**AGENDA**

**ITEM/PRESENTER**

**MOTIONS / MAJOR DISCUSSIONS**

**ACTION TAKEN**

**CALL TO ORDER**

Chairperson Vazquez called the meeting to order at 10:12 a.m. She read the ECAC Meeting Guidelines.

She advised the public to please recheck these directions for updates prior to the start of the meeting.

<table>
<thead>
<tr>
<th>ECAC Members</th>
<th>RCAC Members/Public</th>
<th>L.A. Care Board of Governors/Senior Staff</th>
</tr>
</thead>
<tbody>
<tr>
<td>Russell Mahler, RCAC 1 Chair ***</td>
<td>Phillipe Camy, Interpreter ***</td>
<td>Hilda Pérez, Member, Board of Governors ***</td>
</tr>
<tr>
<td>Estela Lara, RCAC 2 Chair</td>
<td>Rebekah Coster, Closed Captioner ***</td>
<td>Layla Gonzalez, Advocate, Board of Governors ***</td>
</tr>
<tr>
<td>Cynthia Conteas-Wood, RCAC 3 Chair, ECAC Vice-Chair</td>
<td>Isaac Ibarlucea, Interpreter ***</td>
<td>John Baackes, Chief Executive Office, L.A. Care ***</td>
</tr>
<tr>
<td>Silvia Poz, RCAC 4 Chair</td>
<td>Eduardo Kogan, Interpreter ***</td>
<td>Richard Seidman, M.D, Chief Medical Officer, L.A. Care ***</td>
</tr>
<tr>
<td>Maria Sanchez, RCAC 5 Chair</td>
<td>Alex Mendez, Interpreter ***</td>
<td>Miriam Admasu, Department Assistant, CO&amp;E ***</td>
</tr>
<tr>
<td>Andria McFerson, RCAC 6 Chair</td>
<td>Ruth Nuno, Interpreter ***</td>
<td>Malou Balones, Board Specialist, Board Services ***</td>
</tr>
<tr>
<td>Fátima Vázquez, RCAC 7 Chair, ECAC Chair</td>
<td>Liliana Sanchez, Interpreter ***</td>
<td>Kristina Chung, Community Outreach Field Specialist, CO&amp;E ***</td>
</tr>
<tr>
<td>Ana Romo, RCAC 8 Chair</td>
<td></td>
<td>Demetra Crandall, Director Appeals &amp; Grievances, Customer Solution Center ***</td>
</tr>
<tr>
<td>Tonya Byrd, RCAC 9 Chair</td>
<td></td>
<td>Idalia De La Torre, Field Specialist Supervisor, CO&amp;E ***</td>
</tr>
<tr>
<td>Damares O Hernández de Cordero, RCAC 10 Chair</td>
<td></td>
<td>Auleria Eakins, Manager, CO&amp;E ***</td>
</tr>
<tr>
<td>Maria Angel Refugio, RCAC 11 Chair</td>
<td></td>
<td>Hilda Herrera, Community Outreach Field Specialist, CO&amp;E ***</td>
</tr>
<tr>
<td>Deaka McClain, At Large Member</td>
<td></td>
<td>Linda Merkens, Senior Manager, Board Services ***</td>
</tr>
<tr>
<td>Lluvia Salazar, At-Large Member</td>
<td></td>
<td>Frank Meza, Community Outreach Field Specialist, CO&amp;E ***</td>
</tr>
</tbody>
</table>

* Excused Absent ** Absent ***Present with technical issues

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**AGENDA**

**ITEM/PRESENTER**

**MOTIONS / MAJOR DISCUSSIONS**

**ACTION TAKEN**

**CALL TO ORDER**

Chairperson Vazquez called the meeting to order at 10:12 a.m. She read the ECAC Meeting Guidelines.

She advised the public to please recheck these directions for updates prior to the start of the meeting.
She said: “This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Executive Community Advisory Committee, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:
https://us06web.zoom.us/j/86170224532

Teleconference Call –In information/Site
Call-in number: 1-415-655-0002 Participants Access Code: 2488 661 8972 (English)
Call-in number: 1-415-655-0002 Participants Access Code: 2482 888 3974 (Spanish)

Members of the Executive Community Advisory Committee or staff may also participate in this meeting via teleconference. The public is encouraged to submit public comments or comments on Agenda items in writing by email to COE:publiccomments@lacare.org or by sending a text or voicemail to (213) 503-6199.

Attendees who log on using the URL above will be able to use “chat” during the meeting for public comment. Attendees 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.

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 the screen for the icon that has the word, “chat” on it.
3. Click on the chat icon. It will open a window.
5. Type the public comment in the box.
6. After hitting the enter key, the message is sent and everyone can see it.
7. The chat message, text, voicemail, or email must indicate if the submitter wishes to be identified or remain anonymous, and must also include the name of the item to which the 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 text, voicemail, or email. If we receive your comments by 10:00 a.m. on May 11, 2022, it will be provided to the members of the Executive Community Advisory Committee at the beginning of the meeting. 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. If you do not indicate an Agenda item for your comment, your comment(s) will be read for up to 3 minutes at item VIII Public Comments on the Agenda.
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 comments for up to three minutes. Chat messages submitted during the public comment period for each agenda item will be read for up to three 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 3 minutes at item VIII Public Comments on the agenda.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when 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 Executive Community Advisory Committee appreciates hearing the input as it considers the business on the Agenda.

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 text (213) 503-6199 or by email to COEpubliccomments@lacare.org.

| APPROVE MEETING AGENDA | Chairperson Vazquez advised the committee the Government Affairs Update will be tabled until June.
Idalia De La Torre, Field Specialist Supervisor, CO&E, stated that Russel Mahler, RCAC 2 Chair, is having technical difficulties and will be walking over to the Family Resource Center to connect and rejoin the meeting from there.

The Agenda for today’s meeting was approved with the changes noted above. | Approved by roll call. 12 AYES (Byrd, Conteas-Wood, Hernandez de Cordero, Lara, McClain, McFerson, Poz, Romo, Salazar, Sanchez, Refugio, Vazquez) (Member Mahler was not able to vote due to technical difficulties.) |
The April 13, 2022 meeting minutes were approved as submitted.

### STANDING ITEMS

<table>
<thead>
<tr>
<th>UPDATE FROM CHIEF MEDICAL OFFICER</th>
<th>Richard Seidman, MD, MPH, Chief Medical Officer, reported:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Good news globally, COVID-19 cases and deaths have been declining for more than a month since the end of March. There are regional variations as always. In Africa and the Americas, cases are going up, but hospitalizations and deaths are staying at low levels. California and Los Angeles County cases are remaining at relatively low levels and may be coming down. There are approximately 2,500 cases per day, up from less than 1,000 cases per day a month ago. Worldwide there have been 500 million cases and 6 million deaths. He noted that the Delta variant and Omicron Variant have led the recent surge, and the BA.2 variant is a new sub variant which is much more contagious than the original omicron variant. He recommended that everyone continue to take the same precautions. He spoke about medications that can be taken by mouth for mild to moderate infections. He said that these medications can significantly reduce serious disease that can cause hospitalization. There is a preferred outpatient medication for people with severe disease. These medications are much more widely available. L.A. Care is trying to promote awareness among members and providers. If people have high risk conditions and test positive for COVID-19 they should speak to their provider. People with compromised immune systems that are not able to take medications by mouth can get medications via injection. Masking is still a recommended and mandated in public transportation settings. He presented information about L.A. Care’s COVID-19 Data and Demographics (<em>A copy of the presentation can be obtained from CO&amp;E.</em>).</td>
<td></td>
</tr>
<tr>
<td>L.A. Care Cumulative Cases, Hospitalizations, and Deaths (as of April 19, 2022)</td>
<td></td>
</tr>
<tr>
<td>- Cases – 214, 681</td>
<td></td>
</tr>
<tr>
<td>- Hospitalizations – 30,489</td>
<td></td>
</tr>
</tbody>
</table>
• Deaths – 5,472

L.A. Care Cases by Gender and Age
• Females – 59%
• Males – 41%
• 0-18 years – 23%
• 19–34 years – 27%
• 35–64 years – 37%
• 65+ -- 13%

L.A. Care Cases by Race and Ethnicity

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>Percentage of Cases</th>
<th>Rank by Case Rate/100,000 members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hispanic/LatinX</td>
<td>50%</td>
<td>1</td>
</tr>
<tr>
<td>Caucasian</td>
<td>24%</td>
<td>6</td>
</tr>
<tr>
<td>Black/African American</td>
<td>10%</td>
<td>4</td>
</tr>
<tr>
<td>Asian</td>
<td>6%</td>
<td>8</td>
</tr>
<tr>
<td>Native Hawaain/Other Pac. Islander</td>
<td>&lt; 0.1%</td>
<td>2</td>
</tr>
<tr>
<td>American Indian/Alaska Native</td>
<td>&lt;0.1%</td>
<td>5</td>
</tr>
<tr>
<td>Other</td>
<td>6%</td>
<td>3</td>
</tr>
<tr>
<td>Not Reported</td>
<td>4%</td>
<td>7</td>
</tr>
</tbody>
</table>

L.A. Care Case Rates by SPA Region
Executive Community Advisory Committee
May 11, 2022 / Page 6 of 16

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent of Total Cases</th>
<th>Rate per 100,000</th>
</tr>
</thead>
<tbody>
<tr>
<td>San Fernando Valley – SPA 2</td>
<td>23%</td>
<td>9,116</td>
</tr>
<tr>
<td>South Los Angeles – SPA 6</td>
<td>18%</td>
<td>8,649</td>
</tr>
<tr>
<td>San Gabriel Valley – SPA 7</td>
<td>14%</td>
<td>7,064</td>
</tr>
<tr>
<td>East Los Angeles – SPA 3</td>
<td>13%</td>
<td>8,640</td>
</tr>
<tr>
<td>Metro Los Angeles – SPA 4</td>
<td>11%</td>
<td>7,981</td>
</tr>
<tr>
<td>South Bay – SPA 8</td>
<td>11%</td>
<td>7,737</td>
</tr>
<tr>
<td>Antelope Valley – SPA 1</td>
<td>6%</td>
<td>8,458</td>
</tr>
<tr>
<td>West Los Angeles – SPA 5</td>
<td>2%</td>
<td>6,643</td>
</tr>
<tr>
<td>Other</td>
<td>2%</td>
<td></td>
</tr>
</tbody>
</table>

Member Estela Lara, *RCAC 2 Chair*, stated that she is concerned that the graph displays with a rate of 9,116 cases in the San Fernando Valley. She said it is unbelievable that among the majority of the Latino community this would come out. She thinks most of it is misinformation, because the community is hesitant. Sometimes in places of origin, they have had difficulty with governments programs. She thinks there needs to be more solid information and target the community and it needs to be provided at all angles. She noted that Ilan Shapiro, *MD, MBA, FAAP, FACHE*, Board of Governors Member shares information in Spanish. She said that L.A. Care needs to address this with the local media and share accurate information about COVID-19. Dr. Seidman thanked Member Lara for her comments and noted there is concern regarding these rates in the LatinX community and all of her suggestions are terrific. L.A. Care continues to do work to target these specific populations and geographic barriers. This is information that L.A. Care has had for some time. L.A. Care works closely with the Los Angeles County Department of Public Health, community clinics, and providers so they can have one-on-one conversations with their patients. He would be happy to circle back and provide talking points so that ECAC members can speak to their communities.

Layla Gonzalez, *Member Advocate, Board of Governors*, said that sometimes the statistics don't show the entire situation. She knows it sounds scary. She asked if it can reflect the fact that there are many community workers and essential workers in these communities and they may be exposed and getting infected with COVID-19. She thinks it can be due to exposure and not only because they haven’t gotten vaccinated or booster shots. Dr. Seidman
responded that it can be due a combination of everything. He noted that Latinos and African Americans case rates are higher and so are hospitalizations and deaths. They are commonly essential workers and use public transportation. They also have lower vaccination rates. People that are vaccinated can also get infected, but the illness is less severe.

Member Tonya Byrd, RCAC 9 Chair, asked if cases have gone down in the African American community and requested more data for the Long Beach area. Dr. Seidman responded that that he can look for some specific information and will send to the staff to distribute to ECAC members. He noted that the slide for the information was for the Black/African American members and account for 10% of the cases among the members, which ranks 4th by race and ethnicity on the rate basis per hundred thousand members. It does not say that cases are down.

Member Deaka McClain, Member At-Large, noted that there is much confusion being caused by the media. Going out into the community trying to get this information out to them is difficult and asked Dr. Seidman what he suggests members can do to greet members of their communities and get this information out. Dr. Seidman responded that everyone has a personal choice of where they get their news from. He noted that social media can’t always be trusted and encouraged members to seek information from sources of truth. He said that L.A. Care has a COVID-19 resource page for members. There are a number of different things that L.A. Care is trying. He said L.A. Care can provide talking points that members can add to their methods of communication. He noted that some people think that vaccines don’t work because people that get vaccinated can still get infected with COVID-19. He said that is untrue. He encouraged everyone to get vaccinated, as not doing so can cause severe disease or symptoms if infected.

Member Lluvia Salazar, Member At-Large, stated that RCAC members are not being notified or informed about events at community resource centers. This is something that she has brought up before. This is a problem, because RCAC members should be informed of what was previously mentioned. L.A. Care is not communicating this to members, who are not able to do their part without being provided with the information. She said if this isn’t communicated properly it is a waste. Dr. Seidman thanked her for her comments and replied that L.A. Care will take this point down and keep RCAC members informed about events and resources available at the community resource centers. He thanked her for her comments and for getting the word out.

**UPDATE FROM CHIEF EXECUTIVE OFFICER**

John C. Baackes, Chief Executive Officer, gave the following update:

He thanked the committee for the invitation to speak at ECAC. He noted that the public health emergency which has been going on since February of 2020 has suspended Medi-Cal...
redeterminations. At the April ECAC meeting he brought the opportunity for the ECAC chairs to become ambassadors in a program organized by the Department of Health Care Services so they can provide information to recipients. Member should have received a registration from the state so they can become ambassadors and receive information and a tool kit. Right now the public health emergency is scheduled to end on July 15. The state will begin mailing packets for eligibility redeterminations beginning in August, and the effective date is October. He noted that there will be an option for redetermination to be done online or by telephone, as opposed to filling out the form and mailing it back, although that remains an option as well. He said that if the emergency ends on the July 15, the Department of Social Services will give a 60-day notice. If there is no notice, that means the public health emergency would be extended again probably into October. All of which is a bigger backlog of eligibility redeterminations that will have to be done.

As of May 1, undocumented adults age 50 and over are eligible for Medi-Cal. Many of them were enrolled in emergency services and will automatically be enrolled in full-scope Medi-Cal. Anyone else that is eligible should take advantage of opportunity to get health coverage. The Governor is proposing in the budget for July 2023 or January 2024 to provide for the gap, mainly for people ages 27 to 49, regardless of immigration status. Now, children up to age 26 are eligible for Medi-Cal. L.A. Care will have a tremendous opportunity here to advance the idea of universal access to care for people whether they are citizens or undocumented.

He reminded the committee about the changes in the Medi-Cal prescription drug program. Prescription drugs were carved out of the benefits administered by health plans. The state began administering pharmacy benefits. In the beginning of January, there was some confusion. People were having a problem with all of the customer service centers because L.A. Care no longer handles the pharmacy benefits calls. There were hours-long waits for assistance. One of the issues in the beginning, was that any pharmacy authorizations that were in place before January 1 were to be continued and honored for six months. That didn't happen as smoothly as the state wanted, and there were many people who wanted authorizations that were being denied, so that created another backlog. The state is now indicating that will extend the period that those prior authorizations covered because of problems that the administrator of the program is having. He said L.A. Care would like member feedback from the transition.

Member McClain asked Mr. Baackes if he has a report on the enforcement action against L.A. Care. She noted that she was supposed to be contacted by someone in regard to her issues with Call the Car. Mr. Baackes responded that he will personally ask someone to reach out to her in regard to her concerns. L.A. Care has not contested the enforcement action because it was self-reported. L.A. Care has only contested the amount of the fine. It
is an unprecedented amount, about five times larger than the largest fine. L.A. Care is currently going through a dispute resolution process. In the meantime, L.A. Care has remediated all of the issues issued in the enforcement action. As of March 31, L.A. Care is current on appeals and grievances and is also in range to resolve the timeliness for authorizations. The third issue involved the Los Angeles County Department of Health Services. That is the 24 public clinics and 4 hospitals in their network. The state’s concern was the wait times for specialist services, because they were too long. L.A. Care was cited because it was supposed to be overseeing them.

Member Lara said that her experience with the prescriptions has been seamless because the actual medical center provides medications for refills in the same place as the pharmacy. It hasn’t been an outside measure. This happened about two weeks ago. She requested an online portal and followed up with a nurse and the medication was available to pick up within a few days. Her experience is no different than it was before. She is concerned with the Medi-Cal redeterminations and the confusion surrounding it. She left a message on the general line, because she has not been approved yet and she asked for an extension. Mr. Baackes responded that he would like to get Member Lara involved in the ambassador’s program. The goal is ensuring that everyone that is eligible remains in Medi-Cal. He noted that not everyone will continue with benefits, because they may have moved and did not notify anyone since they did not need to. He said that anyone that no longer qualifies can apply for L.A. Care Covered.

**UPDATE FROM GOVERNMENT AFFAIRS**

This agenda item was not discussed.

**BOARD MEMBER REPORT**

Hilda Perez, Member Representative, Board of Governors, and Ms. Gonzalez, reported (a copy of the report can be obtained from CO&E):

Ms. Gonzalez reported that the Board of Governors met on May 5. Meeting materials are available on L.A. Care’s website, and the motions list is available from CO&E staff.

- She thanked all of the RCAC members that joined the Board meeting and all the past ECAC and BOG meetings.
- In the event that anyone needs assistance with virtual meetings, please reach out to CO&E staff.
- She urged everyone to continue wearing masks and washing their hands as the public health emergency is still active.
- She sent her heartfelt best wishes to anyone that has been affected by the pandemic.
- She thanked Mr. Baackes and Dr. Seidman for their reports today.
The Board approved a motion to authorize L.A. Care to continue some of the best elements of the Elevating the Safety Net program to attract and retain physicians that will provide care in L.A. County’s safety net. The program is now funded through 2027, with four programs – Provider Loan Repayment Program, Provider Recruitment Program, Medical School Scholarship Program and In-Home Support Services Training Program.

- The list of motions approved at the board and committee meetings is available from CO&E or Board Services.

The next Board meeting is scheduled on June 2.

Ms. Gonzalez said she hoped everyone had a wonderful Mother’s Day weekend and noted that this is Mental Health Awareness Month. She hopes that people can discuss mental health without stigma. When people go to the doctor and they have high blood pressure, hyper tension or diabetes, people don't shy away. They ask. They inquire. They find out what their needs are. Some people go to the doctor and get a prescription. When people have a mental health condition, people stay away. People shy away and avoid those patients. She hopes that people are aware of their actions and behaviors because we can't have total health without mental health. Mental health effects physical health. She noted that this is something people go through in different times in their lives.

Ms. Perez sent the following message via chat:

“Hello everyone. This is Hilda Perez. I will need to disconnect from the meeting due to an emergency. I would like to continue advocating to create a connection among the CO&E Department, the Communications Department, and all the CRC's and FRC's to unite forces and collaborate with one another in many community outreach projects. More than inviting our RCAC members and members in general to visit the CRC's and FRC's or only inviting them to search the different resources they offer either in the LA Care Social Media Platforms or in the LA Care's Website, but creating ways in which the CRC's and FRC's integrate the help and support of our RCAC members in their efforts to serve our communities.”

(Ms. Perez left the meeting.)

**COMMUNICATION AND COMMUNITY RELATIONS DEPARTMENT UPDATE**

Auleria Eakins, Ed.D, Manager, CO&E, gave the Communications and Community Relations update (a copy of the report can be obtained from CO&E).

L.A. Care Community Resource Centers offer a wide range of health education courses to include parenting classes, nutrition, exercise assistance with benefits and more. Dr. Eakins highlighted a few and encouraged members to go online or call their nearest CRC for more information on monthly offerings.
All centers will be closed for Monday, May 30 in observance of Memorial Day.

Food Security continues to be our focus!

Inglewood CRC
L.A. Care and Blue Shield Promise Community Resource Center in Inglewood has partnered with Allies for Every Child to host a walk up food distribution next Friday, May 20th. We welcome the community to walk up and pick up a bag of assorted groceries at no cost.

Lynwood CRC
On-site Food Pantry on Friday, May 27.

East LA CRC
Food Pantry on Friday, May 27. There will be free assorted groceries, COVID-19 vaccines & boosters.

Wilmington CRC
Community Resource Fair on Thursday, May 26 from 9:00AM to 1:00PM.

Pomona CRC
COVID-19 Vaccine Clinic on Friday, May 20 from 1:00PM – 4:00PM.

Norwalk CRC is now staffed and open. Grand opening event will be held with date TBD.

El Monte CRC location is also now staffed and open. Grand opening event tentatively planned for early May.

Long Beach CRC is still under construction and on track to be completed by late June/early July.

Westside CRC location is also under construction and expected to be completed by October.

RCAC Spring Reconvening
Staff conducted RCAC Check –Ins during the months of March and April. (Charts displaying the outcomes can be found in the full report.)

In summary because of the continued public health emergency the BOG voted on Thursday, May 5, 2022 that RCACs can resume bi-monthly meetings using a virtual format. In person meetings will resume at such time that the Governors orders and our BOG determine it is safe for us to resume in person meetings.

Removal Process
There were questions about the removal process of members from Member Poz. Dr. Eakins stated that staff was able to conclude that the most current information on this process available to chairs regarding the removal process can be found in RCAC operating rules. If you would like a copy of the operating rules, please reach out to your Field Specialist so that they can email it to you.

“The removal process shall consist of a petition from L.A. Care staff or a motion recommending removal “for cause” by a majority of CAC members, which will be reviewed by the Legal Services Department and forwarded to the Governance Committee of the Board of Governors for a disposition”.

Mental Health Awareness Month

Mental Health Awareness Day will take place May 19, 2022 via Zoom from 10:00am - 12:00pm. Our very own Michael Brodsky, MD, Senior Medical Director, will be our moderator. During this time, we will have a panel discussion on issues of Elizabeth Cope, LCSW, Los Angeles County Department of Mental Health, will speak on mental health and homelessness.

Fritzi Horstman, Compassion Prison Project, will speak on the issue of Adverse Childhood Experiences.

Briana Mezuk, MD, National Institute of Health, will speak on the subject of mental health stigmas

Marisa Lebron will speak about her work as a community advocate with NAMI and the importance of peer support and mental health advocacy.

Member Tonya Byrd, RCAC 9 Chair, said that she feels down and discouraged about the participation of Cambodian members. She's thinking of a possible solution. She is feeling that the Cambodian community has not been able to effectively communicate through the zoom process. She has also spoken to her Field Specialist and shared her thoughts about this. She is unsure how L.A. Care can get them involved in meetings, whether it’s WebEx or another way, but she would like some reassurance. She noted that some don’t know how to access a computer. She hopes that her concerns are understood. Dr. Eakins responded that there currently is no solid solution. Dr. Eakins suggests that staff schedule, a dedicated time for the chairs and vice chairs to come together to discuss participation numbers and other identified issues to discuss and figure out the next steps. More time than what is allocated in the ECAC meeting is needed to figure this out. Dr. Eakins requested that the issue be placed on the calendar for a future discussion or session. She stated that while staff can make no promises, we will work within our span of control to address issues brought forth.
Member Cynthia Conteas-Wood, RCAC 3 Chair, she thanked Dr. Eakins for the information. She noted that they must look forward, many people have hung on and that’s a good thing. She also noticed that some participants were able to call in but not participate visually. Dr. Eakins responded staff does not exactly know the names of people, but they can tell by the numbers who actually call in and each bridge line there is created for English. She said she would like to understand how things work in order for committee members to fully participate and discussions so that they can participate as ECAC does in the zoom link.

Member McClain stated that Human IT (HIT) can reach out to people who don’t have that capability. Dr. Eakins responded that CO&E is looking to partner with Human IT. Staff will be meeting with HIT and also encouraged members to reach out to them to see which resources are available.

Member Silvia Poz, RCAC 4 Member, asked if there is a way to get ideas from the chairs. She noted that staff is going out of their way to get members involved, but it is also on the members to also think of way to be involved. She said if staff can’t find a way then members should also be responsible for finding a way to join the meeting. Dr. Eakins thanked Member Poz for her concerns.

Member Andria McFerson, RCAC 6 Chair, stated that ECAC Chairs need to get together and go over the options. As far as free equipment for the people and Wi-Fi for that matter and also how the CRCs and FRCs may have information about the equipment. That would be awesome to be sure you’re actually engaging in conversation having to do with the RCACs to be sure they see why they may not be able to participate. Whether it is health reasons or everything having to do with not being able to financially provide a sort of apparatus in order for them to participate. People have reluctantly engaged in a sort of virtual conversation and things like that. That needs to be addressed. There are disabled members and things like that and they have to know approximate whether any sort of machine they use or computer or phone is able to participate. Dr. Eakins thanked Member McFerson for her comments. She noted that there are 25 members that have limited access to technology. Other reasons identified in the survey some members have taken on jobs during the pandemic or have taken on other things and can no longer participate.

**MEMBER ISSUES**

Member McFerson stated that she and other people have been having issues with health care. Providers need to have some sort of empathy towards them. A lot of people are not properly diagnosed, undiagnosed, under diagnosed, mis-diagnosed. When it comes to mis-diagnosis, then that is wrong medication that affected them in a bad way. Then there are people that lack preventive care from providers and made it so they have no idea how to not receive high blood pressure, what they need to eat, eating healthier, all kinds of things that effects their body, the holistic approach and how they can prevent diseases like...
colorectal cancer screening. It can be found early if they have the proper physician. A lot of people don't have these things. People can go to the doctor, but don't even diagnose you when you give the symptoms that you have like tumors in the uterus or in the breast. They feel they are not getting proper care from their provider. People are switching providers not even going anymore because they didn't like the way they were treated. Ms. Gonzalez requested that there be follow up on Member Poz’ concerns about someone feeling discriminated against once they found out she had Medi-Cal. She was treated differently opposed to someone who pays cash. It is horrible that people will treat somebody less because of the medical plan they have. It should not make a difference. She doesn’t see why the receptionist or whoever did that would make a snide remark or treat somebody different because of the lack of ability to pay cash for their medical appointment. She asked if there are any follow up ideas such as education for providers or hospitals. Dr. Eakins responded that yesterday they conducted an in-service session for staff on member engagement. It was particularly around the triple aim in terms of the member experience. Her concerns would fall in line with that. She suggested that Ms. Gonzalez share this at the Board level. Dr. Seidman led the staff conversation. The Quality Improvement Department was looking at why people feel a certain way when presenting their Medi-Cal cards.

NEW BUSINESS

PRESENT A MOTION TO ECAC

Andria McFerson, RCAC 6 Chair, presented a motion to the committee.

Member McFerson said that they definitely need to address the suicide issue with the public. The age of those who are more likely to commit suicide, mental conditions, the income, you know of when they have a job, a low income job or don't have income at all, or receive public assistance. You can deal with a lot of different populations having to do with who the most is committing suicide. Suicide prevention, giving information about how we can publicize programs, organizations something like that in the resource guide L.A. Care has on the website. She wants to add an ad hoc having to do with having a presentation. It depends on what members want.

Dr. Eakins said that there are quite a few things that they need to implement. She asked the committee to consider those things and come together to prioritize the subject matters important for the fiscal years. She would like to hear from other committee members. They begin with an hoc every month and it is difficult to keep up because there are so many.

Member McClain said that she is all for Member McFerson’s idea, she does have to say what Dr. Eakins was saying. They already have the mental health ad hoc and the disability awareness month ad hoc. She’s bringing that up because the attendance stopped last year.
She noted that they have to depend on staff to organize the ad hocs. She asked if they can focus on that next year. Member McFerson responded that she understands her empathy towards staff. She spoke about the process she would go through to get to the L.A. Care office in downtown Los Angeles before the pandemic. She said there are many different employees that may be able to address different RCACs in that way. She said that they can ask someone to speak on this topic and noted that someone will be speaking to them about Police disparities. She does not want staff to be overworked. She said that having an ad hoc on suicide prevention for three hours with three members is not too bad.

Dr. Eakins mentioned that they have to plan for Latin Heritage month. It will take quite a bit of time to put together the work around equity through the Latino community for Latinx heritage month.

**Motion: To create an ad-hoc committee to make recommendations to ECAC on an event(s) or education program that focus on suicide prevention for the community on September 10, 2022.**

Ad hoc committee volunteers
Silvia Poz
Ana Romo
Maria Angel Refugio
Andria McFerson

Approved by roll call.
8 AYES (Byrd, Hernandez de Cordero, Mahler, McFerson, Romo, Salazar, Sanchez, Refugio)
1 NAY
Lara
4 Abstentions (Conteas-Wood, McClain, Poz, Vazquez)

**PRESENT A MOTION TO ECAC**

Andria McFerson, RCAC 6 Chair, presented a motion to the committee.

Member McFerson stated that this motion is to create a committee to make recommendations for an education program for Latino heritage month scheduled September the 15 to October the 15. Dr. Eakins already said they are already working on these things now so this is already happening as they speak so that is great to the motion.

Member Conteas-Wood stated that she is concerned about the way they are using ad hoc committees. She noted that L.A. Care is already working on this, she asked Member McFerson why doesn’t the committee look at what staff is doing. She feels they are creating ad hoc when they are not necessary. She is worried about the overuse of ad hocs. Member McFerson said she get certain impact about how much she gives too much back to the community. Any population that needs information. She said that Latinos and African Americans have the highest mortality rate and homelessness rate.

**Motion: To create an ad-hoc committee to make recommendations to ECAC on an event(s) or education program(s) for Latino Heritage Month scheduled for September 15, 2022 to October 15, 2022.**

Approved by roll call.
9 AYES (Byrd,
Ad hoc member volunteers:
María Ángel Refugio
Andria McFerson
Rachael Rose Luckey

(Member Poz left the meeting. The committee voted and approved to allow Rachel Rose Luckey, RCAC 4 Vice Chair, to take her place in the meeting.)

Ms. Luckey voted in favor of the motion, as the alternate for her RCAC in the absence of Member Poz.

**FUTURE AGENDA ITEMS**

Member McClain stated that she would like a presentation or update about Call the Car. Idalia De La Torre, Field Specialist Supervisor, CO&E, responded that she will request a presentation at ECAC in the future.

Member María Ángel Refugio, RCAC 11 Chair, asked for a presentation in regard to identifying mental health issues such as depression, so that they are able to identify it in their children or family members at home. She would like this as soon as possible so they are more alert.

**PUBLIC COMMENTS**

There were no public comments submitted.

**ADJOURNMENT**

The meeting was adjourned at 1:14 p.m.