

Board of Governors

Executive Community Advisory Committee

Meeting Minutes – April 12, 2023

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



ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Russell Mahler, RCAC 1 Chair Estela Lara, RCAC 2 Chair Cynthia Contreas-Wood, RCAC 3 Chair, ECAC Vice-Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair Andria McFerson, RCAC 6 Chair Fátima Vázquez, RCAC 7 Chair, ECAC Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair Lluvia Salazar, At-Large Member Deaka McClain, At Large Member</p> <p>* Excused Absent ** Absent *** Via teleconference</p>	<p>Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter</p> <p>Marina Garcia, Public Maria Montes, Public Guadalupe Perez, Public Dazzling Sanchez, Public Demetria Saffore, Public Maria Velasquez, Public</p>	<p>Hilda Pérez, Member, Board of Governors Layla Gonzalez, Advocate, Board of Governors John Baackes, Chief Executive Office, L.A. Care *** Sameer Amin, MD, Chief Medical Officer, L.A. Care Alex Li, MD, Chief Health Equity Officer, L.A. Care *** Francisco Oaxaca, Chief of Communication and Community Relations Miriam Admasu, Department Assistant, CO&E Tyonna Baker, Community Outreach Field Specialist, CO&E Kristina Chung, Community Outreach Field Specialist, CO&E Idalia De La Torre, Field Specialist Supervisor, CO&E Auleria Eakins, Manager, CO&E Hilda Herrera, Community Outreach Field Specialist, CO&E Linda Merkens, Senior Manager, Board Services *** Frank Meza, Community Outreach Field Specialist, CO&E Cindy Pozos, Community Outreach Field Specialist, CO&E Victor Rodriquez, Board Specialist, Board Services Martin Vicente, Community Outreach Field Specialist, CO&E</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	<p>Chairperson Vazquez called the meeting to order at 10:00 a.m.</p> <p>Chairperson Fatima Vazquez advised the public to recheck the directions for updates prior to the start of the meeting.</p> <p>The Chair announced that this meeting would 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,</p>	

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/87488876422>

Teleconference Call –In information/Site

Call-in number: 1-415-655-0002 Participants Access Code: 2486 945 8852 (English)

Call-in number: 1-415-655-0002 Participants Access Code: 2496 386 9555 (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 COEpubliccomments@lacare.org or by sending a text or voicemail to (888) 522-2732.

Attendees who log on using the URL above will be able to use “chat” during the meeting for public comment. Attendees must log 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 that 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.
4. Select “Everyone” in the To: 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 April 12, 2023, 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 (888) 522-2732 or by email to COEpubliccomments@lacare.org.

Goals for today's meeting:

1. Receive an update from L.A. Care's Chief Executive Officer.
2. Receive an update from L.A. Care's Chief Medical Officer.
3. Receive and update from L.A. Care's Equity Steering Committee.
4. Receive an update on L.A. Care's Communications and Community Relations Department.
5. Receive an update on L.A. Care's Board of Governors Elections.
6. Receive recommendations from the ECAC ad-hoc committee – Member Survey.
7. Receive a presentation on Sexual Orientation Gender Identity Data Collection.

Idalia De La Torre, *Field Specialist Supervisor, CO&E*, confirmed attendance by roll call.

Chairperson Vazquez read the ECAC Meeting Ground Rules and Meeting Guidelines.

Meeting Ground Rules

- We treat each other with respect
- We raise our virtual hand icon and wait to be called on
- We lower our virtual hand icon when done speaking
- Only one member speaks at a time
- We speak up when something is wrong or not working; we confront issues not people

	<ul style="list-style-type: none"> • We do not personally attack each other <p>Meeting Guidelines</p> <ul style="list-style-type: none"> • ECAC Members will have three (3) minutes to speak on each agenda item • The ECAC Chair can reduce the time to two (2) minutes if time is limited • The three (3) or two (2) minutes allotment will be consecutive and may include questions, comments, and/or anecdotes as long as they fall within the time limit • If time is limited and ECAC members are unable to make a comment or ask a question, the member/s will be asked to forward their comment or question to CO&E staff for follow-up • The response will be recorded in the ECAC meeting minutes for that meeting • The L.A. Care staff schedule to provide an update or present during the ECAC meeting will be timed to ensure they stay within their allotted time. 	
APPROVE MEETING AGENDA	<p>Chairperson Vazquez stated that there will be a small change and Mr. Oaxaca will be providing his report after the ECAC member updates.</p> <p>Estela Lara, <i>RCAC 2 Chair</i>, asked where will Mr. Oaxaca present. Chairperson Vazquez said that it will be before the Board Member Report.</p> <p>Andria McFerson, <i>RCAC 6 Chair</i>, stated that she was not able to hear the chair due to her translation equipment. She said that she arrived late, because her Call the Car ride did not arrive and she had to pay \$30 to get to the meeting, but she is glad to be here.</p> <p>Member McFerson said that when they make the agendas they are made so they can speak to each other as far as health care goes. Having a list of people that they did not agree on to speak is not correct. They only have 15 minutes to speak and it's not enough time to discuss among themselves. She said NAY based on her comment. Deaka McClain, <i>Member At-Large</i>, agrees with Member McFerson and noted that "Future Agenda Items" would be the appropriate agenda item to place topics on the agenda for future meetings. Member McClain said that when it's time to vote for the approval of the agenda, no explanation about their vote is needed. Member McFerson stated that she asks to add items on every agenda and also calls, but they are not added.</p> <p>Ms. De La Torre asked the committee to please allow the Chair to continue with the meeting. Member McFerson called "Point of Order" and said that she is not allowed to speak over anyone. She said that she would like to clarify what was said by Member McClain. She asked the Chair to have the floor and asked that staff not interrupt. Member McFerson said that she called the staff and asked that certain things be on the agenda and</p>	<p>Approved by roll call. 9 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, McClain, Poz, Sanchez, Refugio, Vazquez)</p> <p>2 NAYS (Mahler, McFerson)</p>

	<p>it's never followed through. With that being said, there needs to be better communication so that they can feel like they are important and they're there for a purpose.</p> <p>The Agenda for today's meeting was approved.</p>	
APPROVE MEETING MINUTES	<p>Member McFerson stated that she is here for one purpose and one purpose only. She is here to make things more accessible, as far as services and healthcare and inner communications for everyone, including with seniors and disabled people. They may need more time to view the meeting minutes, and she did not get them in time to speak about the minutes with the liaison.</p> <p>The March 8, 2023 meeting minutes were approved as submitted.</p>	<p>Approved by roll call. 10 AYES (Byrd, Contreas-Wood, Hernandez de Cordero, Lara, Mahler, McClain, Poz, Sanchez, Refugio, Vazquez) 1 ABSTENTION McFerson</p>
STANDING ITEMS		
UPDATE FROM CHIEF EXECUTIVE OFFICER	<p><i>(Mr. Baackes experienced technical difficulties before giving his update.)</i></p> <p>Mr. Baackes gave the following update:</p> <p>He apologized for not being able to attend the meeting in person. He said he is in Sacramento working on a ballot initiative for the November 2024 election to increase Medi-Cal funding. Because the amount of revenue that comes in to support the hospitals and doctors to take care of members is woefully inadequate, California is the bottom 10% of states and California is the most expensive state to operate in. The housing homeless program that the state is providing so much money on is based on the work L.A. Care did on whole person care. He said they may recall in a six-year period ending in 2021, Los Angeles county participated in a program with an emphasis on homelessness and they participated in a \$21 million initiative as part of a local share that went to communities that helped to find permanent housing for folks that are coming off the streets or in a homeless situation. During that period, L.A. Care built up a network in collaboration with the various agencies that deal with housing. It is centered in Los Angeles County. Dr. Amin talked about collaborating with other agencies and using the funding that was earned under this program in collaboration with other agencies to put it to best use. This money, which is about \$1.3 billion statewide, can't actually be used to pay somebody's rent or to build something, because Medicaid dollars cannot be used for that. So there are many programs that are being used to work around that limitation. He gives credit for the great creativity to staff in the programming that they have come up with.</p> <p>Medi-Cal Redeterminations</p>	

The first notice for Medi-Cal redeterminations went into the mail April 1. He understands that in L.A. County notices have not gone out yet but may be sent next week. He said that people need to look for the yellow envelope and if it has a single page it means that eligibility has been automatically been determined by the state and county and eligibility is guaranteed for another year. If it's a 20 page form, it has to be filled out and submitted. L.A. Care encourages everyone to call the Department of Public Social Services (DPSS) or L.A. Care to make sure the most current address, phone number and e-mail are in the records. L.A. Care is currently working with DPSS to start using renewal date information and target outreach to help members stay enrolled. Secondly, we know people whose income has gone up and they may no longer be eligible, because the income exceeds the ceiling. If those people don't have health insurance, they will have the option of staying with L.A. Care through Covered California. Currently, of the 128K Covered California members with LA Care, almost half of them don't pay any monthly premium, because the premium subsidies cover most of the cost. Those subsidies will not cover the co-pays and deductibles that go with the each of four plan options in Covered California.

Two more mass shootings grabbed the headlines in the United States. Last Friday, a group that participated in L.A. Care's gun violence prevention summit announced a four-point program offered by Los Angeles County Department of Health, with participation by L.A. Care. There was a press event last Friday featuring comments by Dr. Barbara Ferrer, Director of the Los Angeles County Department of Public Health and Dr. Susan Stone, L.A. Care Senior Medical Director,. The emphasis was on treating gun violence as a public health issue. He noted that they may recall that in the '60s and '70s there was a human cry about the number of automobile deaths. One thing that was done, as it was a public health issue, was to mandate seat belts in automobiles. That action helped reduce the number of automobile deaths. When it became apparent that tobacco is a health problem, we mandated labelling of tobacco products so that people would be aware of the dangers.

Estela Lara, *RCAC 2 Chair*, thanked Mr. Baackes for his update and for restructuring the meeting. She said that their input is highly more important than that introductory of about 5 to 10 minutes of reading the guidelines, they all have it and get them so if they are included it in their packet, that is sufficient to say they've been informed. She said that the members need to know that they are important. Many times they get dismissed and are told that they are out of time to speak. She said that the members should have input in the restructuring of the RCACs. She noted the uniqueness of the RCACs. Their voices are important, because they represent their communities. Mr. Baackes responded that he would like to toss all this stuff and talk with members. Because L.A. Care is a public entity, there are some structures it has to adhere to but he thinks it can do a better job and he has asked the staff to look at what can be done. He said that input from members would be wonderful.

	<p>Russel Mahler, <i>RCAC 1 Chair</i>, asked Mr. Baackes for copies of what L.A. Care is doing in Sacramento. Mr. Baackes responded that L.A. Care organized a coalition in June of last year. There was a conversation with the leadership of Medi-Cal program and to ask them if there would be an increase in rates to address the significant increase in the cost of nursing. Because many providers, hospitals and clinics that L.A. Care members go to can't hire nurses. If they can even find them, they can't afford them, because cost has gotten so high as a result of the pandemic and people leaving the business. They told L.A. Care no and he did not find that satisfactory. He does not have anything that he can share in writing, but is happy to continue to provide verbal reports.</p> <p>Maria Sanchez, <i>RCAC 5 Chair</i>, said she would like L.A. Care to continue its efforts on gun violence prevention and she would like to help in any way possible. Mr. Baackes thanked for her offer to help L.A. Care's efforts. He will ask staff to find a way to get members more involved.</p> <p>Member McFerson said to Mr. Baackes that they have the right to speak, this is a delegation, not a dictatorship, they should be able to talk to each other and come up with feasible solutions to help L.A. Care. She said "If people are handpicked to speak for particular amount of time by the Chair, point of order, can we please speak to the Chair about solutions to better our community? That's why we got voted in."</p> <p>Chairperson Vazquez said that they have to follow the agenda and asked that members with questions can email them to staff for a response.</p> <p><i>(The meeting was paused due to a medical emergency.)</i></p>	
UPDATE FROM CHIEF MEDICAL OFFICER	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, gave the Chief Medical Officer update.</p> <p>He thanked ECAC for the time granted to him to speak with the committee. It is always a pleasure to speak with them and this is one of the bright moments of his month whenever they have the chance to get together. He wanted to center his comments today around a few points. One is the achievements they have had around helping those with housing instability and another around school behavioral health program. He said he has spent the last two months looking at the makeup of his team and trying to figure out how he can put into a structure that will allow his teams to better treat and support the members. These changes took effect on February 27 and he is proud to say they are in a better place to serve members with clear lines of accountability and responsibility. The next phase is to make sure that L.A. Care is applying the right resources, particularly in how it helps hospitals move care forward for members, and assessing how provider groups are making sure they are doing the right quality of work. L.A. Care is making sure that it is providing the right oversight of all vendors and all delegates.</p>	

	<p>The other thing he has done in the last four months is get out in the community and spend a significant amount of time going out to the various community health clinics, Federally Qualified Health Centers and to the hospital systems, to make sure that they know they have a direct connection to him. He also wants to understand how care is provided to L.A. Care members. It has been an amazing experience and extremely enlightening for him. He has spoken to the Chief Executive Officers and the Chief Medical Officers and the various clinic members, as well as the members coming in and out. He said he has been able to hear their experiences and where they had issues, and try to address those from a global point of view.</p> <p>Housing Instability and Behavioral Health</p> <p>When it comes to housing instability, he proud to report that L.A. Care has now completed a report to the Department of Health Care Services (DHCS) for the Housing Homelessness Incentive Program (HHIP). L.A. Care conducted an internal assessment of how many points it can earn. The points allow L.A. Care to get the funding that it needs from the HHIP incentive program. The funding will be put back into the community to help members with housing instability. L.A. Care performed even better than anticipated, and the performance results brought an increased amount of funding that was not anticipated. Fortunately, we have a place to put it, and that is back into the community. L.A. Care is putting that right back into programs and investments, particularly with the L.A. Care homeless initiative funds it has available.</p> <p>On February 21, DHCS awarded L.A. Care \$20.7 million under the school behavioral health incentive program to help with behavioral health training, workforce capacity, and IT infrastructure, in partnership with Health Net and the L.A. County Department of Education. There is additional funding allocated for this assessment that will be reinvested back into programs for the members.</p> <p>Member McClain thanked Dr. Amin for being here and said that she is from RCAC 9 and represents Seniors and People with Disabilities. She is proud and happy for what he has accomplished at L.A. Care so far. She would like to put on the table that there was a time when exam tables for disabled people and seniors were not available at doctor offices, emergency rooms, and hospitals. She noted that a member needed medical services and she was unable to get on an exam table because she was in a wheelchair. ECAC helped procure accessible tables for some providers and hospitals through grants from L.A. Care. She would like that work to continue. She noted that seniors also need housing and just because people say it is accessible does not mean it is actually accessible. Dr. Amin thanked her for her comments and said that he will look into the program she is speaking of to make sure that work continues.</p> <p>Silvia Poz, <i>RCAC 4 Chair</i>, asked how points are accumulated to get help with housing.</p>	
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	<p>Dr. Amin responded that there is a list of activities that L.A. Care needs to demonstrate in order to provide this help. There are about 30 criteria, and each gives an assessment of how we've done. It's basically a report card and the report card translates to how many incentive payments L.A. Care receives and we can put that funding into further homelessness efforts.</p> <p>Member McFerson thanked Dr. Amin for attending the meeting and providing this necessary information. She noted that they have family members that are disabled, low income, and homeless. She said she has been homeless before. She said that she is disabled and had brain surgery. She said that as L.A. Care is building that program, the incentives, some things like that, you kind of need someone who is homeless, who is disabled to actually make it so that L.A. Care can make it more feasible for the people who need those incentives. She asked if he can sit down with someone or a group of people that they can delegate what they voted on and have those presented to ECAC. That is why they are there, with the advisory committee; she asked if there is any way they can speak on those issues. She also asked if the meeting can be hybrid in case people are not able to make it in person. Dr. Amin responded that has been making sure on this specific HHIP program, that he has a much more detailed regular report than the one he gave today, that is presented in public sessions during the board meetings, and hopefully members will attend. Those discussions are ongoing and publicly available and you can see all the measurements there and can contribute to the conversation during the open comment period. The second thing he would say is that the strategy L.A. Care has used is to find the right places in the community to put the incentive payments.</p> <p><i>(Member Lluvia Salazar joined the meeting.)</i></p> <p>Cynthia Contreas-Wood, RN, RCAC 3 Chair, stated that the tables were exam tables for people who could not get on regular exam tables. She asked for more information about the school program. Dr. Amin responded that it is to focus on the IT infrastructure and the workforce to make sure they have the appropriate staffing.</p>	
UPDATE FROM L.A. CARE EQUITY STEERING COMMITTEE	<p>Alexander Li, MD reported:</p> <p>He thanked ECAC for the invitation and hopes that everything is all right with the members. He also thanked the committee for advocating on behalf of L.A. Care members. He noted that they are very important and a central advisory committee at L.A. Care. He said staff really appreciates and values their time here for advocating on behalf of members. For those that don't know him, he is the new Chief Equity Officer at L.A. Care and previously was the Deputy Chief Medical Officer. He noted that he was also previously an L.A. Care Board member. He said he often sees patients in both South L.A. as well as East L.A., so he knows L.A. County residents very well. He said he has been in this role for six weeks now and it is an incredibly exciting role. This opportunity is a way to think about</p>	

health care both in terms of physical well-being as well as social services. He noted that many members here talk about homelessness as one of the biggest challenges L.A. Care has for members and he couldn't agree more. During the pandemic, L.A. Care saw that there were individuals and communities that were able to bear down and weather through the pandemic, and also members of our community that had lots of challenges, in particular people who are homeless, people of color, and people working in the service industry, and children of school age. We know that many of them have fallen behind in their education or fallen behind in their physical and social skills, as well as in their treatment for mental illness. L.A. Care saw a lot of challenges that have arisen through this pandemic. He said that L.A. Care's Equity Council was created in 2020, so this is not something new. He is stepping into an area where L.A. Care has an established process. It consists of three committees. L.A. Care has a committee for providers. L.A. Care decided to focus the equity council to be one of its providers as opposed a vendor. It felt that its vendors had a fairly solid guardrails around the efforts to make sure that its subcontractors are thinking about equity and both workforce as well as in the services it provide. There is also an internal L.A. Care workforce committee. L.A. Care gave them a spot in terms of how it wants to reconstruct and reimagine this council with a partnership with human resources as well as efforts that are required of LA Care with regard to diversity, equity, and inclusion training, and health equity, and to embody that and embrace that for our staff. One example is reduction of gun violence and gun safety, things that everyone should support.

L.A. Care is predominantly a Medi-Cal plan and he thinks mom and kids are the first and foremost priorities to ensure the most successful start in life. Unfortunately, with the pandemic, there are many people that have fallen behind in prenatal care or vaccinations, as well as in mental health, where he can see a tremendous amount of disparity. These are s target groups, in addition to the homeless, with regard to building out streamlined medicine programs and coordinating housing, vouchers and support.

Another one, in partnership with Dr. Amin and the team, is in thinking about furthering efforts around children and kids. During this pandemic, there were three years of relatively inactivity where a lot of kids were on Zoom or WebEx, they were unfortunately, left behind in social interactions, mental wellness and physical activity. These are effects that would have lasting impact on health and wellness.

Member McFerson thanked Dr. Li for his update. His information is very needed and appreciated by people who need those services. She noted that she has epilepsy and is still speaking up for people. She asked about the partnership with Human Resources, who makes those decisions, and who contributes to the focus group. She asked if the provider committee gives information. She asked that they do some sort of survey and just like an election of the president. Have it so that each person can make their own comment and vote and different things like that and give it inadvertently so that they do not put their own

	<p>business out there. Because some people are not welcomed to put their own information out there because they are scared that their providers would not give them proper health care or they might retaliate. She asked if he is hand choosing those people that are involved in the committees. Dr. Li responded that the partnership with Human Resources is more internally focused around the L.A. Care workforce. He pointed out the restructure of the RCACs. He thinks this is something he would love to engage with members. The team led by Mr. Oaxaca, in terms of how to move forward with, a more connected partnership. He thinks about the years of incredible history with the RCACs, and he would love to take advantage of that and partner with RCAC members.</p> <p>Member McClain thanked Dr. Li for his sharing his information and she appreciates what he is doing with the Steering Committee. She noted that he did not mention Seniors and People with Disabilities so she is hoping that he can put that on the table. She said homelessness is a major issue for people with disabilities and seniors because they rely on a fixed income and they have to choose between where they will live or get their medicine. She also stressed the need for housing to be accessible for disabled people. Dr. Li thanked her for her comments.</p>	
BOARD MEMBERS REPORT	<i>This agenda item was postponed until the May 2023 ECAC meeting due to time constraints.</i>	
COMMUNICATIONS AND COMMUNITY RELATIONS DEPARTMENT UPDATE	<p>Francisco Oaxaca, <i>MBA</i>, gave a Communication and Community Relations Department Update (<i>a copy of the written report can be obtained from CO&E</i>).</p> <p>Lluvia Salazar, <i>Member At-Large</i>, stated that ECAC needs to come together because they are a group not individuals. The community resource centers are also part of this group. The members are the ones who requested these centers in their neighborhoods and there needs to be more communication with the community. She asked that there be a representative from each community resource center to provide updates about their activities.</p> <p>Member McFerson said that she appreciates the update. She asked, “if we do form these groups that were suggested, will that end the advisory committees in anyway as of 2024? Would that make it so that we do not focus equally as a RCAC member or as an ECAC? What will change? Will we still be an advisory committee? In addition, specifically, how is the communication and outreach participants, how are they chosen? Will that be announced at each RCAC meeting?” Ms. McFerson asked if ECAC would be able to vote on these issues.</p> <p>Mr. Oaxaca responded that RCACs and the ECAC are not going away. These are additional opportunities for engagement. Therefore, they are mandated committees of the Board. That structure will not change. What L.A. Care is trying to do is implement an innovative approach that will create new outlets for discussions and new additional opportunities to</p>	

	<p>have discussions that really are difficult for us to have in the current structure based on the way that ECAC and the RCACs are required to operate. L.A. Care is trying to create broader opportunities for discussion.. There is going to be much more discussion with each of the RCACs about the details. Mr. Oaxaca stated that staff would not be in as much of the position of selecting who should participate, as the new process will allow opportunities for members to determine their interest. Members who are interested in having a role in certain discussions will come to us and say, “I’m really interested in advocacy, “I want to engage with L.A. Care on advocacy” or “I’m really interested in social determinants of health” and “I want to be a part of that group.” The focus groups will be a little more intentional because L.A. Care will want to hear from certain members who have things in common around a certain topic</p>	
MEMBER ISSUES	<p>Member Lara stated that members in her community had issues getting a same day appointment with their doctor and they lack a contracted urgent care. A member also had issues accessing their caseworker at L.A. Care. They needed help getting a referral and no one followed up with him. She also reported that a member had trouble getting their stipend for attending ECAC and RCAC meetings. She noted that Finance Department is using a new computer system and were having issues. She said staff was looking into the problem.</p> <p>Member McFerson said that she went to the Board and asked that there be food provided to the RCACs. She said they are dealing with low-income people and only have one meal a day. She noted they used to having food at RCAC meetings and some people are now catching buses. She asked they make sure that RCAC members get one meal every two months. She said that the raising of the stipend could be in the form of a gift card.</p> <p>Member Sanchez stated that members are having issues setting an appointment at a community clinic medical conditions or health problems. They are asked to schedule additional appointments when they are already at the doctor’s office. She said that the doctor should give members the opportunity to speak about their health issues.</p>	
OLD BUSINESS		
BOARD OF GOVERNORS ELECTIONS	<p><i>Due to time constraints this agenda item was not discussed. A copy of the report was distributed to the committee and is available by contacting CO&E.</i></p> <p>Member McFerson asked when the deadline for Board Seat applications is.</p> <p>The deadline for applications is April 12, 2023 at 3:00 P.M.</p>	
ECAC AD HOIC COMMITTEE MEMBER SURVEY	<p><i>Due to time this agenda item was not discussed.</i></p>	

NEW BUSINESS		
SEXUAL ORIENTATION GENDER IDENTITY (SOGI) PRESENTATION	<i>This agenda item was postponed until the May 2023 ECAC meeting due to time constraints. A copy of the report was distributed to the committee and is available by contacting CO&E.</i>	
FUTURE AGENDA ITEMS		
	<p>Member Mahler would like an update on the restructure of the RCACs. He would like to be able to pass that information on to his RCAC members.</p> <p>Member McClain said she is glad they are meeting in person again. She said she would like ECAC to go through the emergency drill so they know what to do in case of an emergency.</p> <p>Maria Angel Refugio, <i>RCAC 11 Chair</i>, said that she would like to receive a presentation on how to select a new doctor and make a doctor change.</p> <p>Member McFerson would like to know how to suggest different presenters to their RCACs according to the necessities of the public. She would like more involvement with planning RCAC meeting agendas. She feels they are being spoken at and not spoken to.</p> <p>Member Poz asked for more information on COVID-19. She heard a report that anyone going into the hospital to get treated for COVID-19 will have to pay for those services. She said that they will also have to pay for testing about \$50.</p>	
PUBLIC COMMENTS		
	<i>No public comment was submitted.</i>	
ADJOURNMENT		
	<p>Ms. De La Torre stated that the Board Seat Application is due at 3:00 P.M. today.</p> <p>Member McFerson said she is there to give everyone a voice. She would like ECAC to go back to being a family. She said she loves everyone. She is there only here for one purpose. She does it for people who don't receive proper health care.</p> <p>Member Poz said that the redetermination papers are being mailed. She said that members can visit the website or call 702-202-2210 to get assistance.</p> <p>Dr. Li stated via chat that there is no charge for COVID-19 testing for L.A. Care members.</p>	

	Chairperson Vazquez thanked the interpreters, L.A. Care staff, and the public for attending. The meeting was adjourned at 1:00 p.m.	
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RESPECTFULLY SUBMITTED BY:

Victor Rodriguez, *Board Specialist II, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Linda Merkens, *Senior Manager, Board Services*

APPROVED BY

Fatima Vasquez, *ECAC Chair* _____

Date _____

	Chairperson Vazquez thanked the interpreters, L.A. Care staff, and the public for attending. The meeting was adjourned at 1:00 p.m.	
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APPROVED BY

Fatima Vasquez, *ECAC Chair*

Date 08-10-2023

