Mr. Oaxaca provided information about the community partners L.A. Care works with, including organizations like Neighborhood Legal Services, African American Elders, Alzheimer's Association, Mothers to Mothers, and groups focused on workforce development. He emphasized the importance of engaging these partners to ensure diversity and quality in selecting members for committees. In response to Member Sales' inquiry about suggesting possible partners, Mr. Oaxaca affirmed that suggestions are welcome and mentioned that RCACs have been asked

in the past to suggest partners for the annual work plan. He stressed the importance of member input in identifying organizations that are doing meaningful work in their communities. Regarding the topics for round table discussions, Mr. Oaxaca mentioned that DHCS has provided a list of topics for discussion, although it's not limited to those topics. This gives L.A. Care a starting point for discussion while allowing flexibility to address other relevant issues. Mr. Oaxaca mentioned that they have used the list of topics provided by DHCS and had discussions over the past few months with members to identify broader general topics for the round tables. Due to the limitation of having only five round tables, they created broader topics such as health access, advocacy and outreach in education, and social determinants of health. These broader topics encompass various specific issues, allowing for comprehensive discussions.

Vice Chair McClain asked for clarification on whether the proposed changes are recommendations or mandates from the state and expressed confusion regarding the proposed name change to "board advisory committee." Mr. Oaxaca clarified that the proposed changes are in line with state requirements, and the name change is simply a formality with no functional change in the committee's role. Member McClain expressed frustration about the prolonged discussions and delays in finalizing the structure, suggesting that the current ECAC should be renamed "temporary RCAC" until the new structure is implemented. Dr. Amin acknowledged the frustration and emphasized the desire to expedite the process while ensuring all stakeholders' opinions are considered. He mentioned the plan to gather more feedback from RCACs before finalizing the changes, aiming to complete the process by May.

Ms. Gonzalez expressed gratitude for the presentation and updates and raised concerns about the proposed changes, particularly the combining of SPAs. She mentioned the significant distance between certain areas within the combined SPAs, posing potential hardships for members, especially those without transportation. She also pointed out the difficulty in asking members to approve changes that would result in dismissing some members, suggesting a phased approach where existing members are "grandfathered in" before implementing new changes. She emphasized the importance of listening to member feedback and suggested a more gradual transition to the new structure. Mr. Oaxaca clarified that current members will start with the same terms, regardless of their previous length of service, to ensure fairness. He emphasized the importance of staggering terms to avoid sudden turnover among members. Mr. Oaxaca assures that no members will be penalized for their years of service and that all members will go through the same application and selection process. Regarding the distance issue, he acknowledged the challenge and explained that while the proposed meeting locations are ideal, they are open to alternative locations that are geographically convenient for members. Transportation options will also be available for eligible members to mitigate any burdens. Member Sales asked if the

	<p>disabled will also be given transportation. Mr. Oaxaca responded that is the current policy. L.A. Care has an eligibility policy and acknowledged the realities based on distance because of the structure and the location of some of resource centers will be reviewed to make sure it does not create too much of a burden for members.</p>	
<p>BOARD MEMBERS REPORT</p>	<p>Ms. Vazquez and Ms. Gonzalez gave the following Board Members Report:</p> <p>The Board of Governors met on March 7. 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> <ul style="list-style-type: none"> • The list of motions approved at that Board meeting can be obtained from CO&E. • Thank you to the RCAC members that joined the Board meeting in person or virtually. We were happy to see members there and we appreciated hearing their public comments. Public comment gives Board Members the opportunity to hear from members and helps improve services for members. These members attended the Board Meeting in person: <ol style="list-style-type: none"> 1. Ana Rodriguez (R2) 2. Andria McFerson (R5) 3. Joyce Sales (R6) 4. Ana Romo (R8) 5. Deaka McClain (R9) 6. Damares O Hernandez de Cordero (R10) • In his CEO report, Mr. Baackes gave an update on a cyberattack on the claims processor, Change Healthcare, a major medical claims clearinghouse processing \$15 billion annually. L.A. Care’s cyber defense operations center is a team of staff working 7 days a week, 24 hours a day, looking at all incoming and outgoing traffic. He also gave an update on the managed care organization (MCO) tax. The tax was reinstated in the California State Budget and revenue will begin accruing in 2024. DHCS has announced the revenue will be allocated to providers through the health plans in a targeted rate increase or TRI, for care and services limited to primary care, behavioral health and obstetrics and gynecology (OB/GYN) • Cherie Compartore reported that the US House of Representatives passed a legislative package including health-related items as part of the continuing resolution set to expire tomorrow. The US Senate also passed the bill, securing funding through the year-end. • Dr. Amin gave a Chief Medical Officer Report. <p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson requests that the Board of Governors (BOG) follow proper protocol regarding changes proposed for the RCAC meetings. She emphasized</i></p>	

	<p><i>the need for RCAC members to have the right to vote on specific topics related to any changes. Ms. McFerson expressed concern about the lack of transparency in the agenda process, as RCAC members are not given the agenda within the required 72 hours. She highlighted that the proposed changes are staff proposals, not mandated by law, and pointed out discrepancies between the proposed changes and the requirements outlined by the Department of Health Care Services. Ms. McFerson asserted that RCAC members have the right to address these discrepancies and suggested that the state is changing its approach to committee oversight but not necessarily mandating all the proposed changes.</i></p> <p>Member Refugio thanked the Board Members for making the report available in Spanish.</p>	
<p>L.A. CARE EQUITY COUNCIL STEERING COMMITTEE UPDATE</p>	<p>Alex Li, MD, <i>Chief Health Equity Officer</i>, gave the following update:</p> <p>Dr. Li began by explaining the purpose of seeking input due to the restructuring aimed at operationalizing health equity within L.A. Care. He introduced two updates: one is a brief update, and the other an example of how engagement from members is sought. Dr. Li outlined the structure of various equity committees and councils within L.A. Care, including a large steering committee, a council for staff diversity, a member council equity steering committee, a provider equity council, and a consumer health equity council. He emphasized the importance of engaging members in decision-making processes and seeking feedback on proposed initiatives, such as enhancing the provider directory with photos and language capacity. Dr. Li also discussed the renaming of committees to reflect a focus on health equity and invited input on the best structures for engagement with community advisory committees. He encouraged open discussion and collaboration to ensure transparency and inclusivity in decision-making processes. Dr. Li elaborated on the process of seeking feedback from the consumer health equity council and other committees, emphasizing the need for consent from providers and updates to infrastructure. He also highlighted the renaming of the quality improvement committee to the quality of health equity committee and the inclusion of member voices in decision-making processes. Dr. Li expressed a willingness to work with members on structuring engagement with various committees transparently. He invited initial thoughts and suggested the possibility of forming a subcommittee to further explore engagement strategies, ensuring that conversations occur in an informed and inclusive manner.</p> <p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson emphasized the importance of focusing on content rather than time during the meeting to ensure members can fully express their opinions and discuss how decisions will impact public services. She questioned the equity of</i></p>	

representation on committees, including the Board of Governors, and requested information on the members representing stakeholders in each committee. Additionally, she sought clarification on the law that grants members the right to vote on all changes.

Dr. Li acknowledged Ms. McFerson's concerns about equity in committee representation and emphasized the importance of member feedback in health equity efforts and programs. He expressed a desire for guidance on how to structure communication and conversation so that ECAC members are aware of relevant discussions and feel adequately represented. Dr. Li asked for input on ensuring that ECAC members are informed and involved in decision-making processes related to health equity initiatives.

Member Lebron expressed concern about the shortage of health promoters in Los Angeles, emphasizing the need to expand and support their efforts in educating the community about health topics. She acknowledges the challenges posed by the size of Los Angeles and suggested that increasing the number of health promoters could help address these issues.

Ms. Gonzalez appreciated the presentation and the inclusion of pictures of doctors, noting that it makes selecting a doctor easier and friendlier. She emphasized the importance of equity in the committee's work, highlighting equal access to healthcare for all people. Ms. Gonzalez expressed concern about the lack of access to a current and active list of urgent care centers for people with Medi-Cal insurance, stressing the need for equitable access to emergency healthcare services.

Vice Chair McClain expressed appreciation for Dr. Li's presentation and raised concerns about the diversity, equity, and inclusion training program outlined in the document. She questioned how this program contributes to improving healthcare access for all individuals, particularly regarding access to urgent care services for those with Medi-Cal insurance. Vice Chair McClain shared her own experience of encountering difficulties accessing urgent care despite assurances that they accept Medi-Cal. She inquired about the role of diversity, equity, and inclusion in addressing these issues and seeks clarification on the presence of a diversity, equity, and inclusion department at L.A. Care. Dr. Li expressed gratitude to Vice Chair McClain and explained that the diversity, equity, and inclusion training for staff is managed by human resources, while provider training is overseen by the health equity department. He mentioned the challenges in tracking and monitoring provider training completion and cited an example where only 20 percent of providers completed required training due to tracking difficulties. Dr. Li spoke about the role of the Quality Improvement Health Equity Committee in tracking training implementation progress and mentioned using the Consumer Health Equity Council for feedback once the training program is established. He clarified that the program is set to be implemented in January 2025.

MEMBER ISSUES	<p><u>PUBLIC COMMENT</u></p> <p><i>Andria McFerson emphasized the lack of stakeholder representation in L.A. Care's committee meetings and agenda materials, including representation for actual members of L.A. Care and Board of Governors seats. She stressed the importance of having representation in decisions related to budget, quality, and compliance, citing the need for someone to advocate for patients' stories and concerns. Ms. McFerson concluded by mentioning negative Yelp reviews for L.A. Care, indicating dissatisfaction among members.</i></p> <p><i>Demetria Saffore expressed concerns regarding the continuation of issues with receiving her C-PAP supplies. She sought an update on what actions are being taken to resolve this problem, noting a cessation of communication after picking up her supplies.</i></p> <p>Ms. De La Torre responded to Ms. Saffore and advised that staff will follow up with her in regard to her issues.</p>	
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NEW BUSINESS

<p>COMMUNITY HEALTH INVESTMENT FUND – ACCESSIBLE EQUIPMENT FUND 2023-2024</p>	<p>Shavonda Webber-Christmas, <i>Director, Community Benefits</i>, gave a presentation about Community Health Investment Fund and Accessible Equipment Fund 2023-24 (<i>a copy of the presentation can be obtained from CO&E</i>).</p> <ul style="list-style-type: none"> • L.A. Care Board of Governors established the Community Health Investment Fund (CHIF) in 2000 to support specific community health care programs • Grant awards improve clinics’ workforce and infrastructure, access to care, and health outcomes for members • Awards help stabilize social determinants like food, housing and income security. • As of October 1, 2023, the CHIF Program has supported nearly 1000 projects and invested more than \$138 million in organizations caring for under-resourced communities • Since 2018, Community Benefits has awarded Provider Recruitment Program grants on behalf of the Elevating the Safety Net Initiative. PRP has invested \$24M to hire 185 providers since 2018 • In 2023, Community Benefits began awarding capacity building investment through the Housing & Homelessness Incentive Program (HHIP) to improve equity in housing placement and health care coordination for people experiencing homelessness • The department now oversees the Strengthening Clinical Operations and Patient Experience (SCOPE) Fund which broadly impacts healthcare systems, through advocacy, policy, and training. 	
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- On October 5, 2023, the L.A. Care Board of Governors approved a motion from the Temporary Transitional Executive Community Advisory Council to increase access for differently abled individuals and to make funds available for providers to obtain accessible exam tables
- Community Benefits developed the Accessible Equipment Fund to meet the motion. It provides L.A. Care contracted clinics accessible exam tables and scales and increases access to care.
- Allocated up to \$450,000 from CHIF to fund approximately 45-50 items
- Request for Applications will be released this Spring
- Community clinics (FQHC/501c3) and private providers contracted with L.A. Care in good standing
- Serve high proportion of Seniors and People with Disabilities (SPD) and other differently abled individuals
- Have or be able to obtain a compatible EHR system to transfer blood pressure, weight, and other vitals into medical records
- Strong justification why equipment is needed and how it will be used
- Applications will be accepted online with continuous submissions through August 31, 2024
- Applicants may request up to \$15,000 in equipment.
- Awards will be announced for approved clinics within 60 days of application month
- L.A. Care vendors will deliver equipment using white glove delivery service, which includes set up at the clinic site

PUBLIC COMMENT

Andria McFerson expressed gratitude for the information shared, emphasizing its importance. She acknowledged the role of advisory committee members in publicizing healthcare additions to L.A. Care members. McFerson then raised the question of how to disseminate this information to the public effectively. She suggested utilizing the budget of the RCACs for outreach purposes, considering it a necessity discussed during the meeting.

Ms. Webber-Christmas suggests the availability of a fact sheet that can be printed and distributed, potentially by working with the CO&E team. She noted that the fact sheet has not yet been fully reviewed and approved. It will contain essential information about criteria, application procedures, and the website. Although it cannot be interacted with like a digital document, the fact sheet will be available via email for forwarding to interested individuals.

Ms. De La Torre acknowledged the inquiry regarding budgetary matters but said that they are unable to address such issues at the moment due to being in a transition period. She notes that Ms. Webber-Christmas may also not be able to provide insight into their budget protocols. She assured that the question will be noted and that they will endeavor to provide an answer in a future meeting.

Member Romo expressed concern about the increase in homelessness in her community and inquired about the status of the homeless program. Ms. Webber-Christmas acknowledges the inquiry but states she doesn't have detailed information at the moment, promising to follow up. Ms. De La Torre stated that Ms. Webber-Christmas is here to speak about exam tables and chairs.

Ms. Sales asked for clarification on the timeline for the delivery of equipment to clinics after application approval and the process for requesting additional funds once the initial allocation is depleted. Ms. Webber-Christmas explained that within the 60-day period following application approval, orders approved by the vendor will be processed, ensuring timely delivery to clinics. She emphasized the importance of allowing adequate time for processing due to the newness of the process. She explained that if the current funds are depleted, they will request additional funding from the board during the annual budget allocation in November. She assures that if there is high demand and insufficient resources, they will request additional funding to meet the needs. Member Sales suggests spreading awareness about the application process among individuals with disabilities and encourages them to inform their L.A. Care doctors. This would help doctors become aware of the process and potentially allocate budget for promotion in the future, although currently, it relies on word of mouth.

Ms. Gonzalez expressed appreciation to Ms. Webber-Christmas for her presentation and professionalism, despite technical difficulties. She asked if the availability of accessible equipment in clinics will be indicated on the website next to a primary care provider's name for easy access. Ms. Webber-Christmas appreciated the suggestion, acknowledging it as a wonderful idea. She explained that while they currently lack the ability to implement this feature directly, they can develop a list of approved clinics and the equipment they have received. She interpreted Ms. Gonzalez's suggestion as integrating this information into the clinic directory on the website, acknowledging it as a separate department's responsibility. Ms. Webber- Christmas committed to initiating the conversation and working towards integrating this feature into the website directory as the program progresses.

Ms. Vazquez thanked Ms. Webber-Christmas for the presentation and shared the sentiment with members regarding accessibility for individuals with wheelchairs. She requested a link to the application process for suggesting clinics where individuals can apply for access to the equipment and suggested distributing information within the community. She asked for a

	<p>list of clinics that will receive the equipment once it becomes available. Ms. Webber-Christmas confirmed that they will work on publishing a list of organizations that receive the grant and have accessible equipment. She asked for clarification on whether Ms. Vazquez is asking for a link to the application process or for the list of clinics and she confirmed that she is requesting a link to the application process to share with doctors. Ms. Webber-Christmas assured that this information will be provided via email and paper flyers, with the URL included for easy access.</p> <p>Vice Chair McClain thanked Ms. Webber-Christmas. She mentioned a community link that provides information about accessible tables and suggested collaborating with them. She also suggested including pictures of each doctor or provider on the paper for accessibility, particularly for visually impaired individuals. She emphasized the importance of ensuring accessibility for all individuals, including those with visual impairments. Ms. Webber-Christmas acknowledged the suggestions and assured that they will consider all aspects, including providing pictures of each provider. She emphasized the importance of acting on these suggestions promptly and that they will add to the accessibility measures as they progress.</p>	
<p>CG-CAHPS MEMBER SURVEY</p>	<p>Henock Solomon, <i>MPH, Population Health Senior Manager, Incentives</i>, gave a presentation about Clinician & Group - Consumer Assessment of Health Care Providers & Systems (CG-CAHPS) member survey (<i>a copy of the presentation can be obtained from CO&E</i>).</p> <ul style="list-style-type: none"> • CAHCPS is a tool used to get views on the services L.A. Care and its providers are delivering to members. • It looks at things that patients value highly like: <ul style="list-style-type: none"> ○ Getting timely appointments ○ Easy access to information ○ Friendly office staff ○ Good communication with health care providers • CAHPS mostly reflects experiences at the point of service • CAHPS scores have a significant impact on NCQA accreditation and health plan ratings • CAHPS allows healthcare members to make informed decisions when selecting providers and health plans • Survey is used by L.A. Care for provider incentive programs • How does CG-CAHPS differ from regular CAHPS? <ul style="list-style-type: none"> ○ Sampled at Physician, Clinic & IPA levels, not health plan overall ○ Samples only patients, not members that didn't have a visit ○ Much larger sample size • Why conduct CG-CAHPS? 	

	<ul style="list-style-type: none"> ○ Measurement at the provider level is more actionable ● Who is CG-CAHPS for? <ul style="list-style-type: none"> ○ Medi-Cal patients, there are other CAHPS surveys for Medicare and Covered California members. ● How often is CG-CAHPS conducted? <ul style="list-style-type: none"> ○ Adult and Child survey versions are conducted annually! <p>LA Care works with a vendor named “The Center for the Study of Services”</p> <ul style="list-style-type: none"> ● Fielding timing <ul style="list-style-type: none"> - Usually between December and March - Survey asks how was your visit(s) during the last year ● Paper Mailing <ul style="list-style-type: none"> - Two survey mailings sent in English & Spanish - Reminder postcard ● Website <ul style="list-style-type: none"> - Survey can be completed in up to 11 languages online - Mailed letter includes a QR code and link to get to the website ● Phone Calls <ul style="list-style-type: none"> - Follow-up calls to those who did not respond to the mail survey (up to 9 attempts) ● Texting (NEW FOR Measurement Year 2023!) <p>Adult - 2022 VIIP+P4P CG-CAHPS Two Year Trending Results (All L.A. Care)</p>	
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Composite or Question	2022 Adjusted Score	2021 Adjusted Score	Change in Score from 2021*
Overall Ratings of Care			
Overall rating of provider	64.0%	64.2%	-0.2%
Overall rating of provider - Primary Care†	62.3%	62.6%	-0.3%
Overall rating of provider - Specialists	66.6%	66.4%	0.1%
Overall rating of all health care†	64.9%	63.4%	1.5%
Timely Care and Service			
Composite Score	49.5%	50.4%	-1.0%
Appointment for care needed right away	47.5%	48.8%	-1.3%
Appointment for routine care	51.6%	52.7%	-1.1%
Same day response to phone question	49.5%	50.2%	-0.6%
Composite Score - Primary Care††	48.0%	48.0%	-0.1%
Appointment for care needed right away - Primary Care	46.9%	47.0%	-0.1%
Appointment for routine care - Primary Care	49.8%	50.2%	-0.4%
Same day response to phone question - Primary Care	48.3%	48.0%	0.3%
Getting Needed Care			
Composite Score††	54.6%	53.4%	1.2%
Easy to get care, tests, or treatment	59.4%	58.1%	1.3%
Specialist appointment as soon as needed	48.1%	47.9%	0.3%
Doctor-Patient Interactions			
Composite Score	68.2%	68.9%	-0.7%
Provider explanations understandable	67.8%	68.1%	-0.3%
Provider listens carefully	70.3%	70.8%	-0.5%
Provider shows respect	75.7%	76.0%	-0.4%
Provider spends enough time	59.5%	61.0%	-1.4%
Coordination of Care			
Composite Score†	53.4%	54.2%	-0.8%
Provider knows medical history	61.3%	62.3%	-1.0%
Follow-up on test results provided	54.4%	54.7%	-0.3%
Discussed all prescription medicines	44.2%	45.3%	-1.1%

Adult - 2022 VIIP+P4P CG-CAHPS Two Year Trending Results (All L.A. Care)

Composite or Question	2022 Adjusted Score	2021 Adjusted Score	Change in Score from 2021*
Office Staff			
Composite Score†	64.4%	65.0%	-0.6%
Office staff were helpful	58.4%	58.3%	0.1%
Office staff were respectful	70.3%	71.7%	-1.4%
Health Promotion			
Composite Score	42.1%	42.4%	-0.2%
Provider discussed eating habits	42.9%	42.8%	0.0%
Provider discussed exercise	41.4%	42.0%	-0.5%
CG-CAHPS Supplemental Items			
Visit started within 15 minutes of appointment	31.3%	30.2%	1.1%
Discussed goals for health	57.6%	55.3%	2.3%
Discussed challenges with taking care of health	41.6%	38.8%	2.8%
Provider informed and up-to-date	49.9%	50.2%	-0.3%
L.A. Care Additional Items			
Able to get an interpreter to talk with providers	43.0%	43.2%	-0.2%
Overall rating of health plan	64.0%	63.2%	0.8%
Flu vaccinations for adults	52.6%	53.8%	-1.2%
Advising smokers and tobacco users to quit	40.5%	43.9%	-3.4%
Discussing cessation medications	20.9%	20.6%	0.3%
Discussing cessation strategies	16.9%	18.5%	-1.6%
Provider treated unfairly because of race or ethnicity	90.8%	NA	NA
Provider treated unfairly because of language barrier	91.5%	NA	NA
Overall trust in doctor	70.7%	NA	NA

Child - 2022 VIIP+P4P CG-CAHPS Two Year Trending Results (All L.A. Care)

Composite or Question	2022 Adjusted Score	2021 Adjusted Score	Change in Score from 2021*
Overall Ratings of Care			
Overall rating of provider	67.5%	70.3%	-2.7%
Overall rating of provider - Primary Care†	67.9%	70.3%	-2.4%
Overall rating of provider - Specialists	65.9%	69.9%	-4.0%
Overall rating of all health care†	74.1%	73.7%	0.4%
Timely Care and Service			
Composite Score	53.9%	58.0%	-4.0%
Appointment for care needed right away	52.1%	56.2%	-4.1%
Appointment for routine care	54.9%	58.7%	-3.8%
Same day response to phone question	56.8%	60.8%	-4.0%
Composite Score - Primary Care††	54.6%	58.5%	-3.9%
Appointment for care needed right away - Primary Care	52.4%	56.5%	-4.1%
Appointment for routine care - Primary Care	55.7%	59.2%	-3.5%
Same day response to phone question - Primary Care	57.5%	61.2%	-3.7%
Getting Needed Care			
Composite Score††	53.5%	54.4%	-0.9%
Easy to get care, tests, or treatment	57.0%	58.1%	-1.1%
Specialist appointment as soon as needed	47.2%	48.8%	-1.6%
Doctor-Patient Interactions			
Composite Score	70.4%	72.3%	-1.9%
Provider explanations understandable	70.2%	71.8%	-1.6%
Provider listens carefully	72.9%	74.6%	-1.7%
Provider shows respect	78.7%	80.4%	-1.6%
Provider spends enough time	59.9%	62.3%	-2.4%
Coordination of Care			
Composite Score	60.7%	62.1%	-1.4%
Provider knows medical history	64.5%	66.3%	-1.9%
Follow-up on test results provided	55.0%	54.6%	0.4%

Child - 2022 VIIP+P4P CG-CAHPS Two Year Trending Results (All L.A. Care)

Composite or Question	2022 Adjusted Score	2021 Adjusted Score	Change in Score from 2021*
Office Staff			
Composite Score †	62.6%	65.3%	-2.7%
Office staff were helpful	56.6%	60.1%	-3.6%
Office staff were respectful	68.6%	70.6%	-2.0%
Child Development			
Composite Score	61.7%	58.1%	3.6%
Provider discussed child's moods and emotions	51.6%	46.8%	4.8%
Provider discussed child's growth	71.9%	68.8%	3.1%
Provider discussed child's behavior	63.6%	59.8%	3.8%
Provider discussed child getting along with others	60.1%	57.2%	2.9%
Health Promotion			
Composite Score	69.4%	67.2%	2.2%
Provider discussed injury prevention	60.1%	57.1%	3.0%
Provider discussed eating habits	76.5%	73.8%	2.8%
Provider discussed exercise	71.7%	70.8%	0.9%
L.A. Care Additional Items			
Visit started within 15 minutes of appointment	29.4%	30.6%	-1.2%
Provider informed and up-to-date	50.1%	55.0%	-5.0%
Discussed all prescription medicines	52.9%	54.2%	-1.3%
Able to get an interpreter to talk with providers	54.9%	54.3%	0.6%
Overall rating of health plan	75.2%	74.9%	0.3%
Provider treated unfairly because of race or ethnicity	91.7%	NA	NA
Provider treated unfairly because of language barrier	92.1%	NA	NA
Overall trust in doctor	73.9%	NA	NA

Three Health Equity questions were added to the CG-CAHPS survey:

- In the last 12 months, how often have you been treated unfairly at the provider's office because of your race or ethnicity?
- In the last 12 months, how often were you treated unfairly at this provider's office because you did not speak English very well?
- Using any number from 0-10, where 0 means that you do not trust this provider at all and 10 means that you trust this provider completely, what number would you use to rate how much you trust this provider?

PUBLIC COMMENT

Andria McFerson expressed gratitude for the information shared during the meeting and acknowledged the implementation of a motion she filed regarding a survey. She emphasized the importance of peer-to-peer interaction in healthcare feedback to ensure honest and accurate responses, highlighting the reluctance of individuals to speak up about their healthcare experiences due to fear of repercussions or ineffectiveness. Ms. McFerson urged the completion of the motion to enable RCAC members to directly engage with individuals receiving healthcare to foster a more comfortable environment for sharing feedback.

Mr. Solomon thanked Ms. McFerson for her input. He assured her that the survey includes multiple messages to encourage members to participate and emphasizes the privacy of responses. Solomon underscores the importance of peer-to-peer encouragement in completing the surveys to gather comprehensive feedback for identifying areas of improvement in healthcare services.

Ms. Sales expressed appreciation for the informative survey but expressed concern about the persistent issues in healthcare access and quality, particularly noting challenges with appointment availability, responsiveness, and bedside manner even before the pandemic. She questioned when meaningful changes will occur despite the data collected from surveys over the years. Mr. Solomon acknowledged the challenges highlighted by Ms. Sales, noting that the pandemic has exacerbated existing issues and created new challenges. He explained that efforts are being made to address these challenges through various initiatives, including engaging with providers to understand the barriers, conducting member experience surveys, and providing training sessions. Mr. Solomon emphasized that while progress may not be immediate, improvements have been observed over time, with momentum being disrupted by the pandemic. He reassured that efforts to address the issues are ongoing. Ms. Sales stated that she has had the same doctors for over 10 years and being with L.A. Care for a similar duration. She noted the ongoing challenges she faces in obtaining timely appointments and necessary care, noting that she often has to advocate for herself and request specific actions from her doctor. Ms. Sales emphasized her frustration with receiving surveys but seeing no tangible changes in the healthcare system.

Ms. McClain suggested adding questions to the survey regarding the accessibility of facilities like tables and scales for members with specific needs. She inquired about how L.A. Care follows up with providers who receive low scores on the survey and if suggestions for improvement are offered. Mr. Solomon acknowledged the suggestions and mentions the possibility of incorporating questions about facility accessibility into the survey. He explained that L.A. Care conducts one-on-one meetings with select providers to discuss member experience, review survey reports, and address areas for improvement. These meetings involve discussion about what providers are doing to address lower scores, and the

	organization endeavors to reach as many providers as possible through webinars and group trainings.	
FUTURE AGENDA ITEM SUGGESTIONS		
	<p>Ms. Gonzalez suggested that the committee considers creating a motion at the next meeting to include information in the directory indicating which doctors have accessible tables. She proposed that, similar to the motion for funding accessible tables and chairs, another motion could be made to request the inclusion of the information in the directory. This would require the organization to figure out a way to implement it.</p> <p>Member Romo expressed frustration with the lengthy and inefficient process when calling for patient services. She suggested having a dedicated space where patients can listen to the steps required without having to go through a lengthy questionnaire only to be transferred to another department. Member Romo finds certain questions regarding gender discrimination unnecessary and believes the focus should be on health-related inquiries. She advocates for a streamlined process where patients can easily access the information they need without unnecessary hurdles.</p> <p>Ms. Sales stated that she would like to vote on changing the Board of Governors regular meeting to 1:00 P.M.</p> <p>Vice Chair McClain proposed adding to Ms. Gonzalez’s motion by suggesting a report be provided to the committee as a benchmark to ensure that funds allocated to providers are being used appropriately. Vice Chair McClain suggests that if providers show an increase in clientele, particularly seniors and people with disabilities, they should be rewarded with incentives so they don't have to reapply for funding. She emphasizes the importance of ensuring that the funds are effectively utilized and suggests providing incentives to encourage continued improvement.</p>	
PUBLIC COMMENTS		

	<p><i>Demetria Saffore shared her observation of L.A. Care's Yelp page, noting over 160 negative reviews from both members and providers. She expressed concern about the emotional toll on team members who respond to these reviews, suggesting they may need psychological counseling due to the emotional abuse of dealing with unhappy customers regularly. She highlighted the severity of the situation, mentioning cases of individuals being injured or killed due to perceived lack of care.</i></p> <p><i>Andria McFerson expressed her desire to address functional issues rather than being confrontational. She emphasized the need for discussions about homelessness within L.A. Care and requested a representative from L.A. Care who handles homeless information to address the committee. She mentioned filing motions regarding meeting frequency and budget discussions, expressing frustration that these matters haven't been properly addressed. She urged placing the budget on the agenda and providing details about fiscal year spending.</i></p> <p><i>Diana Leff suggests adding information about the languages spoken by doctors so that patients can choose a doctor who speaks their language, especially for foreign patients who prefer speaking to their doctor in their native language. She mentioned that Blue Cross was advised to implement this over 20 years ago but did not include foreign language options. She emphasized the importance of providing language accessibility, stating that patients often have to rely on nurses who speak their language and would prefer direct communication with the doctor.</i></p>	
ADJOURNMENT		
ADJOURNMENT	The meeting was adjourned at 1:34 P.M.	

RESPECTFULLY SUBMITTED BY:

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


APPROVED BY

Ana Rodriguez, TTECAC Chair _____

Date _____

	<p><i>Demetria Saffore shared her observation of L.A. Care's Yelp page, noting over 160 negative reviews from both members and providers. She expressed concern about the emotional toll on team members who respond to these reviews, suggesting they may need psychological counseling due to the emotional abuse of dealing with unhappy customers regularly. She highlighted the severity of the situation, mentioning cases of individuals being injured or killed due to perceived lack of care.</i></p> <p><i>Andria McFerson expressed her desire to address functional issues rather than being confrontational. She emphasized the need for discussions about homelessness within L.A. Care and requested a representative from L.A. Care who handles homeless information to address the committee. She mentioned filing motions regarding meeting frequency and budget discussions, expressing frustration that these matters haven't been properly addressed. She urged placing the budget on the agenda and providing details about fiscal year spending.</i></p> <p><i>Diana Leff suggests adding information about the languages spoken by doctors so that patients can choose a doctor who speaks their language, especially for foreign patients who prefer speaking to their doctor in their native language. She mentioned that Blue Cross was advised to implement this over 20 years ago but did not include foreign language options. She emphasized the importance of providing language accessibility, stating that patients often have to rely on nurses who speak their language and would prefer direct communication with the doctor.</i></p>	
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 Victor Rodriguez, *Board Specialist II, Board Services*
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 Linda Merkens, *Senior Manager, Board Services*

APPROVED BY
 Ana Rodriguez, TTECAC Chair _____ 
 Date 4/10/24