



## Community Advisory Board (CAB) Meeting Minutes

### DRAFT

**Date:** January 11, 2024  
**Time:** 12:30 p.m. to 2:00 p.m.  
**Chairperson:** Sara Macdonald, Vice-Chair, Board of Directors Liaison

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#### **Community Advisory Board (CAB) Voting Members Present:**

Alejandra Lind, Member  
Chris Burke, Independent Living Resource Center, Inc.  
Dana Gamble, Santa Barbara Public Health Department  
Jonathan Nibbio, Family Care Network  
Jose Clemente, Santa Barbara County Department of Social Services (DSS)  
Michelle Shoresman, San Luis Obispo County Public Health Department  
Quynh Nguyen, DDS, Chief Dental Officer, Santa Barbara Neighborhood Clinics  
Sara Macdonald, Board of Directors (BOD) Liaison/ Member; CAB Vice-Chair  
Susan Liles, Santa Barbara Public Health Dept. Nutrition Services/Women, Infants & Children (WIC) Program  
Tamika Harris, Tri-Counties Regional Center

#### **CAB Voting Members Excused:**

Carmin Garcia, Family Services Agency  
Eusebio Soto-Mesa, Member  
Eustolia Garcia, Promotores Collaborative of San Luis Obispo  
Jennifer Nitzel, San Luis Obispo County Department of Social Services (DSS)  
Julie Posada, Area Agency on Aging, HICAP  
Krystle Kaden, Member  
Maria Jaurequi-Garcia, Community Health Centers of the Central Coast (CHCCC)  
Mary Ellen Rehse, Executive Directive, Children and Family Resource Services; CAB Chair 2024  
Norma Alonso, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver  
Olga Mendoza De Bravo, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver  
Robert Gibson, United Domestic Workers of America /In-Home Support Services (IHSS) Caregiver  
Soledad Soto, Member  
Yolanda Navarro, Member, United Domestic Workers of America/In-Home Support Services (IHSS) Caregiver

#### **Staff:**

Andrea Hill, Population Health Specialist  
Denise Filotas, Manager, Cultural and Linguistic Services  
Diana Robles, Lead Health Navigator  
Elia Rodriguez, Member Services Call Center Manager  
Eric Buben, Director of Member Services, CAB Coordinator  
Gaby Labrana, MPH, Health Promotion Supervisor  
Teri Amador, Sr. Administrative Assistant  
Van Do-Reynoso, MPH, PhD, Chief Customer Experience & Chief Health Equity Officer  
Zena Chafi-Aldwaik, MPH, CHES< Health Promotion Educator

**Guests:**

Aliz Ruvalcaba, Spanish Translator & Interpreter, Rooted Language Justice  
Javi Infante Varas, Lead Spanish Translator & Interpreter, Rooted Language Justice  
Marisol Olivera, Spanish Translator & Interpreter, Rooted Language Justice  
Refugio Silva, Spanish Translator & Interpreter, Rooted Language Justice

**Secretary:** Teri Amador, Sr. Administrative Assistant

**Location:** CenCal Health Offices (Santa Barbara)-Hart Room Auditorium and Arroyo Grande (Matthew Will Memorial Medical Center)

<i>Topic</i>	<i>Discussion</i>
<p><b>1. Announcements and Acknowledgements</b> Sara Macdonald, CAB Vice-Chair</p> <p><b>a. Rooted Language Justice</b> 1) Spanish Interpretation Procedures for CAB Meetings</p>	<p>Vice-Chair, Sara Macdonald, called the meeting to order at 12:30 p.m. A brief introduction to Javi Infante Varas and Aliz Ruvalcaba from Rooted Language Justice who were in attendance to provide Spanish interpretation at our Santa Barbara (SB) and Marisol Olivera and Refugio Silva who were present to provide interpreting services at the Arroyo Grande (AG) location, was given. There were no Spanish speaking CAB members in attendance at either location, therefore the detailed interpreter service instructions were not needed, and would be revisited if any CAB members arrived later in the meeting.</p>
<p><b>2. Public comment on any <u>non-agenda item</u> of interest to the public that is within the subject matter jurisdiction of the Community Advisory Board (CAB).</b></p>	<p>No comments or non-agenda items raised.</p>
<p><b>3. Acceptance of Minutes October 26, 2023 CAB Meeting - Action</b></p>	<p>Motion to approve Minutes from October 26, 2023, meeting was made by Dr. Nguyen and seconded by Mr. Gamble, <u>and unanimously approved by the CAB.</u></p>
<p><b>4. 2024 New CAB Voting Member</b></p> <ul style="list-style-type: none"><li>• Carmin Garcia<ul style="list-style-type: none"><li>○ Family Services Agency</li></ul></li></ul>	<p>Mr. Buben welcomed Carmin Garcia as a new CAB Member to the committee. The CAB Selection Committee voted on Ms. Garcia's application who will be replacing Josue Medrano from Family Services Agency. Ms. Garcia attended our last CAB meeting, as a guest, but was not able to attend today's meeting, last minute. We look forward to her participation as a new voting member on CAB and welcome Ms. Garcia to CAB.</p>
<p><b>5. Introduction to Medicare Dual Special Needs Plan</b></p> <ul style="list-style-type: none"><li>• Postponed until the April 11, 2024 CAB</li></ul>	<p>CenCal Health, CEO, Ms. Owen was not able to attend this CAB meeting as planned to provide an overview of CenCal Health's planning to offer a Medicare Dual Special Needs Plan (D-SNP) in 2026. Ms. Owen had an urgent matter required her attention. This presentation will be postponed and presented to the CAB at the April 11, 2024 Meeting instead.</p>

## 6. Diversity, Equity and Inclusion (DEI) Training

- Dr. Do-Reynoso, MPH, PhD – Chief Customer Experience & Chief Health Equity Officer

Dr. Do-Reynoso presented an in-depth overview of Diversity, Equity and Inclusion (DEI) Training requirements as explained in new DHCS APL 23-025, and accompanied the oral update with a PowerPoint Presentation.

### **APL 23-025 (DEI Training):**

#### **Goals:**

- To **build** and improve capacity for our health care system in serving our Medi-Cal members.
- To **create** better relationships and connectivity with diverse members across populations
- To **create** an inclusive environment within CenCal Health (CCH) and externally with our Network Providers.

#### **Key requirements**

#### **Training:**

- Encompassed sensitivity, diversity, cultural competency and cultural humility, and health equity trainings, for all MCP staff, and Network Providers regardless of their cultural or professional training and background.
- Includes SDoH specific to health plan service area, regional demographics, and disparities impacting members.
- Includes input from community.

#### **Components of DEI Training Program**

- Regional specific demographics
- Health-related social needs specific to SB and SLO County
- Inclusive of all current members:
  - Seniors and persons with disabilities population;
  - Those with chronic conditions
  - Those with Specialty Mental Health Service and/or Substance Use /disorder needs;
  - Those with intellectual and developmental disabilities;
  - children with special health care needs.
- **Impact of structural and institutional racism and health inequities** on CCH Members, staff, Network Providers, Subcontractors, and Downstream Subcontractors
- **Relevant health inequities and identified cultural groups** in Santa Barbara and San Luis Obispo County
- **CenCal Health Member experience**, including perceived discrimination and the impacts of implicit bias;
- **Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and more (LGBTQIA+) concerns**, including asking for and respecting

the name and pronouns CCH Members and family members use and avoiding assumptions about partners, spouses, and children;

- **Need for gender affirming care;**
- **Methods of interacting** with Providers and the health care structure;
- **Traditional home remedies** that may impact how the Provider should treat the CenCal Health Member, and
- **Language and literacy needs.**

#### **Accountability for DEI Training**

- Community input into the training curriculum.
- Assessment of the CCH's staff, Subcontractors, Downstream Subcontractors, and Network Providers for incorporating DEI training goals into their interactions with CCH Members and staff with lived experience.
- CCH shall provide DEI training to new staff, Subcontractors, Downstream Subcontractors, and Network Providers serving CCH Members within 90 days of start date that reflects the above criteria.
- CCH will implement comprehensive and ongoing DEI training for all CCH staff, Subcontractors, Downstream Subcontractors, and Network Providers serving Members during times of re-credentialing or contract renewals.

#### **Implementation Timeline**

##### ***(Phase 1: By January 1, 2025 – Training Development)***

- **CCH assesses specific needs** for the servicing regions, biases, and Member experiences.
- **CCH begins to develop** the DEI training program.
- **Cross collaboration** with partnering regional MCPs.
- **CCH submits DEI Training Programs** to DHCS for review and approval.
- **To ensure NCQA Accreditation readiness**, CCH will complete training development by April 30, 2023.

##### ***(Phase 2: By January 1, 2026 – Training Completion)***

- **CCH begins to pilot** the DEI Training Program.
- **CCH assesses the training program** and address issues/concerns learned from the pilot.

- **Training completion required for all MCP staff**, Contractors, Subcontractors, Downstream Subcontractors, and Network Providers from July 1, 2025 – December 31, 2025.
- **To ensure NCQA Accreditation readiness**, CCH will train internal staff from May – September 2023.

**Next Steps**

- **Engagement of Program Development Director & Team**
- **Engagement of HE Steering Committee; CCH Trainers and other internal stakeholders**
- **Engagement of curriculum developer.**
- **Development of DEI curriculum** with:
  - statewide collaboration via Chief Health Equity Officer workgroup
  - alignment with NCQA HE Accreditation
  - engagement of local community via existing meetings
  - engagement of CAB via existing meetings and ad-hoc workgroups
  - engagement with provider community via existing meetings

**Questions:**

**Ms. Macdonald asked for someone to clarify what NCQA accreditation meant for CenCal Health.** Dr. Do-Reynoso replied it is the gold standard for Health Plan Quality Standards. It is a badge of honor for our field to be accredited by NCQA. It is also a huge celebration when a health plan is NCQA Health Equity Accredited. We will be going for both accreditations at CenCal Health.

**Mr. Nibbio asked in the development of the actual curriculum training how will it appear to the viewer and where will input come from?**

Dr. Do-Reynoso replied that she the development of the actual curriculum training will come from our vendor who has deep experience in the field. Providers, members, stakeholders, and people with lived experience will be engaged to review the curriculum. The vision for the training curriculum is one that will be engaging and results in better quality of services to our members.

**Mr. Nibbio commented but what staff and providers need sometimes is how to implement that into their practice. Is this already being considered by CenCal Health or the company providing the training?** Dr. Do-Reynoso replied we are looking to meet the requirements stated in the All-Plan Letter 23-025. We are looking to bring back the draft training to the CAB which has members that can provide us with input and also opportunities to engage in our Community Based Organizations (CBOs) that are serving members and

their standing meetings to provide that feedback to us. It is important that not only we meet the requirements of the APL, but we exceed them. We can do this by listening to our members, and their lived experience on how on point we are. If you know of additional groups that we should engage with, please let us know. Regarding staff and providers changing their behaviors, the curriculum will include accountability for changed behavior. There are qualitative and quantitative measures that we will incorporate in the training. We will also incorporate quality metrics, to see if when we stratify by the various community groups, if we see change in those metrics. For example, we hope also to see that after the training is rolled out to our provider network, contractors and sub-contractors, the calls that Member Services receives reflect improvement and that we see the change in our grievance and appeals statistics and volume of calls, and overall types of calls.

**Ms. Shoresman asked what the acronym NCQA stood for.** Mr. Buben spoke up and said the acronym stood for, National Committee for Quality Assurance (NCQA), which is a national accreditation body that sets quality standards for health plans at a national level.

**7. Health Promotion/  
Education Report  
– Action Item**

G. Labraña, MPH, CHES,  
Health Promotion  
Educator

- Health Promotion/Education Updates
- PNA Updates

Ms. Labraña gave an overview of her presentation that was included in the packet handed out to the committee members prior to and during the meeting.

**Health Promotion Updates:**

Highlighted new Wellness and Prevention Programs that were launched and what they entailed - essentially 12 distinct health education campaigns that are being launched later this month.

The aim is to improve certain aspects of care:

- Members who have asthma
- Members who have been disengaged from care for a long time
- Members who are due for certain cancer screenings
- Kids that are missing preventive visits
- Pregnant and postpartum members

There are 12 distinct campaigns, which actually means 24 because we do each one in our threshold languages of English and Spanish, and they will be going out at different frequencies (e.g. monthly, quarterly, bi-annually).

Included in the packet were drafts of Wellness and Prevention outreach mailers (Spanish versions were not included, as drafts were currently being translated)

a. Breathing Better (Asthma)

- b. Stay Healthy Adults: PCP Check-Up
- c. Stay Healthy Adults: Breast Cancer Screening
- d. Stay Healthy Adults: Cervical Cancer Screening
- e. Stay Healthy Adults: Colorectal Cancer Screening
- f. Stay Healthy Adults: Controlling High Blood Pressure
- g. Stay Healthy Kids: 0—12 months
- h. Stay Healthy Kids: 13—30 months
- i. Stay Healthy Kids: 3-12 years
- j. Stay Healthy Kids: 13-21 years
- k. Healthy Pregnancy
- l. Healthy Postpartum

We will be creating handout versions of these, so removing the mailing panel, removing any Member specific language, and making them printer friendly so that Members or providers or community members can print them out if they want to and use them.

Another enhancement is that each month when we generate the lists of members that will be receiving one of these campaigns, we will be sharing that with our case management team because we are building out a way to identify if any member on the list is currently active in case management. That way our case management team can do supplemental outreach to encourage their assigned members to get those important services.

Another enhancement that we will be working on doing is to make the lists that we generate for members that are receiving these campaigns and making them available on the Provider Portal so that providers can similarly see which of their assigned members are receiving this outreach and they can do supplemental outreach should they choose.

#### **Population Needs Assessment (PNA) Updates:**

Dr. Do-Reynoso mentioned NCQA accreditation, and I think it was two meetings ago that we presented the final PNA and strategies for the coming year. We received some updated guidance to ensure that the PNA report now meets NCQA requirements, and therefore, the PNA is currently being revised. This CAB provided insight to the report, so Ms. Labraña mentioned that a revised version of the PNA is coming for CAB's review.

In addition to that, one of the new requirements related to the PNA is that health plans work collaboratively with the local public health departments to create a shared smart objective in relation to the counties Community Health Assessments. We worked very closely and diligently with both Santa Barbara County and San Luis Obispo County Public Health Departments to

discuss priorities that align between our two agencies in relation to their CHA process. At the time that this memo was submitted, we had not yet determined those shared goals.

We have since, and so Ms. Labraña shared that in Santa Barbara County, the priority that aligned with Santa Barbara counties CHA priorities and CenCal Health quality priorities was related to well child visits in the first thirty (30) months of life. In San Luis Obispo County, the Steering Committee working on the CHA determined a priority area for Adolescent Depression. The shared objective that we have with SLO County is to improve adolescent depression screening rates because that is similarly a CenCal health priority measure. Ms. Labraña will be providing updates on at each subsequent CAB meeting on progress with the counties to work toward achieving these shared smart objectives in relation to the PNA updates.

Motion to approve the Health Promotion/Education Report and the Population Needs Assessment (PNA) Report made by Dr. Nguyen and seconded by Mr. Gamble, and unanimously approved by the CAB.

**8. Population Health/Quality Updates**

Andrea Hill, Population Health Specialist

Ms. Hill presented the Population Health/Quality updates for Ms. Negrete in her absence.

**Executive Summary:**

CenCal Health encourages our community partners to assist with outreach efforts to all members of our communities on the importance of cardiovascular disease, also known as heart disease. Not having your Blood Pressure (BP) under control can increase the chances of getting heart disease, which is the leading cause of death in the United States. The Quality Department is committed to ensuring that all people in Santa Barbara and San Luis Obispo counties are informed on how to significantly reduce the risk for heart disease.

**Background:**

According to the Centers of Disease Control and Prevention (CDC), heart disease is the leading cause of death for men, women, and people of most racial and ethnic groups in the United States, as one person dies every 33 seconds from a condition related to cardiovascular disease. The terms "heart disease" or "cardiovascular disease" refer to several types of heart conditions such as Coronary Artery Disease (CAD), which is the most common form of heart disease in the United States. Coronary artery disease can lead to a heart attack.

Individuals can significantly reduce the risk for heart disease through lifestyle changes and, in some cases, medicine. Risk factors for heart disease are diabetes, obesity, unhealthy diet, physical inactivity, and excessive alcohol use. The good news is that living a healthy lifestyle can lower the risk for



heart disease and heart attacks. Encouraging individuals to choose healthy food options, maintain a healthy weight, exercise regularly, and avoid smoking are great ways to reduce risk.

Quality initiatives underway to lower the risk of heart disease include:

- Collaboration with the American Heart Association to gain best practice knowledge, which is shared with our provider network to help educate members.
- Provider incentive for members with cardiovascular disease receiving statin therapy through the Quality Care Incentive Program (QCIP)
- Member health education campaign that includes promotion of CenCal Health benefits, like a free home blood pressure monitor.

CenCal Health members can receive a free home blood pressure monitor by completing these steps:

1. Request a prescription for a blood pressure monitor from their primary care provider (PCP). Members at risk or diagnosed with high blood pressure should monitor their pressure daily and are encouraged to keep a log of their BP and activities throughout the day.
2. Take the prescription to a local pharmacy. The pharmacist will answer questions about how to use the monitor.

#### **Case Management:**

For members who are identified as high risk for this measure, case managers will be assigned to assess the individuals' barriers and needs to lower the members risk of high blood pressure.

For more information, visit: <https://www.cencalhealth.org/providers/case-management/>

We encourage our community partners to support CenCal Health's cardiovascular disease prevention efforts. Healthcare providers should use every opportunity to educate individuals on how to keep their blood pressure under control and encourage the use of at home blood pressure monitors.

For additional resources, collaborative opportunities, and questions, please email the Population Health team at [populationhealth@cencalhealth.org](mailto:populationhealth@cencalhealth.org).

Next Steps:

The Population Health Team will:

- Support providers with member educational materials.
- Discuss best practices with community partners that can be implemented to improve the rates of cardiovascular disease amongst CenCal Health members.
- Continue ongoing collaboration with provider network.

	<p><b>Ms. Lind asked Ms. Hill about the free blood pressure cuffs that are being provided to members. Has it ever been discussed on whether providing blood pressure cuffs that are Bluetooth capable to possibly a phone could be considered as the preferred blood pressure cuffs?</b> Ms. Lind advised something that she has experienced and seems to happen often, is that a reading is not written down, so there is not a record of what their blood pressure was, and if it was Bluetooth compatible, there is an application that is usually connected with it through the phone, and it keeps track on what day it was read on. Whether it was red level, yellow level, or green level. You can pull it up for your doctor and you can show the record of every time you have taken it. You have a digital copy of your record instead of having to write it down.</p> <p>Ms. Hill said that this was the first she had heard of that capability and agreed that is impressive technology. Ms. Hill stated that this is a really good idea for her to bring back to our team and see if we can discuss this more internally. If that is a possibility for us to bring those types of monitors on board, that would be great. Ms. Hill asked Ms. Lind to send us the information on those monitors. Ms. Lind said she would send the information.</p> <p>Ms. Labraña wanted to mention, in the meantime for member outreach with hypertension, that is one of the Wellness and Prevention Campaigns, that we do. We do include a Tracking Log for the member to put their goal and then their daily numbers.</p> <p>Mr. Buben thanked Ms. Hill for her presentation and advised we will follow-up with CAB after researching the blood pressure cuff with Bluetooth connectivity as a Medi-Cal benefit.</p>
<p><b>9. Roundtable</b> Opportunity for CAB Members to Share Relevant Updates</p>	<p>Ms. Shoresman, said I do not know if this is relevant to others, but since I am deep in the middle of it in SLO County Public Health, I wonder if the Community Advisory Board would like some sort of presentation about the updates on implementation of the new ECM and Community supports initiatives. Mr. Buben stated CenCal Health will look to bring a presentation forth on the ECM and new Community Supports being offered in a near future CAB meeting.</p> <p>Ms. Macdonald wanted to say that on February 10<sup>th</sup>, at the Minami Center, in Santa Maria, CommUnify is Announcing the 2-1-1 Community Day Celebration. There will be a lot of opportunities to see your favorite community organizations. Mr. Buben advised that CenCal Health will be in attendance with a booth at this event.</p> <p>Ms. Macdonald thanked the CAB members for attending today's meeting.</p>
<p><b>10. Adjournment</b></p>	<p>Ms. Macdonald adjourned the meeting at 1:30 p.m. as the meeting ended early and thanked the CAB for their time and participation.</p>

Respectfully submitted,

Eric Buben  
Community Advisory Board, CAB Coordinator, Director of Member Services

DRAFT