

**Board of Governors  
Retreat #290  
September 3, 2020**

L.A. Care Health Plan, 1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

**Members**

Hector De La Torre, <i>Chairperson</i>	Antonia Jimenez *
Alvaro Ballesteros, MBA, <i>Vice Chairperson</i>	Hilda Perez
Robert H. Curry, <i>Treasurer</i>	Honorable Mark Ridley-Thomas
Layla Gonzalez, <i>Secretary</i>	G. Michael Roybal, MD, MPH
Stephanie Booth, MD	Ilan Shapiro, MD
Christina R. Ghaly, MD	Nina Vaccaro, MPH
George W. Greene, Esq.	

**Management/Staff**

John Baackes, *Chief Executive Officer*  
 Terry Brown, *Chief of Human Resources*  
 Augustavia Haydel, *General Counsel*  
 Acacia Reed, *Interim Chief Operating Officer*  
 Francisco Oaxaca, MBA, *Chief, Communications and Community Relations*  
 Thomas Mapp, *Chief Compliance Officer*  
 Marie Montgomery, *Chief Financial Officer*  
 Richard Seidman, MD, MPH, *Chief Medical Officer*

\*Absent \*\*All via teleconference (COVID-19)

**California Governor issued Executive Order Nos. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can listen to this meeting via teleconference, and can share their comments via voicemail, email, or text.**

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>WELCOME</b>	<p>Hector De La Torre, <i>Chairperson</i>, called the meeting to order at 9:05 a.m.</p> <p>He welcomed the Board members, today’s speakers and members of the public and announced that public comments that are sent during the meeting will be read for up to three minutes. Just as at any other meeting, public comments on any topic that are not listed on the Agenda will be heard at the Public Comment section of the Agenda, and comments on the items listed on the Agenda will be heard before the item is discussed by the Board.</p> <p>He announced that for those with access to the internet, the materials for today’s meeting are available on the L.A. Care website. If you need information about how to locate the materials, please let us know.</p>	
<b>APPROVAL OF MEETING AGENDA</b>	The agenda was approved as submitted.	<p><b>Unanimously approved by roll call. 10 AYES (Ballesteros, Booth, De La Torre, Ghaly, Gonzalez, Perez, Ridley-Thomas, Roybal, and Shapiro, Vaccaro)</b></p>

**DRAFT**

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<b>PUBLIC COMMENT</b>	There was no public Comment.	
Introduction of Speaker, The Honorable Howard Dean, <i>Former Governor of Vermont &amp; Senior Advisor, Dentons</i> And Moderated Discussion, John Baackes, moderator	<p>John Baackes, <i>Chief Executive Officer</i>, introduced Howard Dean, MD, <i>former Governor of Vermont and Senior Advisor, Dentons</i>. He noted that he and Governor Dean have known each other for a long time. Governor Dean was the Lieutenant Governor of Vermont from 1987 to 1991 and then served as Governor from 1991 to 2003. He later served as Chairman of the Democratic National Committee from 2005 to 2009. He was educated at Yale University and at Yeshiva University, Albert Einstein College of Medicine (Einstein). Governor Dean noted that Einstein was the medical school at Yeshiva University until 2016, when Einstein was sold to Montefiore Medical Center.</p> <p>Mr. Baackes noted he was running a health plan in Vermont in the 1990s and Governor Dean and his physician wife were both participating physicians. Later, he became a very active supporter of improvements in the quality of health care and Mr. Baackes has considered him a friend since then.</p> <p>Mr. Baackes stated that given the upcoming election and Governor Dean’s position with <i>Dentons</i> in Washington D.C., Governor Dean’s perspective on the possible outcome of the election and his observations might be helpful to the Board in planning a response to the future.</p> <p>Governor Dean noted that he encountered a former employee of that health plan, who expressed that health care in Vermont was better 35 years ago than the current atmosphere. He complimented the work being done at L.A. Care. The population served by L.A. Care is four times the population of Vermont. He appreciates the opportunity to speak with the Board and he appreciates that the Board had the good sense to hire John Baackes.</p> <p>Governor Dean stated he has no idea what will happen in the election. At this point four years ago it was pretty certain that Secretary Clinton would be elected, and it didn’t happen. The Democrats are getting nervous and the polls are tightening, as expected. He thinks it will be very close. This morning the <i>Economist</i> ran an “odds” story, the British version of 538.com, which is probably the most reasonable polling operation in the country, which states there is still an 85% chance that Senator Biden will be elected President. Governor Dean stated he thinks that is right, but anything can happen. This President plays the race card with great glee and frequency, and that has worked in the past. We will find out whether that will work in today’s America.</p>	

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	<p>It will be a close election and it will be a hard election. Obviously the collapse of the Post Office has made an impact. He said this is the most corrupt administration in the history of the United States, and that’s always something that is difficult to overcome.</p> <p>If Biden does win, Governor Dean thinks Democrats will win back the Senate. Unexpectedly, there are 11 seats that are up for grabs. Incidentally, the Koch brothers are now financially involved in some of the really tough Senate campaigns, and Governor Dean expects there is a reasonable chance Democrats will win a majority in the Senate no matter what happens. Governor Dean expects Democrats will win a majority in the Senate and won’t have to depend on the votes of Senators from the “red” states, like Joe Manchin, who often votes with the Republicans.</p> <p>If Donald Trump wins the election the truth is that everything is going to be thrown up in the air, and the least of your problems is going to be delivering health care. Governor Dean wouldn’t be terribly surprised if there was a secession movement in California, with some legs, and it got on a referendum, along with other states. Governor Dean stated that, of course the Affordable Care Act (ACA) will be gutted. Much as they are all running around campaigning on getting rid of pre-existing conditions, they intend to get rid of ACA, and that’s in the courts, conveniently not to be heard at the Supreme Court level until after the election.</p> <p>Governor Dean continued, he thinks we should dismiss what will happen if Trump wins. He thinks it will be that everybody will head for the bulwarks, it will be a very unpleasant and difficult time in American history and he thinks it will be incredibly difficult to do anything for poor people. The constituency at L.A. Care is going to suffer more than anybody else. We will all be running around trying to do the best we can for the people we serve.</p> <p>Governor Dean stated that if Biden wins, it is more interesting because it is complicated. He will make some predictions, but he will hedge them a little bit. He thinks it is no question that a majority of Democrats in both houses and the Presidency will most likely try very hard to extend Medicare to those over 60 or maybe over 55. That would actually close a fair amount of the remaining group of uninsured people. He also thinks it is likely that some kind of Medicaid expansion will be in the offing. He does not think we will get Medicare for all; it would not only be very expensive; it would be very difficult. The problem with Medicare for all is that it is not that it’s a bad idea – it is a terrific idea, if only we’d started there 50-60 years ago, but we didn’t. This is the most libertarian country on the face of the Earth, whether you are on the left or the right, you do not want to be told what to do by the government. Unless you are the government, of course. He thinks it is incredibly unlikely that we are going to be able to impose on the American people an insurance system which some of them won’t want. He said the</p>	

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	<p>American people are not stupid in terms of getting insurance. Had we had the one single vote that we lacked in the Senate with President Obama in 2009-10, we would have had a public option. It would have meant at that time, that any adult at any age could sign up for Medicare, and he thinks by this time two-thirds of Americans would be on Medicare. They would have chosen Medicare because the insurance industry is so difficult to negotiate, as this Board knows because it has to negotiate with them all the time. Governor Dean thinks there will be a public option, which will lead significant change.</p> <p>He observed that during this campaign time, most people are painting the Democratic party as moving to the left and becoming more radical. That is really a fiction of reporters who are anxious to get a good story. If you look at who won, Democrats picked up 40 seats in the Congress in 2018. The people who get all the ink are Alexandria Ocasio-Cortez, Rashida Tlaib, Ilhan Omar, and Ayanna Pressley, who Governor Dean thinks is a terrific legislator. These people are pretty left. That means the rest are pretty centrist. Four seats in Orange County run by conservative Republicans were taken over by Democrats. Those people are middle of the road, the Chamber of Commerce just endorsed one of those Democrats, Harley Rouda. So most of the seats that were picked up in 2018 were from Central Pennsylvania, Oklahoma, two in Texas, Kansas. These are not pLACE where the left wing wins. <i>(there was a brief interruption in the audio)</i> He stated we will not see a march to the left.</p> <p>He was neutral in the Presidential race because he is running a soft side data collection entity on behalf of all Democrats and he thought it would improper to put his nose into the race for President. He thought that he owed it to all the contestants to be as neutral as possible. He is not wedded to anyone's campaign.</p> <p>Governor Dean was amazed, he thought that Bernie (Sanders) had it locked up after the first three debates. He thinks that South Carolina saved Biden, had he lost it would have been the end of his candidacy. What Governor Dean didn't expect is that Bernie would be annihilated in the next two weeks. It was shocking to him, especially in pLACE like California, where he thought Bernie would do much better than he did. Governor Dean has been thinking about that a lot. Despite his age, Bernie is quite a vigorous politician with a significant clear view that doesn't get altered. Governor Dean really thought he would be the nominee after the first four primaries.</p> <p>Why wasn't he? Governor Dean has been trying to think this over very carefully, and he thinks the answer is very simple: coronavirus. We have had four years of tumultuous rule because of the idiosyncrasies, to be incredibly polite, of the President. The President has got something</p>	

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	<p>new to say everyday that's controversial, he has to be the center of attention in a compulsive way.</p> <p>While Bernie is nothing like that, and Governor Dean considers Bernie to be honest, Bernie is also a polarizing figure. Governor Dean thinks people were exhausted. They were exhausted by President Trump. They became exhausted by coronavirus, by the vagaries of what was going on, by the concerns they had over their job and the illness itself, and he thinks they needed a break. They needed a return to somebody who is perhaps boring but predictable, the usual politician but somebody who exudes decency. That is how Governor Dean thinks Biden won.</p> <p>Governor Dean does not think Biden ran a great campaign as a candidate in the primaries. Governor Dean thinks he won because he was the last person standing against Bernie and the Democratic voters looked at the two and thought this is not anymore about politics, this is about comfort, this is about bringing people together. The problem with Bernie, while Governor Dean thinks much of his ideology is fine, Bernie is not somebody that brings people together. And that is how Biden ended up as the nominee.</p> <p>The reason Governor Dean delves into how liberal and conservative is the Democratic Party, is that it will have a huge effect on what you do. Governor Dean thinks you can generally look to see the ACA preserved in its general form. He thinks there will be an attempt to rein in the abuses of the insurance companies, and he thinks that will mean that organizations like L.A. Care, which provide services for the group that needs the most help in health care and still are most affected by COVID-19, in terms of the percentage of patients that have gotten the disease and have consequences more severe than any other demographic groups. Poverty is the biggest factor in what influences infection rates and outcomes. Governor Dean thinks L.A. Care will be relatively fortunate.</p> <p>One problem is that there won't be any money. The deficit has quadrupled under President Trump. This is the first (federal) budget since the end of World War II where the gross national debt exceeds the gross national product of the United States of America. That is an extraordinary thing; that puts us in Italy territory, not known for its fiscal probity. Anybody who follows European financial situations knows that Italy is not the model that you want to emulate when you are trying to run a country that is expected to prosper and have its people prosper.</p> <p>We are dealt a bad hand. The issue of inequality is real, not because Governor Dean is a left wing Democrat, but because if you have a system that doesn't work for the vast majority of people in that system, the system collapses. Which is what he would expect to see if President Trump is reelected. Governor Dean thinks we are in for a much rougher ride. Governor Dean</p>	

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	<p>did not think President Trump was going to be a ghastly president. Governor Dean thought that he was crazy, which he is. But Governor Dean thought it is such a strong decentralized economy that the biggest problems we would have are in foreign policy and not so much locally. That turned out not to be true, because the Republican Party just refused to stand up to all the shenanigans that he was doing. Governor Dean thinks that is a real danger, and that will be enough of a danger so that the least of L.A. Care's worries will be what happens to L.A. Care. Governor Dean thinks it will be fought on the streets of the biggest cities in the country. If Biden wins, Governor Dean thinks we still have a lot of work to do. We have to convince what he would say is a moderate liberal Democratic Party that we don't need to suddenly become a country where medicine is one size fits all, Medicare for all. But we do need to include a lot of people that aren't being included. Governor Dean thinks Biden has a good understanding of the homelessness problem, which has a huge effect on L.A. Care. Governor Dean would expect something real and meaningful to be done about homelessness. Governor Dean thinks COVID-19 is a tragedy for an awful lot of families. Out of every tragedy comes some things that we really learn about. One thing we've learned is that we can do things about homelessness. In Vermont, they are doing things that had not done before, and taking small experiments and making them big. It is, in part, because the homeless situation has gotten much worse because of COVID-19, and in part because many of the homeless encampments are, as they say, Petri dishes for COVID-19. It is a huge problem in California.</p> <p>It's a problem in Vermont because we have generous benefits, as you do in California. But it's a bigger problem in California because there is no winter. In Vermont, people have to go indoors and it is much easier to manage. Governor Dean would expect a real effort and he thinks L.A. Care would be a huge ally.</p> <p>The one way not to deal with homelessness is to have a big ton of federal money, and then have a big federal program, and try to solve this problem as one size fits all. Governor Dean thinks that generally, people don't understand homelessness. They do understand the causes. What they don't understand is that part of the resistance to the solution comes from the homeless themselves. Because homeless encampments are a community and they often have their own structures.</p> <p>Governor Dean thinks that a lot of the people who try to fix those problems ignore the fact that there is a structure and there are people we have to work with. He thinks that is beginning to be learned as we deal with homelessness. The easiest problem [to fix] is homeless families, because usually all you need to fix that is money. The much bigger problem, of course, is the people who have trouble with substance abuse and mental illness. There are community structures that can often be worked with, that he doesn't think we are so good at working with.</p>	

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	<p>Homelessness is going to be a problem, with solutions that need to be financed by the federal government, which Governor Dean thinks Biden will do, but it needs to be administered locally. Governor Dean thinks that on the health care side, L.A. Care has a better model than most that he has seen. Governor Dean is quite optimistic about the future of L.A. Care, assuming the Democrats win. If that doesn't happen, every social program in the country is going to be under enormous stress.</p> <p>Governor Dean concluded that no matter what happens in the elections, the truth is that the real strength in America is locally and in the states. States are succeeding by doing things at the state level that make sense. States have succeeded and done a good job because we look to states for leadership, no matter which party is in power. California did so earlier and then lost ground when the spring came, Vermont has been incredibly successful. There are other states that have done a very, very good job. There is no reason to believe that California won't continue to do a reasonably good job when it comes to these issues. It requires money, dedication and understanding.</p> <p>Governor Dean hopes that L.A. Care will become a model for things that are going on around the rest of the country. This is essentially the largest medical plan that Governor Dean would consider an anti-poverty plan in the country. Governor Dean thinks it is a great model. It has adapted to a system that is not built to serve the poor, and has done so very well. He hopes that it would continue to have a great relationship with the government that helps make it easier to do the work that L.A. Care does.</p> <p>Mr. Baackes thanked Governor Dean for his comments and for his complimentary words about L.A. Care. L.A. Care understands the intersection of health care and poverty. Unfortunately, L.A. Care's members are suffering more because the plan members are heavily Latino, African American and Asian, populations who are all suffering more than the rest of the community. Mr. Baackes stated that California adopted a budget in June that assumed that there would be federal stimulus funds to help Medicaid programs as there was in the last great recession when we had the America's Resource and Recovery Act, which provided funding for 27 months and kept the state Medicaid programs afloat. Observing recent events and talking with John Russell, with Dentons, it doesn't seem that there will be additional federal stimulus funding, and Mr. Baackes asked Governor Dean for his comments.</p> <p>Governor Dean commented that he thinks it will be almost impossible for the federal government to not pass additional stimulus funding. The average person, especially those on whom President Trump relies for support, will be hurt tremendously if there is no stimulus bill. The eviction stuff was incredibly clever, but it was done through a 1944 health care bill which</p>	

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	<p>allows the Centers for Disease Control, of all people, to ban evictions. The Republican Party cannot afford to alienate all the people that [they] are alienating, and the interesting thing is that they think their war is against poor people of color in the cities. The interesting thing is that there are poor people who are not of color in the rural areas, and those folks are going to take this on the chin. In pLACE like West Virginia and Kentucky, where they've gotten so conservative mainly because of the appeals to race and sexism, those folks will do really badly and the Republicans will pay for that at the polls. The reason there are 11 seats in the Senate in play instead of 4, is because pLACE like Georgia and Texas are in play in the United States Senate for the first time certainly in the last generation. Governor Dean stated that the Republicans are going to look at this and say, we're going to start losing elections if we don't do this. Governor Dean believes there will be a stimulus package. He thinks a lot of this is posturing. He thinks Republicans, particularly in the Senate, are in a terrible position. If they take on President Trump, he can destroy their career, because he basically owns the Republican Party at this point. But if they don't pass something that is helpful they will lose more Senate seats. California has probably more clout than any other state in the country, both in numbers and in the fact that there is a very experienced and successful Speaker from California. Governor Dean cannot imagine any bill passing at all that doesn't have some amount of money for local government and preserving health care.</p> <p>Member Roybal noted that one thing that happened in the last great recession was opposition to the President doing anything to address the problem because they wanted to avoid helping that President look good. His concern is that Republicans know they will lose and will regroup for two more years and will not be willing to do anything to address current issues that will affect a lot of people.</p> <p>Governor Dean stated that politicians do care about getting reelected and the Republican Senate Caucus is split. The reason you have just seen Senate Majority Leader McConnell come up with a \$500 billion bill which obviously will not pass, is because it is the only bill he thinks he can get a majority of his caucus to support . Unfortunately, since 1994, since Representative Gingrich came into power in the house, the Republican philosophy is, if we can't pass it with all Republican votes then it shouldn't pass. That's a problem. There is the hard right, that really doesn't care about any of these issues, but there is about half of them that do. And they are up for reelection and they see their margins disappear. So he's coming in with a bare minimum that he can get passed in the Senate. He is very much opposed to needing Democratic votes to pass anything in the Senate. Governor Dean thinks if the bill gets to conference committee, he will be the one that says they will not pass anything. The trouble is that Majority Leader McConnell knows the Republicans will pay the price for it. They will try to blame the</p>	

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	<p>Democrats. The CEO takes the hit. The CEO gets the blame with some justification when something doesn't go well. And it really doesn't matter if President Trump tries to blame the Democrats. The people who will believe that are people who will vote for President Trump anyway. Governor Dean thinks that about half the Senate Caucus has a reason to do something that is good for their country and good for their constituencies. The other half are hard-liners, basically Tea Party people. Not that Governor Dean has any sympathy for Senate Majority Leader McConnell, but he is in a very difficult spot. He may be doing what is the only solution, which is to come in with a bill that is a quarter of the size, or a tenth of the size, whatever, of what is needed, and then see if something can come out of conference committee and see how much he can push the Speaker around. You would think, after knowing this Speaker as long as he has, he would realize that she can't be pushed around. But the temptation is, of course, to just try one more time.</p> <p>Member Booth asked, when Washington D.C. starts searching for a model of public options, how does L.A. Care get to the top of the list?</p> <p>Governor Dean noted that this is a very interesting point. He has a different perspective on Washington D.C. than most people that you might talk with. He stated that he thinks Washington D.C. is the last place that there is innovation. He thinks innovation always comes from the states. So he thinks the best way to make L.A. Care the model is to be talking to people in other plACE, like New Mexico, which could use the help and has a Governor that is interested in being helpful. But there are many other states that could use this model. He thinks the best way to do it is not to get it on the federal level, because they are so consumed with all the things they are consumed with, but to get it from state to state. He stated that he says this out of his own bias, having been Governor for twelve years. That's where the innovation comes from. Vermont got rid of preexisting conditions in 1992, and expanded Medicaid to cover everybody under 18 below 300 percent of the federal poverty level in 1992. And Washington D.C. mattered, because it would not be possible without President Clinton's waivers. But the federal government didn't do that, the state did it. It took until President Obama, eighteen years later, before either of those things happened at the federal level. Governor Dean does think L.A. Care can be imitated. What is needed from the federal government is preservation. And New York should be doing this. The New York model is too confusing and hospital centric. There are a number of other plACE that could benefit. Look for a forward looking governor in one of the states in the mid-west, for example, which has all kinds of problems and hasn't had any kind of legislative leadership recently. It would be interesting in Ohio. Ohio is a Republican state, but Governor Dean has been extremely impressed by the conservative Republican governor in Ohio who has done a terrific job, done</p>	

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	<p>the things that you are supposed to do in dealing with COVID-19. This is a guy he wouldn't agree with ideologically. Facts are all you need. There is no sin in being a conservative. The sin is in making up your own facts, which has become such a hallmark of the opposite party now. They are not all like that. And they are some innovative people who might be able to learn from what L.A. Care is doing. Especially in big urban areas with a lot of poverty that have been disorganized. He suggested that Mike Duggan, the Mayor of Detroit, is a very innovative guy who recreated more equity and more likelihood of success in one of the poorest cities in America.</p> <p>He suggested that partners are everywhere. Dentons has a network in all 50 states. Since L.A. Care is a client, it could put them to work to find another state that might like to learn from what L.A. Care is doing in a big urban area.</p> <p>John Russell, <i>Principal, Member of Public Policy Practice, Dentons</i>, noted that he would defer to Governor Dean in taking the information to the states. He added that we also need to remind those in Congress about what L.A. Care is and what it is doing, and the fact that they enabled L.A. Care to do it. L.A. Care had the opportunity to address the California Delegation at the Members Only lunch. That might sound trivial, but we sat with the Speaker of the House and the entire California delegation, talking about the fact that L.A. Care is what they imagined in their version of the health care reform debate back in 2007. L.A. Care had actually become that public plan.</p> <p>Putting a face with the name, or in this case an organization with an issue, and the fact that we have had success, matters. There is a lot of work to be done – it is a lot of grinding away.</p> <p>Mr. Baackes noted that the meeting held with the California Delegation in February was a very interesting event. After he described what L.A. Care was doing, Speaker Pelosi thanked him for reminding the Delegation that they had already passed a public option once in their version of the ACA which did not make it through the Senate.</p>	
<p>Introduction of Speaker, The Honorable Nadine Burke Harris, MD, MPH, FAAP, <i>California Surgeon General</i>, and Moderated Discussion, John Baackes, moderator</p>	<p>Mr. Baackes introduced Nadine Burke Harris, MD, MPH, <i>California Surgeon General</i>. Dr. Harris holds the distinction of being the first Surgeon General of California. She was the Executive Director for the Center for Youth Wellness, where she made her name in pointing out and stressing how toxic stress and adverse childhood events (ACE) have a lifetime impact on health status and health outcomes. In less than two years as Surgeon General, she has established that ACE should be taken seriously, has proposed a training program for assessing ACE, and has gotten the Governor to approve payment for ACE screening. She is a graduate of the University of California system with both a Bachelor's and Medical Degree, and she holds a Master's Degree in Public Health from Harvard University. He also has the pleasure of serving</p>	

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	<p>on the Trauma Informed Primary Care Implementation Advisory Committee with Dr. Burke Harris and Dr. Michael Brodsky, L.A. Care's <i>Director of Behavior Health and Social Services</i>.</p> <p>Dr. Burke Harris thanked Mr. Baackes and stated it is her pleasure to address the Board on ACE and toxic stress, and more importantly what can be done about them (<i>a copy of her presentation can be obtained by contacting Board Services</i>).</p> <p>In November of last year, the Centers for Disease Control and Prevention (CDC) had a Mortality and Morbidity Weekly Report that was dedicated to highlighting the role of ACE in increasing risk for morbidity and mortality, and calling it out as a public health crisis that requires urgent attention. This was a significant event in raising this issue to the highest level of public health importance. The reason for this is the science comes from the CDC and Kaiser Permanente landmark study two decades ago that documented the association between ACE and health outcomes. Many are familiar with the fact that the name ACE comes from the study of the same name, and while many colloquially use the term to refer to any adversity that is experienced by the age of 18, as scientists we use the term to refer to the 10 categories that were investigated in the study which include physical, emotional and sexual abuse, physical and emotional neglect, growing up in a household where a parent was mentally ill, substance dependent, incarcerated, where there was parental separation or divorce or domestic violence.</p> <p>Two landmark findings came from the study:</p> <ol style="list-style-type: none"> <li>1. ACE are incredibly common. In California, according to California Department of Public Health data, 62% of Californians have experienced at least one ACE and 16% have experienced four or more. Among the Medi-Cal population, that is even higher, with almost 70% with at least one, and 23% with four or more ACE.</li> <li>2. A large body of research that followed the original publication has shown a strong dose response relationship between ACE and health outcomes. An ACE score of four or more is associated with a dramatically increased risk for nine of the 10 causes of death in the United States, including heart disease, cancer, accidents, chronic respiratory disease, stroke, Alzheimer's, diabetes, kidney disease, and suicide attempts.</li> </ol> <p>Many previously had not recognized the association between ACE and what we think of as traditional health outcomes. We are more familiar with the connection between ACE and behavioral outcomes, and those associations are also quite strong. The strong dose response relationship exists for traditional health outcomes, behavioral health outcomes such as substance use, and also exists for homelessness.</p> <p>An analysis was conducted last year in California of the cost of ACE for just eight health conditions, showing the cost is \$112.5 billion per year. ACE are not destiny, early detection and</p>	

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	<p>evidence-based intervention can transform health outcomes. It is important to understand the mechanism, not only which pathways are disrupted but how, so early detection and intervention can improve outcomes.</p> <p>Dr. Burke Harris described the biology of adversity and activation of the stress response. High doses of adversity during childhood leads to changes in the brain structure and function, changes in the development of the immune system, hormonal systems and changes to the way the DNA is read and transcribed. The changes to the neural, endocrine, immune and genetic regulatory circuitry are what is now known as the toxic stress response, and they increase the risk for chronic diseases, mental health and behavioral impairment.</p> <p>There are other risk factors for toxic stress response, including social determinants of health (poverty, housing and food insecurity), racism and discrimination, and the current pandemic and its secondary impacts.</p> <p>The stress response can be characterized along the continuum of duration as a normal adaptive, and tolerable. In the absence of buffering care giving, the prolonged activation of the stress response disrupts brain architecture and increases the risk of lifelong health disorders. One of the biggest and most dangerous myths is that there is no treatment for toxic stress. The science demonstrates that is tacitly false. Researchers found that interventions can produce positive results.</p> <p>The effect of nurturing caregiving is not only associated with changes in the hormonal levels and protection of the immune system, it is also associated with long term changes in epi genetic regulation that leads to greater stress tolerance and more normal functioning of the stress response, as well as improved cognitive performance. In reviewing interventions to address the impacts of toxic stress, the literature tells us that sleep, exercise, nutrition, mindfulness, mental health and healthy relationships are all associated with a reduction in stress hormones, a reduction in inflammation, and an enhancement in neuroplasticity, which is the ability of one brain cell to make new connections to another one. These effects are not just measured in research studies, large scale populations studies show that even in the presence of ACE, buffering care is associated with improved health outcomes. For those with four or more ACE, the presence of a large collection of buffering care assets reduced the prevalence of total childhood poor health including asthma, allergies, headaches, digestive disorders and school absenteeism, from 59% to 21.3%. This is a significant improvement in clinical outcome.</p> <p>As California’s first Surgeon General, Dr. Burke Harris has set a bold goal to reduce ACE and toxic stress by 50% in one generation. While this sounds ambitious, it is important to recognize that this is predicated on past successes. In the United States, teen smoking was reduced from a</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>prevalence rate of 25% to 3.6% between 1996 and 2016. In California, maternal mortality was reduced by 55% between 2006 and 2013 while maternal mortality continued to rise nationally. In order to be successful, an evidence based approach must be used to mitigate the impacts of ACE and toxic stress.</p> <p>In a landmark report issued in 2019, the National Academies of Sciences, Engineering and Medicine noted that it is critical to address systemic and structural factors. While systemic factors are by no means individually deterministic, they do help set the odds. When different odds play out over time, they generate systematically different outcomes. Working to address ACE and toxic stress has to be embedded in work to systemically support social connectedness, family cohesion, caregiver wellbeing, healthy development, and healthy living conditions. There is a critical role for a health care system in early care and education. All of this is shaped by structural inequities and socio-economic and political drivers. The report also recommended adoption and implementation of screening for trauma and adversities early in life, to increase the likelihood of early detection and bring early protective resources to bear and improve outcomes.</p> <p>In California a coordinated public health approach is being taken to primary, secondary and tertiary prevention to ACE and toxic stress. The efforts include addressing systemic and structural factors and raising public awareness. Broad scale screening to enable early detection and intervention is being deployed. California’s policy includes screening for children and adults, to interrupt vertical transmission of ACE and toxic stress. California is working to strengthen the network of referral and treatment systems. In addition, the effort includes advancing the science of toxic stress, with a goal of identifying potential therapeutic targets and improving the efficacy of interventions.</p> <p>California is investing in over \$150 million to address ACE and toxic stress, including funds for provider training and for conducting screenings for adults and children. The California Initiative to Advance Precision Medicine has issued an RFP for \$9 million for research demonstration projects that address health impacts of ACE using precision medicine approaches. The Governor’s executive staff has formed the ACE Reduction Leadership Team, a collaborative effort to address the structural factors to reduce ACE.</p> <p>California’s ACE Aware initiative is committed to empowering clinical and social innovations, providing support and solutions for clinicians and community leaders to combat ACE and Toxic Stress and deliver the care that works best for their populations. The initiative includes 2 phases directed at helping providers help improve patient wellbeing. A third phase is the</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Learning and Quality Improvement (LQI) Collaborative, created on January 1, to implement a data-driven, iterative evaluation and quality improvement process.</p> <p>The Initiative is being carried out within a trauma-informed care framework, including:</p> <ul style="list-style-type: none"> <li>• Understanding the prevalence of trauma and adversity and their impacts on health and behavior,</li> <li>• Recognizing the effects of trauma and adversity on health and behavior,</li> <li>• Responding by incorporating trauma-informed principles throughout clinical practices and community support systems,</li> <li>• Training leadership, providers and staff on best-practices for TIC,</li> <li>• Integrating knowledge about trauma and adversity into policies, procedures, practices, and treatment planning, and</li> <li>• Resisting re-traumatization, including for staff.</li> </ul> <p>In the midst of the COVID-19 pandemic, information was sent to health care providers and health plans highlighting the role of the pandemic in increasing the risk for ACE and toxic stress and encouraging providers to become ACE aware and learn the tools of trauma informed care.</p> <p>By screening for ACE, providers can:</p> <ol style="list-style-type: none"> <li>1. Better determine the likelihood a patient is at increased health risk due to a toxic stress response.</li> <li>2. Better identify ACE-Associated Health Conditions that may benefit from a trauma-informed intervention.</li> <li>3. Identify which patients may be at risk of vertical transmission of ACE and toxic stress and target prevention efforts.</li> <li>4. Empower patients to achieve better health by addressing potential toxic stress physiology.</li> </ol> <p>Dr. Burke Harris thanked the Board members, Mr. Baackes and Dr. Brodsky for the opportunity to present this information.</p> <p>Mr. Baackes thanked Dr. Burke Harris for her presentation. He noted a challenge for health plans is in finding resources for interventions. L.A. Care has been approached about peer group interventions. Dr. Burke Harris responded that a goal of educating providers about toxic stress is help them understand how to counsel their patients and advise them with tools on how to regulate their stress response. Some of the tools are going to be mental health tools, and some of them are not. The research on interventions that help to buffer the toxic stress response show that sleep, hygiene, exercise, nutrition and mindfulness interventions are an important</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>response to a toxic stress physiology. Mental health interventions may be done as well. One of the first steps is to help institutions prepare to make the referrals the patient may need. One important thing in responding to ACE is in identifying the roles of different providers in supporting the patient. Coordinating care is a critical role for health plans. Mr. Baackes noted that coordinating care is part of the added value that a health plan can bring to patients. In Los Angeles County, L.A. Care serves 69% of the County’s Medi-Cal patients, and L.A. Care can bring that important link to bear on helping providers by coordinating care for the patients. As the largest Medi-Cal plan in California, L.A. Care would be happy to work with Dr. Burke Harris’ office on care coordination and care management. Care coordination is the added value that a health plan can provide for patients that individual physicians offices perhaps are not able to do.</p> <p>Member Booth thanked Dr. Burke Harris for the presentation. She asked if there is data available, and how the data is being collected to show that short term intervention affects health outcomes and saves money. Dr. Burke Harris stated that research is funded separately. A focus of ACE Aware is quality improvement and metrics. The California ACE Learning and Quality Improvement Collaborative is a partnership to dive deeply into patient level data including patient experience, provider experience and satisfaction, patient outcomes, efficiency and cost benefit. It is an 18-month initiative that began in January 2020 and she hopes to see outcomes within two years.</p> <p>Member Ghaly thanked Dr. Burke Harris for her presentation, and asked about the root causes of some of the trauma and where and how she sees the roles of providers and health plans to intervene in the root causes, which may be poverty, alternatives to incarceration, systemic racism. Dr. Burke Harris indicated this is the reason she included information about how our environments shape our biology. She noted that the science that documents how our environments and experiences shape our biology may turn out to be one of the most profound scientific advances of the 21<sup>st</sup> century. She thinks that recognizing that racism, discrimination and poverty are risk factors for toxic stress, and attacking those at the root, addressing those systemic and structural factors are key to primary prevention. This is critically important, and it is important to implement primary, secondary and tertiary prevention all at the same time because those are interdependent. The science of toxic stress and recognizing the way that structural inequities not only increase exposure to ACE, but that these exposures themselves may also be risk factors for toxic stress. It helps to bring some of these conversations that we think of as social justice conversations to recognize that these are also public health and health conversations. She hopes that this will broaden the tent so folks will recognize their own role as</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>being part of a solution. Mr. Baackes commented that at L.A. Care, public health issues go beyond just medicine. Poverty and all these issues should be part of the public health response.</p> <p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, thanked Dr. Burke Harris for her leadership and her informative talk. Given the increase in anxiety, depression and suicide, especially among young adults, he asked what more can L.A. Care do to address these risks for young adults. Dr. Burke Harris responded that this is an area of intense focus within Health and Human Services. The Department of Health Care Services just launched the CalHope Initiative specifically to address mental health concerns and the heightened risk for mental health challenges during this time, including suicidality with a launch of the CalHope hotline. The Department is looking at building in a more thoughtful approach to addressing these risks as part of the CalAIM Initiative. In the pandemic the level of stress is heightened and the thing that one would do to buffer the level of stress, which would be nurturing relationships, is inhibited. It is knowing that this has a physiologic effect on some people. She invited ideas on responding to mental and behavioral health challenges.</p> <p>Member Roybal thanked Dr. Burke Harris for the information. He suggested that many of the things children are dealing with are dealt with in disparate venues that may be at odds with one another. He asked about work on coordinating the care to make sure that care is appropriate and efforts are not duplicated. Dr. Burke Harris responded that this is exactly the work of the subcommittee to provide guidance on coordination of care and understanding. One hurdle is a perception that resources are limited. California has a lot of resources but needs coordination to be more effective and generate improved outcomes. It is important to understand the roles and simplify the systems to make them easier to navigate for providers, for families and all of the care resources. The Network of Care subcommittee, of which Mr. Baackes and Dr. Brodsky are members, is tasked to provide a road map for resources. Mr. Baackes again offered assistance from L.A. Care to identify barriers to care and improve access. L.A. Care endeavors to use community health workers and nurse care managers to coordinate access to available safety net services. He stated that L.A. Care is happy to work with the Surgeon General on improving access to care, and adding value for patients and service providers. He thanked Dr. Burke Harris for her insightful and timely talk.</p> <p>Member Booth commented that this concept has been one of the most enlightening things that she has come across. It is actually medical, it's based in fact, its mental health and physical health put together. It is so much more clear to her what life does to us versus what we are born with. It was a very enlightening experience for her to start learning about this and she thanked Dr. Burke Harris for the information.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN										
	<p>Dr. Burke Harris thanked the Board for their time and attention and for the work that they do every day, and she is grateful to be in partnership with them.</p> <p>Member Perez asked if the presentation that Dr. Burke Harris could be sent to Board Members by email.</p> <p>Chairperson De La Torre thanked Dr. Burke Harris. This is an opportunity for Board Members to think differently. The Board’s monthly meetings are to take care of business. This is an opportunity once a year to think bigger about innovative approaches to health care. He thanked the Board and staff for their participation.</p>											
Strategic Vision & Organizational Update	<p>Mr. Baackes reported on organizational status and challenges L.A. Care is facing.</p> <p>L.A. Care has taken immediate action to help respond to the COVID-19 pandemic and combat racial inequity in our community – two urgent issues that will continue to guide our work over the next year and in the future.</p> <p>As of a few days ago, in Los Angeles County there were 241,768 total confirmed cases of COVID-19, and 5,784 deaths.</p> <p>Based on data that is available, among L.A. Care membership we know of 25,145 total confirmed cases, 956 reported deaths. We believe these numbers are under reported.</p> <p>Data on racial disparities in COVID-19 outcomes in Los Angeles County, measured by mortality rate per 100K:</p> <table data-bbox="525 958 966 1144"> <tr> <td>Hispanic/Latino</td> <td>81</td> </tr> <tr> <td>Black/African American</td> <td>60</td> </tr> <tr> <td>Asian</td> <td>40</td> </tr> <tr> <td>White</td> <td>29</td> </tr> <tr> <td>Los Angeles County Total</td> <td>52</td> </tr> </table> <p>Systemic racism and racial inequity have led to health disparities and disproportionate levels of food, housing, and income insecurity in the same communities where L.A. Care members live and work. L.A. Care is addressing the needs of our members and providers:</p> <p>COVID-19</p> <ul data-bbox="441 1307 1218 1461" style="list-style-type: none"> <li>• CSC targeted outreach to over 250,000 high-risk members</li> <li>• No interruption in capitation payments to providers</li> <li>• \$85 million in accelerated provider payments</li> <li>• \$6 million in support – housing, food insecurity</li> </ul>	Hispanic/Latino	81	Black/African American	60	Asian	40	White	29	Los Angeles County Total	52	
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	<ul style="list-style-type: none"> <li>• COVID-19 Disparities Leadership Summit</li> </ul> <p>James Kyle, MD, <i>Medical Director, Quality, Quality Improvement</i>, announced that a virtual Disparities Leadership Summit is planned for September 10, at 10 am. The conversation will focus on the Latinx and African American data, and an urgent call to action to community based organizations about what can be done to stem the continuation of the pandemic. Dr. Kyle is looking forward to the opportunity to encourage and challenge community based organizations to work on decreasing the incidence of infection and death from COVID-19.</p> <p>Mr. Baackes thanked Dr. Kyle and continued his report: L.A. Care is tackling the issue of Racial Inequity. He thanked the Board of Governors for adopting the Statement of Principles. L.A. Care has launched the Equity Council Steering Committee, which has three components:</p> <ol style="list-style-type: none"> <li>1. Members and providers invited to participate in the Disparities Leadership Summits.</li> <li>2. Network and vendors to be sure we are involving minority-owned businesses and to be sure that the provider network matches the cultural and linguistic composition of L.A. Care members.</li> <li>3. A focus on the Staff to learn what L.A. Care can do to better meet their needs.</li> </ol> <p>Dr. Kyle commented that the Equity Council Steering Committee is focusing on addressing, internally and externally, the issues of health equity, racial and social justice. The Committee is looking at ways to measure its work. The Committee is reviewing ways to foster concordance, the equity between patient and providers, because health outcomes are better when the patient and doctor are of the same race or ethnicity and use the same language. The Committee is also examining the makeup of its provider network, governance, leadership, vendors, and employees. The goal is to create an ability for members, providers and communities to be resilient. As a public health issue, racism is an underlying cause of disease as was highlighted in presentations earlier today. The Committee is looking at the interruption of service by the U.S. Postal Service and how that may impact vulnerable populations. L.A. Care members need the postal service to receive medications. Because of a digital divide, people need the postal service to conduct their daily affairs, to collaborate with one another and to get information.</p> <p>Member Booth asked Dr. Kyle about the potential effect of encouraging people to only use a provider of the same race. Dr. Kyle noted that this is not a mandate. People should have the freedom to select a provider. Dr. Seidman stated that research shows that health outcomes are better, but that doesn't mean that excellent outcomes are not achieved without concordance. To the point, we can increase access, increase choice, continue the work we are doing and do a better job in our pipeline efforts to increase opportunities for people of color, and including low</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>income people of color, to successfully take advantage of higher education opportunities and careers in health care and including becoming physicians to do their part to improve outcomes. In the community health center movement there is clear data that shows in towns and communities where there are community health centers, particularly in more rural settings, health outcomes are better. In part, this is because of the concordance of the staff from the receptionist up to the physician; concordance contributes to better outcomes.</p> <p>Mr. Baackes responded to Member Booth that many L.A. Care members do not have a choice to select a physician because there are not enough providers with a matching ethnicity or race. This does not mean that the member has to use a concordant provider, but L.A. Care wants to be sure that the members have the choice available.</p> <p>Member Ghaly noted that it is obviously so important, and she thanked Mr. Baackes for the presentation. It speaks also to L.A. Care's investment in the UCLA and CDU partnership in trying to help supplement the volume of physicians who are of color, are from communities of color or who have different language preferences. She asked if L.A. Care has considered to further expand partnerships like this or investments like this, on the physician side and also for the advanced practitioners in the setting of potentially the new NP bill. It is certainly the physician that matters but not only the physician that matters. Mr. Baackes responded that part of the answer is to be sure that, particularly for the members that require care management, that the care managers also have that relationship to the patient. Mr. Baackes noted when he was with Senior Whole Health in Boston, it was found that the most important person was the Community Health Worker. Because we were able to match the Community Health Worker on race, ethnicity and language, and studies showed that it led to a 97% retention rate among the members. The Community Health Worker was someone the patient could talk to and felt comfortable with. Without a match at the physician level, the Community Health Worker became a bridge. L.A. Care is investing in its Community Health Worker program. Mr. Baackes asked Dr. Seidman if he would add any comments. Dr. Seidman responded that it is one that we've heard before. So far L.A. Care has funded a pipeline for physicians, but certainly the advanced practitioners, Nurse Practitioner and Physician Assistant, play an increasingly important role in expanding access. Careers in those fields are also incredibly important. He noted that L.A. Care is considering expansion of the program but has not yet decided to add an element to the Elevating the Safety Net program.</p> <p>Member Perez asked Dr. Kyle how the L.A. Care Equity Steering Committee is getting feedback from the health plan members, who is part of the Committee, and if, at some point, L.A. Care will consider adding a health plan member to the Committee to make it accountable. Dr. Kyle responded that a separate Equity Advisory Group will be created, that will be</p>	

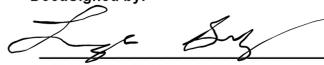
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	<p>comprised of health plan members and will meet with key leadership of the Equity Steering Committee. Information will be available in the next few weeks.</p> <p>Mr. Baackes continued his report, reviewing the members enrolled in L.A. Care’s health plan programs. L.A. Care has increased its market share to 69% of all Medi-Cal enrollees in Los Angeles County. L.A. Care gains 75% of auto assignment for Medi-Cal enrollees who do not choose a plan on enrollment, because of its superior quality scores. Mr. Baackes would like to see that share increase, because L.A. Care does bring added value. It may also be higher because since March Medi-Cal eligibility redeterminations are on hold until October. If the pandemic emergency is extended, we expect the redeterminations suspension to be extended as well. There is still no significant enrollment surge for L.A. Care or California, but it may still be forthcoming. Mr. Baackes stressed that L.A. Care’s Regional Community Advisory Committee members need to know that they should still prepare for the redetermination, as it will happen once the pandemic emergency is over. L.A. Care is concerned about continuity of care for members that may be subject to redetermination. He noted that over 60% of Medi-Cal enrollees had someone in the household who was employed. It may be that those jobs were lost early in the pandemic. Those unemployed were already enrolled in Medi-Cal, so there was no increase in Medi-Cal enrollment. Mr. Baackes also reviewed the environment for L.A. Care Covered and Cal MediConnect.</p> <p>Mr. Baackes reviewed the four attributes in the 2021 Strategic Vision (<i>a copy of his presentation can be obtained by contacting Board Services</i>):</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	 <p>Goals are developed to support these four attributes, and progress on those goals are reported quarterly to the Board.</p> <p>Mr. Baackes then reviewed the Equity Focused approach to this year’s strategic plan.</p> <ul style="list-style-type: none"> <li>• Adding value for and supporting our members, community, and providers with a focus on equity</li> </ul> <p>For Members, here are four key goals:</p> <ul style="list-style-type: none"> <li>• Moving care management closer, providing high-touch care</li> <li>• Addressing social needs</li> <li>• Training home health care workers to be highly skilled caregivers</li> <li>• Expanding options for accessing care – telehealth</li> </ul> <p>Here are goals for the community:</p> <ul style="list-style-type: none"> <li>• Supporting the next generation of safety net doctors and a more representative pipeline</li> <li>• Advocating for Medicaid funding support and the promise of the public option</li> <li>• Supporting regional efforts to manufacture needed PPE during the COVID-19 crisis</li> <li>• Funding support for community-based organizations</li> </ul> <p>And these are goals for the providers:</p>	

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	<ul style="list-style-type: none"> <li>• Providing practices with actionable data to improve quality and reduce disparities</li> <li>• Offering provider recruitment and loan repayment assistance</li> <li>• Giving providers more options for contracting with us through the Direct Network</li> </ul> <p>Mr. Baackes reviewed the relationships among providers and administrative management organizations. L.A. Care contracts with providers directly and through Plan Partners in a complicated structure that leads to inefficiencies and concerns about delegated entities. L.A. Care has endeavored to make the Direct Network more appealing for providers in Los Angeles County:</p> <ul style="list-style-type: none"> <li>• Eliminate unnecessary and poor performing IPAs/PPGs, MSOs</li> <li>• Save on administrative expenses</li> <li>• Have more direct dialogue with physicians who are critical to our mission</li> <li>• Continue work to provide high quality management of previously delegated functions <ul style="list-style-type: none"> <li>○ Care management</li> <li>○ Utilization management</li> <li>○ Prior authorizations</li> <li>○ Claims payment</li> </ul> </li> <li>• Build on significant membership growth</li> </ul> <p>Moving forward during and after the pandemic, L.A. Care will focus on:</p> <ul style="list-style-type: none"> <li>• Implement our equity agenda internally and externally</li> <li>• Marshal resources throughout L.A. Care to work towards eliminating disparities</li> <li>• Support our members, providers, and staff as the COVID-19 pandemic evolves</li> <li>• Continue to grow and support our Direct Network</li> <li>• Increase our community presence by continuing our Community Resource Center expansion throughout Los Angeles County</li> <li>• Advocate for protection and strengthening of Medicaid and the ACA</li> <li>• Integrate social safety net services into individual care plans</li> </ul> <p>Member Gonzalez asked if there is any way the Board could be provided more information about Grievances, perhaps in a quarterly report. This would let us know how we are doing, because it's not just about the care, but also the complaints. The Board needs to know what is wrong in order to make the plan better. Mr. Baackes responded that the quarterly progress report includes performance information about Grievances &amp; Appeals. He offered that more information can be provided.</p>	

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Member Perez asked, in regard to the redetermination extended to October, she asked if L.A. Care is providing information to members, and how RCAC members can help. Mr. Baackes noted that it is difficult to reach out because the information provided about redetermination from the state is not always accurate. There is a potential for a plan-wide communication that does not provide individual information. He will ask members to check on redetermination status. The interruption of coverage creates a waste of resources.</p> <p>Phinney Ahn, <i>Executive Director, Medi-Cal</i>, responded that historically at L.A. Care, we have not conducted proactive outreach prior to members potentially going on hold due to the annual redetermination process. Once notified by the state that a member has been placed on hold and their coverage has been suspended, L.A. Care mails a reminder postcard and conducts a phone call. L.A. Care is assessing the current process and new ways to get the message out. She also noted that L.A. Care will soon be conducting an annual mailing to all Medi-Cal members, and this could be an opportunity to provide members with general information about the renewal process. Member Perez asked about L.A. Care’s partnership with LA County Department of Public Social Services (“DPSS”). Ms. Ahn responded that L.A. Care works closely with DPSS staff and it is a mutually beneficial relationship.</p> <p>Mr. Baackes thanked the IT staff and Strategic staff for their support of today’s Retreat.</p>	
<b>ADJOURNMENT</b>	The meeting was adjourned at 11:38 a.m.	

Respectfully submitted by:  
Linda Merkens, *Senior Manager, Board Services*  
Malou Balones, *Board Specialist III*  
Victor Rodriguez, *Board Specialist II*

APPROVED BY:  
DocuSigned by:  
  
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Layla Gonzalez, *Board Secretary*  
Date Signed 11/5/2020 | 9:10 AM PST