

# Board of Governors

## Temporary Transitional Executive Community Advisory Committee (TTECAC)

### Meeting Minutes – September 11, 2024

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
Roger Rabaja, RCAC 1 Chair Ana Rodriguez, TTECAC Chair and RCAC 2 Chair Silvia Poz, RCAC 4 Chair Maria Sanchez, RCAC 5 Chair Joyce Sales, RCAC 6 Chair Martiza Lebron, RCAC 7 Chair Ana Romo, RCAC 8 Chair Tonya Byrd, RCAC 9 Chair Damares O Hernández de Cordero, RCAC 10 Chair Maria Angel Refugio, RCAC 11 Chair * Lluvia Salazar, At-Large Member Deaka McClain, TTECAC Vice-Chair and At Large Member  * Excused Absent ** Absent *** Via teleconference	Izmir Coello, Interpreter Pablo De La Puente, Interpreter Sonia Hernandez, Interpreter Isaac Ibarlucea, Interpreter Eduardo Kogan, Interpreter Katelynn Mory, Captioner Andrew Yates, Interpreter  Norma Angélica Álvarez, Public Elizabeth Cooper, Public *** Silvia Sosio, Public Nereyda Ibarra, Public *** Estela Lara, Public Russel Mahler, Public Kimberly Martinez, Public Andrea McFerson, Public Maria Montes, Public *** Demetria Saffore, Public Dazzling Sanchez, Public	Layla Gonzalez, <i>Advocate, Board of Governors</i> Fatima Vazquez, <i>Member, Board of Governors</i> Sameer Amin, MD, <i>Chief Medical Officer, L.A. Care</i> Todd Gower, <i>Chief Compliance Officer, L.A. Care</i> *** Brigitte Baily, <i>Supervisor, Quality Improvement Department</i> *** Tyonna Baker, <i>Community Outreach Field Specialist, CO&amp;E</i> Malou Balones, <i>Board Specialist, Board Services</i> *** Idalia De La Torre, <i>Field Specialist Supervisor, CO&amp;E</i> Priscilla De La Torre, <i>Project Manager, Quality Manager</i> *** Auleria Eakins, <i>Manager, CO&amp;E</i> Ramon Garcia, <i>Community Outreach Field Specialist, CO&amp;E</i> Hilda Herrera, <i>Community Outreach Field Specialist, CO&amp;E</i> Christopher Maghar, <i>Community Outreach Field Specialist, CO&amp;E</i> Linda Merkens, <i>Senior Manager, Board Services</i> *** Frank Meza, <i>Community Outreach Field Specialist, CO&amp;E</i> Alfredo Mora, <i>Staff Augmentation, Facilities Services</i> Cindy Pozos, <i>Community Outreach Field Specialist, CO&amp;E</i> Victor Rodriguez, <i>Board Specialist, Board Services</i> *** Farid Seyed, <i>Lead Unified Communication Mobility Engineer, IT Operations &amp; Infrastructure</i>

AGENDA ITEM/PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
<b>CALL TO ORDER</b>	Ana Rodriguez, <i>TTECAC Chairperson</i> , explained 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.	

	Chairperson Rodriguez called the meeting to order at 10:02 A.M.	
<p><b>APPROVE MEETING AGENDA</b></p>	<p>Vice Chair McClain advised the members of the public that one minute will be allotted for public comment on each agenda item and asked that their comments be related to the agenda item.</p> <p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson, RCAC 5 Member, stated that unless there's a motion on the floor to take the minutes away, then there should not be less than, it states 3 minutes on the agenda but there should not be less minutes allotted. She said she needs ADA compensation or some sort of ADA rights so that she can have a little bit more time and she is in a lot of pain right now and it's debilitating. Unless there's a motion on the floor to take the minutes away, then there should not be less than, it states 3 minutes on the agenda but there should not be. But I need ADA compensation, I guess you can say, some sort of ADA rights so that I can have a little bit more time and I'm in a lot of pain right now and it's debilitating. But with that said, there must be a motion on the floor or approval of the depreciation of time.</i> Chairperson Rodriguez responded that as the chair she can reduce the time allotted for public comment. <i>Ms. McFerson responded that as the Chair, she is saying for the public record that she can depreciate the minutes even if they're not behind on time.</i> Chairperson Rodriguez responded that she can do so. <i>Ms. McFerson said that as far as the agenda goes, that should be discussed. And also with the budget sent to her should also be discussed on the agenda so she does not approve of this agenda today and it needs to be investigated if they are taking away minutes for public comment and there is no ADA provision.</i></p> <p>Ms. De La Torre stated that for clarity for everyone including TTECAC members, the Chair has authority to reduce the public comment time and she will determine if accommodations will be made for those individuals that need extra time. The Chair has that authority.</p> <p><b>The Agenda for today's meeting was approved.</b></p> <p>Ms. De La Torre advised the committee that Lidia Parra, <i>RCAC 3 Chair</i>, resigned from the committee and membership now stands at 12 members.</p>	<p>Approved.  8 AYES  (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, and Sanchez)</p> <p>3 Abstention  (Lebron, Romo, and Sales)</p>
<p><b>APPROVE MEETING MINUTES</b></p>	<p>Member Salazar would like Francisco Oaxaca, <i>MBA, Chief, Communications and Community Relations</i>, to invite the TTECAC to the grand opening of the South L.A. Community Resource Center. Ms. De La Torre stated that everyone will be receiving an invitation.</p>	<p>Approved.</p>

	<p>Member Lebron stated that on page 19, it looks strange. She suggested an agenda item regarding the Health Promoters program. She would like to see what L.A. Care is doing, if it's going to recruit, or if there will be spaces available. Ms. De La Torre stated that Board Services is taking note of corrections and comments.</p> <p><b>The July 10, 2024 Meeting minutes were approved with corrections.</b></p>	<p><b>8 AYES (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Lebron, and Romo), 3 Absentions (Sanchez, Salazar, and Sales)</b></p>
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**STANDING ITEM**

<p><b>UPDATE FROM CHIEF EXECUTIVE OFFICER</b></p>	<p>Sameer Amin, MD, <i>Chief Medical Officer</i>, reported on behalf of John Baackes, <i>Chief Executive Officer</i>.</p> <p>Dr. Amin provided an update on L.A. Care’s work with the unhoused community. He emphasized the organization's commitment to serving the community beyond being just an insurance provider, noting that L.A. Care reinvests funds into the community.</p> <p>Dr. Amin outlined the four key areas of focus for their unhoused program:</p> <ol style="list-style-type: none"> <li>1. Helping members find and stay in housing.</li> <li>2. Providing short-term housing solutions.</li> <li>3. Increasing the availability of permanent housing.</li> <li>4. Ensuring access to healthcare and social services.</li> </ol> <p>He highlighted the importance of field medicine. The county has been divided geographically into 15 regions, each with dedicated medical teams to provide care to the unhoused on the streets. These regions also have anchor providers for brick-and-mortar healthcare services. L.A. Care has committed \$1.2 billion from 2022 to 2029 for these efforts, including \$30 million to create 10 new street medicine teams and \$40 million in incentive payments to sustain healthcare providers.</p> <p>Dr. Amin discussed L.A. Care’s initiatives in Skid Row, where \$90 million has been allocated for services including harm reduction, mental health, and substance use treatment, as well as extending urgent care and transportation services. He also introduced plans for a new initiative in the community around MacArthur Park, a high-density area of unhoused individuals. L.A. Care will create a 16th region specifically for this area, with specialized services including field medicine, overdose response teams, behavioral health services, and a harm reduction health hub with respite care, hygiene, and nutrition support in collaboration with the Department of Mental Health, the Department of Public Health, and local city and county councils. Dr. Amin outlined plans for transit services and expanded clinical-based</p>	
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services. He emphasized the speed and commitment to implement these initiatives, similar to the Skid Row effort.

**PUBLIC COMMENT**

***Andria McFerson, RCAC 5 Member, thanked the Chair for being given the opportunity to speak, and mentioned that her ADA rights were not fully accommodated. She thanked Dr. Amin for his presentation and referred to the recent approval of the housing initiative incentive program by the Board of Governors. She spoke about her motion aimed at ensuring that L.A. Care provides not only housing but also healthcare for the unhoused. Ms. McFerson emphasized the importance of conducting a mental health evaluation to identify specific challenges individuals face, such as learning disabilities, job loss, disabilities, veteran status or domestic violence. She asked if there are specific programs tailored to address these various needs. She said that disabled individuals, those without family support, often require 24-hour assistance from service workers. The workers would help manage essential tasks like paying bills, maintaining hygiene and ensure access to food, as those are often neglected when someone is facing mental health issues. She asked if these services are available to the unhoused population.***

Dr. Sameer Amin confirmed that L.A. Care is indeed providing the services Ms. McFerson inquired about. He affirmed that the programs include mental health assessments, social workers, and community health workers, many of whom come from similar life experiences and are familiar with the community’s needs. These services are designed to ensure that individuals receive temporary or permanent housing and the care management necessary to maintain stability. Dr. Amin highlighted Enhanced Care Management (ECM) as a key approach, emphasizing that street teams and ECM are central to delivering comprehensive services.

***Russel Mahler, RCAC 4 Member, asked if the RCACs can get involved with helping this project.***

Dr. Amin responded that RCACs can be involved and he will brainstorm with Dr. Eakins on how to do this. This is a community-based problem. It's not something an insurance plan will be able to do on its own and L.A. Care is not trying to go solo on this. L.A. Care involves multiple partners from the county, the city, the Department of Mental Health, the Department of Public Health and the community, which includes the RCACs. He noted that the program is for the community and supported by the community and L.A. Care is going to need their help.

Member Poz expressed concern about the diversity of the population at MacArthur Park, highlighting the presence of many immigrants, possibly without legal status. She noted that

harm reduction is relatively new in the area and might be misunderstood by some. She spoke about the need for co-located Department of Mental Health (DMH) clinics, similar to those in Skid Row, to provide long-term health services. Based on her experience living in the area 22 years ago, the addiction issue is linked to minor drug dealing and street gangs contribute to anxiety among the residents. Dr. Amin thanked Ms. Poz for her comments. He agreed that the problems at MacArthur Park are multifactorial, meaning they stem from multiple causes layered together. He explained that solving such issues requires a multifaceted approach and can't be resolved quickly or with a single solution. Dr. Amin highlighted the need for responsible harm reduction, acknowledging arguments on all sides of the debate, and emphasized that solutions should prioritize community involvement. He agreed that MacArthur Park has distinct challenges compared to Skid Row, particularly in terms of safety and substance abuse, and mentioned the ongoing discussion with DMH about developing long-term care solutions for the area.

Member Salazar asked for a printed copy of his presentation. Dr. Amin noted that the slide deck was finished earlier today and will be forwarded to the committee after the meeting. Member Salazar asked Dr. Amin if he is speaking about a new housing program. Dr. Amin explained that efforts to address housing and staying housed are linked to community support programs under CalAIM. Specifically, finding housing is part of the housing navigation program, while staying housed is tied to housing-sustaining services. He also mentioned significant efforts related to housing deposits, grouping all these initiatives under the broader goal of helping individuals find and maintain stable housing. Member Salazar asked about the plan for hygiene, nutrition, and laundry, will there be mobile services. Dr. Amin responded that L.A. Care is trying to determine the best method. There are some services which L.A. Care may try to bring to the area. It's still under discussion, and he has spoken to the team quite a bit about this, it is needed for these folks to get back up on their feet. Some of the services are not truly healthcare but healthcare adjacent, and those need to be addressed. Two of those are laundry and a clean place to shower.

Member Joyce Sales mentioned the unpleasant conditions at MacArthur Park, including the stench. She then asked about the boundaries of the 15 regions, wondering if there are specific offices people could visit. Sales also inquired about the source of the \$90 million in funding and whether the programs were already in progress or would begin soon. She referenced previous discussions about RCAC members wanting to get involved, particularly regarding the health promotion program and expressed frustration over delayed responses from Mr. Baackes, especially concerning the orientation at St. Anne and services like mobile laundry. Sales supports the idea of mobile laundry and suggested helping people become more independent with supervised assistance. Lastly, she highlighted concerns about gangs, drugs, and dealing in the area and urged for greater involvement from the Los Angeles Police Department (LAPD) to address crime. Dr. Amin responded that the Department of

Health, the housing division specifically works with the unhoused. They have been dealing with this issue for a long time, L.A. Care works closely with them that is where the providers that deal with the unhoused specifically sit with them. The question with LAPD, the answer is yes, L.A. Care is actively considering the LAPD's role in the MacArthur Park collaborative. The \$90 million in funding includes \$30 million for Skid Row, \$30 million for incentives for Medi-Cal payment and providers providing care and \$30 million to add street teams where L.A. Care does not have enough capacity. The funding is coming from L.A. Care reserves, because L.A. Care doesn't give the money to shareholders that are sitting across the country by way of a stock price. And so the money is coming from within and it is putting it out there into the community where it belongs.

Dr. Eakins raised two points. First, she asked how the County collaborates with the City, particularly for services like mobile showers, and suggested that greater collaboration between the City and County could expand available resources. She mentioned that libraries, such as the public library downtown, now dispense Narcan to help homeless individuals. She wondered if there could be a partnership with libraries to connect people who receive Narcan with medical services offered at nearby clinics. Dr. Amin responded that that he will take the suggestion into account. With regard to City and County programs, L.A. City District One and County District One are involved. L.A. Care works with the Supervisor and the City Councilperson in those districts to coordinate and work together and a meeting was held last week with District representatives, and a couple of days ago with the Mayor's Office.

Member Romo thanked Dr. Amin for the information and she would like to reinforce what Member Salazar mentioned about prevention, because some people don't have social security, they cannot work, but they have children born here and they have not been given many months of rent. She would like more information about prevention. She also thanked him for helping the homeless. She thinks it's important to help them become self-sufficient. She would like also to help them understand that people are the architects of their own destiny, if they don't want to get out of the hole, nobody will be able to help them all the time. Dr. Amin expressed appreciation for the comments, acknowledging the idea of personal responsibility. He noted that intensive care management services that they provide are designed to support helping individuals with practical skills such as paying bills on time, avoiding substance abuse, and securing more permanent employment. He noted that the housing-sustaining services aim to foster independence. Amin reiterated his commitment to advocating for these ideas in other settings.

Vice Chair McClain asked if they will need training to help with this program. Dr. Amin responded that he will work on ways that RCAC members can be involved. He suggested that the training health workers receive would be helpful. He needs a more concrete

	<p>understanding of what the intentions are and how to best incorporate RCAC members. Vice Chair McClain asked about data to support statements about the high density of Skid Row and MacArthur Park and differences between the two communities. She noted at the end of the day, both areas need help. Dr. Amin responded that certain high-density areas, such as Skid Row and MacArthur Park, have large populations of unhoused individuals and many service providers that are not fully coordinated. There is an opportunity to better organize the providers and services, inject additional funding, and address the needs of large populations in these regions. Each area has unique challenges, such as greater issues with substance abuse or safety, which are informed by data and input from people on the ground. Dr. Amin said that many individuals and organizations are already providing support, and emphasized that L.A. Care’s role is to offer care management, additional funding, and to help coordinate efforts, rather than be a sole solution.</p> <p>Member Lebron stated her concerns about the challenges in accessing housing and health services, particularly for people with mental health issues. She noted that while some individuals receive help, others who genuinely want assistance struggle to qualify. She emphasized that housing alone is insufficient if mental health support is lacking, as people may end up in the same situation without proper therapy and care. Member Lebron called for a comprehensive approach that integrates mental health services with housing programs and urged for stronger advocacy to ensure that these projects work effectively for those in need. Dr. Amin spoke about the significant investments L.A. Care has made in increasing both short-term housing solutions and the availability of permanent housing, and while the focus of the current discussion is on addressing the needs of the unhoused, L.A. Care is also dedicating substantial resources to other populations, such as veterans, disabled children, and individuals with various health conditions. Amin emphasized that L.A. Care is actively working across a range of health issues, including behavioral health and medical management, and that the efforts are not limited to the unhoused population.</p>	
<p><b>Board Members Report</b></p>	<p>Ms. Gonzalez and Ms. Vazquez presented the September 2024 Board Member Report (<i>a copy of the report can be obtained from CO&amp;E</i>).</p> <p><b><u>PUBLIC COMMENT</u></b>  <i>Andria McFerson thanked the Board Members for their report. She noted the importance of Proposition 35, which supports managed care organizations and healthcare funding. She said that the measure would improve healthcare services, particularly for L.A. Care members. She shared a personal experience where she received inadequate care after being injured, which led to ongoing pain and challenges with transportation. Ms. McFerson urged the Board to enhance outreach and provide better information to RCAC members so they can</i></p>	

	<p><i>advocate for important measures like Proposition 35 that impact healthcare services.</i></p>	
<p><b>ECAC CHAIRPERSON'S REPORT</b></p> <ul style="list-style-type: none"> <li>• <b>Motion</b></li> </ul>	<p>Chairperson Rodriguez presented the following motion:</p> <p><b><u>MOTION ECA 100.1003</u></b>  <i>Motion to recommend approval of the following candidate(s) for RCAC membership. (A copy of the list of RCAC members can be obtained from CO&amp;E.)</i></p> <p><b><u>PUBLIC COMMENT</u></b>  <i>Ms. McFerson spoke about the importance of diverse representation in the RCACs to inform the Board on significant financial decisions related to community needs. She advocated for including a wide range of personal stories from various racial and demographic backgrounds, including seniors and individuals with disabilities. Ms. McFerson pointed out that participation in the RCACs has declined, partly due to the COVID-19 pandemic which made some members feel their voices were not heard. She called for improved public communication about RCAC options and a more inclusive approach to recruiting members, stressing the need for diversity and equity. She urged for a fresh start in building a more representative RCAC membership through motions from the TTECAC.</i></p> <p>Member Sales said she did not attend the last Board meeting and would like to know what the motion is about. Member Romo responded that the motion is to approve new RCAC members, and if approved, it will be on the agenda at the next Board meeting.</p>	<p>Approved.  <b>9 AYES</b> (Byrd, Cordero, McClain, Poz, Rabaja, Rodriguez, Salazar, Sanchez, Salazar, and Sales)</p> <p><i>(Member Lebron and Member Romo stepped out of the room during voting.)</i></p>
<p><b>MEMBER ISSUES</b></p>	<p><b><u>PUBLIC COMMENT</u></b>  <i>Ms. McFerson shared her concerns regarding recent bylaws that discourage RCAC members from sharing personal stories, arguing that this restriction undermines their role as stakeholders. She claimed it could violate ADA rights and other legislative protections. McFerson emphasized the importance of members being able to share their experiences related to healthcare issues, including treatment, homelessness, and discrimination, to foster a more inclusive environment. She urged the board to clarify this policy to ensure new and existing RCAC members feel comfortable expressing themselves. Additionally, she highlighted the discrimination faced by low-income L.A. Care members, suggesting that this issue should be addressed as a specific agenda item in future meetings.</i></p>	



	<p>Member Poz suggested that L.A. Care enhance support for dual members facing difficulties accessing medications, particularly in light of current shortages of diabetic medications at pharmacies. She expressed frustration that when members contact L.A. Care for assistance, they often do not receive helpful information. Poz urged the organization to collaborate with pharmacies to provide clearer guidance on where members can obtain the necessary medications.</p> <p>Vice Chair McClain spoke about the need for better communication regarding L.A. Care transportation services after being informed by a disabled community member who was unaware of these options. The individual, who uses a wheelchair, had been taking the bus to medical appointments. She mentioned that the member faced issues with accessible transportation, particularly regarding the availability of equipment and training for proper use. She proposed adding this topic to future agenda items to explore potential grants for accessible equipment or separate funding specifically for this purpose.</p> <p>Ms. Vazquez noted the importance of addressing issues related to pharmacy service coupons or vouchers during upcoming RCAC meetings. She noted that many members face out-of-pocket costs for medications not fully covered by insurance and often rely on these coupons to help with expenses. Vazquez expressed concern that pharmacies might mishandle these coupons or charge extra fees, resulting in members not receiving the intended benefits. She suggested sharing information with members about how to effectively use these coupons and encouraged them to report any issues they encounter at pharmacies.</p> <p>Member Salazar spoke about a lack of awareness regarding a program that provides assistance with cleaning tools, specifically for families dealing with asthma, like her own. She expressed interest in having information about this program shared within the resource center in Pomona, emphasizing the need for better communication from L.A. Care. Salazar also shared her personal approach to managing medication costs, suggesting that members could request generic prescriptions from their doctors and consider using pharmacies like Costco or Sam's Club, where medications can be more affordable. She urged for greater dissemination of such helpful information to ensure members can access available resources.</p>	
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**OLD BUSINESS**

<p><b>IMPROVING THE EXPERIENCE OF L.A. CARE MEMBERS</b></p>	<p>Brigitte Bailey, MPH, CHES, Supervisor, Quality Improvement, and Priscilla De La Torre, Project Manager, Quality Improvement, gave a presentation on Improving the Experience of L.A. Care Members <i>(a copy of the presentation can be obtained from Board Services)</i>.</p> <p>Ms. Bailey defined member experience as the overall interaction members have with the healthcare system, including the health plan, doctors, and healthcare facilities. She spoke</p>	
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about the importance of a positive member experience, noting the correlation with better clinical outcomes. She outlined various factors contributing to member experience, such as appointment availability, respect from healthcare staff, and timely responses to questions. She highlighted common issues faced by members, including long wait times, lack of available appointments, and inadequate time spent with providers. To enhance member experience, L.A. Care is implementing several initiatives, including increasing provider availability, expanding telehealth services, and offering comprehensive training for healthcare staff. Ms. Bailey encouraged members to provide feedback through surveys and report both positive and negative experiences to help identify areas for improvement. She concluded by inviting questions and suggestions from the audience.

**PUBLIC COMMENT**

***Ms. McFerson spoke about communication between L.A. Care, service providers, and members. She emphasized that members should be treated with respect and highlighted the importance of staff following up on feedback from RCAC members. Ms. McFerson pointed out that there is a need for better internal communication among service providers to assist members effectively, especially those who may not know how to access the necessary resources for their healthcare needs. She expressed concern about the challenges faced by low-income providers and the lack of accountability for poor service. She also questioned how members can receive feedback regarding their care to ensure they are not being taken advantage of. She concluded by asking what steps can be taken if L.A. Care fails to follow through on addressing these issues.***

Member Sales asked how many providers have been added to offer healthcare services at community centers. She is asked if training is required or voluntary. She would like to know what rewards are in highlighting the highest surveys and improvements made at the call centers. Ms. Bailey acknowledged the need for information on how many providers have been added to offer healthcare services at community centers and mentioned that this falls under the provider network management team, and she would research it further. She clarified that training is voluntary, not required, and offered to compile a list of clinics and provider groups with which they have collaborated over the years. She highlighted that L.A. Care conducts webinars and various training sessions throughout the year. She noted that high-performing providers are typically recognized at the annual provider award ceremony, though she does not manage that program directly. With regard to improvements at the call centers, Ms. Bailey suggested that the relevant team should provide a detailed overview, as she is not an expert in that area.

Member LeBron commented on the importance of language when discussing culture and feedback, emphasizing that terms like "positive" and "negative" can stigmatize individuals.

	<p>She suggested using the phrase "constructive comments" instead, as it promotes a more supportive approach and avoids placing a stigma on those providing feedback. Ms. Bailey thank her for her comments and stated that she wholeheartedly agrees.</p>	
<p><b>LAUNCH OF THE NEW REGIONAL COMMUNITY ADVISORY COMMITTEES (RCACs) MEETINGS</b></p>	<p>Dr. Eakins and Ms. De La Torre gave a Regional Community Advisory Committee (RCAC) update (<i>a copy of the report can be obtained from CO&amp;E</i>).</p> <p>Dr. Eakins spoke about the importance of reestablishing the Regional Community Advisory Committees (RCACs) as a key opportunity for engagement and communication. She outlined that effective September, all eight regions will hold "welcome back" meetings, aiming to generate excitement and gather insights from members. Dr. Eakins highlighted plans for broader member inclusion in discussions about health care access and quality, as well as increased volunteer opportunities tied to L.A. Care initiatives. She stressed the importance of accountability between staff and committee members, advocating for actionable items on meeting agendas to ensure meaningful outcomes. Overall, her section aimed to set a collaborative tone and encourage members to actively participate in shaping the RCAC experience.</p> <p>Ms. De La Torre reiterated the importance of member experience and emphasized the need for RCAC members to share insights at meetings. She outlined plans for a revised, more community-friendly agenda that includes a clear mission for the RCACs and the CO&amp;E department, as well as guidelines for meetings. Ms. De La Torre stressed the need for in-depth discussion to provide opportunities for members to voice concerns and suggestions, which will then be communicated to the ECAC and ultimately to the Board of Governors. Acknowledging the hiatus in RCAC meetings, she noted that there would be opportunities for education and training to enhance member engagement. Overall, her report focused on fostering collaboration between L.A. Care staff and advisory members to ensure that their voices are heard and valued in the decision-making process.</p> <p>Dr. Eakins expressed enthusiasm for the discussions and emphasized the importance of accountability and transparency as they move forward with the reimplementation of the RCACs. She noted the shift from a meeting format where chairs read talking points to a more engaging and interactive process, encouraging members to actively participate in creating agendas tailored to their specific regional needs. Dr. Eakins noted the importance of fostering a welcoming environment where members feel comfortable sharing their experiences. She encouraged chairs to arrive early and set a positive tone for meetings, aiming to transform silent participants into vocal contributors. She introduced the concept of "interim chairs," as the RCACs will undergo elections for new chairs due to the integration of regions, shifting from 11 to 8. This new model will allow for co-interim chairs who can alternate meeting responsibilities, ensuring equity in leadership roles. Eakins reassured members that the stipends would remain unchanged and emphasized the goal of building a collaborative atmosphere as they adopt this new operational model. She</p>	

concluded by handing the presentation over to Ms. De La Torre for further details on upcoming meetings.

Ms. De La Torre outlined the schedule and objectives for the upcoming welcome meetings for the RCACs, starting with RCAC 1 next Tuesday and continuing through the following week for all eight RCACs. She emphasized the importance of these meetings as an opportunity for returning and new members to feel included and engaged in the advisory committee process. A focus of the welcome meetings will be on developing group agreements tailored to each region, with a significant portion of the agenda dedicated to this discussion. Additionally, updates will be provided on the Chair and Vice Chair election process and a review of a revised, more community-friendly RCAC agenda. This agenda will reflect the mission of the CO&E department and include essential meeting materials. Ms. De La Torre mentioned the need to cover the Ralph M. Brown Act to ensure all members understand their responsibilities regarding public meetings. Member discussion issues will remain a component of the agenda, with opportunity for members to voice their concerns. To encourage participation, a raffle will be held for those who complete the evaluations, and each member will receive a volunteer polo shirt at the welcome meetings. Time will be allotted for members to tour the Community Resource Center (CRC) to familiarize themselves with its services. She encouraged members to connect with their assigned field specialists to prepare adequately for the meetings.

Dr. Eakins discussed what to expect in October as the RCACs transition from welcome meetings to official business meetings. She emphasized the importance of grounding the meetings in the mission, which focuses on empowering L.A. Care members to advocate for healthcare issues affecting their communities. Dr. Eakins presented a new mission statement for the CO&E department, which aims to improve healthcare delivery through advocacy, education, and resources. She introduced the concept of an "RCAC Promise," which serves to remind members of their shared commitment to diversity and collaboration in addressing health disparities. The promise reflects the strength of their diverse community and reinforces the importance of including varied voices in their discussions. Moving forward, she assured members that advocacy education would consistently be a component of every meeting, with a focus on relevant aspects of the Brown Act. Eakins mentioned the intent to streamline the consensus-building process and emphasized that education would be tailored to the specific needs of the members. Additionally, she noted the importance of developing a work plan that aligns with the organization's fiscal year, starting October 1, to effectively share resources with community-based organizations. She encouraged members to actively seek out diverse perspectives to enrich their discussions and enhance the RCAC experience.

**PUBLIC COMMENT**

***Ms. McFerson questioned the election process, specifically whether it is governed by TTECAC and the associated timelines, emphasizing the importance***

	<p><i>of their rights in making provisions. Ms. McFerson also inquired about the new structural changes and whether decisions regarding votes and motions are determined by members or dictated by staff. She expressed concerns regarding the budgeting process, requesting a detailed history of the budget allocations, particularly highlighting a reported \$300,000 expenditure for food without specific breakdowns. She asserted that all discussions should facilitate open dialogue within the RCAC, stressing that members have the right to express their views without being disruptive. McFerson concluded by asking whether the RCAC meeting schedules for September are public record, noting that only the date for RCAC 1 is currently listed on the website.</i></p> <p>Dr. Eakins addressed Andria McFerson’s concerns regarding the elections, stating that the elections for Chair and Vice Chair must occur according to the established processes and operating rules, particularly due to the new RCAC structure. She emphasized the importance of expediting the election process to avoid unnecessary delays.</p> <p>Regarding the new RCAC structure, Eakins explained that it was designed to enhance dialogue with consumer members, aligning with recommendations from the Department of Health Care Services. She assured that the RCAC budget will be discussed in upcoming meetings, clarifying that the staff is working to ensure agendas are posted at least 72 hours in advance of meetings, affirming that welcome meetings are public events.</p> <p>Member Sales asked if the meeting dates and time will change and if they can attend other welcoming RCAC meetings. Dr. Eakins responded that the schedule will be shared, the meetings are scheduled the third week of the month. They are working with the availability of the community resource centers.</p> <p>Member Salazar asked for clarification on transportation. She would like to know if it will be provided. Ms. De La Torre responded that transportation will be provided to anybody that needs transportation for their assigned RCACs. When the field specialist calls to confirm attendance, they will ask for that information. In reference for attending other RCACs, she highly recommends they speak to their field specialist and they will try to make those accommodations.</p>	
<b>FUTURE AGENDA ITEM SUGGESTIONS</b>		
	Member Salazar asked for a presentation about Asthma.	
<b>PUBLIC COMMENTS</b>		
	<p><b><u>PUBLIC COMMENT</u></b>  <i>(This public comment was submitted by voicemail and read by staff) Elizabeth Cooper, RCAC 2 member, was unable to attend the meeting in person but wants the Chair and staff members to know that meetings should be more friendly</i></p>	


	<p><i>when calling in and she filed a grievance toward that and ADA rights should be considered and given the opportunity to those members requested and like to bring notice to both members that they should be helping members as well when these types of issues occur.</i></p> <p><i>Ms. McFerson noted the importance of filing motions in the RCAC to influence decisions regarding agendas, election times, and other community matters, asserting their right to ensure public access to RCAC meetings for all stakeholders involved in the L.A. Care system. She noted the legal obligations L.A. Care has concerning stakeholder rights and stressed the need for transparency in budget discussions. Ms. McFerson called for the budget to be included in future agenda items, mentioning that audits by the Department of Justice are a serious concern when budget information is not accessible to stakeholders. She noted her request for a complete record of past fiscal year expenditures was not fulfilled, warning that lack of transparency could lead to public corruption.</i></p>	
<b>ADJOURNMENT</b>		
<b>ADJOURNMENT</b>	The meeting was adjourned at 1:19 P.M.	

**RESPECTFULLY SUBMITTED BY:**

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

**APPROVED BY**

Ana Rodriguez, TTECAC Chair



Date

10/9/2024