

# Board of Governors

## Executive Community Advisory Committee (ECAC)

### Meeting Minutes – May 14, 2025

1055 W. 7<sup>th</sup> Street, Los Angeles, CA 90017



**L.A. Care**  
HEALTH PLAN

ECAC Members	RCAC Members/Public	L.A. Care Board of Governors/Senior Staff
<p>Maria Mayoral, RCAC 1 Chair **  Alicia Flores, RCAC 1 Vice-Chair  Ana Rodriguez, ECAC Chair and RCAC 2 Chair  Gladis Alvarez, RCAC 3 Chair  Estela Lara, RCAC 4 Chair  Marco Galindo, RCAC 5 Chair  Hilda Perez, RCAC 6 Chair  Maritza Lebron, RCAC 7 Chair  Tonya Byrd, RCAC 8 Chair  Brynette Cruz, At-Large Member  Deaka McClain, TTECAC Vice-Chair and At Large Member</p> <p>* Excused Absent    ** Absent  *** Via teleconference</p>	<p>Katlynn Mory, Closed Captioner  Izmir Coello, Interpreter  Shelly Hash, Interpreter  Sonia Hernandez, Interpreter  Alex Mendez, Interpreter  Vanessa Munoz, Interpreter  Andrew Yates, Interpreter</p> <p>Aida Aguilar, Public  Sandra Aramburo, Public  Scot Clapson, Public  Celia Hernandez, Public  Celia Juarez, Public  Dorothy Lowery, Public  Russel Mahler, Public  Andrea McFerson, Public  Elmano Osorio, Public  Lisa Poleshek, Public  Silvia Poz, Public  Demetria Saffore, Public  Joyce Sales, Public  Alicia B. Talyor, Public  Maria Toscano, Public  Julia Wong, Public</p>	<p>Layla Gonzalez, Advocate, Board of Governors  Fatima Vazquez, Member, Board of Governors  Sameer Amin, MD, Chief Medical Officer  Noah Paley, Chief of Staff, L.A. Care Health Plan  Francisco Oaxaca, Chief of Communications and Community Relations  Maricel Amurao, Member Advocate, Member Relations Services, Even MORE Outreach &amp; Service  Tyonna Baker, Community Outreach Field Specialist, CO&amp;E  Shernedra Brown, Community Outreach Project Specialist, CO&amp;E  James Bugay, Quality Improvement Project Manager II, Quality Improvement  Jorge Chavez, Help Desk Technician III, Production Support and Help Desk  Kristina Chung, Community Outreach Field Specialist, CO&amp;E  Idalia De La Torre, Field Specialist Supervisor, CO&amp;E  Auleria Eakins, Manager, CO&amp;E  Ramon Garcia, Community Outreach Field Specialist, CO&amp;E  Felicia Gray, Quality Improvement Specialist I, Quality Improvement  Hilda Herrera, Community Outreach Field Specialist, CO&amp;E  Joshua Lopez, Temp, IT Operations &amp; Infrastructure  Frank Meza, Community Outreach Field Specialist, CO&amp;E  Alfredo Mora, Staff Augmentation, Facilities Services  Cindy Pozos, Community Outreach Field Specialist, CO&amp;E  Victor Rodriguez, Board Specialist, Board Services</p>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	<p>Ana Rodriguez, <i>TTECAC Chairperson</i>, read the meeting rules guidelines and process for making public comments via Zoom chat and a toll-free line for WebEx bridge line listeners. She also mentioned that public members could submit comment cards and that they would be allowed time to speak during the appropriate agenda items. Chairperson Rodriguez welcomed L.A. Care staff and the public to the meeting and encouraged L.A. Care members with healthcare issues to contact the Member Services Department.</p> <p>Chairperson Rodriguez called the meeting to order at 10:00 A.M.</p>	
<b>APPROVE MEETING AGENDA</b>	<p><b><u>PUBLIC COMMENT</u></b></p> <p><i>Ms. McFerson stated that the agenda should better accommodate individuals with disabilities by allowing more time for public comment, in accordance with ADA rights. She expressed concern that the current time limits prioritize the clock over meaningful content, making it difficult for people with limitations to fully share their thoughts. She recommended more staff engagement to support those who may need help expressing themselves. Ms. McFerson also suggested that public comments be allowed after information is thoroughly explained, so participants can better understand how it affects them and the communities they represent.</i></p> <p><b>The Agenda for today's meeting was approved.</b></p>	<p><b>Approved Unanimously. 10 AYES (Alvarez, Cruz, Byrd, Flores, Galindo, Lara, Lebron, McClain, Perez, and, Rodriguez)</b></p>
<b>APPROVE MEETING MINUTES</b>	<p><b>The April 9, 2025, Meeting minutes were approved with the corrections noted above.</b></p>	<p><b>Approved Unanimously. 10 AYES</b></p>
<b>STANDING ITEM</b>		
<b>CHIEF MEDICAL OFFICER UPDATE</b>	<p>Sameer Amin, MD, <i>Chief Medical Officer Report</i>, reported about the L.A. Care Access, Service, and System Optimization (LASSO) Initiative (<i>a copy of the full report can be obtained from CO&amp;E</i>).</p> <p>LASSO was created in response to member feedback shared through Regional Community Advisory Committees (RCACs) and Executive Community Advisory Committee (ECAC). RCAC members reported issues such as difficulty finding doctors, delays in care, problems with referrals and prescription access, and unreliable transportation. The LASSO initiative is designed to address these concerns through a phased, organization-wide strategy that includes immediate fixes, short-term improvements, and long-term solutions. Key areas of focus include improving member education, ensuring adequate provider networks, and making operational processes more efficient. Early actions include listening sessions at</p>	

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	<p>RCACs, enhancing customer service support, streamlining access to durable medical equipment and prescriptions, and improving transportation services. Dr. Amin emphasized that the goal is to build a better healthcare experience by understanding and solving the root causes of these challenges and by partnering more effectively with providers to deliver timely and quality care</p> <p><b><u>PUBLIC COMMENTS</u></b></p> <p><i>Ms. McFerson stated that she appreciated Dr. Amin's report and has long advocated for increased staff engagement and better organizational communication. She emphasized the need for members to clearly understand their benefits and how to access services, including support systems like those offered at UCLA, where members can view their medical history and appointments online. She suggested that L.A. Care offer similar tools, along with personal assistance for members with limitations such as seniors, people with disabilities, or those recovering from serious health issues. Ms. McFerson also expressed concerns that past listening sessions felt one-sided, with members listening to facilitators rather than being heard themselves. She called for more time and meaningful interaction during these sessions so members feel comfortable sharing their concerns without being rushed.</i></p> <p><i>Ms. Saffore stated that while she appreciated the comprehensive nature of the LASSO program, reducing wait times would not be possible without increasing the number of providers in the network. She emphasized the need for more manpower to ensure the program's success.</i></p> <p>Dr. Amin explained several efforts are underway to improve access, including recruiting more doctors. L.A. Care has an Elevating the Safety Net program that pays for medical residencies with the goal of having those doctors serve Medi-Cal patients. L.A. Care has invested hundreds of millions of dollars to support it. That additional support systems are being developed to help doctors provide care more efficiently.</p> <p><i>Ms. Aguilar stated that many members have concerns and complaints about their providers and the care they receive. She asked if L.A. Care leadership has taken the initiative to meet with those providers to better understand the issues and explore ways to support them, such as improving appointment scheduling and referrals. She noted that some members struggle to advocate for themselves and suggested that better communication with clinics could help reduce member complaints.</i></p>	

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	<p>Noah Paley, <i>Chief of Staff</i>, responded that L.A. Care has already taken action in line with her suggestion. The network and contracting team met with East Valley clinic staff on May 2 to discuss service concerns raised by RCAC 3. The team also met with Venice Family Clinic leadership the day before the ECAC meeting to address similar issues raised by RCAC 5. Both clinics are working on improvement plans as a result of these discussions.</p> <p><i>Ms. Aguilar stated that while it is important for L.A. Care to support providers, members also have a responsibility to take action and speak up about issues rather than only complaining. She emphasized that RCAC members are encouraged to actively participate by voicing concerns, not just listening.</i></p> <p>Dr. Amin responded that although it is helpful when RCAC members raise issues, members do not always need to report problems directly because L.A. Care already has a monitoring system in place. L.A. Care’s compliance department tracks provider performance through turnaround times, referrals, and access to care. Providers are flagged with a green, yellow, or red status, and if concerns arise, the network team, led by Mr. Paley, follows up with those providers. L.A. Care holds regular meetings with provider groups to review performance and ensure accountability. While L.A. Care does not directly provide clinical care, its role is to oversee and hold contracted providers to high standards.</p> <p>Mr. Paley encouraged members to use RCAC meetings to report any issues they are experiencing. CO&amp;E staff are available to collect those concerns and pass them along to him and the network team. This process allows L.A. Care to follow up with clinics, as they did with East Valley and Venice Family Clinics, in addition to the ongoing monitoring already in place.</p> <p>Dr. Amin added there is a formal process in place for holding providers accountable. There is a regular joint operations meetings where L.A. Care shares performance evaluations with providers. If a provider is underperforming, they receive a warning and are required to submit a written response. L.A. Care follows up on that response, and if issues continue, providers may face sanctions—including financial penalties or removal from the network. Dr. Amin emphasized that ensuring quality care through provider oversight is a core part of L.A. Care’s daily operations.</p> <p><i>Ms. Lowery stated that she continues to experience issues with medical transportation and asked if L.A. Care could notify all receptionists handling ride reservations that members are entitled to transportation for attending meetings and medical appointments. She explained that some staff are unaware of this benefit, and she often</i></p>	

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	<p><i>has to go through unnecessary steps to prove her eligibility. She suggested that sending an email to clarify this policy could help reduce confusion and improve service.</i></p> <p>Mr. Paley stated that Call the Car had recently presented at RCAC, ECAC meeting and Board meeting, to explain improvements in their services for L.A. Care members. He acknowledged that if any transportation issues persist, he would follow up directly to ensure members receive the services they need. He highlighted the company's increased efforts to improve customer service specifically for L.A. Care members.</p> <p><i>Ms. Lowery asked if L.A. Care handles transportation providers with the same level of accountability as clinics.</i></p> <p>Dr. Amin explained that Call the Car is treated like any other provider group. While each provider has its own systems, L.A. Care's role as a health plan is to hold them accountable for quality and service.</p> <p><i>Ms. Lowery shared that healthcare navigators have been essential in helping her advocate for herself, especially during three-way calls with providers. She explained that when navigators are involved, providers are more likely to cooperate and approve necessary medications. She noted that, unfortunately, it often takes several steps and advocacy to receive the care she needs.</i></p> <p>Dr. Amin noted that while most primary care doctors provide excellent service, there are occasional negative interactions, and L.A. Care is committed to addressing those cases.</p> <p>Member Lebron stated she has personally received good follow-up from L.A. Care after submitting a complaint, and she appreciates the support she has experienced. However, she also expressed concern about gaps in the housing navigation services, especially for people in difficult situations. She shared the example of someone in her community who had gone through three housing navigators without getting the help they needed. She asked that this issue be investigated to prevent it from happening to other members.</p> <p>Dr. Amin noted that housing navigation is a challenging area due to the limited availability of housing in Los Angeles County. He acknowledged the concern and said he would refer the matter to the appropriate team for further attention. He expressed appreciation that she has noticed improvements in member services.</p> <p>Vice Chair McClain stated that patients, particularly seniors and individuals with disabilities, are often told they only have 15 minutes with their doctor and are limited to discussing one</p>	

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	<p>issue per visit. She expressed concern this practice is unfair, especially when it can take months to get an appointment, leaving patients rushed and unable to fully express their concerns. This issue needs urgent attention and proposed a solution: having a designated support person, such as a member advocate, stay with the patient after the doctor leaves to help take notes, answer follow-up questions, and relay important information back to the doctor.</p> <p>Dr. Amin noted that the limited time during medical appointments is a widespread problem that extends beyond L.A. Care and affects the broader healthcare system. He agreed that doctors need to spend more time with patients and stated that L.A. Care has systems in place to encourage this. He supported the idea of having assistance for members during medical visits and shared that L.A. Care offers care managers who can help coordinate care and guide members through available resources. He recommended that members call Member Services to request access to care management support.</p> <p>Member Lara expressed her appreciation of Dr. Amin’s presentation on the LASSO Initiative and felt it was a valuable initiative. She recommended that each member be assigned a care management team to better support their healthcare needs, including determining whether someone can be accompanied to the hospital. She emphasized the importance of listening sessions during RCAC meetings, suggesting that some agenda items be removed to allow more time for members to share their experiences and concerns, as these sessions are essential for meaningful engagement.</p> <p>Mr. Paley noted that senior leadership is already working on improving how RCAC meetings are organized. Efforts are underway to optimize the structure of these meetings to better reflect member priorities and improve access to services through more targeted informational sessions and feedback opportunities.</p> <p>Member Perez expressed appreciation to both Dr. Amin and Mr. Paley for attending the full meeting and listening to members’ concerns. She asked whether the LASSO-related forums would be open to the broader community or only to RCAC members. She also brought up the topic of member education and navigation services, noting that many members are unaware of the resources available to them—such as the phone number on the back of their ID cards or how to request a care navigator. She stressed the importance of regular updates on the outcomes of issues raised by members, sharing that in the past, the interdisciplinary committee rarely followed up unless the matter was broad in scope, making the process feel ineffective.</p>	

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	<p>Dr. Amin noted he is committed to staying engaged and supportive. The LASSO team is working on integrating the listening sessions into RCAC meetings without disrupting the regular business agenda. Starting in June, these sessions will roll out more widely. To address member awareness, Dr. Amin highlighted several efforts underway, including new welcome materials, website updates, newsletters, and online tools aimed at helping members better understand and access their Medi-Cal benefits.</p> <p>Member At-Large Cruz expressed her appreciation for the LASSO presentation and found it encouraging to see action being taken on member concerns. She suggested that, in addition to training for providers, answering service staff and office personnel should also receive training, as their behavior often affects the member experience. She noted that even good providers can lose patients due to unprofessional or inefficient support staff, and recommended replacing underperforming answering services with approved alternatives.</p> <p>Member Byrd echoed the importance of improving provider performance but suggested focusing on positive reinforcement rather than sanctions. She proposed offering incentives to encourage both doctors and office staff to provide better service, citing that financial motivation could lead to improved care and member experiences. She acknowledged the pressures providers face and emphasized the value of support over punishment.</p> <p>Dr. Amin noted L.A. Care has a long-standing and generous incentive program managed by the Quality Improvement Department. This program rewards hospitals, skilled nursing facilities, and providers for delivering high-quality care. the incentives go well beyond standard Medi-Cal payments and represent a significant investment by L.A. Care to encourage continuous improvement in service delivery.</p>	
<b>ECAC CHAIRPERSON'S REPORT</b>	<p>Chairperson Rodriguez presented Motion ECA 100.0425 (<i>A copy of the motion can be obtained from CO&amp;E</i>).</p> <p><b><u>PUBLIC COMMENTS</u></b></p> <p><i>Andria McFerson stated that she has spoken with various stakeholders, including CO&amp;E staff and the Board of Governors, about the importance of increasing diversity within RCACs. She emphasized the need for representation from individuals with lived experiences across a wide range of perspectives, including chronic illness, mental health conditions, different racial and age groups, substance use recovery, and parenting. She proposed that having this kind of diversity would allow for more authentic, peer-to-peer engagement that reflects the real challenges faced by L.A. Care members.</i></p>	

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	<p>Vice Chair McClain clarified that only committee members are permitted to make motions.</p> <p><i>Demetria Saffore stated that she is concerned about the lack of racial diversity within the RCACs and questioned whether people from different racial backgrounds are being encouraged or welcomed to join. She observed that the current makeup of the committees does not reflect the diversity of the population L.A. Care serves.</i></p> <p>Auleria Eakins, Ed.D, Manager, Community Outreach &amp; Engagement noted that L.A. Care is open to all groups and is actively reviewing how diversity is defined and represented. Internal discussions are underway to explore more intentional outreach strategies using various tools, programs, and platforms to engage a broader and more diverse group of potential participants. She acknowledged that this effort takes time and requires thoughtful planning.</p> <p><b><u>ECA 100.0425</u></b>  <b><i>Motion to recommend approval of new candidate (s) for RCAC membership.</i></b></p>	<p><b>Approved Unanimously. 10 AYES</b></p>
<p><b>COMMUNICATIONS AND COMMUNITY RELATIONS UPDATE</b></p>	<p>Ms. Eakins, gave the following report.</p> <p><u>2025 Elections</u></p> <p>Dr. Eakins provided an update on the 2025 election process, titled “The Road to Elections.” Members were informed that candidates are beginning to visit RCACs to introduce themselves, share their lived and professional experiences, and explain why they are best suited to serve as the next consumer board representative or advocate/community-based organization representative on the Board of Governors.</p> <p>To help members make informed decisions, a virtual “Meet the Candidate” event is scheduled for Wednesday, June 4, from 10:00 a.m. to 12:00 p.m. Members can participate by phone or Zoom using the information provided in the flyers distributed at the meeting. The in-person Election Conference will be held on June 17 at St. Anne’s Conference Center from 8:00 a.m. to 3:00 p.m. Members who wish to attend must RSVP and request transportation by Friday, May 30, so the event can be properly coordinated.</p> <p>She noted that due to increased interest in working with advisory members, CO&amp;E staff may contact individuals to participate in engagement activities such as focus groups, one-on-one interviews, surveys, and listening sessions. These efforts are designed to gather feedback and improve services for L.A. Care’s more than 2.8 million members.</p> <p>Mr. Paley noted that L.A. Care staff and senior leadership are actively working to improve how RCACs are run, in response to member concerns. The main goals are to increase</p>	



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	<p>diversity within advisory committees, enhance accountability of committee leaders, and reduce barriers that prevent members from feeling heard or offering meaningful input. To support these goals, L.A. Care plans to:</p> <ul style="list-style-type: none"> <li>• Facilitate listening sessions led by consultants to gather RCAC members' thoughts on diversity and possible changes to committee structure and meeting agendas.</li> <li>• Provide leadership coaching and capacity-building support for RCAC Chairs and Vice Chairs.</li> <li>• Offer additional staff training on inclusive practices to ensure that all members' voices are welcomed and respected.</li> </ul> <p>Mr. Paley emphasized that the overall objective is to foster open discussion, build consensus, and ensure that members have more opportunities to shape the direction of services that impact them.</p> <p><b><u>PUBLIC COMMENTS</u></b></p> <p><i>Andria McFerson stated that she appreciated Mr. Paley and Dr. Eakins for attending and speaking at the meeting. Due to the time limit, she requested a separate opportunity to speak with both of them directly about her concerns. She emphasized the need for more outreach and peer-to-peer communication within the RCACs to help members feel comfortable sharing their experiences. Ms. McFerson also suggested that RCAC members should receive stipends, noting that many are low-income and could benefit from financial support to help meet basic needs. She expressed that this support would strengthen the effectiveness of L.A. Care's community engagement efforts.</i></p> <p><i>Joyce Sales stated that she had a longstanding question regarding the status of the peer-to-peer community outreach program, specifically the Health Promoter Program. She noted that this question has been raised repeatedly for nearly two years and asked for an update on whether the program would be reinstated. She directed her question to either Francisco or Auleria, or both.</i></p> <p>Francisco Oaxaca, <i>Chief of Communications and Community Relations</i>, noted the Health Promoter Program is still active but has been undergoing a transition to better meet community needs. During the COVID-19 pandemic, health promoters could not be deployed, which led L.A. Care to re-evaluate how the program could add more value moving forward. Health Promoters are currently supporting programs that address care gaps, managing social media to share health-related information, and interacting with the community online. Tanisia Johnson, <i>Supervisor, Health Promoters Program, Community Outreach and Engagement</i>, is leading a restructuring of the program, which is set to be launched in early</p>	

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	<p>October. The new model will create expanded roles for health promoters and increase the number of promoters from 16 to potentially 20–24. A formal application and selection process, similar to RCAC membership selection, will be implemented, with outreach conducted to all RCACs and ECAC. The program will aim to boost diversity by recruiting members from underrepresented parts of the county and community groups.</p> <p>Mr. Oaxaca explained that the current health promoters are involved in a wide range of activities, including staffing resource centers, attending health screenings, vaccination clinics, and back-to-school events. They also support chronic disease programs focused on colorectal cancer and hypertension, working in collaboration with organizations such as the American Cancer Society and American Heart Association. These programs often include multi-week classes to help participants manage their conditions effectively.</p> <p>Member Perez stated that she and other members previously raised concerns about the composition of RCACs, including the need for more diversity in terms of ethnicity, sexual orientation, seniors, individuals with disabilities, and representation across different lines of business, especially since some RCAC areas have been merged. She noted that Ms. Gonzalez had suggested forming an ad hoc committee to explore these issues further and asked for an update on the status of that discussion.</p> <p>Dr. Eakins noted that L.A. Care leadership shares the same concerns and is actively working on this matter. She assured members that a team, including herself, Mr. Oaxaca, Mr. Paley, Ms. Santana-Chin, and Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i> —are planning a thoughtful approach and intends to present their work within the next month or two. She emphasized that time is needed to ensure that any proposed changes are well-researched and meaningful.</p> <p>Mr. Oaxaca added that ensuring diversity in RCACs is a top priority and an ongoing process. While membership changes over time, L.A. Care has made significant recruitment efforts, including forming a new community partner group made up of 20 to 25 community-based organizations that meet quarterly. These groups help recruit members from across Los Angeles County, particularly those from underserved populations. He also noted that L.A. Care now reports quarterly to the Department of Health Care Services (DHCS) to demonstrate efforts to meet state expectations on advisory committee diversity.</p> <p>Member Perez asked whether undocumented individuals who recently gained Medi-Cal coverage and are now L.A. Care members, are eligible to join RCACs.</p>	

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	<p>Mr. Oaxaca noted that the only requirement for RCAC membership is that the individual is an active L.A. Care member. L.A. Care does not inquire about immigration status, and such information is not necessary for participation.</p> <p>Ms. Gonzalez stated that her comment was directed to Mr. Paley and Dr. Amin regarding the listening sessions. She expressed concern that in the past, these sessions felt like one-way communication rather than true discussions. She emphasized that terms like “discussion” imply two-way engagement and suggested that the title “listening session” be reconsidered to better reflect a format that encourages open communication and genuine member input.</p> <p>Mr. Paley thanked Ms. Gonzalez and noted that the goal is to engage in active listening. During a recent Board of Governors Executive Committee meeting, leadership committed to improving RCACs by truly listening to members. The listening sessions are meant to empower members to suggest and reach consensus on changes to the RCAC structure, ensuring more inclusive and diverse participation. The intent is not to deliver information one-way, but to create a space for meaningful two-way dialogue.</p> <p>Member Lebron thanked the speakers and raised the concern that the current one-minute time limit for public comments is not enough to fully express thoughts. She proposed that each RCAC should have at least 20 health promoters, specifically mentioning the need for Spanish-speaking promoters. She expressed that the current number of 16 to 24 promoters is insufficient to meet the needs of the community and called for the program to expand. She also emphasized the strong emotional connection between community health and overall well-being and suggested that mental and emotional health support be integrated with physical health services.</p> <p>Ms. De La Torre then asked Mr. Rodriguez to clarify whether a specific motion had passed. Mr. Rodriguez confirmed that the motion did pass after reviewing the recording and verifying that it received enough votes.</p> <p>Ms. De La Torre added that although the motion passed, the Board decided to initiate an investigation as requested by the committee. She explained that the Board has already acted on this for the East Valley clinic and proactively for the Venice clinic. Both clinics were asked to acknowledge the issues raised and submit corrective action plans. She stated her intention was simply to provide members with an update on the status of previous and current motions, not to influence their decisions.</p>	
<b>MEMBER ISSUES</b>	<b><u>PUBLIC COMMENTS</u></b>	

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	<p><i>Ms. Saffore stated that after a recent emergency room visit, the ER doctor instructed her to follow up with her primary care provider within three days. However, she was unable to schedule an appointment for four months. She emphasized that this delay in care is unacceptable and urged that the long wait times within that medical group be investigated and addressed.</i></p> <p><i>Ms. McFerson expressed concern about ongoing racial disparities in the RCACs, stating that the representation of races is not balanced and does not reflect the diversity of the population in Los Angeles County. She shared a personal and distressing experience at Cedars-Sinai Hospital, where she felt racially discriminated against and was wrongly accused of faking seizures. She reported being admitted to a psychiatric ward for two days as a result. Ms. McFerson offered to share more details via email and asked for support in addressing this incident.</i></p> <p>Ms. Gonzalez expressed concern about continuity of care issues for members in L.A. Care’s PASC-SEIU line of business, which only has about 50 members. She explained that when members switch between Medi-Cal, Covered California, and PASC-SEIU, they often cannot keep the same doctor due to the small network available under PASC-SEIU. This has led to ongoing problems with accessing care and medications.</p> <p>Mr. Paley responded that L.A. Care aims to create overlapping provider networks across its different lines of business to ensure continuity of care for members transitioning between plans. The PASC-SEIU plan is limited because it must use the county health system. He noted that with county approval, L.A. Care has been able to add a few more provider groups and contracts both directly and indirectly with primary care physicians. He also reported that the direct network includes a robust specialty care network that is 99% adequate according to regulatory standards. L.A. Care has received permission from the Department of Managed Health Care to allow specialists from the direct network to serve PASC-SEIU members, and the organization continues to seek approvals from state and county agencies to address these challenges.</p> <p>Ms. Vazquez reminded members that a 2025-member guide was recently mailed to their homes, which provides a helpful reference for available benefits and contact information for support. Many clinics are meeting members’ expectations but pointed out issues with lab services. She specifically noted that appointment dates are sometimes inaccurate or unavailable, which can lead to confusion and unmet expectations, especially when lab work is involved. She suggested this is an area that could be improved.</p>	
<b>NEW BUSINESS</b>		

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<b>DIABETES FOCUS GROUP</b>	<p>James Bugay, <i>Quality Improvement Project Manager II, Quality Improvement</i>, gave a presentation about an upcoming Diabetes Focus Group (<i>a copy of the presentation can be obtained from Board Services</i>).</p> <p>The upcoming Diabetes Management Focus Group is part of a quality improvement initiative at L.A. Care. The significance of the topic, citing data from the Centers for Disease Control and Prevention (CDC) showing that 38.4 million people in the United States live with diabetes, including 3.2 million adults in California. Mr. Bugay noted that 5.9 million Californians are prediabetic, with the highest prevalence among individuals aged 45-64 and those 65 and older. The purpose of the focus group is to determine whether L.A. Care's messaging around diabetes management is clear and effective. The goal is to hear directly from members about what is working, what needs to be changed, and where there are opportunities for improvement. Through this feedback, the team hopes to understand gaps in its projects and educational materials and to gain a fresh perspective from the member experience. Mr. Bugay described what members should expect, noting that they will receive materials in advance such as pictures, discussion questions, and a schedule. The session is expected to take place at an L.A. Care Community Resource Center at the end of June. More logistical details, including information on transportation, parking, and snacks, will be shared soon.</p> <p><b><u>PUBLIC COMMENTS</u></b></p> <p><i>Ms. McFerson asked whether the participants for the upcoming Diabetes Management Focus Group would be handpicked and if the selection process would consider factors such as population diversity, age, family status, or members who may have difficulty communicating but are living with diabetes. She emphasized the importance of including representatives from different groups to ensure broad and meaningful input. Additionally, she suggested that all RCACs—not just RCAC 4, where the event will take place—should be invited to participate in the focus group to make the opportunity more inclusive and representative of the entire membership.</i></p> <p>Ms. Bugay explained that while the original plan was to select focus group participants based on specific criteria like age and race, the high number of people affected by diabetes led them to broaden the approach. Instead of limiting by demographics, the team decided to open participation more widely and focus on collecting meaningful feedback to improve diabetes-related materials. Members who are unable to attend the focus group can still review the materials and provide input, which will help improve the content over time.</p>	

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	<p>Ms. De La Torre clarified that field specialists have been calling members to ask about their health conditions and lived experiences specifically to help identify potential participants for focus groups. She emphasized the importance of members sharing this information with their field specialists. Currently, only a few members, five English-speaking and seven Spanish-speaking, out of 150 RCAC members are recorded as diabetic, which limits outreach. Since each focus group is capped at 10 participants, and there can be multiple sessions, members who are diabetic and interested in joining are encouraged to contact their field specialist or reach out directly to Ms. De La Torre.</p> <p><i>Ms. Aguilar suggested that the diabetes focus groups include simple graphs and visuals to help participants better understand concepts like A1C levels, which many people are unfamiliar with. She emphasized that some individuals avoid certain foods or medications without truly understanding how blood sugar fluctuates during different activities or times of day. Ms. Aguilar recommended that focus group facilitators ask members if they know their A1C level and explain how it can be monitored every three months. She highlighted the importance of helping members understand that symptoms like dizziness could be related to blood sugar and not just blood pressure.</i></p> <p>Mr. Bugay appreciated Ms. Aguilar's input and clarified that the focus group materials will include visual aids and clinical information to help members understand their health status and A1C goals.</p> <p><i>Ms. Sales asked whether pre-diabetic individuals could join the focus group.</i></p> <p>Mr. Bugay confirmed that participation is open to them as well. The focus is on informing and listening to members, even those not formally diagnosed, to support proactive learning and feedback.</p> <p><i>Ms. Poz asked if L.A. Care could provide A1C testing machines for members to use at home. She mentioned that her clinic uses a small device during visits to check A1C levels without needing a full lab test, allowing results to be monitored more frequently than every three months. She suggested it would be helpful if members could have access to similar machines for use at home, especially as part of the diabetes education and training efforts</i></p> <p>Mr. Bugay acknowledged Ms. Poz's suggestion about providing A1C testing machines for home use and said he would take the question back to the appropriate internal teams since different departments handle different benefits. He committed to finding out whether this is possible and sharing any relevant information. Ms. De La Torre added that if Mr. Bugay</p>	

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	<p>receives an answer, he should forward it to her so that Mr. Rodriguez can include it in the meeting minutes.</p> <p>Member Lara clarified logistical details for the upcoming diabetes focus group sessions, stating they will be held at the Metro L.A. Regional Community Advisory Committee (RCAC) site located at 1233 S. Western Avenue, Los Angeles, CA 90006. Members should refer to the RCAC calendar for confirmation. She added that two sessions will be held: one in Spanish from 12:00 p.m. to 1:30 p.m. and one in English from 2:00 p.m. to 3:30 p.m.</p> <p>Mr. Bugay confirmed that the focus group will include 7 Spanish-speaking members and five English-speaking members. Attendees will receive a stipend, food, and transportation via Call the Car.</p> <p>Ms. Gonzalez raised an important point about the relationship between menopause and diabetes in women. She noted that, similar to how heart attacks present differently in men and women, diabetes also affects women differently, particularly during the ages of 45 to 64—a range that overlaps with menopause. She added that menopause can impact digestion and blood sugar levels, making it harder for women to manage their A1C, and causing feelings of helplessness due to the hormonal changes. She requested that this connection be explored in the diabetes focus group discussions and included in educational materials.</p> <p>Mr. Bugay thanked her for the input, acknowledged the relevance of her comments, and agreed to take them into consideration when developing the content of the informational packets.</p>	
<b>MOTION FROM RCAC 5</b>	<p>Marco Galindo, <i>RCAC 3 Chair</i>, presented Motion ECA 102 (<i>a copy of the motion can be obtained from CO&amp;E</i>). During the April 17, 2025, RCAC 5 meeting, members shared serious concerns about the quality and accessibility of services at Venice Family Clinic. The following issues were described:</p> <p><b>Doctor's Appointment Availability</b> According to consumer members, the typical wait time for an appointment range from three to four months. Moreover, appointments are frequently canceled at the last minute, often due to a doctor being unavailable. This leads to further delays, sometimes requiring patients to wait an additional three to four months for a new appointment.</p> <p><b>Medical Records</b> Members have raised significant concerns regarding the lengthy process involved in requesting medical records, particularly in situations where these records are needed for</p>	

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	<p>legal reasons or during transitions to a new primary care provider (PCP). Currently, individuals are experiencing delays of approximately six months, if not longer, before they receive their requested medical records. Many members have reported that, despite their persistent follow-ups, they have yet to receive their medical documents, leading to frustration and a lack of clarity regarding their medical histories. This prolonged waiting period is unacceptable and is causing undue stress for those who are trying to access their vital health information.</p> <p>Phone Access Issues Members reported that it can take up to two hours to reach clinic appointment line to make an appointment.</p> <p><b><u>Motion ECA 101.0625</u></b> For L.A. Care Health Plan to investigate and take immediate action to address the following items which impacts the member experience and quality of care.</p> <ul style="list-style-type: none"> <li>• Conduct a formal investigation into ongoing issues related to timely access and quality of services at the Venice Family Clinic. This investigation will focus on critical areas such as the availability of appointments and scheduling processes, timeliness of medical record requests.</li> <li>• L.A. Care internal departments – Contracting, Provider Network Operations, and Facility Site Review – will conduct an investigation that addresses the issues identified and provide contract review, follow-up, and corrective action based on findings to improve services of the Venice Family Clinic.</li> </ul> <p>The committee approved Motion ECA 102.0625.</p>	<p>Approved Unanimously. 10 AYES</p>
<p><b>ECAC CHAIR AND VICE CHAIR</b></p>	<p>Chairperson Ana Rodriguez presided over the Chair and Vice Chair Election.</p> <p><b><u>ECAC Chairperson</u></b> <i>(The candidates were given the opportunity to deliver their statements, respond to preselected questions, and answer additional questions from Committee members prior to the election.)</i></p> <p><b><u>Result of first round of voting:</u></b></p> <ul style="list-style-type: none"> <li>• Maritza Lebron – 6 votes</li> <li>• Ana Rodriguez – 4 votes</li> </ul> <p><b>Maritza Lebron received 6 votes and was elected ECAC Chairperson.</b></p>	



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	<p><b><u>ECAC Vice Chairperson</u></b>  <i>(The candidates were given the opportunity to deliver a their statements, respond to preselected questions, and answer additional questions from Committee members prior to the election.)</i></p> <p><b><u>Result of first round of voting:</u></b></p> <ul style="list-style-type: none"> <li>• Estela Lara – 6 votes</li> <li>• Deaka McClain – 2 votes</li> <li>• Ana Rodriguez – 2 votes</li> </ul> <p><b>Estela Lara received 6 votes and was elected Vice Chairperson.</b></p>	
<b>FUTURE AGENDA ITEM SUGGESTIONS</b>		
	<p>Member Cruz shared her support for the diabetes education focus group and suggested that similar focus groups should be developed in the future to address other important health issues, such as menopause and mental health conditions. She emphasized that educational efforts like these are helpful and should be expanded to include a wide range of health topics, not just diabetes.</p> <p>Member Perez reminded the group that during a previous Board of Governors meeting, she requested more programming for teenagers at the Community Resource Centers (CRCs). She pointed out that current activities are mainly designed for young children or older adults, and she believes there should be more events specifically tailored for teens to encourage broader family participation. She noted that this may require more organizational planning.</p> <p>Ms. Vazquez suggested improving how members access their benefits through L.A. Care. She acknowledged that more members are becoming familiar with using technology but emphasized the need for better communication and guidance on how to navigate available benefits online. She recommended that L.A. Care provide clear and accessible tools to help members understand and use their benefits effectively.</p>	
<b>PUBLIC COMMENTS</b>		
	<p><b><u>PUBLIC COMMENT</u></b>  <i>Ms. McFerson expressed frustration with how political leaders are handling serious issues like discrimination, reduced healthcare access, and SSI benefits, comparing it to being treated like a game. She believes society is increasingly divided along racial and economic lines. She called on RCACs to do more advocacy for American rights and freedoms, including healthcare. She also recommended that RCAC agendas include these discussions, that committee membership be improved, and that L.A. Care evaluate and promote doctors based on positive member reviews on their website.</i></p>	

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	<p><i>Ms. Lowery shared tips for improving treatment during doctor visits. She suggested bringing a social worker or caregiver whose only role is to take notes, which often leads to more respectful care. She believes that having someone accompany her—especially someone perceived as official—improves how she’s treated. She also noted that 3-way calls with navigators help, as they make providers act more professionally knowing the interaction might be recorded.</i></p> <p><i>Ms. Aguilar recommended that L.A. Care recognize and reward good doctors and clinics instead of only focusing on complaints. She shared that she personally prepares for medical visits by listing three important topics and always requests follow-up appointments. She proposed extending RCAC meetings by 30 minutes to an hour to better address broader community issues. She also requested regular updates from health promoters about their activities and encouraged members to take more responsibility for their own care to reduce unnecessary complaints.</i></p> <p><i>Ms. Poleshek advocated for more support for the autism community within L.A. Care. She shared her personal story about having to discover her twin daughters’ autism without guidance from her doctor. She called attention to a lack of early autism diagnosis and support services, especially for medical visits like blood draws and dental appointments, where children with autism may experience harm. She asked L.A. Care to improve support systems and resources for families like hers.</i></p> <p>Vice Chair McClain shared a personal reflection on her working relationship with Idalia. She admitted that although they initially clashed, their relationship grew stronger over time through open communication and mutual growth. Serving as Vice Chair helped her shift her perspective, and she expressed deep gratitude to Ms. De La Torre for supporting her and providing reasonable accommodations that helped her succeed in the role. She thanked Ms. De La Torre sincerely for contributing to her personal and professional growth.</p>	
<b>ADJOURNMENT</b>		
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:15 P.M.	

**RESPECTFULLY SUBMITTED BY:**

Victor Rodriguez, *Board Specialist II, Board Services*

Malou Balones, *Board Specialist III, Board Services*

Linda Merkens, *Senior Manager, Board Services*

**APPROVED BY**


Maritza Lebron, ECAC Chair

Date \_\_\_\_\_

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**APPROVED BY**  
  
Maritza Lebron, *ECAC Chair*  
Date 6/11/25