

MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, November 7, 2024

10:00 – 11:30 a.m.



Location: In San Benito County:

Community Services & Workforce Development – Conference Room
1161 San Felipe Road, Building B, Hollister, CA. 95023

In Santa Cruz County:

Central California Alliance for Health – Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA, 95066

In Mariposa County:

Mariposa County Health and Human Services – Catheys Valley Room
5362 Lemee Lane, Mariposa, CA 95338

In Merced County:

Central California Alliance for Health – Board Room
530 West 16th Street, Suite B, Merced, CA 95340

In Monterey County:

Central California Alliance for Health – Board Room
950 East Blanco Road, Suite 101, Salinas, CA 93901

1. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Advisory Group or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Wednesday, November 6, 2024 to MSAG@ccah-alliance.org.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to three minutes.
 - b. In person during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to three minutes.

MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, November 7, 2024

10:00 – 11:30 a.m.



- 1. Call to Order by Chairperson Belez.** **10:00 a.m.**
 - A. Roll call
 - B. Establish quorum
 - C. Supplements and deletions to the agenda
 - D. Review Member Services Advisory Group purpose statement
The MSAG ensures community and member participation in establishing the Alliance's public policy in quality, health equity, disparities, population health, children services, and other ongoing plan functions.
- 2. Oral Communications.** **10:05 a.m.**
 - A. Members of the public may address the Advisory Group on items not listed on today's agenda that are within the jurisdiction of the Advisory Group. Presentations must not exceed three minutes in length, and any individuals may speak only once during Oral Communications.
 - B. If any member of the public wishes to address the Advisory Group on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to three minutes per item.
- 3. Comments and Announcements by Advisory Group members.**
 - A. Advisory Group members may provide comments and announcements.
- 4. Comments and Announcements by Plan Staff.**
 - A. Plan staff may provide comments and announcements.
- Consent Agenda Items:** **10:10 a.m.**
 - 5. Approve Member Services Advisory Group minutes of May 9, 2024.**
 - 6. Approve Member Services Advisory Group minutes of August 8, 2024.**
 - 7. Accept Plan Staff Reports:**
 - A. Current Enrollment
 - B. Member Services Call Statistics
 - C. Community Engagement Report
- Regular Agenda Items:** **10:15 a.m.**
 - 8. Medi-Cal Capacity Grant Program** **10:15 – 10:35 a.m.**
Inform and Feedback: Jessica Finney, Community Grants Director, will provide an overview and solicit feedback on critical needs and emerging priorities for funding strategies for the Medi-Cal Capacity Grant Program.
 - 9. Community Health Assessment and** **10:35 – 10:55 a.m.**

MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, November 7, 2024

10:00 – 11:30 a.m.



Community Health Improvement Plan

Inform and Feedback: Kate Nester, Program Development Manager, will provide an overview and solicit feedback on Medi-Cal managed care health plan-local health jurisdictions collaborations on Community Health Assessment and Community Health Improvement Plan.

- 10. Diversity, Equity, and Inclusion Training** **10:55 – 11:15 a.m.**
Inform and Feedback: Dr. Omar Guzman, Chief Health Equity Officer, and Vanessa Paz, Health Equity Program Manager, will provide an overview and solicit feedback on Diversity, Equity, and Inclusion (DEI) training content.
- 11. Member Satisfaction Survey** **11:15 – 11:25 a.m.**
Inform and Feedback: Alex Sanchez, Quality Improvement Program Advisor III, will provide an overview and solicit feedback on the member satisfaction survey.
- 12. 2025 Schedule** **11:25 – 11:30 a.m.**
Inform and Feedback: Kayla Zoloniak, MSAG Coordinator, will propose and solicit feedback on the proposed 2025 schedule.
- 13. Adjourn**

The next meeting of the Member Services Advisory Group, after this November 7, 2024 meeting:

- Member Services Advisory Group
Date and time to be determined at December 4th Alliance Board meeting.
Locations for the meeting (linked via videoconference from each location):

In San Benito County:

Community Services & Workforce Development – Conference Room
1161 San Felipe Road, Building B, Hollister, CA. 95023

In Santa Cruz County:

Central California Alliance for Health – Board Room
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In Mariposa County:

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5362 Lemee Lane, Mariposa, CA 95338

In Merced County:

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MEMBER SERVICES ADVISORY GROUP

Meeting Agenda

Thursday, November 7, 2024

10:00 – 11:30 a.m.



Central California Alliance for Health – Board Room
530 West 16th Street, Suite B, Merced, CA 95340

In Monterey County:
Central California Alliance for Health – Board Room
950 East Blanco Road, Suite 101, Salinas, CA 93901

Members of the public interested in attending should call the Alliance at 800-700-3874 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at <https://thealliance.health/about-the-alliance/public-meetings/>. The Advisory Group complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Alliance at least 72 hours prior to the meeting at MSAG@ccah-alliance.org or 800-700-3874. As a courtesy to persons affected, please attend the meeting smoke and scent free.

Member Services Advisory Group



Meeting Minutes

Thursday, May 9, 2024

10 – 11:30 a.m.

In Santa Cruz County:

Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:

Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:

Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

In San Benito County:

Community Services & Workforce Development (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California

In Mariposa County:

Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Members Present:

Alma Mandujano-Orta	Community Advocate
Doris Drost	Consumer
Guadalupe Barajas-Iniguez	Consumer Advocate
John Beleutz	Community Advocate
Juana Chávez de Guízar	Consumer
Michael Molesky	Consumer, Commissioner
Moncerat Politron	Community Advocate
Rebekah Capron	Community Advocate

Members Absent:

Candi Walker	Consumer
Carolina Meraz	Consumer
Francis Wong	Consumer
Humberto Carrillo	Consumer

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Janna Espinoza
Juana Chávez de Guízar
Margaret O'Shea
Mimi Park

Consumer, Commissioner
Consumer
Consumer
Consumer

Staff Present:

Clarisa Gutierrez
Desirre Herrera
Gabriela Chavez
Janet Kruppner
Jessie Dybdahl,
Jessie Newton, RN
Julie Norton
Maria Colomer
Maura Middleton
Ronita Margain
Stacie Simmons
Veronica Olivarria

Community Engagement Coordinator
Quality and Health Programs Manager
Community Engagement Program Manager
Provider Data Manager
Providers Services Director
Continuum of Health Manager - Adult
Behavioral Health Program Manager
Community Engagement Coordinator
MS Administrative Assistant
Community Engagement Director
Community Engagement Program Manager
Member Services Supervisor

Visitor:

Jamie Berry

Mariposa Community Member

1. Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:05 a.m.

Roll call was taken and a quorum was present.

An addition to the agenda was added. See topic # 9.

2. Oral Communications.

Chairperson Beleutz opened the floor for any members of the public to address the Advisory Group on items not listed on the agenda.

Jamie Berry, a community member from Mariposa was present. She requested that the Alliance provide more options at events for those that are hard of hearing. She also requested more events in the Mariposa community on topics such as mental health awareness, suicide prevention and women's health and safety. She encouraged the Alliance to provide more information to the community about any upcoming events.

3. Comments and announcements by Member Services Advisory Group (MSAG) members.

Chairperson Beleutz opened the floor for Advisory Group members to make comments.

Advisory Group Member Doris Drost noted that she is receiving feedback from members in the community that they are potentially being released by their doctors but do not know

why. She was reminded to encourage members to call the Member Services department, using the number on the back of their cards and for help getting (re) assigned to a provider.

Community partner Alma Mandujano-Orta updated that Natividad Medical Center has a weekly Farmers Market. They also do outreach in the community and help community members with any needs they may have.

Commissioner Molesky updated that effective May 1, 2024, the 504 Rule to Strengthen Protections Against Disability Discrimination has been enacted. The rule advances the promise of the Rehabilitation Act and helps protect people with disabilities from being discriminated against in any programs or activities funded by HHS.

4. Comments and announcements by Alliance staff.

Chairperson Beleutz opened the floor for Alliance staff to make comments.

No members of the Alliance Staff addressed the Advisory Group

Consent Agenda Items (5 – 6):

Chairperson Beleutz opened the floor for approval of the Consent Agenda.

Action: Consent Agenda approved.

Regular Agenda Items (7 – 8):

7. Community Resources

R. Margain presented on the resources available to the community. The purpose of this presentation was to solicit feedback from the group in regard to the information that is provided on the Alliance website, the e-newsletter called the Beat and the community engagement report, that is provided with the meeting packet. The group was asked if these outlets disseminate information for useful and helpful.

- Not all members of the group are familiar with these channels for information but will now view them, especially the website.
- J. Beleutz noted that he uses the Alliances website regularly for understanding who's providing what and understanding the scope of services for the Alliance offers. He also reviews both The Beat and the community engagement report.
- D. Drost noted that she has received The Beat and enjoyed it and found it useful. She also likes to go back and re-read issues.

8. Alliance Provider Directory

J. Kruppner provided a demo of the Provider Directory, located on the Alliance website. The goal was to gain feedback on understandability and usefulness to members. She moved through the online Provider Directory highlighting areas that would be helpful, such as how to sort, find a provider, change the language etc. As well as how to find information for our providers such as Carelon for Mental Health, VSP for eye care and Pharmacy. In reviewing the site some committee members noted:

- Nurse Advice Line should be more prominent.
- Track openings for VSP providers somehow.
- Help members understand that they need to contact Carelon, VSP and Delta Dental for their list of providers as our site does not list them.

9. Provider Network Development

J. Dybdahl followed up the Provider Directory presentation by soliciting feedback on the Provider Network. She asked for feedback on the following topics:

- ***What should providers know about the Alliance members; how can we help educate providers?***
 - Better education for the front office staff in order to help better educate the doctor. Doctors often do not seem to be too knowledgeable about the Alliance and services offered. Especially important when providers are developing a treatment plan for members.
 - Refresher training for PSR to update provider offices on new and updated benefits.
- ***What other providers would you like to see in the Alliance network?***
 - Better women's healthcare providers, especially for women over 60.
 - Alternative medicine such as Chinese medicine.
 - More acupuncture providers

Adjourn:

The meeting adjourned at 11:30 a.m.

Respectfully submitted,
Maura Middleton
Administrative Assistant
Member Services Advisory Group Coordinator

Member Services Advisory Group



Meeting Minutes

Thursday, August 8, 2024

10 – 11:30 a.m.

In Santa Cruz County:

Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:

Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:

Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

In San Benito County:

Community Services & Workforce Development (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California

In Mariposa County:

Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Members Present:

Alma Mandujano-Orta
Doris Drost
Humberto Carrillo
Janna Espinoza
John Alexander
John Beleutz
Michael Molesky
Moncerat Politron
Rebekah Capron

Community Advocate
Consumer
Consumer
Consumer, Commissioner
Community Advocate
Community Advocate
Consumer, Commissioner
Community Advocate
Community Advocate

Members Absent:

Candi Walker

Consumer

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Carolina Meraz
Debra Barcellos
Dr. Ceballos
Francis Wong
Guadalupe Barajas-Iniguez
Juana Chávez de Guízar
Mimi Park

Consumer
Community Advocate
Community Advocate
Consumer
Consumer Advocate
Consumer
Consumer

Staff Present:

Adourin Malco
Clarisa Gutierrez
Desirre Herrera
Gabriela Chavez
Ivonne Munoz
Linda Gorman, APR, M.A.
Maura Middleton
Osiris Ramon
Ronita Margain

Community Engagement Specialist
Community Engagement Coordinator
Quality and Health Programs Manager
Community Engagement Program Manager
Quality and Health Programs Supervisor
Marketing and Communications Director
MS Administrative Assistant
Cultural and Linguistics Program Advisor
Community Engagement Director

Visitor:

Jamie Berry
Stephanie Auld

Mariposa Community Member
Santa Cruz Community Member

1. Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 10:05 a.m.

Roll call was taken and a quorum was **not met**.

2. Oral Communications.

Chairperson Beleutz opened the floor for any members of the public to address the Advisory Group on items not listed on the agenda.

A Mariposa community member requested more in person and print outreach and education in Mariposa County to increase awareness of Alliance benefits and services.

3. Comments and announcements by Member Services Advisory Group (MSAG) members.

Chairperson Beleutz opened the floor for Advisory Group members to make comments.

4. Comments and announcements by Alliance staff.

Chairperson Beleutz opened the floor for Alliance staff to make comments.

No members of the Alliance Staff addressed the Advisory Group.

Consent Agenda Items (5 – 6):

Chairperson Beleutz opened the floor for approval of the Consent Agenda.

Action: Consent Agenda items **not** approved due to lack of quorum.

Regular Agenda Items (7 - 8):**7. Alliance Communications Update**

Linda Gorman, Marketing and Communications Director, provided an update and solicited feedback on Alliance marketing and communications.

MSAG member inquired about a potential message to be sent through the member texting program. L. Gorman clarified that the texting program has several constraints limiting campaigns.

Text message campaigns for healthcare benefits and services are an automatic opt-in and members are able to opt-out.

L. Gorman encouraged parents with children in a school without a communication system like Peachjar to share the idea with the school. L. Gorman requested parents who use a different communication system to share the name with the Alliance.

Marketing and communication campaigns are measured through metrics such as visits to the website and number of calls. Anecdotaly, the Alliance has heard of provider offices receiving more calls during the immunization campaign.

8. Alliance Language Assistance Services

Desirre Herrera, Quality and Health Programs Manager; Ivonne MunozQuality and Health Programs Supervisor; and Osiris RamonCultural and Linguistics Program Advisor provided information and solicited feedback regarding the Alliance's Language Assistance Services.

Alliance staff responded to several questions with additional information including: all future documents should be sent in designated language, the benefit is available at all services, the benefit applies to Medi-Medi members, and the benefit follows members and can be used at providers not contracted with the Alliance.

Alliance member shared challenges with coordinating interpreting services especially ASL in a rural area and with providers rescheduling appointments.

Adjourn:

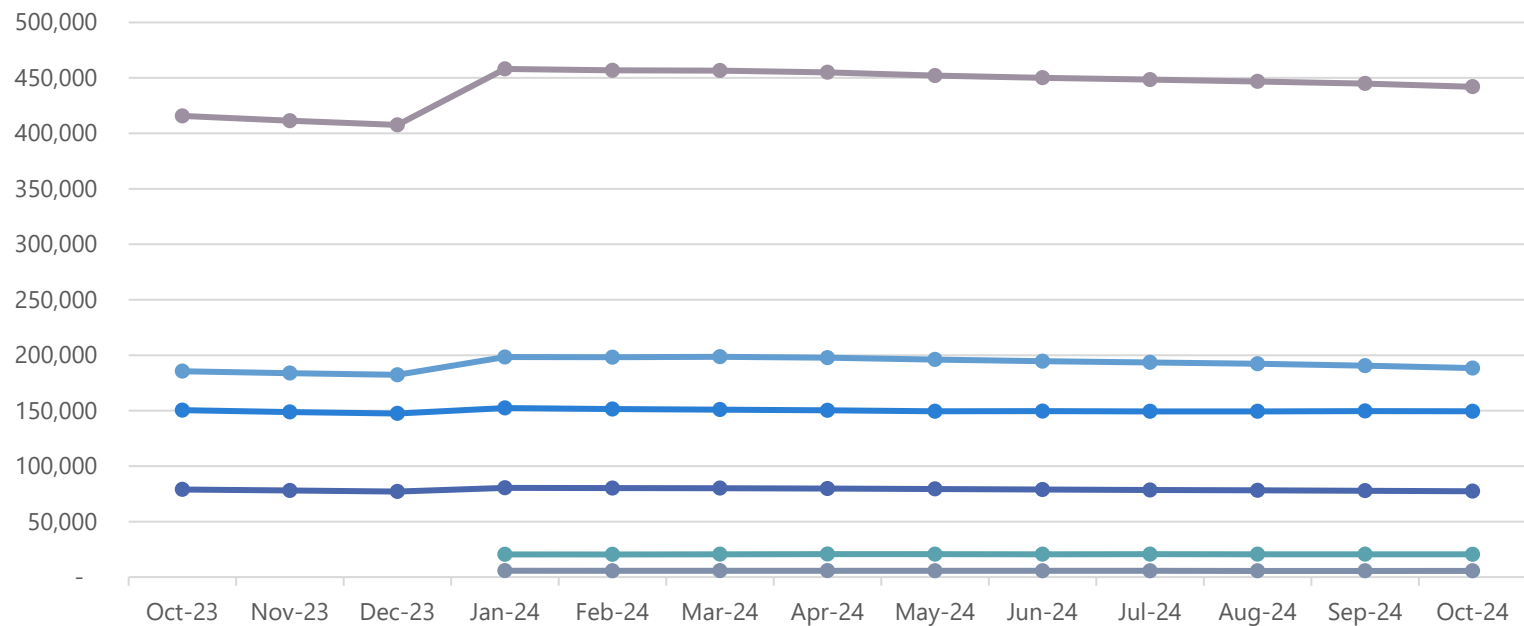
The meeting adjourned at 11:30 a.m.

Respectfully submitted,
Kayla Zoloniak
Administrative Specialist
Member Services Advisory Group Coordinator



Medi-Cal Enrollment Report

Medi-Cal Members by County and Total



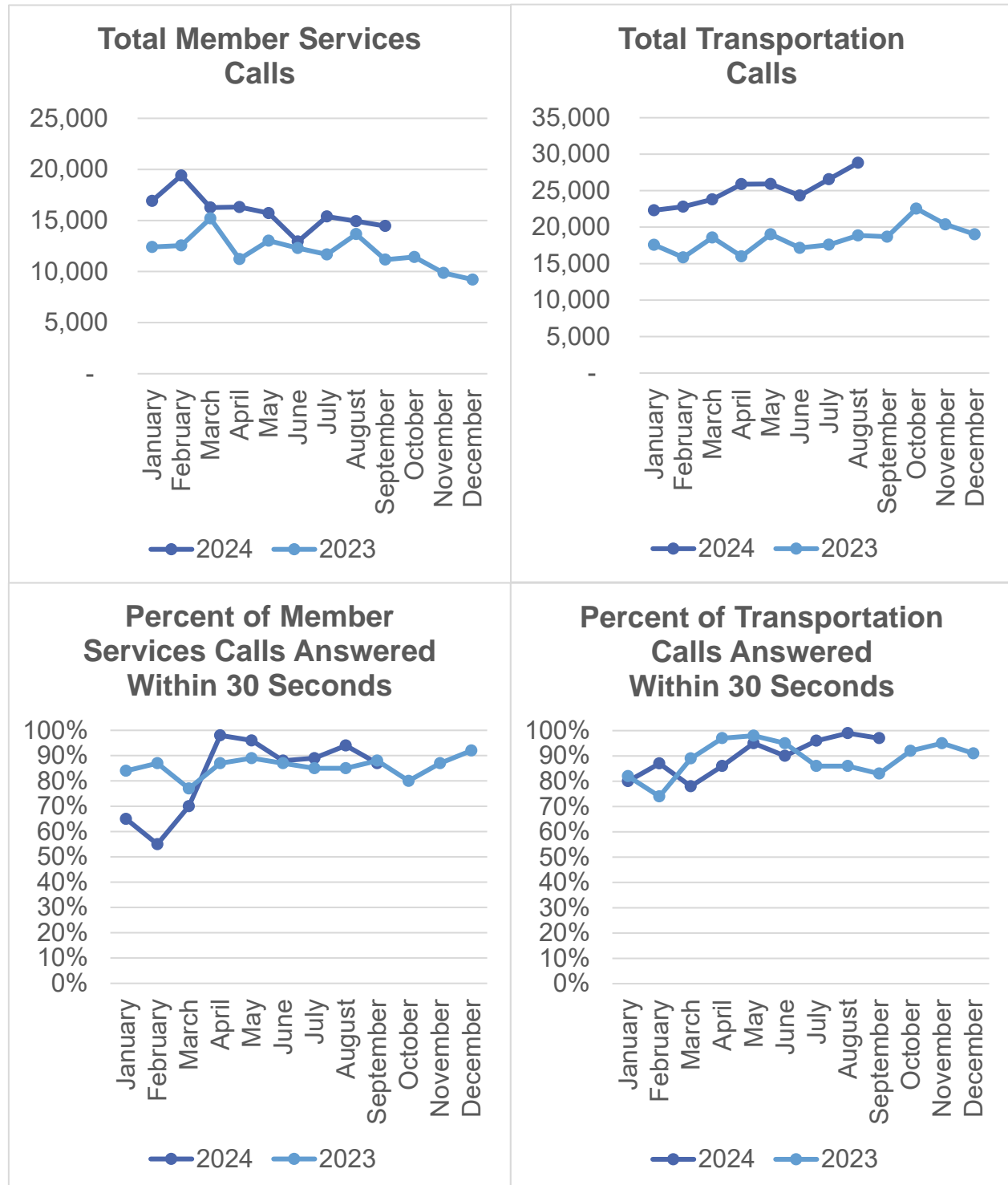
	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24
— SANTA CRUZ	78,963	78,073	77,098	80,418	80,240	80,113	79,790	79,437	78,940	78,515	78,166	77,831	77,425
— MONTEREY	185,565	183,867	182,347	198,373	198,235	198,578	197,775	196,107	194,594	193,514	192,318	190,526	188,411
— MERCED	150,484	148,780	147,477	152,399	151,502	150,938	150,279	149,457	149,581	149,404	149,383	149,645	149,445
— MARIPOSA				5,735	5,679	5,710	5,708	5,671	5,639	5,616	5,601	5,588	5,582
— SAN BENITO				20,452	20,460	20,562	20,714	20,617	20,582	20,632	20,603	20,572	20,473
— Total Members	415,693	411,409	407,617	458,075	456,814	456,605	454,985	452,014	450,067	448,410	446,794	444,879	442,045

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Member Services Call Report



Community Engagement Department

YOUR HEALTH MATTERS OUTREACH REPORT

September 2024



Your Health Matters (YHM) is the outreach program of Central California Alliance for Health (the Alliance). This volunteer program is made up of Alliance employees who are interested in making a difference in the lives of our members and the communities we serve.

This program informs and educates our members, communities and the public about Alliance services. We also share resources based on member needs and accessibility.



13

events attended during
the reporting period



1612

members reached during the
reporting period

Recent Outreach Activities					
	Mariposa	Merced	Monterey	San Benito	Santa Cruz
Events Attended	1	6	2	2	2
Members Reached	2	810	250	350	200

Outreach Highlights:

- Members learned about mental health services.
- Members learned about intercounty transfers and were provided an overview of the Alliance, benefits, and services.
- Member shared they are grateful for the Alliance as they lost their vision but because of the Alliance was able to get his vision back and is in great health now.



Stop by and say hi when you see us at events!

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Community Engagement Department

YOUR HEALTH MATTERS OUTREACH REPORT

Upcoming Community Events

If you would like to attend an event we will be at or would like us to be present at an event, contact us for more information.

Upcoming Community Events	
Mariposa County	Mariposa Family Resource Center Family Fun Day Nov. 9 th Mariposa
Merced County	Hmong New Year 2024 Dec. 21 st & Dec. 22 nd Merced
Monterey County	Alisal Union School District Community Resource Fair Nov. 16 th Salinas Special Kids Connect Holiday Resource Fair Dec. 7 th Soledad Montage Medical Group Diabetes Care Event Nov. 23 rd Monterey
San Benito County	
Santa Cruz County	

Contact Us:

Email ListOutreachGatekeeper@ccah-alliance.org and a YHM staff member will respond to your request.

Medi-Cal Capacity Grant Program Investment Priorities

Jessica Finney
Community Grants Director
Member Services Advisory Group
November 7, 2024

1

TOPICS

- Background and framework for MCGP planning.
- Community needs and service gaps identified through data and stakeholder feedback.
- Emerging priorities for MCGP investments.

2

2

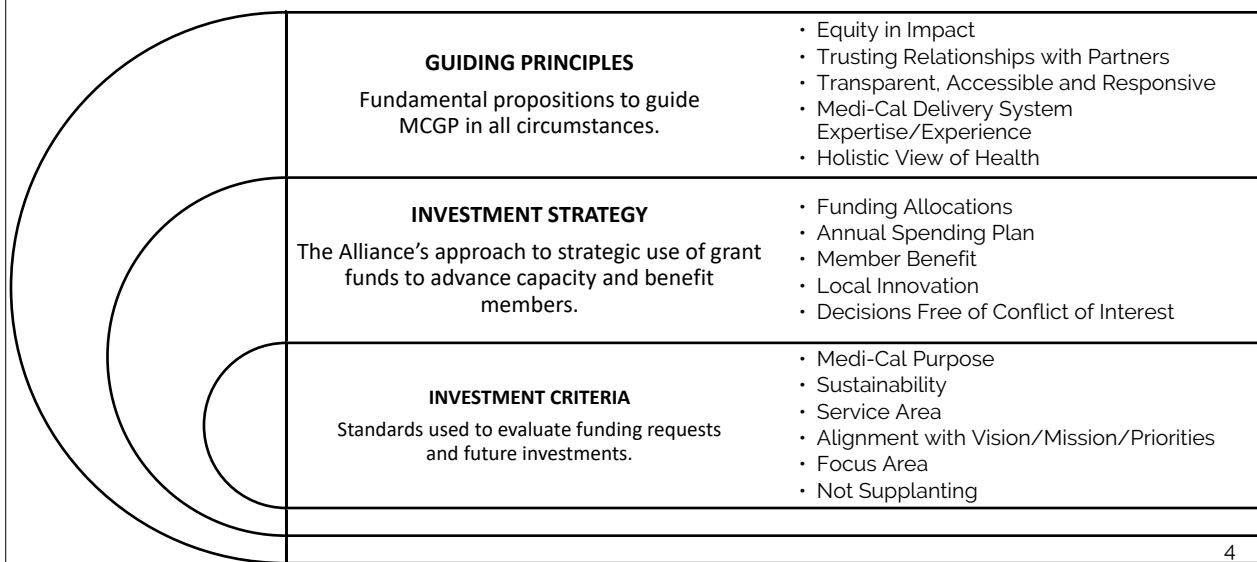
MCGP ANNUAL PLAN **GOVERNANCE**

- The Board provides strategic direction for the MCGP through an annual investment plan.
 - Input on community needs and grantmaking priorities in the Alliance's service area.
 - Funding allocations for Board-directed strategies.
 - Review progress from previous allocations to make adjustments as needed.
- 2025 Investment Plan will be presented for Board approval in January 2025.

3

3

MCGP **FRAMEWORK**



4

4

MED-CAL CAPACITY GRANT PROGRAM

CURRENT FUNDING OPPORTUNITIES

FOCUS AREAS	ACCESS TO CARE	HEALTHY BEGINNINGS	HEALTHY COMMUNITIES
STRATEGIES	Health Care Workforce Health Care System Infrastructure	Parent/Child Health & Wellness Parent Education & Engagement	Social Determinants of Health Community Resources Engagement & Empowerment
GRANT PROGRAMS	Workforce Recruitment <i>Provider, CHW, MA, Doula</i> Network Doula TA Healthcare Technology Equity Learning Data Sharing Support Capital	Home Visiting Parent Education & Support	Community Health Champions Partners for Active Living
DIRECT GRANTS & OTHER INVESTMENTS	Workforce Support for Care Gap Closures <i>(one-time direct grants for primary care in Merced)</i> Workforce Development <i>(e.g., CHW training)</i>	Children's Savings Account Pilot <i>Santa Cruz County only; direct grant</i>	Community Partnerships on Social Drivers • Housing Fund • CHA/CHIP (Population Health)

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2025 INVESTMENT PLAN INPUTS

- Environmental Scan
 - Scan of current health care landscape
 - Review of Community Needs Assessments and Community Health Improvement Plans
- Stakeholder Interviews
- Grantee Survey
- Internal Grants Review Committee
- Advisory Groups
- Board

6

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BACKGROUND ON HEALTH ASSESSMENTS

- Local health departments currently develop CHAs/CHIPs on varying cycles.
 - **Community Health Needs Assessments (CHAs):** Information about the community's current health status, needs, and issues.
 - **Community Health Improvement Plans (CHIPs):** A long-term, systematic effort to address public health problems based on the results of community health assessment activities and the community health improvement process.

7

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CHA & CHIP PRIORITIES ACROSS SERVICE AREA

Top Health Issues (CHA)

1. Mental health and SUD
2. Access to care
3. Housing
4. Nutrition, Physical Activity & Weight

Top Priorities (CHIP)

1. Mental health and SUD
2. Access to health care
3. SDOH (housing, employment, etc.)
4. Preventable Chronic Diseases: Heart Disease, Stroke, and Diabetes
5. Support for Families with Young Children

8

8

BACKGROUND ON STAKEHOLDER INTERVIEWS

- **Purpose:** Gather insights on critical needs and opportunities to inform the development of the MCGP's 2025 Investment Plan.
- **Stakeholders Interviewed:** 11 community leaders
 - At least two from each county
 - Leaders representing:
 - Primary/specialty care providers (5)
 - Community-based organizations, some of which are ECM/CS providers (4)
 - Hospitals (2)
 - County health department (1)
 - County Behavioral Health Department (1)
 - Varying degrees of familiarity with the MCGP

9

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CRITICAL NEEDS IDENTIFIED BY STAKEHOLDERS



10

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OPPORTUNITIES: ACCESS TO CARE

Challenge	Opportunities
Access to Care	<ul style="list-style-type: none">• Increase the number of healthcare providers• Increase/expand the number of healthcare facilities• Improve access to primary care and early screenings• Expand services for specific populations (e.g., aging population)• Expand technology for improved access to care and data-sharing
Behavioral Health	<ul style="list-style-type: none">• Address the shortage of behavioral health providers• Build up the non-MD behavioral health workforce• Create more options for mental health crisis care

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OPPORTUNITIES: ACCESS TO CARE (CONT.)

Challenge	Opportunities
Workforce Development	<ul style="list-style-type: none">• Attract and retain qualified healthcare professionals• Develop healthcare career pathways/pipeline programs• Focus on "growing our own"• Increase integration of CHWs and non-traditional providers
Cultural Competence	<ul style="list-style-type: none">• Increase the number of bilingual, bicultural providers

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OPPORTUNITIES: HEALTHY COMMUNITIES

Challenge	Opportunities
Housing and Homelessness	<ul style="list-style-type: none">• Increase housing options• Leverage current state funding for housing• Expand awareness of new housing benefits
Social Determinants of Health	<ul style="list-style-type: none">• Increase access to healthy food options• Expand broadband access• Address transportation barriers
Community Outreach and Education	<ul style="list-style-type: none">• Educate underserved populations about Medi-Cal services and accessing care• Conduct outreach and education through community channels (e.g., churches, grocery stores, etc.)• Encourage collaboration between health care providers and CBOs• Provide capacity build support for CBOs

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GRANTEE SURVEY HIGHLIGHTS

- Surveyed all active Alliance grantees.
 - 40% response rate (n=52).
- 97% reported familiar with MCGP focus areas, goals and priorities.
- 76% of grantees responded "to a great extent" the MCGP funding priorities reflect a deep understanding of Medi-Cal member needs in their community.
- 84% reported the Alliance's grant program has a significant positive impact on their local community.

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GRANTEE SURVEY **HIGHLIGHTS** (cont.)

- Themes on needs for investment:
 - Access to and availability of Medi-Cal services
 - Workforce recruitment/retention
 - Housing via capital grants
 - Access to healthy food

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EMERGING **2025 PRIORITIES**

- Workforce Development
- Behavioral Health Access
- Parent Support and Engagement
- Community Education and Engagement
- Social Drivers of Health

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EMERGING PRIORITIES: **ACCESS TO CARE**

- **WORKFORCE DEVELOPMENT:** Support initiatives to address access to care and grow a diverse healthcare workforce that reflects the communities the Alliance serves.
 - Key investments may include:
 - Partnering with educational institutions to create healthcare pipeline and pathway programs.
 - Implementing "grow our own" strategies by offering local healthcare education scholarships to develop homegrown talent.
 - Supporting targeted recruitment efforts and workforce interventions to address specific gaps.
- **BEHAVIORAL HEALTH:** Expand access to comprehensive behavioral health services. Investments could focus on:
 - Integrating behavioral health into diverse community settings
 - Enhancing the crisis care continuum
 - Addressing identified service gaps

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EMERGING PRIORITY: **HEALTHY BEGINNINGS**

- **PARENT SUPPORT AND ENGAGEMENT:** Invest in programs that empower parents and caregivers through education and support, ensuring access to timely prenatal and postnatal care, preventative health services, and community resources.

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EMERGING PRIORITY: **HEALTHY COMMUNITIES**

- **COMMUNITY EDUCATION AND ENGAGEMENT:** Invest in trusted, community-based organizations serving historically marginalized communities to educate members about Medi-Cal services, improve access to care, and promote the importance of preventative care and regular screenings.
- **SOCIAL DRIVERS OF HEALTH:** Continue investing in social drivers of health, such as access to nutritious food, safe spaces for recreation, and permanent supportive housing.

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DISCUSSION

- Do the community needs identified align with what you observe in your community?
 - What surprises you?
 - Is anything missing?
- Which of the emerging priorities should we focus on that you think will make the biggest difference in the long run?
- What changes would you recommend for existing grant programs?
- What should we measure to make sure the grant program is successful in addressing these priorities?

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Community Health Assessments & Community Health Improvement Plans

Member Services Advisory Group
Kate Nester, PROGRAM DEVELOPMENT MANAGER
November 7, 2024

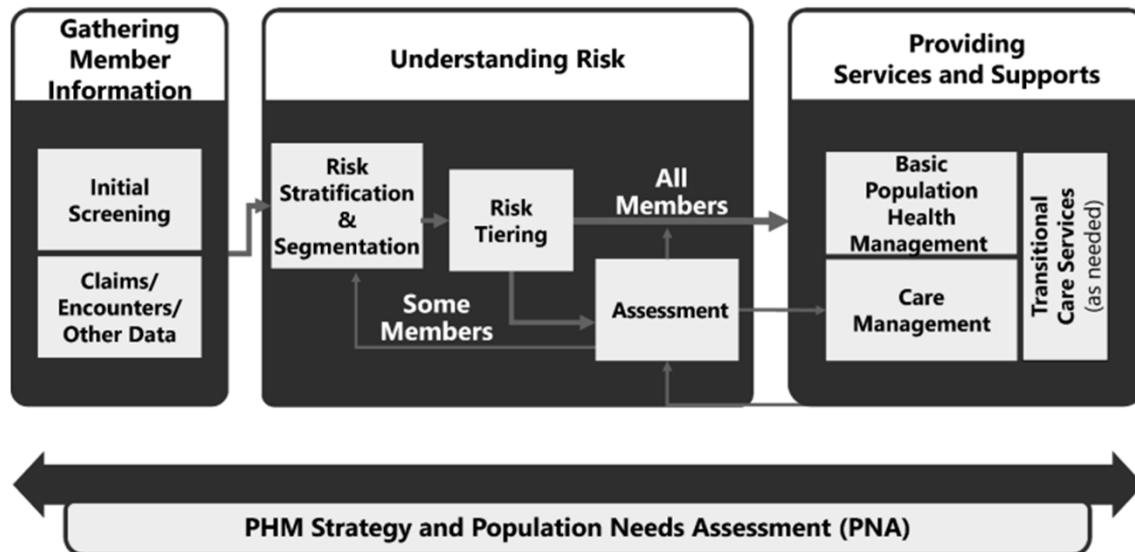
CHAs & CHIPs

AGENDA

- AGENDA:**
- 1. PHM, PNA, & CHA/CHIP Overview
 - 2. MCP Requirements
 - 3. MSAG Member Role
 - 4. Alliance-LHJ Collaborative Activities
 - 5. CHA Findings
 - 6. MSAG Opportunities for Input
 - 7. Discussion & Next Steps

CalAIM Population Health Management Program (PHM)

PHM Framework



3

DHCS Population Needs Assessment (PNA)

Definition: The PNA is the mechanism that MCPs use to identify the priority needs of their local communities and members and to identify health disparities.

CHA/CHIP Alignment: Under the PHM Program, MCPs fulfill their PNA requirement by meaningfully participating in the Community Health Assessments (CHAs)/and Community Health Improvement Plans (CHIPs) conducted by Local Health Jurisdictions (LHJs).

DHCS' Vision: DHCS' vision is for the PNA process to evolve to help either initiate or strengthen engagement among MCPs, LHJs and community stakeholders over time, fostering a deeper understanding of the health and social needs of members and the communities in which they live through cross-sector partnerships.

This collaboration will ultimately enhance MCPs' ability to identify needs and strengths within members' communities so that MCPs and their community partners can reduce siloed approaches to population health management and more effectively improve the lives of members.

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CHA/CHIP Overview

Definitions:

CHA, also known as a Community Health Needs Assessment (CHNA), is a systematic examination of the health status indicators for a given population that is used to identify key problems and assets in a community.

CHIP, also known as an Implementation Strategy, Implementation Plan, or Community Benefits Plan, is the output of the CHA. The CHIP is the action plan for how a community will use the data identified in the CHA to improve health outcomes.

Requirement: Public health departments across the country are required to complete a CHA/CHIP when seeking to obtain and maintain voluntary Public Health Accreditation Board (PHAB) accreditation. Separately, non-profit hospitals develop CHAs to meet federal and state requirements to obtain and maintain their tax-exempt status.

Purpose: To inform county-level "Public Health Plans" (also known as a local Future of Public Health workplan), which must be submitted to the California Department of Public Health (CDPH) every 3 years.

Data Sources: Emphasize wide community input and rely upon primary and secondary data as well as quantitative and qualitative data on various topics (e.g., social and economic factors, health systems, public health and prevention, health disparities, health inequities, and/or community resources and assets).

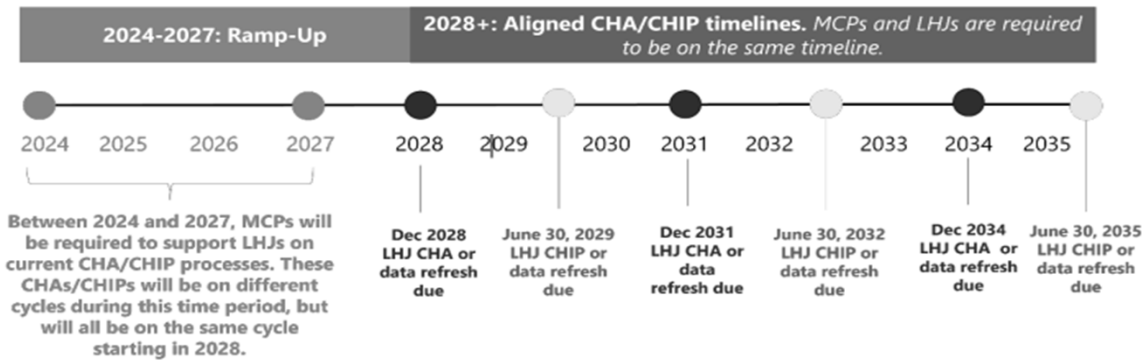
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CHA/CHIP Timelines

Between **2024 and 2027**, LHJs' CHAs/CHIPs will largely remain on different cycles. MCPs will be required to work with each LHJ on its CHA/CHIP according to the guidance below. Some LHJs will be expected to complete a CHA, others a CHIP, and others a full CHA/CHIP cycle within this three-year window.

Starting in 2028, all LHJs will be expected to be on the same three-year cycle with the LHJ CHA to be completed in December 2028 and the CHIP to be completed by June 30, 2029.



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MCP CHA/CHIP Meaningful Participation

Goal: Meaningful participation in local health jurisdictions' (LHJs) Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes.

- MCPs must **meaningfully participate** in the current or next available cycle of each LHJ's CHA/CHIP in the service areas where the MCP operates.
- MCPs must submit to DHCS a new annual "DHCS PHM Strategy Deliverable" to **update DHCS on the progress** of this engagement and provide other updates on the PHM Program to inform DHCS' monitoring efforts.
- MCPs are **no longer required to submit an annual PNA and PNA Action Plan** under the requirements of APL 19-011, which is retired.
- MCPs remain accountable for **meeting cultural, linguistic and health education needs of members**, as defined in state and federal regulations.

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MSAG Member Role

Starting in 2024, MCPs are required to engage their **Community Advisory Committees (CACs)** as part of their participation in the **LHJs' CHA/CHIP process**. Specifically:

- MCPs must **regularly report** on their involvement in and findings from LHJs' CHAs/CHIPs to their CACs.
- MCPs must **obtain input/advice** from their CACs on how to use findings from the CHAs/CHIPs to influence MCPs strategies and workstreams related to the Bold Goals, wellness and prevention, health equity, health education, and cultural and linguistic needs.
- Over time, MCPs are encouraged to work with LHJs to rely on MCPs' CACs as a resource for **stakeholder participation in LHJ CHAs/CHIPs** (e.g., answer survey questions, and participate in focus groups, workgroups, and governance committees).

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Alliance Participation in Current CHA/CHIPs

Goal: Meaningful participation in local health jurisdictions' (LHJs) Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes.

Current Activities:

- CHA/CHIP collaborative participation
- Funding contributions (\$150k per LHJ)
- Planning for data sharing

	Mariposa	Merced	Monterey	San Benito	Santa Cruz
Collaborative Efforts	<ul style="list-style-type: none"> • CHIP collaborative (2025 publication) • CHIP "Access to Health" work group • CHIP "Housing" work group 	<ul style="list-style-type: none"> • CHIP collaborative (publication date TBD) 	<ul style="list-style-type: none"> • CHIP collaborative (2024 publication) 	<ul style="list-style-type: none"> • CHIP collaborative (2024 publication) • Participated in development of Family Resource Guide (2025 publication) 	<ul style="list-style-type: none"> • CHA Advisory Group (2024 publication) • Future CHIP collaborative (2025 publication)

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In-Kind Staffing & Funding

Under Review

MCPs are strongly encouraged to allocate resources to LHJs' CHA/CHIPs in the service areas where they operate, including funding and/or in-kind staffing support. MCPs are strongly encouraged allocate these resources in a manner commensurate with the number of Medi-Cal Members served by the MCP within a given LHJ jurisdiction.

Rationale: MCPs are no longer required to complete a PNA on their own, but instead required to meaningfully participate on a LHJ's CHA/CHIPs. As such, they are strongly encouraged to contribute resources (funding and/or in-kind staffing) as outlined on this slide.

- » Starting on January 1, 2024, MCPs are strongly encouraged to work with LHJs to determine what combination of funding and/or in-kind staffing the MCP will contribute to the LHJ CHA/CHIP process.
- » Starting on January 1, 2025, MCPs are strongly encouraged to contribute the funding and/or in-kind resources that they agreed upon in 2024.
- » At least annually, MCPs will be required to report to DHCS on how they are contributing resources via their PHM Strategy Deliverable submission.

Funding: LHJs may use MCP funding to support CHA/CHIP-related:

- Administrative support
- Project management
- Consultants
- Governance
- Data infrastructure
- Community engagement
- Communications
- Contracts with CBOs
- Implementation strategies (specific to CHIP)
- Technical Assistance

In-Kind Staffing: In addition to funding or as an alternative to funding, if requested by the LHJ, the MCP may contribute staffing support for project management, data analysis, stakeholder engagement activities, or other administrative items.

Guidance is in accordance with 42 CFR sections 438.206(c)(2), 438.330(b)(4), and 438.242(b)(2), 22 CCR sections 53876(a)(4), 53876(c), 53851(b)(2), 53851(e), 53853(d), and 53910.5(a)(2), and applicable DHCS guidance,

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CHA/CHIPs by County

Resource	CHA		CHIP	
County	Last Publication Date	Projected Next Publication Date	Last Publication Date	Projected Next Publication Date
Mariposa	<u>2024</u>	Dec 2028	2019	Q1 2025
Merced	<u>2023</u>	Dec 2028	2017	TBD
Monterey	<u>2022</u>	Dec 2025	2018	Dec 2024
San Benito	<u>2024</u>	Dec 2028	<u>2024</u>	June 2029
Santa Cruz	<u>2024</u>	Dec 2028	2018	Q1 2025

Note: Starting in 2028, all LHJs will be expected to be on the same three-year CHA/CHIP publication cycle, with the first LHJ CHA to be completed in December 2028 and the first CHIP to be completed by June 30, 2029.

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LHJ Funding

As part of the PHM collaboration, the Alliance is providing **\$150,000** each to local health departments to support the development and/or implementation of their CHA/CHIP, as follows:

LHJ Partner	Funding Categories		Grant Dates
Mariposa County Health & Human Services Agency, Public Health Department	<ul style="list-style-type: none"> Salaries and benefits Data infrastructure / software 	<ul style="list-style-type: none"> Community engagement Communications 	8/6/2024-3/31/2026
Merced County Department of Public Health	<ul style="list-style-type: none"> Translation services Meeting expenses Printing costs Marketing 	<ul style="list-style-type: none"> Sub-contractor Salaries and benefits Data analytics 	9/25/2024-3/31/2026
County of Monterey Health Department, Public Health Bureau	<ul style="list-style-type: none"> CHNA/CHIP professional design Community distribution plan Communications 	<ul style="list-style-type: none"> Participation in 2025 CHNA Community partner meetings Project management 	9/4/2024-3/31/2026
San Benito County Health & Human Services Agency, Public Health Services Department	<ul style="list-style-type: none"> Surveys and workshops Data collection and analysis Resource guide development Stigma reduction campaign Promotion and distribution 	<ul style="list-style-type: none"> Translation Participant incentives Meeting expenses Training 	9/5/2024-3/31/2026
Santa Cruz County Health Services Agency, Public Health Division	<ul style="list-style-type: none"> Consultants Community engagement 	<ul style="list-style-type: none"> Contracts with CBOs Data infrastructure 	Pending BoS approval

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Community Health Assessment (CHA): **Identified Issues**

	Mariposa	Merced	Monterey	San Benito	Santa Cruz
Identified Issues	<ul style="list-style-type: none"> Adult smoking Adult obesity Access to exercise opportunities Excessive drinking Alcohol-impaired driving deaths Ratio of residents to primary care physicians Preventable hospital stays Mammography screening Flu vaccination rates Unemployment Children in single-parent households Severe housing problems 	<ul style="list-style-type: none"> COVID-19 or other Infections / contagious diseases Aging population Mental health Oral health Pregnancy & birth Child & adolescent health Obesity 	<ul style="list-style-type: none"> Diabetes Mental Health Access to Health Care Services Nutrition, Physical Activity & Weight Heart Disease & Stroke Substance Use Housing Infant Health & Family Planning Injury & Violence Cancer Potentially Disabling Conditions 	<ul style="list-style-type: none"> Opioid related overdose deaths Cigarette use Youth vape product use Mental health Youth alcohol and drug use Food insecurity Diabetes Sugary and sweetened drink intake 	<ul style="list-style-type: none"> Access to healthcare Children / adolescent health Housing security / housing burden Mental health & mental disorders

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Opportunity for **Input**

Question: How can the Alliance use findings from the CHAs/CHIPs to influence Alliance strategies and workstreams related to the Bold Goals?



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CHA Alignment with Alliance Strategies & DHCS Bold Goals

	Mariposa	Merced	Monterey	San Benito	Santa Cruz
Identified Issues	<ul style="list-style-type: none"> • Adult smoking • Adult obesity • Access to exercise opportunities • Excessive drinking • Alcohol-impaired driving deaths • Ratio of residents to primary care physicians • Preventable hospital stays • Mammography screening • Flu vaccination rates • Unemployment • Children in single-parent households • Severe housing problems 	<ul style="list-style-type: none"> • COVID-19 or other Infections / contagious diseases • Aging population • Mental health • Oral health • Pregnancy & birth • Child & adolescent health • Obesity 	<ul style="list-style-type: none"> • Diabetes • Mental Health • Access to Health Care Services • Nutrition, Physical Activity & Weight • Heart Disease & Stroke • Substance Use • Housing • Infant Health & Family Planning • Injury & Violence • Cancer • Potentially Disabling Conditions 	<ul style="list-style-type: none"> • Opioid related overdose deaths • Cigarette use • Youth vape product use • Mental health • Youth alcohol and drug use • Food insecurity • Diabetes • Sugary and sweetened drink intake 	<ul style="list-style-type: none"> • Access to healthcare • Children / adolescent health • Housing security / housing burden • Mental health & mental disorders

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Next Steps

- Alliance staff will:
 - continue **to participate in CHA/CHIP** committees and work groups;
 - execute **data sharing agreements** with LHJs and will begin sharing data no later than Q2 2025;
 - continue to **regularly report to MSAG** on our involvement in and findings from LHJs' CHAs/CHIPs;
 - **crosswalk** CHA identified issues with Alliance 2022-2026 strategies and DHCS 50x2025 Bold Goals;
 - **explore solutions** provided by MSAG members today; and
 - continue to **obtain input/advice from MSAG** members on how to use findings from the CHAs/CHIPs to influence Alliance strategies and workstreams related to the Bold Goals.
- Over time, Alliance staff will work with LHJs to rely on MSAG members as a resource for **stakeholder participation in LHJ CHAs/CHIPs** (e.g., answer survey questions, and participate in focus groups, workgroups, and governance committees).

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Questions/Discussion

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Resource Links

[CalAIM Population Health Management Implementation II](#)
[DHCS Population Health Policy Guide](#)

QUESTIONS?

Program Development Department:
PDIncentives@thealliance.health

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ssions to :

Facilitated by MEI – a collaborative of experts in educational and health equity

1

Why We Need Your Help

We are working on improving how doctors and healthcare staff in the Alliance Health Plan provide care. These listening sessions are your chance to tell us about your experiences so we can make sure future training programs for healthcare workers reflect the real needs of the community.

How Your Input Will Be Used

Your stories will directly shape the training program that helps healthcare workers:

- Understand and respect different cultures and backgrounds.
- Provide better, more personalized care for everyone.

Our Goal

To create a training program that makes sure all members, no matter their background or health needs, receive high-quality and respectful care.

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Quality of Care	Trust	Cultural Responsiveness
What does good care look like to you?	How can we build and keep your trust?	How can we provide healthcare that you connect with and feel understood by?

3

<p>Session Dates:</p> <ul style="list-style-type: none"> • Friday, November 8 at 12:00 PM • Wednesday, November 13 at 12:00 PM and 6:00 PM <p>What to Expect:</p> <ul style="list-style-type: none"> • Virtual Format: You can join from anywhere online. • Duration: Each session will be about one hour long. <p>Why Your Feedback Matters:</p> <ul style="list-style-type: none"> • Your voice will directly influence how healthcare providers deliver care in your community. • Your real-life experiences will help make sure that the training is practical and meets the real needs of people like you. • By participating, you're helping improve healthcare to be more respectful, understanding, and responsive to everyone's needs.

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Which communities are particularly important and unique to your region?

MY2023 Medi-Cal CAHPS Survey Results

Sarina King, Quality Improvement and Performance
Manager

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AGENDA:

1. Methodology
2. Survey Outcomes
3. Supplemental Questions
4. Next Steps/Discussion

2024 MEDI-CAL
CAHPS® SURVEY
RESULTS

2

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Feedback

What would you like our providers to know about how well they communicate with you and other Alliance members/patients?

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3

METHODOLOGY (ADULT)

DATA COLLECTION

The MY 2023 Medicaid Adult version of the 5.1 CAHPS survey was administered via the following methodology:

First questionnaire
mailed
3/19/2024



Second questionnaire
mailed
4/23/2024



Third questionnaire
mailed
5/17/2024



Last day to accept
completed surveys
6/12/2024

QUALIFIED RESPONDENTS

Included beneficiaries who were...

- 18 years and older (as of December 31st of the measurement year)
- Continuously enrolled in the plan for at least five of the last six months of the measurement year

2024 RESPONSE RATE CALCULATION

$$\frac{257 \text{ (Completed)}}{2012 \text{ (Sample)} - 12 \text{ (Ineligible)}} = \frac{257}{2000} = 12.9\%$$

COMPLETES - MODALITY BY LANGUAGE

Language	Mail	Phone	Internet	Internet Modes			Total
				QR Code	Email	URL	
English	81	16	39	22	0	17	136
Spanish	90	15	16	14	0	2	121
Total	171	31	55	36	0	19	257

Total Number of Undeliverables: 178

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

RESPONSE RATE TRENDING

		2022	2023	2024
Completed	SUBTOTAL	308	443	257
	Does not Meet Eligibility Criteria (01)	8	26	7
Ineligible	Language Barrier (03)	0	2	0
	Mentally/Physically Incapacitated (04)	2	6	5
	Deceased (05)	0	2	0
	SUBTOTAL	10	36	12
Non-response	Break-off/Incomplete (02)	14	19	10
	Refusal (06)	6	21	3
	Maximum Attempts Made (07)	1674	1493	1730
	Added to DNC List (08)	0	0	0
	SUBTOTAL	1694	1533	1743
	Total Sample	2012	2012	2012
Oversampling %		49.0%	49.0%	49.0%
Response Rate		15.4%	22.4%	12.9%
PG Response Rate		12.2%	11.5%	11.1%

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METHODOLOGY (CHILD)

DATA COLLECTION

The MY 2023 Medicaid Child version of the 5.1 CAHPS survey was administered via the following methodology:

First questionnaire
mailed
3/19/2024

Second questionnaire
mailed
4/23/2024

Third questionnaire
mailed
5/17/2024

Last day to accept
completed surveys
6/12/2024

QUALIFIED RESPONDENTS

Included beneficiaries who were...

- Parents of those 17 years and younger (as of December 31st of the measurement year)
- Continuously enrolled in the plan for at least five of the last six months of the measurement year

2024 RESPONSE RATE CALCULATION

$$\frac{247 \text{ (Completed)}}{1650 \text{ (Sample)} - 4 \text{ (Ineligible)}} = \frac{247}{1646} = 15.0\%$$

COMPLETES - MODALITY BY LANGUAGE

Language	Mail	Phone	Internet	Internet Modes			Total
				QR Code	Email	URL	
English	64	3	25	20	0	5	92
Spanish	98	24	33	28	0	5	155
Total	162	27	58	48	0	10	247

Total Number of Undeliverables: 117

Note: Respondents were given the option of completing the survey in Spanish. In place of the English survey, a Spanish survey was mailed to members who were identified by the plan as Spanish-speaking. A telephone number was also provided on the survey cover letter for all members to call if they would like to complete the survey in Spanish.

RESPONSE RATE TRENDING

		2022	2023	2024
Completed	SUBTOTAL	279	373	247
	Does not Meet Eligibility Criteria (01)	10	11	4
Ineligible	Language Barrier (03)	0	1	0
	Mentally/Physically Incapacitated (04)	0	0	0
	Deceased (05)	0	0	0
	SUBTOTAL	10	12	4
Non-response	Break-off/Incomplete (02)	4	20	5
	Refusal (06)	3	13	1
	Maximum Attempts Made (07)	1354	1232	1393
	Added to DNC List (08)	0	0	0
	SUBTOTAL	1361	1265	1399
Total Sample		1650	1650	1650
Oversampling %		0.0%	0.0%	0.0%
Response Rate		17.0%	22.8%	15.0%
PG Response Rate		10.2%	9.9%	9.4%

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SURVEY OUTCOMES

- Summary Rate is the percentage of respondents who chose a favorable response option of “Usually or Always” or “8-10”
- Percentile Rankings in relation to the **2024** Quality Compass (QC) All Plans National & California Benchmarks

Key:	Below 25 th %tile	Between 25 th and 50 th %tile	Between 50 th and 75 th %tile	Above 75 th %tile	Above 90 th %tile
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SURVEY OUTCOMES – ADULT

Composite/Measure/Attribute	Summary Rate and Percentile Ranking				
Response Rate: (257/2000) 12.9%	2024	2023	2022	2024 US Benchmark	2024 QC %tile Rank
Getting Needed Care	80.7%↑	78.9%	82.9%	82.1%	25 th -50 th
Getting Care Quickly	82.4%↑	75.9%↑	73.4%	81.2%	50 th -75 th
How Well Doctors Communicate	91.8%↑	91.6%↑	91.5%	93.2%	25 th -50 th
Health Plan Customer Service	87.8%↑	87.5%	91.1%	89.8%	Below 25 th
Rating of Health Care	78.2%↑	72.7%	75.6%	75.8%	Above 75 th
Rating of Personal Doctor	86.4%↑	80.4%	83.1%	83.9%	Above 75 th
Rating of Specialist	84.2%↑	81.5%	85.7%	82.7%	50 th -75 th
Rating of Health Plan	78.5%↑	77.1%↑	76.8%	78.7%	50 th -75 th

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SURVEY OUTCOMES – CHILD

Composite/Measure/Attribute	Summary Rate and Percentile Ranking				
Response Rate: 247/1646 (15%)	2024	2023	2022	2024 US Benchmark	2024 US %tile Rank
Getting Needed Care	81.1%↑	79.4%↑	79.2%	84.5%	25 th -50 th
Getting Care Quickly	83.8%↑	82.3%	84.5%	87.0%	25 th -50 th
How Well Doctors Communicate	91.5%	91.7%	93.1%	94.4%	Below the 25 th
Health Plan Customer Service	91.0%↑	88.0%	92.0%	88.8%	Above 75 th
Rating of Health Care	84.2%↑	79.3%	88.6%	87.2%	25 th -50 th
Rating of Personal Doctor	88.8%↑	87.9%	93.4%	89.9%	25 th -50 th
Rating of Specialist	85.2%	90.4%	93.4%	86.9%	25 th -50 th
Rating of Health Plan	91.0%↑	89.0%↑	87.8%	86.5%	Above 75 th

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SURVEY OUTCOMES – ADULT SUPPLEMENTAL QUESTIONS

SUPPLEMENTAL QUESTIONS (Adult)	Always	Usually	Sometimes	Never	2024 Summary Rate
Q40. Treated unfairly at Drs. Office due to language barrier	1.6%	0.8%	4.9%	92.7%	97.6%↑
Q41. Treated unfairly at Drs Office due to cultural differences	1.6%	2.0%	4.0%	92.4%	96.4%
Q42. Misunderstanding of culture by Dr./Staff	1.2%	0.4%	5.6%	92.8%	98.4%↑

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SURVEY OUTCOMES – CHILD SUPPLEMENTAL QUESTIONS

SUPPLEMENTAL QUESTIONS (Child)	Always	Usually	Sometimes	Never	2024 Summary Rate
Q42. Treated unfairly at Drs. Office due to language barrier	2.9%	0.8%	4.6%	91.7%	96.3%
Q43. Treated unfairly at Drs Office due to cultural differences	0.8%	0.0%	2.5%	96.7%	99.2%
Q44. Misunderstanding of culture by Dr./Staff	3.0%	0.0%	3.0%	94.1%	97.0%

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SURVEY OUTCOMES – AUGMENT (Spanish Speakers) SUPPLEMENTAL QUESTIONS

SUPPLEMENTAL QUESTIONS	Adult Summary Rate	Child Summary Rate
Q41. Treated unfairly at Drs. Office due to language barrier	95.8%	94.7%
Q42. Treated unfairly at Drs. Office due to cultural differences	95.8%	98.7%
Q43. Misunderstanding of culture by Dr./Staff	97.5%	97.3%

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Survey Outcomes- Adult English and Spanish Speaking

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	English [SL.E]				Spanish [SL.S]			
	n	Rate	Slg	△	n	Rate	Slg	△
Rating Items								
8. Rating of Health Care	86	65.1%		-13.1	61	96.7%	d	18.5
18. Rating of Personal Doctor	93	79.6%		-6.8	76	94.7%	d	8.3
22. Rating of Specialist +	57	77.2%		-7.0	44	93.2%	d	9.0
28. Rating of Health Plan	130	63.8%		-14.6	116	94.8%	d	16.4
Getting Needed Care	73	75.7%		-6.0	54	87.5%	d	6.8
9. Getting care, tests, or treatment	85	78.8%		-5.3	60	91.7%	d	7.5
20. Getting specialist appointment	62	72.6%		-4.7	48	83.3%		6.1
Getting Care Quickly	64	77.2%		-5.2	53	89.3%	d	6.9
4. Getting urgent care	52	80.8%		-8.0	37	100.0%	d	11.2
6. Getting routine care	76	73.7%		-2.3	70	78.6%		2.5
How Well Doctors Communicate +	71	94.0%		2.2	63	88.4%		-2.4
12. Dr. explained things	72	95.8%		3.2	64	89.1%		-3.6
13. Dr. listened carefully	70	97.1%		3.9	64	89.1%		-4.2
14. Dr. showed respect	71	95.8%		1.0	64	93.8%		-1.1
15. Dr. spent enough time	71	87.3%		0.8	63	85.7%		-0.9
Customer Service +	34	85.6%		-2.2	43	89.5%		1.7
24. Provided information or help	35	80.0%		-0.8	43	81.4%		0.6
25. Treated with courtesy and respect	34	91.2%		-3.6	43	97.7%		2.9

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Survey Outcomes- Child English and Spanish Speaking

CENTRAL CALIFORNIA ALLIANCE FOR HEALTH	English [SL.E]				Spanish [SL.S]			
	n	Rate	Sig	△	n	Rate	Sig	△
Rating Items								
8. Rating of Health Care	63	81.0%		-3.2	95	86.3%		2.1
21. Rating of Personal Doctor	75	85.3%		-3.5	113	91.2%		2.3
25. Rating of Specialist +	24	87.5%		2.3	30	83.3%		-1.9
31. Rating of Health Plan	91	83.5%		-7.5	153	95.4%		4.4
Getting Needed Care	44	84.4%		3.2	66	79.0%		-2.2
9. Getting care, tests, or treatment	63	84.1%		4.4	95	76.8%		-2.9
23. Getting specialist appointment	26	84.6%		2.1	37	81.1%		-1.5
Getting Care Quickly	43	78.3%		-5.5	65	88.2%		4.4
4. Getting urgent care	28	78.6%		-10.3	35	97.1%		8.3
6. Getting routine care	59	78.0%		-0.7	96	79.2%		0.5
How Well Doctors Communicate +	58	93.6%		2.1	86	90.0%		-1.5
12. Dr. explained things	59	93.2%		0.8	87	92.0%		-0.5
13. Dr. listened carefully	59	93.2%		0.1	87	93.1%		0.0
14. Dr. showed respect	59	96.6%		0.1	86	96.5%		0.0
17. Dr. spent enough time	58	91.4%		7.6	84	78.6%		-5.2
Customer Service +	21	90.5%		-0.5	62	91.1%		0.2
27. Provided information or help	21	85.7%		-2.2	62	88.7%		0.8
28. Treated with courtesy and respect	21	95.2%		1.3	62	93.5%		-0.4

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Feedback

What would you like our providers to know about how well they communicate with you and other Alliance members/patients?

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2025 SCHEDULE

Kayla Zolinski, MSAG Coordinator

- In person at all five Alliance offices 10 – 11:30 a.m. on the following dates:
 - Thursday, February 13th
 - Thursday, May 8th
 - Thursday, August 14th
 - Thursday, November 6th





Member Services Advisory Group Feedback Impact Report

Dear Member Services Advisory Group Members,

Thank you for your time and feedback. Here are a few ways you have impacted the Alliance so far in 2024:

Behavioral Health

- We are creating an upcoming plan related to how to ensure members and providers have updates and clear access to behavioral health benefits and information.
- We are implementing four targeted intervention projects across Alisal Unified School District and Soledad Unified School District: Behavioral Health Wellness Programs, Behavioral Health Screenings and process improvements, Partnerships to increase Medi-Cal access, Expanding the behavioral health workforce
- We added behavioralhealthescalation@ccah-alliance.org to external member facing webpage for members having barriers or issues with Carelon or accessing behavioral health services.
- We worked with County Mental Health Plans and Carelon to confirm referral pathways, reduce barriers to access care, and update referral forms as applicable.

Provider Services

- We are visiting provider offices to share services and benefits with office staff.
- We provided refresher training for Provider Services Representatives to update provider offices on new and updated benefits.
- Typically, the Alliance is contracted with 98% of all available providers in our service area. If there is a provider you would like us to recruit, please email joinus@ccah-alliance.org.

Community Resources

- We subscribed MSAG members to The Beat and will subscribe future members.
- We included information about interpreting services and how to request training support in September 2024 Provider Bulletin.
- We looked into services similar to PeachJar.
- We formed new communication tactics.
- We will promote Mariposa outreach events on various channels including Alliance website and social media.
- We share Alliance materials in Street Medicine units.
- We attended outreach events geared toward unhouse population.

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