MEETING AGENDA

Meeting / Project Name: Community Advisory Committee

Objective of Meeting: The Community Advisory Committee (CAC) advocates for members by ensuring that Partnership HealthPlan of California is responsive to the diversity of health care needs of all members.

Date: September 10, 2026 **Time**: Noon – 2:00 p.m.

Meeting Locations:

- Butte – 1000 Fortress Street, Chico, CA 95973
- Humboldt – 1036 5th Street, Suite E, Eureka, CA 95501
- Placer – 281 Nevada Street, Auburn, CA 95603
- Shasta – 2525 Airpark Drive, Redding, CA 96001
- Solano – 4605 Business Center Drive, Fairfield, CA 94534
- Sonoma – 495 Tesconi Circle, Santa Rosa, CA 95401

Alternate Meeting Locations:

- Northeastern Rural Health Clinics – 1850 Spring Ridge Drive, Susanville, CA 96130
- Mountain View Skilled Nursing Facility – 1109 N Nagle Street, Alturas, CA 96101

Topic / Time	Speaker(s)	Description	Page(s)
1) Welcome, Purpose of Meeting & Introductions *Time: 12:00 (10 minutes)*	Gabrielle Breshears, Community Advisory Committee Coordinator	Start of meeting and guidelines followed by a description of CAC and its purpose. Introduction of CAC members, welcoming new CAC members, as well as providing a reminder for ongoing recruitment	5
2) Approval of June 2026 Minutes *Time: 12:10 (5 minutes)*	Gabrielle Breshears, Community Advisory Committee Coordinator	Need a CAC member to make a motion to accept the June 2026 minutes and another member to second the motion	6-22
3) Follow up from June 2026 CAC Meeting *Time: 12:15 (5 minutes)*	Gabrielle Breshears, Community Advisory Committee Coordinator	All follow-up items from June 2026 meeting have been completed. The full follow-up list is provided in the agenda packets	23

Topic / Time	Speaker(s)	Description	Page(s)
4) Community Board Representative Announcement *Time: 12:20 (5 minutes)*	Gabrielle Breshears, Community Advisory Committee Coordinator	Announcement of newly appointed Community Board Representatives	24
5) Partnership Update *Time: 12:25 (15 minutes)*	Sonja Bjork, Chief Executive Officer	An overview of key health plan updates	25
6) Keep your Medi-Cal *Time: 12:40 (15 minutes)*	Dustin Lyda, Director of Communications and Government Affairs	An update on Medi-Cal changes and outreach efforts to help eligible members maintain their coverage and complete renewal requirements	26-34
7) Cultural & Linguistic (C&L) Survey Findings *Time: 12:55 (10 minutes)*	Hannah O'Leary, Manager of Population Health	Review of C&L Survey findings based on CAC member feedback, including identified barriers, potential solutions, and recommendations for improvement	35-39
8) Community Health Assessments (CHA)/ Community Health Improvement Plans (CHIPS) *Time: 1:05 (5 minutes)*	Sydni Aguirre, Community Health Needs Liaison, Population Health	Brief update on Population Health CHA/CHIP work	40-50
9) Community Reinvestment Program Update *Time: 1:10 (10 minutes)*	Dr. Mohamed Jalloh, PharmD, BCPS, Director of Health Equity	Introduction of new Community Reinvestment Liaisons and update on county submissions and DHCS review timeline	51
10) Transportation Member Questions & Discussion *Time: 1:20 (10 minutes)*	Brandi Walker, Manager of Transportation	Transportation representatives will answer questions from CAC members and discuss transportation-related topics of interest	52
11) Annual Grievance & Appeals Report *Time: 1:30 (15 minutes)*	Mori McLennan, Sr. Manager of Grievance & Appeals	Annual presentation of the Partnership HealthPlan Grievance & Appeals Report	53-73
12) Open Forum *Time: 1:45 (15 minutes)*	All	All committee members and members of the public may address the committee on any non-agenda item related to the work of the committee	74

Topic / Time	Speaker(s)	Description	Page(s)
13) Next Meeting		**December 10, 2026 Noon – 2 p.m.**	75

This open and public meeting may be recorded. Any audio or video tape record of this meeting made by or at the direction of Partnership HealthPlan of California is subject to inspection under the Public Records Act and will be provided without charge, if requested. Any audio or video recording may be erased or destroyed 30 days after the recording. Government Code §54957.5 requires that public records related to items on the open session agenda for a regular finance meeting be made available for public inspection. Records distributed less than 72 hours prior to the meeting are available for public inspection at the same time they are distributed to all members, or a majority of the members of the committee. The Community Advisory Committee has designated Community Advisory Committee Coordinator as the contact for Partnership HealthPlan of California located at 4605 Business Center Drive, Fairfield, CA 94534, for the purpose of making those public records available for inspection. The Community Advisory Committee Meeting Agenda and supporting documentation is available for review from 8:00 AM to 5:00 PM, Monday through Friday at all Partnership regional offices (see locations above). It can also be found online at www.partnershiphp.org. Partnership meeting rooms are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternative format for the agenda, meeting notice, agenda packet or other writings that may be distributed at the meeting, should contact the Member Services Department at least two (2) working days before the meeting at (800) 863-4155 or by email at cac@partnershiphp.org. Notification in advance of the meeting will enable the Community Advisory Committee Coordinator to make reasonable arrangements to ensure accessibility to this meeting and to materials related to it. This agenda contains a brief description of each item to be considered. Except as provided by law, no action shall be taken on any item not appearing on the agenda.

Community Advisory Committee

Gabrielle Breshears

September 10, 2026

Welcome/ Purpose of Meeting/ Introductions

Community Advisory Committee Coordinator, Gabrielle Breshears

Community Representation by County

Butte: Adrene, Eli, Isabell, Ursula

Colusa: Susan

Humboldt: Jennifer "Jenny," Margaret

Lake: Angela, Annette

Lassen: Itha "Bev", Ellen

Marin: Jaime, Jason

Mendocino: Perry

Modoc: Lee

Napa: Beverly

Nevada: Harry "Scott", Raichael

Placer: Amy, Marisol

Shasta: Belle, Nani, Shaneata, Wendy

Solano: Catherine, Eugene, Jeanette, Sol

Sonoma: Guadalupe, Michael, William "Bill"

Sutter: Harkirandish

Yolo: Lulu, Marcelo "Nunie"

Yuba: Jackie

Vacant County Seats

Del Norte Glenn Plumas
Sierra Siskiyou Tehama Trinity

Approval of June 2026 Meeting Minutes

CAC Coordinator, Gabrielle Breshears

MEETING MINUTES

Meeting Name: Community Advisory Committee (CAC) Meeting

Date: June 11, 2026 **Time**: Noon – 2 p.m.

Partnership Locations:

- 4605 Business Center Drive, Fairfield, CA 94534 (Conference Room A, B, C)
- 2525 Airpark Drive, Redding, CA 96001 (Airpark Conference Room)
- 1000 Fortress Street, Chico, CA 95973 (Feather River Conference Room)
- 1036 5th Street Suite E, Eureka, CA 95501 (Sue_meg Conference Room)
- 495 Tesconi Circle, Santa Rosa, CA 95401 (Santa Rosa Conference Room)
- 281 Nevada Street, Auburn, CA 95603 (Lincoln Conference Room)

Alternate Locations:

- Northeastern Rural Health Clinics – 1850 Spring Ridge Drive, Susanville, CA 96130
- Mountain View Skilled Nursing Facility – 1109 N Nagle Street, Alturas, CA 96101

Partnership HealthPlan Attendees: Amanda Peters, Andrew Gerber, Anthony Sackett, Caleb Davis, Ciara Rejefski, Cyress Mendiola, Dustin Lyda, Edna Villaseñor, Gabrielle Breshears, Greg Cafiero, Hannah O'Leary, Ileana Hernandez, Irem Conery, Jayme Bottke, Jennifer Forehand, Jessica Sandeno, Jill Blake, Jocelyn Hooper, Joel Schwartz, John Lemoine, Jose Puga, Katherine Barresi, Krystal Johnson, Leigha Andrews, Madison Clark, Marta Ford, Melissa Schumann, Michele Grupe, Dr. Mohamed Jalloh, Monika Brunkal, Onyi Okorie, Rebecca Stark, Ryan Ciulla, Shahrukh Chishty, Shantal Shamoiel, Sonja Bjork, Tara Logan, Urania De La O, Vicky Klakken, Wendi Davis; **Spanish Interpreters:** Claudia Pastori, Evalyn Cabello; **Mandarin Interpreters:** Joyce Svitak, Zhen Hu

Virtual Committee Attendees: Catherine Collins, Jackie Berg

Committee Attendees: Amy Christensen, Angela Hoaglen, Belle Knight, Beverly Franklin, Eli Seigel, Ellen Payton, Eugene Korte, Guadalupe Alvarado, Harry Boggs, Isabell VanMerlin, Itha "Bev" Banghart, Jaime Yan Faurot, Jason Faurot, Jeanette Perez, Jennifer "Jenny" Bentrim, Lulu Zhang, Marcelo "Nunie" Matta, Margaret Sager, Marisol Duran-Garcia, Michael Strain, Nani Mingo, Perry Tripp, Raichael Stewart, Shaneata Bomkamp, Sol McNally, Susan Wagenaar, William "Bill" Remak

Absent Committee Members: Adrene Ryan, Annette Lack, Brion Burkett, Fanechka LaFitte, Harkirandish Kaur, Lee Walton, Paula Kahrau, Ursula Williams, Wendy Longwell

Agenda Topic / Speaker	Minutes	Action Item(s)
1) **Welcome / Purpose of Meeting** *Speaker: Gabrielle Breshears*	**Gabrielle Breshears, Community Advisory Committee Coordinator,** opened the meeting by welcoming everyone, reviewing the housekeeping rules, and requesting consent to record the meeting. With no objections raised, the meeting was recorded for accessibility purposes. She reminded attendees that the Community Advisory Committee (CAC) serves as a bridge between the health plan and the members by creating a forum to discuss common issues of interest and importance, ensuring that Partnership responds to the different kinds of health care needs for all members.	*None*
2) **Introductions** *Speakers: Gabrielle Breshears*	CAC members from all Partnership sites stated their names and the counties they represent, establishing that a quorum was present. **Gabrielle Breshears, Community Advisory Committee Coordinator,** provided a special introduction for new CAC members: Amy Christensen (Placer), Harkirandish Kaur (Sutter), Isabell VanMerlin (Butte), Paula Kahrau (Solano), Shaneata Bomkamp (Shasta), and Ursula Williams (Butte). She also introduced the Executive Team and the CAC Program Team.	*None*

Agenda Topic / Speaker	Minutes	Action Item(s)
3) Approval of the March 2026 Meeting Minutes *Speaker: Melissa Schumann*	The March 2026 meeting minutes were reviewed and approved.	***Vote: Raichael Stewart*** *voted to approve the minutes.* ***Ellen Payton*** *and* ***Perry Tripp*** *also voted to approve the minutes.* ***Result:*** *Motion Passed, March 2026 Meeting minutes approved.*
4) March 2026 CAC Meeting Follow-Up *Speaker: Melissa Schumann*	**Melissa Schumann, Manager of Member Services,** confirmed that all follow-up items from the March 2026 CAC Meeting have been completed and are available for review in the agenda packets.	*None*
5) Report on Board Meeting *Speaker: Nunie Matta and Belle Knight*	**Gabrielle Breshears, Community Advisory Committee Coordinator,** recognized the current Community Board Representatives, Belle Knight, Brion Burkett, and Marcelo "Nunie" Matta, and thanked them for their feedback, hard work, and dedication since their terms began. She stated that the current term will end in June 2026, with the new term beginning in August 2026. Gabrielle also announced that the new Community Board Representatives will be formally introduced at the September 2026 CAC meeting, where they will provide their first Report on the Board Meeting. **Marcelo "Nunie" Matta, Yolo County Representative,** welcomed new members and shared reflections from the recent board retreat. He spoke about current challenges facing state health services, including funding cuts, and acknowledged the uncertainty this creates for members. He expressed appreciation for Partnership and the team, noting a sense of	*None*

Agenda Topic / Speaker	Minutes	Action Item(s)
Report on Board Meeting Continued	optimism despite these challenges. He also thanked fellow Community Board Representatives, Belle Knight and Brion Burkett for their service, and shared that Partnership makes him feel valued and cared for. **Belle Knight, Shasta County Representative,** expressed her appreciation to Partnership for the opportunity to serve on the board over the past two years and noted that the experience has been very rewarding.	
6) Partnership Update *Speaker: Sonja Bjork*	**Sonja Bjork, Chief Executive Officer,** provided Partnership HealthPlan of California updates. Sonja reflected on the recent annual board retreat, where this year's topic centered on the member experience. She highlighted Belle Knight's participation on a panel, where she candidly shared personal experiences navigating the health care system, offering valuable insight into real challenges members face. Sonja also acknowledged the meaningful contributions of Marcelo "Nunie" Matta and Belle Knight, and Brion Burkett during their time on the board, thanking them for their engagement, thoughtful input, and willingness to share openly. Sonja advised that preparations are underway for upcoming Medi-Cal changes, including the "Community Engagement" rule, which introduces work requirements and is expected to begin on January 1, 2027. Sonja reported that approximately 65% of members are already meeting these requirements and highlighted the "Keep Your Medi-Cal" campaign to support member awareness. Concerns were raised about outreach to vulnerable populations, including individuals experiencing homelessness, those with limited English proficiency, and members with health conditions that may prevent them from meeting requirements. She explained that exemptions will be available for eligible individuals.	Sonja Bjork advised that the communications team will follow up on exploring partnerships with libraries to support outreach efforts.

Agenda Topic / Speaker	Minutes	Action Item(s)
Partnership Update Continued	Sonja addressed concerns about fraud, waste, and abuse (FWA) in Medi-Cal and explained how Partnership works to prevent and respond to these issues. She explained that reports may come from members who notice concerns and contact Member Services, as well as through internal review of claims data to identify unusual patterns. She explained that Partnership investigates suspected cases and refers findings to state or federal agencies when appropriate. She added that data tools, including pattern analysis, may be used to help identify potential issues. She emphasized that Partnership is committed to protecting public funds and supporting providers who deliver appropriate care. Sonja opened the floor to the committee for feedback and questions. **William "Bill" Remak, Sonoma County Representative,** asked how upcoming redetermination requirements may impact individuals with long-term or lifelong conditions who were previously determined eligible and not subject to ongoing redetermination. He requested additional information on how eligibility rules may apply to this population at a future meeting. **Sonja** responded that individuals with long-term or life-long conditions are not expected to be subject to work requirements, and their eligibility category is not expected to change. However, she noted that there may be more frequent redeterminations overall and emphasized the importance of contacting Member Services if any unexpected notices are received so that issues can be reviewed and escalated if needed. **Public Comment: A member of the public** referenced the use of artificial intelligence (AI) in identifying potential discrepancies and asked whether there is human intervention before provider payments are paused for suspected FWA. **Sonja** responded that Partnership does not rely solely on AI when identifying potential FWA. She emphasized that	

Agenda Topic / Speaker	Minutes	Action Item(s)
Partnership Update Continued	staff conduct a full review and investigation before any action is taken, including contacting providers to better understand any concerns or billing issues. **Public Comment: A member of the public** suggested using libraries as a location for community outreach related to the "Keep Your Medi-Cal" campaign, noting that libraries are commonly used by individuals experiencing homelessness and could serve as a place to share information and resources. **Sonja** thanked the member of the public for the suggestion, noting that it was a strong idea and added that the communications team will follow up on working with libraries to support outreach efforts. **Jason Faurot, Marin County Representative,** asked if redetermination exemptions are applied to the household or to each individual. **Sonja** responded that exemptions are determined at the individual level, with some household factors, such as income, also considered. She acknowledged the process can be confusing and encouraged members to reach out with any questions or concerns. **Jaime Yan Faurot, Marin County Representative,** provided feedback about inconsistencies in how information is provided across counties and community-based clinics and asked whether a standardized checklist or guidance tool could be developed to help ensure accuracy and improve navigation of the health care system. **Sonja** acknowledged Jaime's advice of a checklist, noting that counties are working hard to maintain Medi-Cal enrollment and are awaiting state guidance. She emphasized the importance of clear communication and discussed efforts to fund community organizations to assist members with navigating the process. She added that the checklist was a strong idea and may be explored further as part of ongoing efforts.	

Agenda Topic / Speaker	Minutes	Action Item(s)
Partnership Update Continued	**Perry Tripp, Mendocino County Representative,** asked if Partnership has a fraud unit that members can contact to report FWA. He also suggested, in addition to libraries, Partnership should also consider utilizing foodbanks as community outreach for the "Keep your Medi-Cal" campaign as well as social media such as TikTok. **Sonja** thanked Perry for his suggestions and advised that Partnerships Communications team is noting his feedback. She then confirmed that Partnership does have a fraud unit and to report any suspicions of FWA, to contact Member Services at **(800) 863-4155.** **Raichael Stewart, Nevada County Representative,** shared that her redetermination is handled through the state rather than the county. **Sonja** acknowledged that there are multiple pathways and advised members to contact Member Services if they receive confusing communications, noting that this feedback can help Partnership improve outreach materials. **Ellen Payton, Lassen County Representative,** asked whether the Medi-Cal disability exemption form related to work requirements was available yet, sharing concerns for a neighbor who may qualify but has received information about work requirements. **Sonja** clarified that the form has not been released yet and is still in development. She explained that the notice may have been related to SNAP (CalFresh) work requirements, which are already in effect. Sonja encouraged members to complete CalFresh requirements to avoid loss of benefits. Sonja thanked committee members for their input and encouraged them to share ideas or questions with staff following the meeting. She emphasized that member feedback is valued and will be shared at future meetings.	

Agenda Topic / Speaker	Minutes	Action Item(s)
7) Partnership Website Implementation Update *Speaker: Dustin Lyda*	**Dustin Lyda, Director of Communications and Government Affairs,** provided an update on Partnership's new website. Dustin stated that the new website would include vibrant images, reflecting Partnership's diverse membership, an interactive search bar to help users find information more easily, allowing members to find exactly what they are looking for, and prioritizing compatibility on mobile devices. Dustin also reflected on the feedback captured in the March 2026 CAC Meeting Minutes and the accessibility discussion, noting features such as readable font sizes, strong color contrast, and alternate text for images. Dustin referred the committee to a feedback form included in their packets to get input, but also gathered live feedback on one of the questions: • What would you like to have included in the website? **Jennifer "Jenny" Bentrim, Humboldt County Representative,** asked if the new website would allow for members to upload documentation related to transportation reimbursement. **Dustin** confirmed that this is something that has been looked into but has not yet been determined if this will be an available feature. **Wendi Davis, Chief Operating Officer,** advised that the Kinetik Transportation App is in the process of being updated to support the uploading of documents. **William "Bill" Remak, Sonoma County Representative,** asked how the new Partnership website would be supported across all browsers and operating systems. **Dustin** explained that this is something that is	*Wendi Davis advised that an update regarding the Kinetik Transportation App will be reported at the September 2026 CAC Meeting.* *Gabrielle Breshears will provide Dustin Lyda with Isabell VanMerlin's contact information to support testing of the chatbot feature during development of the new Partnership website.*

Agenda Topic / Speaker	Minutes	Action Item(s)
Partnership Website Implementation Update Continued	on the accessibility checklist, ensuring the website will be compatible across all platforms and browsers. **Public Comment: A member of the public** suggested offering workshops in community spaces, such as libraries, to support individuals who may not know how to use or have difficulty using electronic tools. **Dustin** thanked the member of the public for the suggestion and noted it as an opportunity to incorporate this type of community engagement. **Public Comment: A member of the public** requested that Partnership include a link on the new website to help members seeking Medi-Cal information better understand county Health and Human Services systems and connect with appropriate resources. **Isabell VanMerlin, Butte County Representative,** asked whether a chatbot would be included in the new website. She also provided feedback about the mobile-first design, noting that she prefers using a desktop and does not like to rely on her mobile device. **Dustin** responded to her question about the chatbot and asked if she would be interested in testing the feature during development; Isabell responded that she would. **Harry Boggs, Nevada County Representative,** referenced a discussion from a previous CAC meeting about adding a chatbot feature to the website and suggested expanding it in the future to include access to legal or advocacy support for members seeking more immediate assistance. He noted that this type of enhancement may be more feasible in a later phase of development. **Sonja Bjork, Chief Executive Officer,** acknowledged his advice and shared that the idea will be considered further as development continues.	

Agenda Topic / Speaker	Minutes	Action Item(s)
Partnership Website Implementation Update Continued	**Marcelo "Nunie" Matta, Yolo County Representative,** advised that alternate text for images would be very helpful for him and others, noting it would improve accessibility for individuals with visual or other challenges. He also recommended involving individuals with similar experiences in testing the website to help identify areas for improvement. **Dustin** thanked Nunie for his input and noted his recommendations. He shared that user testing, including focus groups with an emphasis on accessibility, is part of the project plan. **Jeanette Perez, Solano County Representative,** suggested Partnership create informational videos to place in waiting rooms at doctors' offices for members to learn more about Partnership and eventually, Medicare. **Dustin** thanked Jeanette for the suggestion and expressed support for developing informational videos for waiting rooms. He noted that while Partnership has used slideshows in the past, video would be a valuable addition and that materials are designed to be accessible and shareable with partner organizations. **Susan Wagenaar, Colusa County Representative,** asked about future opportunities for social engagement through the website from a health and wellness perspective. She inquired about features such as podcasts, audio links within articles, and AI health tools, and emphasized interest in a more interactive and engaging user experience. **Dustin** thanked Susan for her suggestions and acknowledged that Partnership is exploring different ways people prefer to receive information. Dustin directed the committee to their survey forms to provide additional feedback and recommendations for the new Partnership website.	

Agenda Topic / Speaker	Minutes	Action Item(s)
8) Cultural & Linguistics (C&L) Evaluation *Speaker: Hannah O'Leary*	**Hannah O'Leary, Manager of Population Health,** presented the Cultural & Linguistics Evaluation. Hannah presented some of the C&L Program findings including that there are over 32 languages spoken by Partnership members, with the top languages being: English, Spanish, Russian, Punjabi, and Tagalog. She also highlighted that all CAC meetings in 2025 met quorum and that all planned agenda items were discussed. Hannah then reviewed progress on eight (8) program goals, noting that six (6) out of eight (8) were met. **Marcelo "Nunie" Matta, Yolo County Representative,** asked how Partnership determines whether goals are met. **Hannah** explained that multiple internal teams track progress throughout the measurement period, and at the end, Partnership determines if each goal was achieved. **Perry Tripp, Mendocino County Representative,** asked why the goal related to improving timely prenatal visit rates for the American Indian/Alaska Native member population was not included in the future work plan, while another unmet goal, increasing bilingual Member Service Representative staff, remains. He noted the importance of this goal given its relevance to the Native American community. **Sonja Bjork, Chief Executive Officer,** asked Perry if he would like to see continued work on the prenatal goal, and Perry confirmed he would. He then asked about the reasons the bilingual staffing goal was not met, including whether outreach and engagement efforts were effectively reaching the community. **Ryan Ciulla, Manager of Member Services,** explained that Member Services is continuing to make progress toward	*None*

Agenda Topic / Speaker	Minutes	Action Item(s)
Cultural & Linguistics (C&L) Evaluation Continued	bilingual staffing levels. He noted that staff must complete testing to be certified as bilingual before being counted in this category. He also noted that internal staff movement has impacted progress, as some team members have transitioned into other roles. **Cyress Mendiola, Associate Director of Member Services,** added that department growth, including the creation of the Member Engagement Unit, led to some MSRs transitioning into new roles, which also contributed to the change in staffing levels. **Public Comment: A member of the public** shared that it is possible to increase prenatal visits and that he agrees with Perry Tripp, Mendocino County Representative, that it should be added back to the goal list for 2026.	
9) Healthy Kids Growing Together Program *Speaker: Monika Brunkal*	**Monika Brunkall, Associate Director of Population Health,** was scheduled to present an overview of the Healthy Kids Growing Together Program; however, this presentation has been rescheduled and will be provided a future CAC meeting.	*None*
10) Community Reinvestment Update *Speaker: Dr. Mohamed Jalloh*	**Dr. Mohamed Jalloh, Director of Health Equity,** explained the purpose of Community Reinvestment and noted that the state is requiring all health plans to reinvest a portion of their income back into their local communities. Dr. Jalloh shared that the state has established a model requiring plans to reinvest a percentage of net profits, including a base amount of approximately 5%, with the potential for an additional 7.5% tied to quality performance measures. Dr. Jalloh added that Partnership anticipates investing over $10 million in community reinvestment funds. He also outlined five key areas where funds may be allocated:	*Dr. Jalloh to connect Sol McNally and Marcelo "Nunie" Matta with appropriate leaders to support sharing input on future Community Reinvestment opportunities.*

Agenda Topic / Speaker	Minutes	Action Item(s)
Community Reinvestment Update Continued	• Neighborhood And Built Environment • Healthcare Workforce • Well-Being For Priority Populations • Local Community Support • Improved Health Outcomes Dr. Jalloh thanked CAC members for their participation in the Community Reinvestment planning process. He shared that member feedback was gathered through surveys and CAC meetings. He explained that the feedback was compiled and shared with county leaders to help inform project selections for Community Reinvestment funding. Dr. Jalloh noted that proposed projects are submitted to the state for review and approval. Dr. Jalloh reviewed Community Reinvestment projects submitted by participating counties and the proposed uses of reinvestment funding. He asked CAC members to review the proposed projects, provide feedback regarding the proposed investments, and consider whether the proposals were reasonable, responsive to county needs, and worthy of CAC validation. CAC members continued the discussion by asking questions and providing feedback regarding the proposed projects and reinvestment priorities. **Sol McNally, Solano County Representative,** asked whether Community Reinvestment funds would support residential programs. **Dr. Jalloh** responded that current project recommendations are primarily focused on supporting the healthcare workforce and addressing social	

Agenda Topic / Speaker	Minutes	Action Item(s)
Community Reinvestment Update Continued	drivers of health. He noted that Community Reinvestment is a year-to-year effort and encouraged sharing ideas for future funding cycles, including potential residential or housing-related initiatives. **Marcelo "Nunie" Matta, Yolo County Representative,** suggested providing support services for individuals with mobility challenges, including assistance with transportation for daily needs. **Dr. Jalloh** acknowledged the suggestion and emphasized that Community Reinvestment is intended to support community-identified needs, including services for individuals with mobility challenges. **William "Bill" Remak, Sonoma County Representative,** raised questions about whether Community Reinvestment funds could support programs such as In-Home Support Services (IHSS) and expressed concern about limitations on administrative funding, noting the importance of supporting efforts that improve service delivery and community health. **Dr. Jalloh** clarified that funds are not intended for general administrative use but acknowledged the feedback for consideration. **Public Comment: A member of the public** emphasized the importance of prevention and encouraged Partnership to focus on helping people stay healthy, not just treating illness. The member also noted recent funding cuts and suggested using Community Reinvestment to support prevention efforts. **Dr. Jalloh** acknowledged the comment and noted that Community Reinvestment is intended to support upstream efforts that address social drivers of health, rather than focusing on individual projects or administrative costs.	

Agenda Topic / Speaker	Minutes	Action Item(s)
Community Reinvestment Update Continued	**Susan Wagenaar, Colusa County Representative,** asked about expanding collaboration to include more community organizations. She noted that smaller nonprofits working with individuals experiencing homelessness face challenges accessing funding and emphasized the importance of including organizations with lived experience. **Dr. Jalloh** acknowledged the comment and noted that Partnership supports community-based organizations through a variety of programs beyond Community Reinvestment. He recognized challenges in current funding structures and noted that this feedback can be provided to the state and considered in future grant opportunities. **Jennifer "Jenny" Bentrim, Humboldt County Representative,** expressed concern about funds being used for administrative purposes and emphasized the importance of supporting proven, community-based projects. She suggested setting clear expectations for how funds are used, including timelines, accountability measures, and demonstrated impact. **Dr. Jalloh** acknowledged the concern and noted that Partnership is already reviewing proposed projects and anticipates that those focused primarily on staffing or administrative costs may not be approved. He emphasized that funds are intended to support community-based efforts.	
12) Open Forum *Speaker: All*	All members of the committee and members of the public may address the committee on any non-agenda items of interest to the public that is within the subject matter jurisdiction of the committee.	*None*
13) Next Meeting	**September 10, 2026** **Noon – 2 p.m.**	

Acronyms Used in Minutes	
CAC	Community Advisory Committee
FWA	Fraud, Waste, and Abuse
AI	Artificial Intelligence
C&L	Cultural and Linguistics
MSR	Member Services Representative
IHSS	In-Home Support Services

Follow-Up from June 2026 CAC Meeting

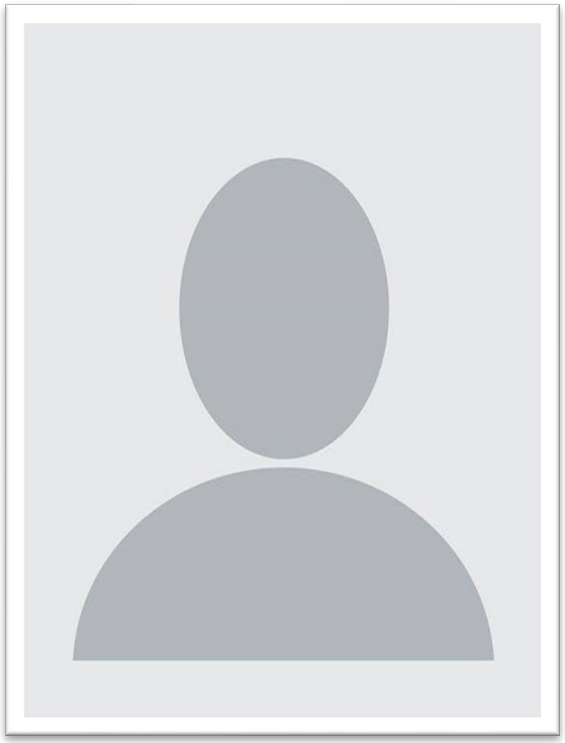
Gabrielle Breshears
CAC Coordinator

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

New Community Board Representative Introductions

CAC Coordinator, Gabrielle Breshears

Raichael Stewart



Nevada County
Eastern Region

Ellen Payton

Lassen County
Northern Region

Jaime Yan Faurot

Marin County
Southern Region

Partnership Update

Sonja Bjork

Chief Executive Officer

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Keep Your Medi-Cal

Community Advisory Committee

September 10, 2026

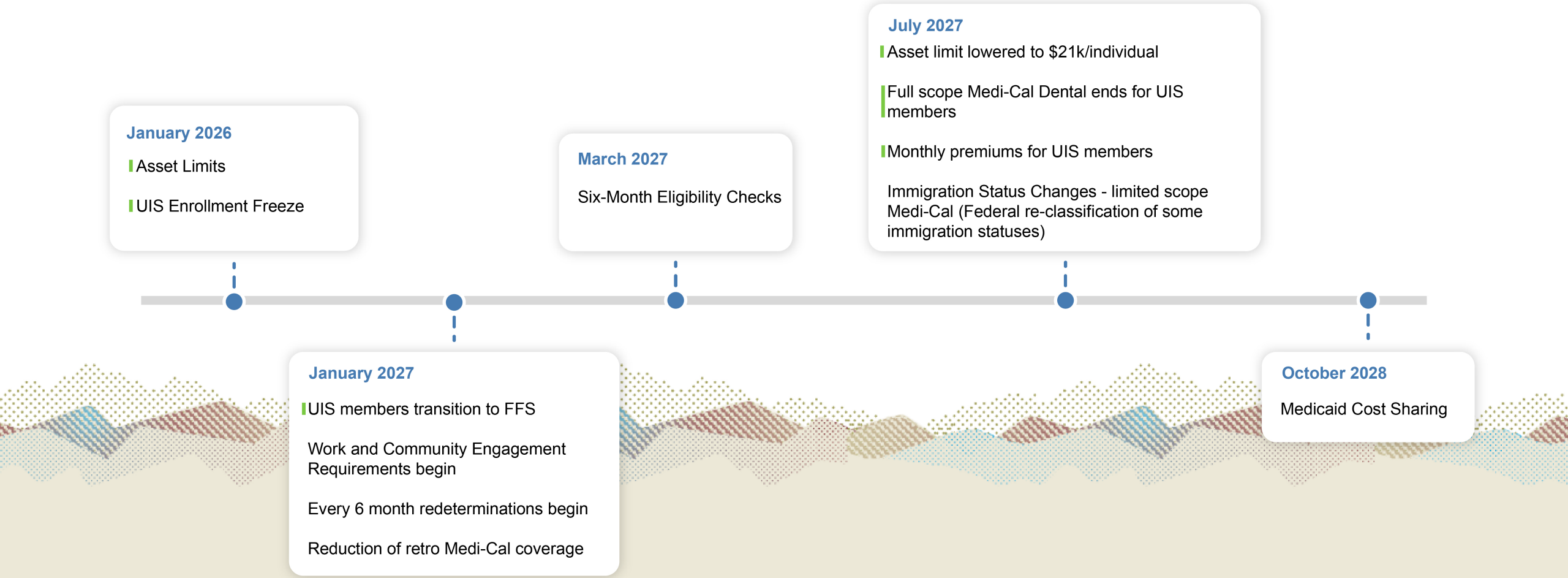
Dustin Lyda

Director of Communications and Government Affairs

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

Implementation Timeline

Medi-Cal and Medicaid Changes



Key: | Denotes State Budget Change | **UIS**: Unsatisfactory Immigration Status

Keep Your Medi-Cal Campaign - Member

- Member Services
  - Text message and mail renewal campaign to members
  - Member Informative Sessions
- Partnership Website
  - Information on changes to Medi-Cal and Medicaid
  - Fact sheets and other resources available for members and providers
- Engagement toolkit
  - Talking points and member-facing handouts and FAQs
  - Social media posts
  - Press releases, public service announcements, other media resources

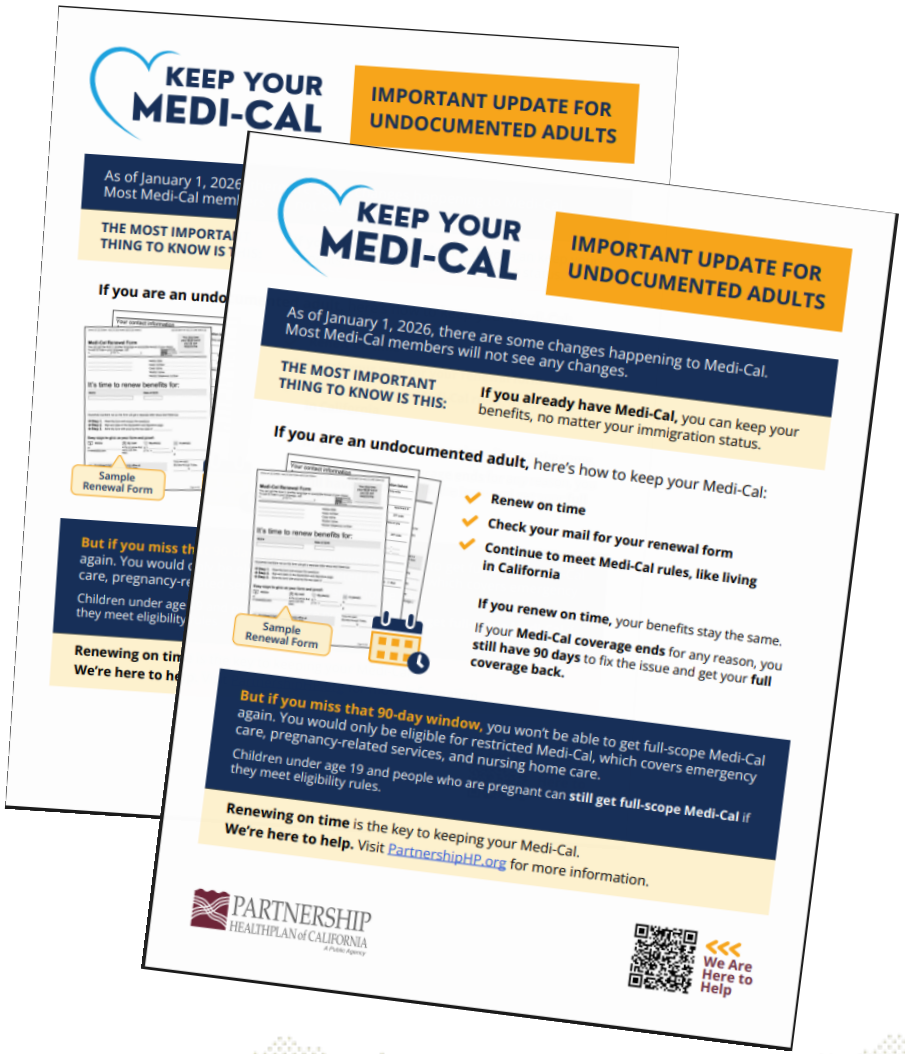
Messaging Focus

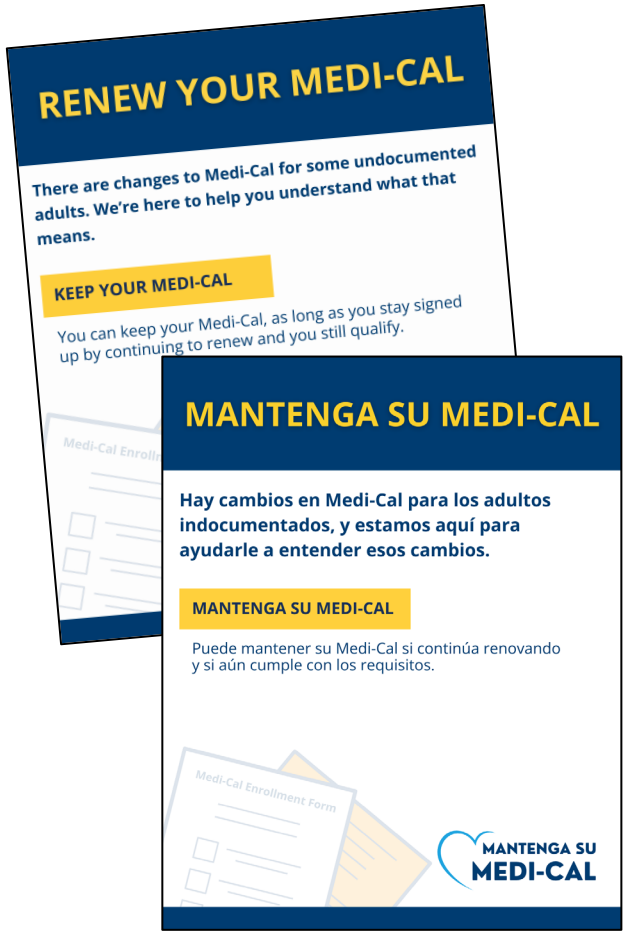
- Members with Unsatisfactory Immigration Status moving to state administered Medi-Cal
- Messaging for Members Not Impacted by H.R. 1
- Re-Enrollment messaging
- Work requirements/community engagement/education
- 6-month renewals
- Medical Frailty
- Self-attestation

How to Keep Your Medi-Cal

- Members will get letters by mail, text, or email. Make sure to keep your Medi-Cal information updated so you don't miss important notices.
- Watch your mail and respond quickly to Medi-Cal renewal packets or letters from your health plan or local county Medi-Cal office.
- Know your renewal date so you can renew your Medi-Cal online or work with your local county Medi-Cal office if you do not receive notifications.
- Keep going to the doctor and other medical appointments, and ask about available telehealth services.
- Visit our website and follow our social media channels for updates.
- Ask questions if you're unsure.

Engagement Toolkit





Activities with Stakeholders

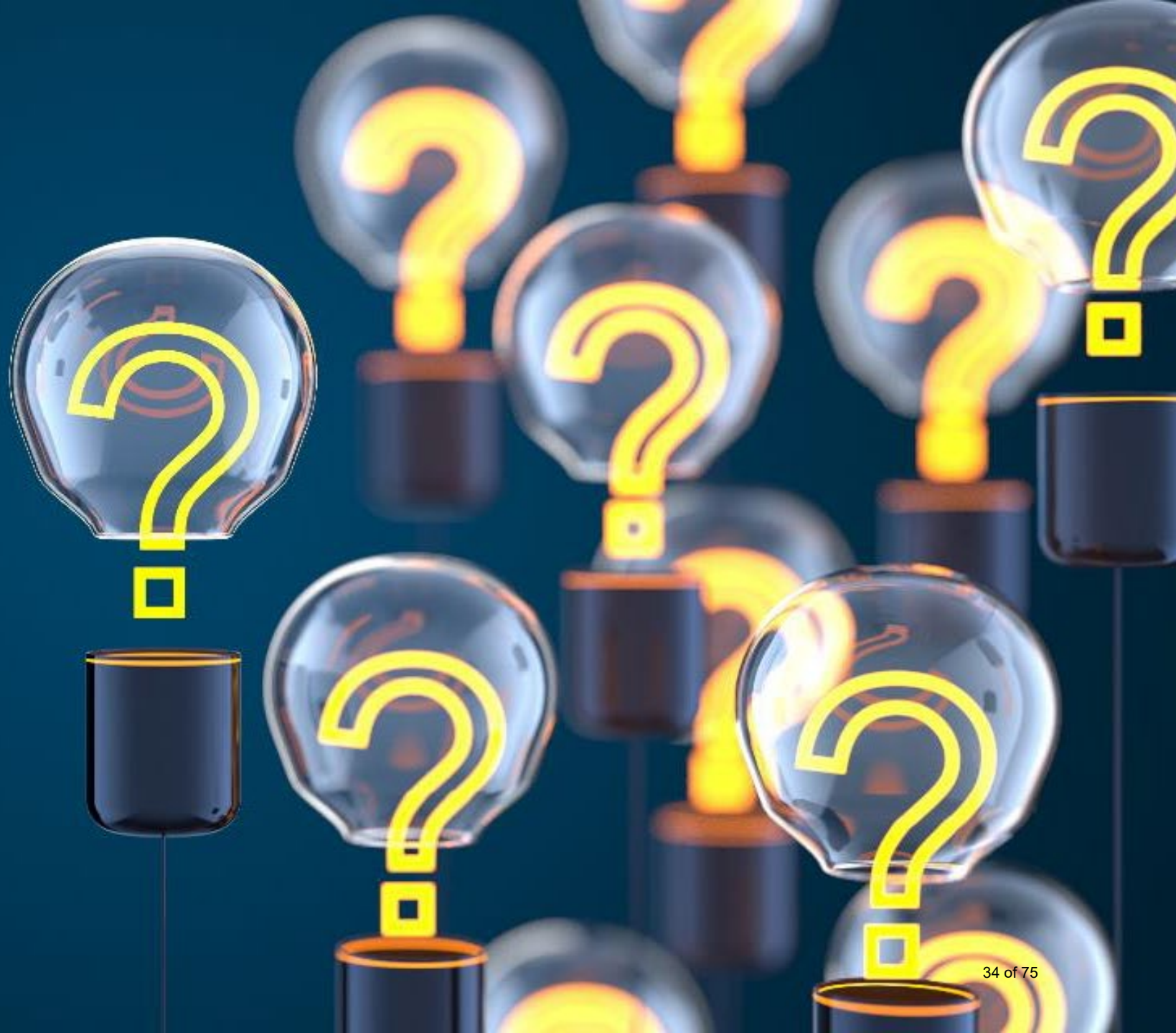
- Partnership COVER Grants
- Shared redetermination data with providers
- County Workforce Collaborations

COVER Grants

Purpose: The Community Outreach for Verification, Enrollment & Retention (COVER) grant intends to provide resources to CBOs and providers to ensure Partnership members eligible for Medi-Cal stay covered as the coverage landscape evolves with eligibility changes going into effect in 2026 and 2027.

- $850,000 awarded to date
- 11 organizations funded for CY 2026.
- Two grants will support technology solutions for outreach, enrollment, and determining eligibility.
- Nine grants will support on the ground outreach to members, meeting them where they are, and includes funding for eligibility and outreach workers at clinical sites, education campaigns, community tabling events, phone outreach, and more.

Questions



Community Health Assessment (CHA) & Community Health Improvement Plan (CHIP) Updates

Sydni Aguirre
Community Health Needs Liaison
Population Health Department
September 2026

MCP - LHJ Shared Goal Updates

Managed Care Plan (MCP) – Local Health Jurisdiction (LHJ) Shared Goal Updates

- 16 goals have been approved
- Two goals are drafted or under review
- Six goals were not defined or there was a decision to not keep working on the goal
- No longer required in 2026

Local Planning Requirements

- “Population Needs Assessment” has been renamed to “Local Planning Requirements.”
- Partnership must now work closely with county behavioral health and county public health departments in its service area on:
  - CHA/CHIP work
  - Behavioral health goals

Grant Updates

- $100,000 grant available for local health departments to support CHA/CHIP work.
- Grant checks have been delivered to Butte, Humboldt, Nevada, Plumas, Sierra, Siskiyou, Sutter, Tehama, and Sonoma counties.

Reminder

Join your county's local CHA/CHIP process!

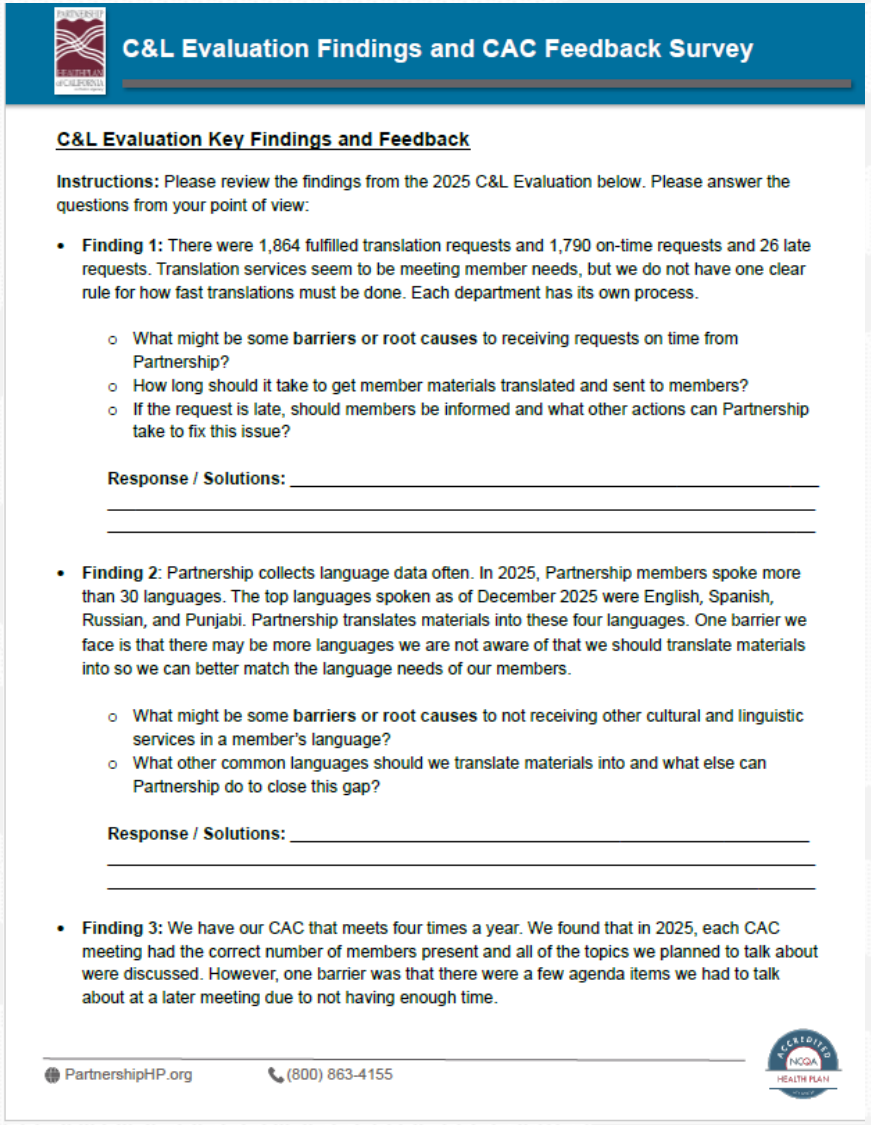
CAC Survey Responses

Hannah O'Leary, MPH, CHES
Manager of Population Health

September 2026

2025 C&L Evaluation Findings and CAC Feedback Survey

(Distributed February 2026)



C&L Evaluation Findings and CAC Feedback Survey

C&L Evaluation Key Findings and Feedback

Instructions: Please review the findings from the 2025 C&L Evaluation below. Please answer the questions from your point of view:

- **Finding 1:** There were 1,864 fulfilled translation requests and 1,790 on-time requests and 26 late requests. Translation services seem to be meeting member needs, but we do not have one clear rule for how fast translations must be done. Each department has its own process.
  - What might be some **barriers or root causes** to receiving requests on time from Partnership?
  - How long should it take to get member materials translated and sent to members?
  - If the request is late, should members be informed and what other actions can Partnership take to fix this issue?

  Response / Solutions: _____
- **Finding 2**: Partnership collects language data often. In 2025, Partnership members spoke more than 30 languages. The top languages spoken as of December 2025 were English, Spanish, Russian, and Punjabi. Partnership translates materials into these four languages. One barrier we face is that there may be more languages we are not aware of that we should translate materials into so we can better match the language needs of our members.
  - What might be some **barriers or root causes** to not receiving other cultural and linguistic services in a member's language?
  - What other common languages should we translate materials into and what else can Partnership do to close this gap?

  Response / Solutions: _____
- **Finding 3:** We have our CAC that meets four times a year. We found that in 2025, each CAC meeting had the correct number of members present and all of the topics we planned to talk about were discussed. However, one barrier was that there were a few agenda items we had to talk about at a later meeting due to not having enough time.

PartnershipHP.org (800) 863-4155

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on Partnership's Translation Services

Barriers

- Inconsistent follow-through with members
- Siloed outcomes
- Need culturally-responsive staff

Solutions

- Time management improvements
- Shared rules across departments
- Centralized requests, better transparency; clearer escalation options and letting members know when delays happen
- Speed up material delivery when (sent) via email, and mail

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on Language Data Collection

Barriers

- Need more bilingual staff
- Challenges with gathering correct or complete language information
- Not knowing there is a need for bilingual staff in Member Services
- Being afraid to ask for help in a member's preferred language

Solutions

- Improving how language data is collected, updated, and confirmed
- Stronger outreach in communities around language needs

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on CAC Meetings

Barriers

- Meetings include too many agenda items, with long explanations, which does not allow enough time for member questions and feedback
- Meetings often run over time
- Members want to meet more frequently and with increased stipends

Solutions

- Prioritizing agenda items and assigning time limits
- Non-urgent topics can be moved to pre-reads or follow-up Webex groups
- Streamlined presentations plus dedicated time for discussion

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on Goal 4: Increase the number of bilingual Member Services representative staff by 2% so we could move closer to the overall goal of 75% bilingual staff.

Barriers

- Reviewing applicants' experience and background more thoroughly
- Candidate pool can be limited
- Lack of general public awareness of the need for bilingual staff in Member Services

Solutions

- Proactively recruit multilingual applicants instead of relying mainly on internal candidates
- Culturally inclusive environment
- Staff incentives/bilingual pay
- Strengthening local recruitment through partnerships with community-based organizations and colleges

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on Goal 5: Improve controlled blood pressure rates among American Indian / Alaska Native members by 5% in at least two regions

Barriers

- Lack of access to necessary health equipment to fully participate in programs and activities
- Lack of access to nutritious food

Solutions

- Create community gardens
- Host community events
- Sharing practical information on healthy lifestyle habits

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on Goal 7: Improve timely prenatal visit rates in the American Indian / Alaska Native member population within 12 months, in the Eureka region or Redding region

Barriers

- Lack of access to transportation
- Limited trust in healthcare systems
- Lack of culturally aligned services
- Balancing childcare and work responsibilities

Solutions

- Practicing cultural humility – listen first and build trust through respect
- Make prenatal (care) more widely known (ex: through pop culture)

2025 C&L Evaluation Findings and CAC Feedback Survey

Feedback on Goal 8: Improve timely well care visit rates among Black, white, and/or American Indian / Alaska native members

Barriers

- Discomfort answering certain questions
- Lack of awareness of the health benefits of preventive care

Solutions

- Culturally responsive education and partnering with trusted community or Tribal organizations
- Offer flexible scheduling, transportation support, and personalized outreach
- Coordinate efforts with clinics to inform clients of important preventive care needs

Next Steps

Where possible, Partnership wants to put your ideas into action!

1) Which issues seem most pressing?

2) What barriers might keep us from improving these issues?

Coming Winter 2026!

Look out for the 2026 Population Health Program and Support Services Survey!

Community Reinvestment Program Update

Dr. Mohamed A. Jalloh, PharmD, BCPS, Director of Health Equity
(Health Equity Officer)

Transportation Member Questions & Discussion

Brandi Walker, Manager of Transportation

Grievance & Appeals Department Annual Report CY 2025

September 2026

Mori McLennan

Sr. Manager of Grievance & Appeals

Agenda

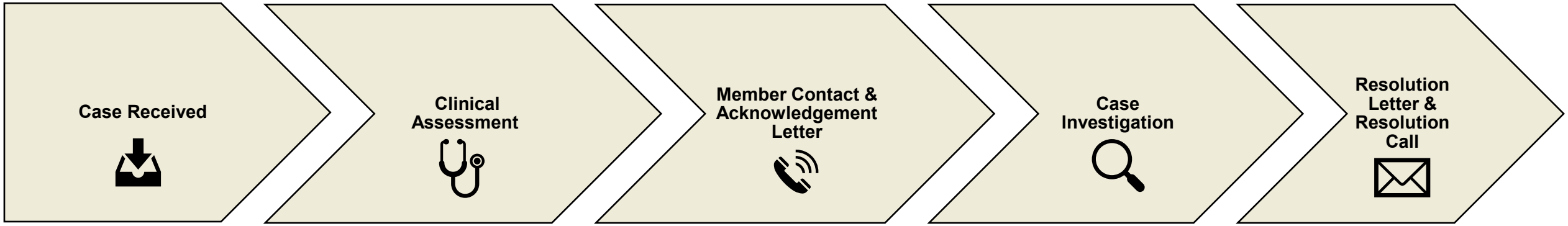
- Department Overview
- Case Volume and Trends
- Case Intake and Classification
- Member Demographics
- Grievance Trends and Categories
- Civil Rights Allegations
- Appeals and Outcomes
- Performance Metrics
- Challenges and 2026 Goals

Department Overview

The Grievance & Appeals (G&A) Department makes sure that members concerns are heard, addressed, and resolved in alignment with regulatory standards and health plan policies.

We manage member grievances and appeals with a focus on timeliness, fairness, and improving the overall member experience.

Overview of Process

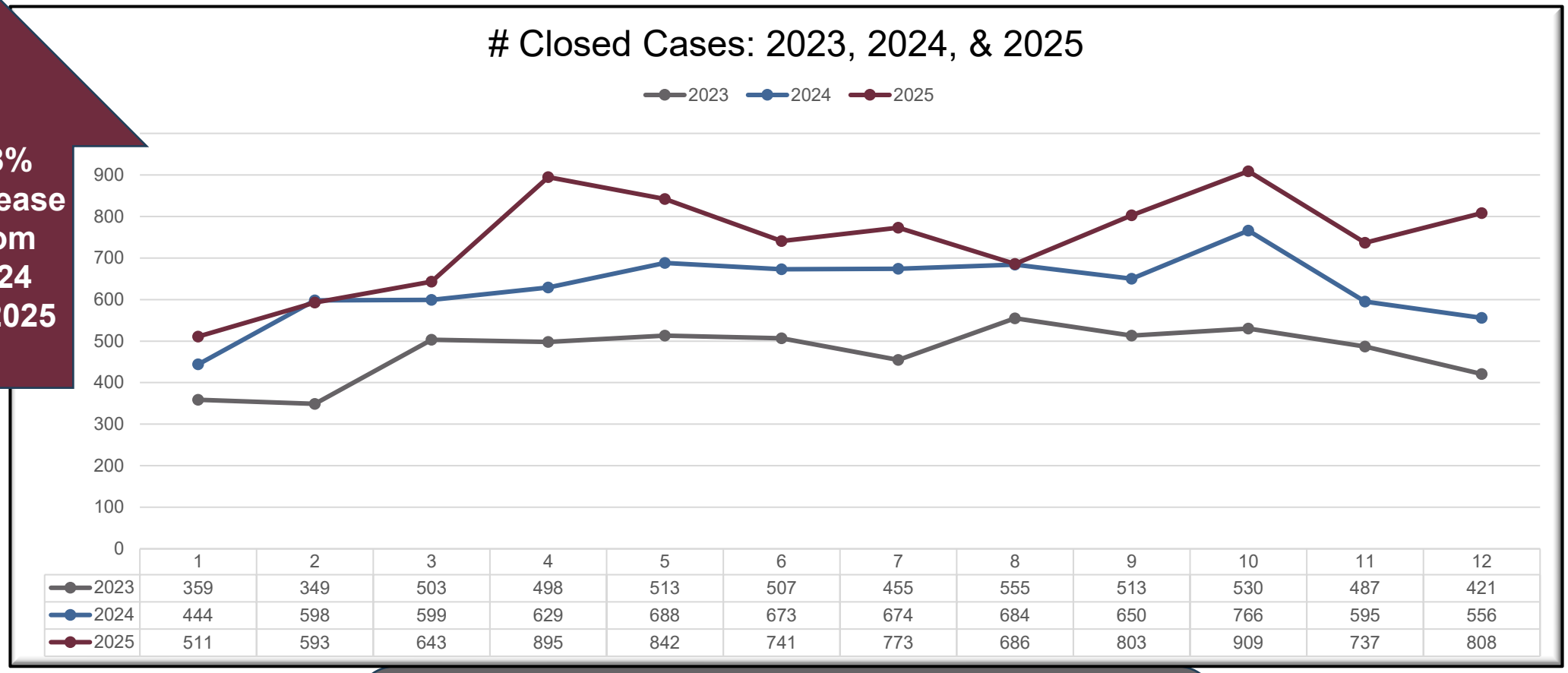


Types of Cases We Handle:

- **Standard grievances -** Member complaints about dissatisfaction with services, care, or experiences.
- **Exempt grievances -** Member concerns that are resolved quickly without going through the formal grievance process.
- **Appeals -** Member disagreement with a denied service or treatment.
- **State fair hearings -** Formal requests for a hearing before an administrative law judge regarding a denied service.

Annual Case Volume: 3-Year Comparison

18% increase from 2024 to 2025



	1	2	3	4	5	6	7	8	9	10	11	12
2023	359	349	503	498	513	507	455	555	513	530	487	421
2024	444	598	599	629	688	673	674	684	650	766	595	556
2025	511	593	643	895	842	741	773	686	803	909	737	808

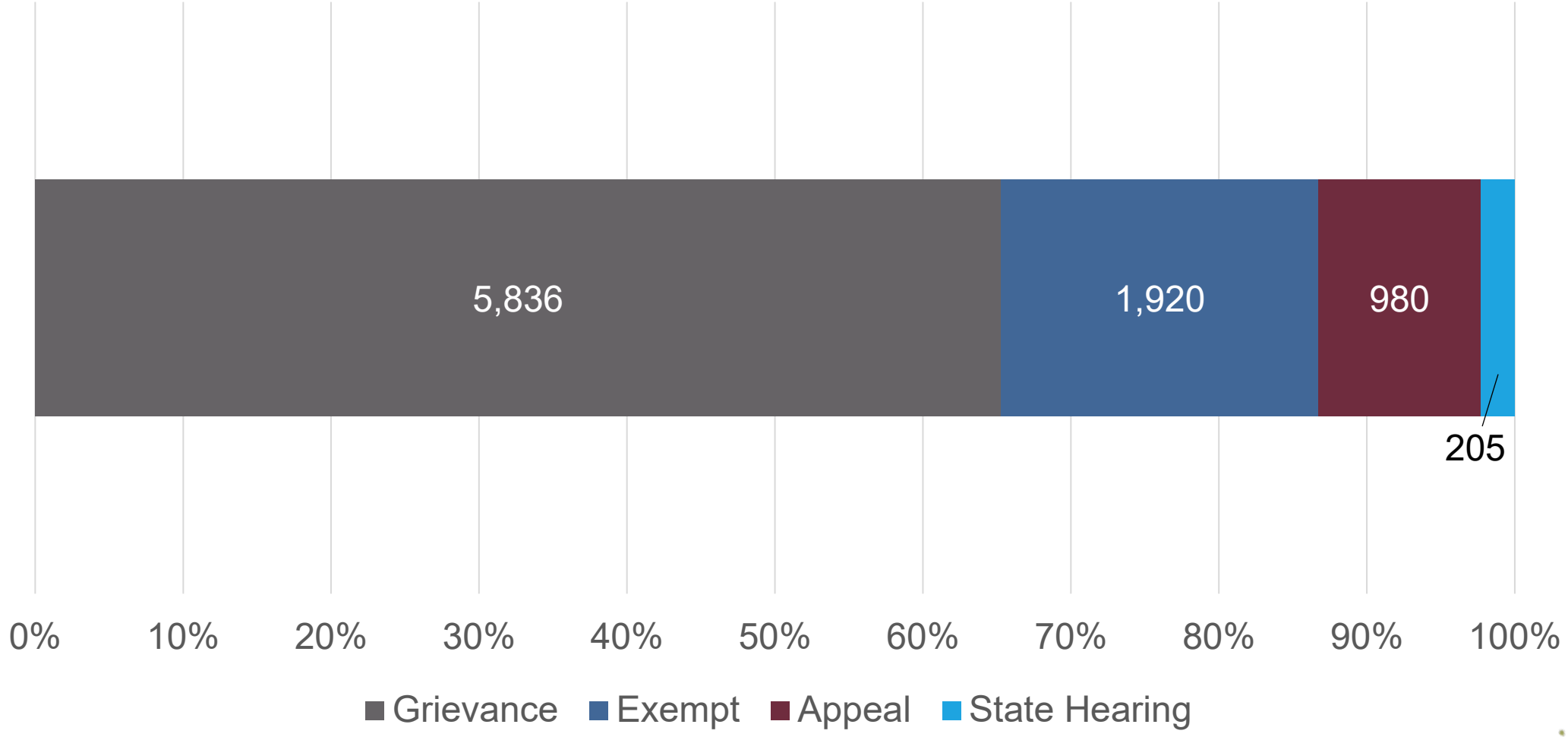
Annual Cases Closed/Cases per 1,000 Members:

2025 – 8,941 / 9.91

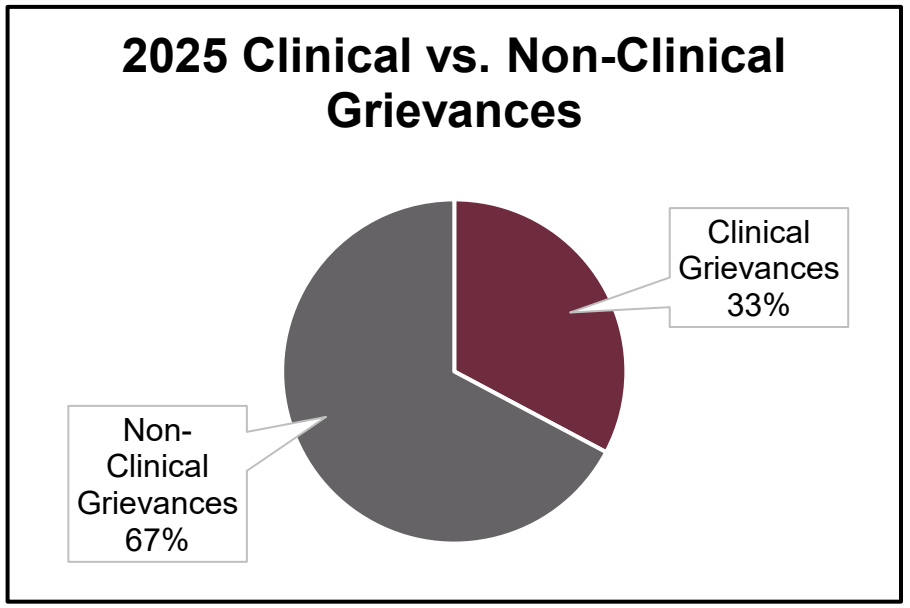
2024 – 7,556 / 8.34

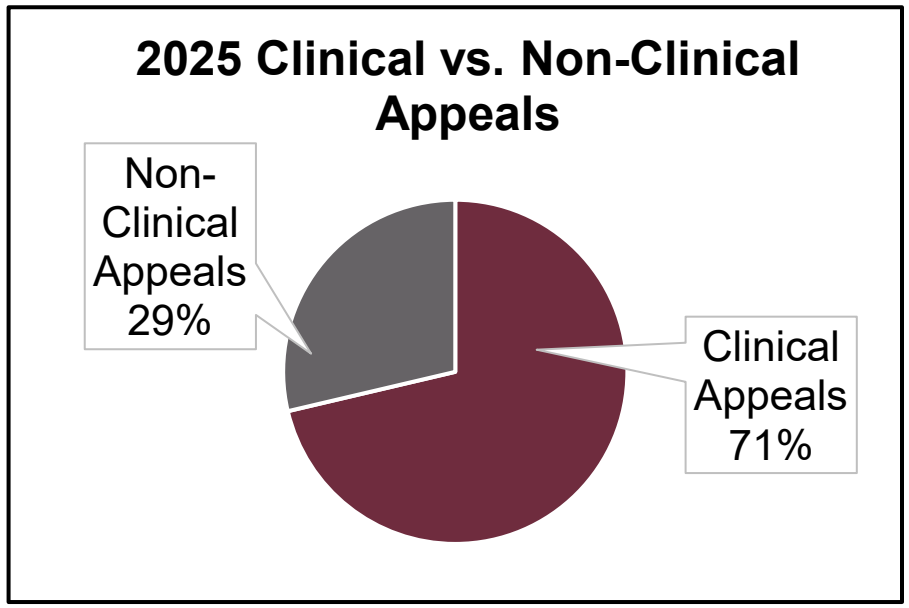
2023 – 5,690 / 8.39

Total Case Volume by Case Type



Case Intake and Type

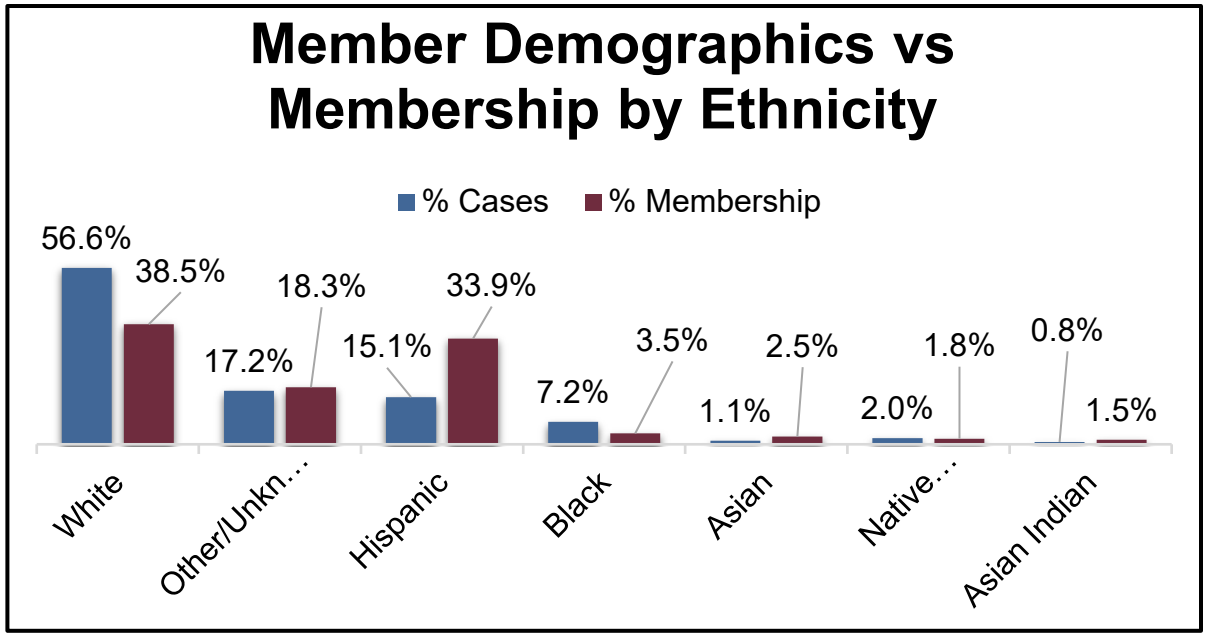


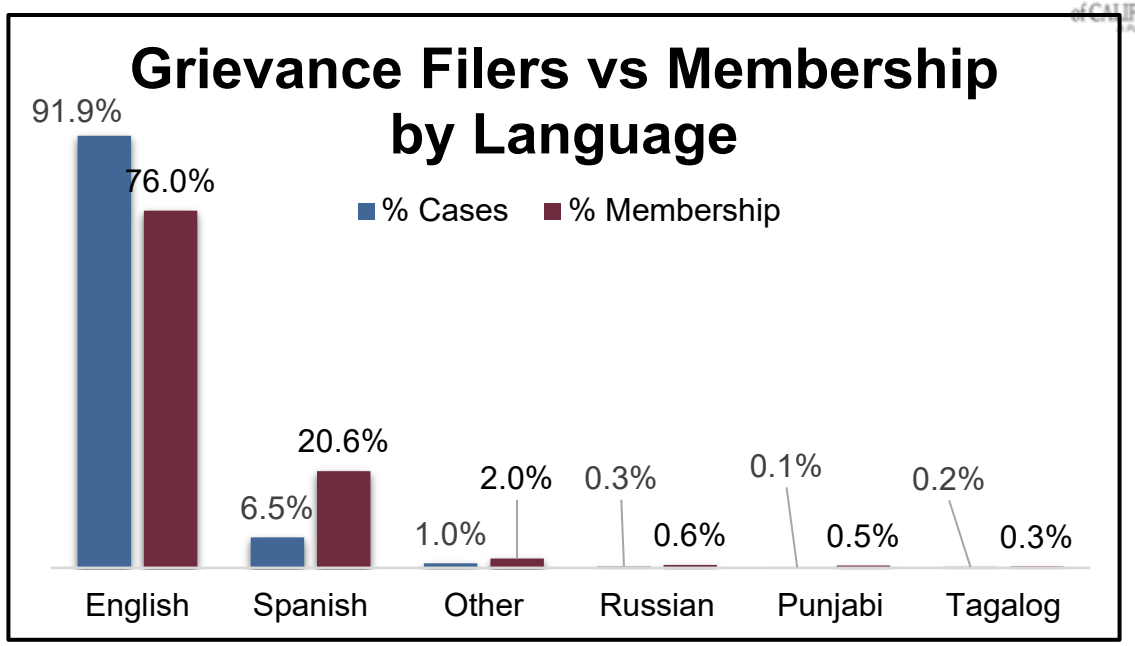


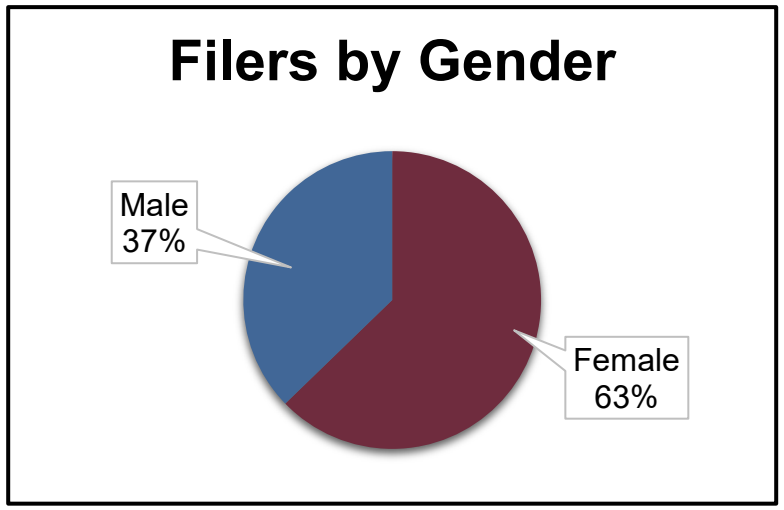
How We Received Cases	
Phone	90.9%
Online/Email	6.4%
Mail	1.8%
Fax	0.8%
In-Person	0.1%

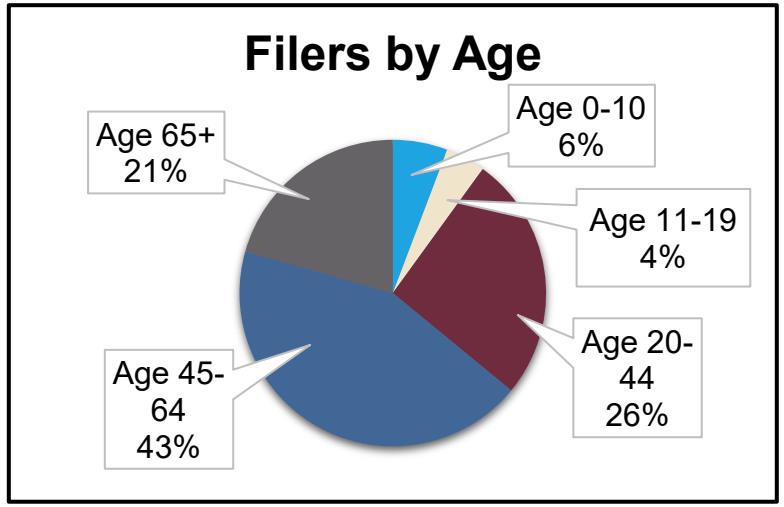
Only 0.5% of all cases (44 total) were classified as expedited in 2025

2025 Member Demographics







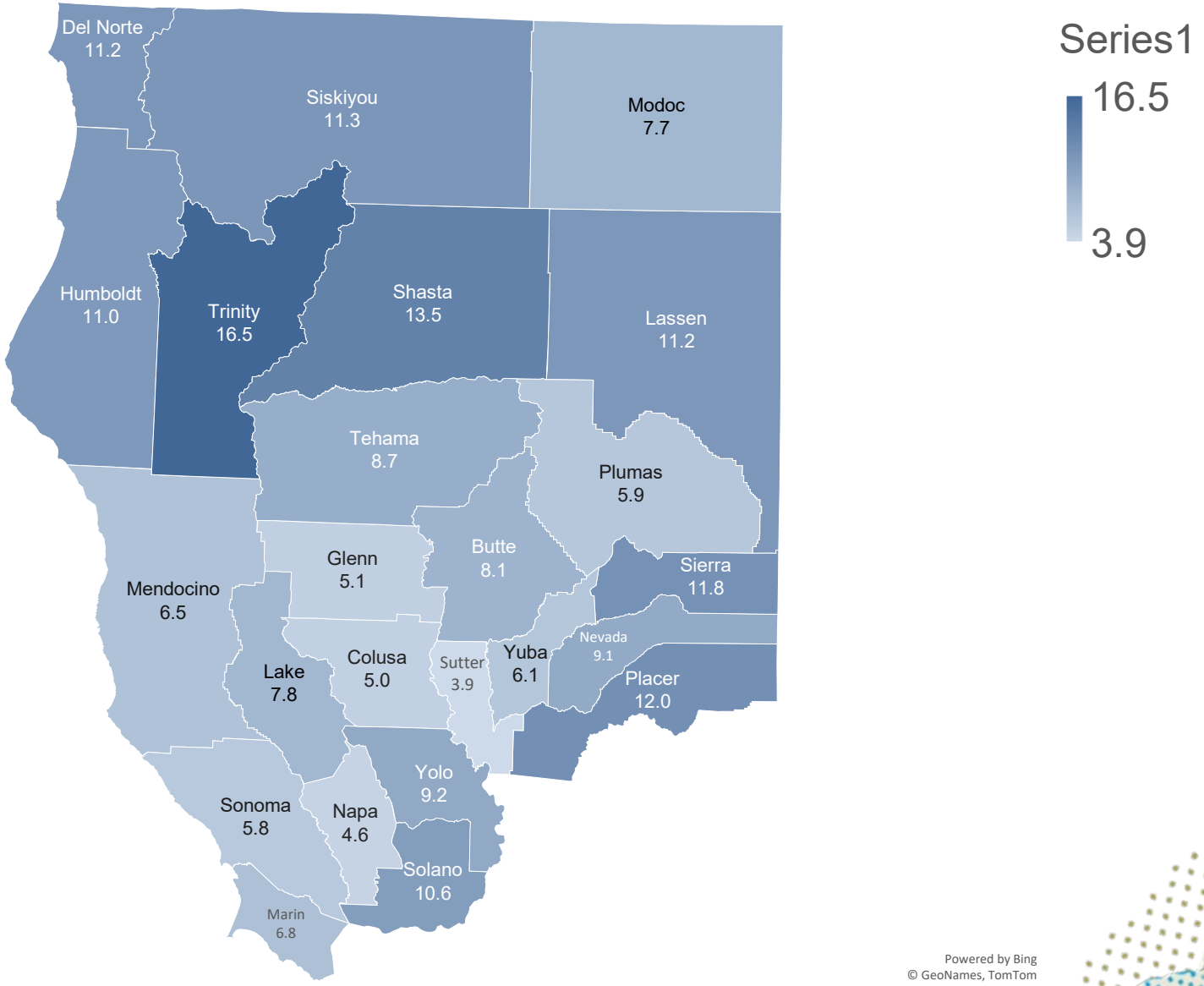


Where Members Experience Problems

Top 3 counties with the highest grievance rates (per 1,000 members):

- Trinity – 16.5
- Shasta – 13.5
- Placer – 12.0

Grievances per 1,000 Members by County - 2025



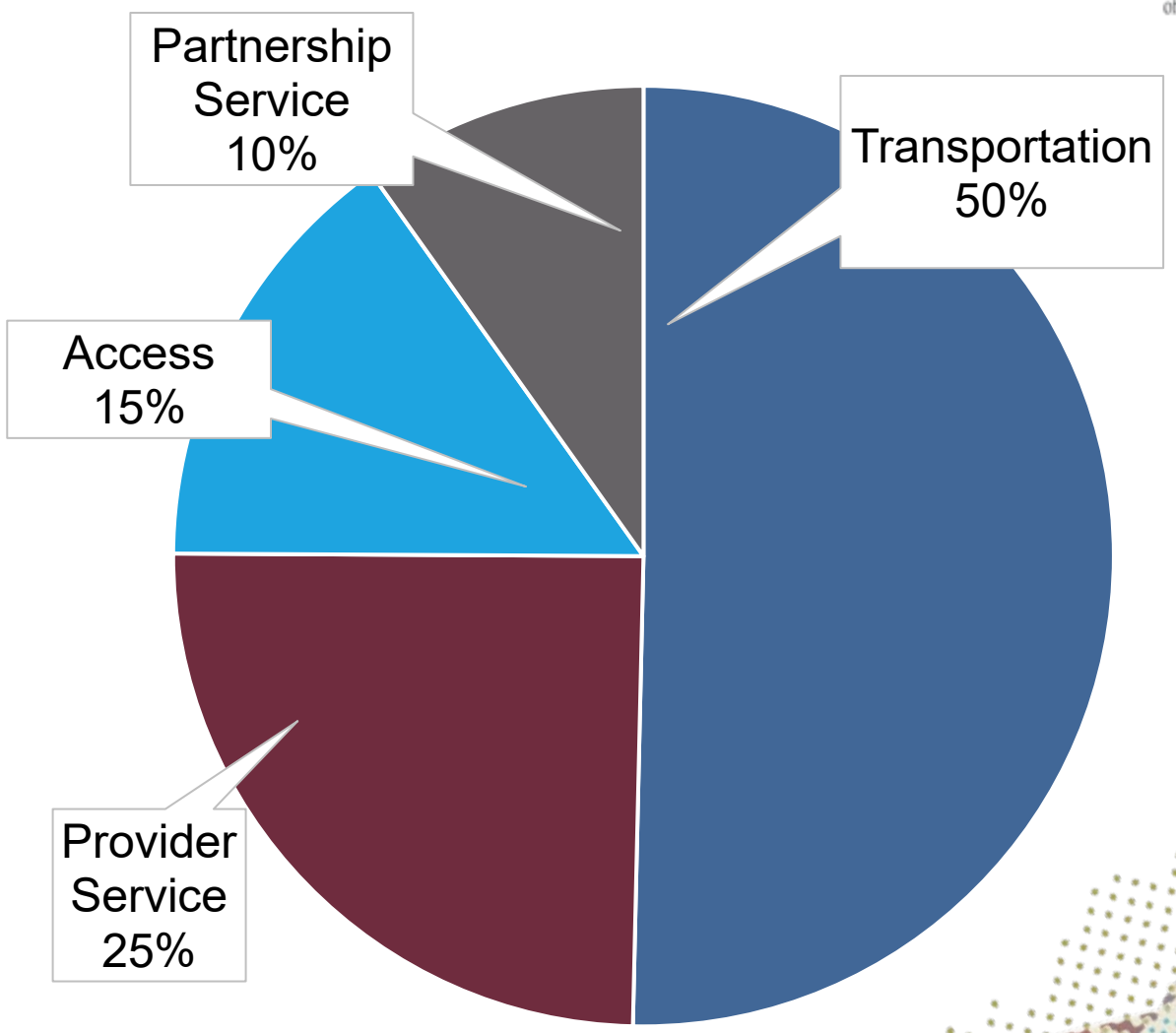
Top Grievance Concerns by Category

Transportation – includes missed rides, driver arriving late, driver behavior, scheduling issues, and vehicle conditions

Provider services – includes treatment plan disputes, communication issues, poor attitude, office conditions, and allegations of misconduct

Access – includes long wait times to be seen, delayed referrals/authorizations, and lack of provider availability

Partnership services – includes staff complaints, advise nurse line, escalation process, website, phone system, and member mailings



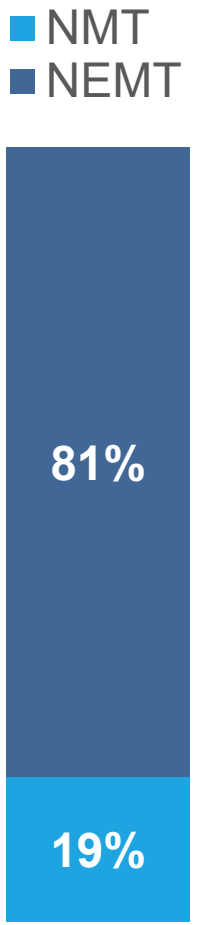
Transportation Related Grievance Concerns

Non-Medical Transportation (NMT) accounted for 81% of the transportation-related concerns

Non-Emergency Medical Transportation (NEMT) accounted for 19% of the transportation-related concerns

5 most common issues in both categories:

- Missed rides (17%)
- Late driver arrivals (12%)
- Driver behavior issues (11%)
- Poor transportation company customer service (8%)
- Scheduling difficulties (8%)



Partnership provided 1,562,928 rides in 2025 and received 5,947 transportation related concerns, representing less than 0.4% of total rides.

Partnering with Transportation Department

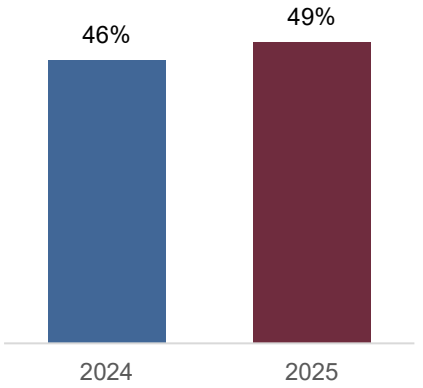
- Improved transportation grievance tracking by looking at driver-specific information to support trend analysis and oversight.
- Developed detailed transportation grievance reports that identify compliance trends by transportation provider and service issue.
- Share grievance findings with Transportation Department and support ongoing service improvements for members.

Breakdown of Service-Related Grievances

(Excluding Transportation)

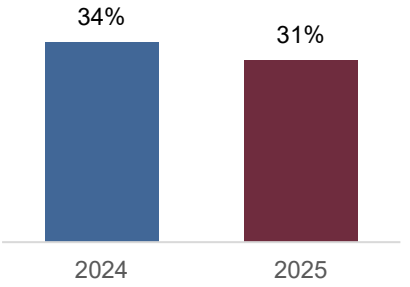
Provider services (49%)

- Treatment plan disputes (42%)
- Communication (29%)
- Poor attitude (26%)

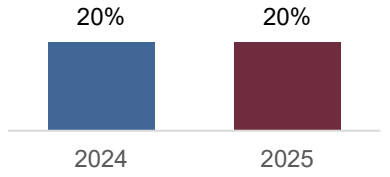


Access issues (31%)

- Long wait time for appointments (25%)
- Provider refusal of care (15%)
- Provider network adequacy (13%)

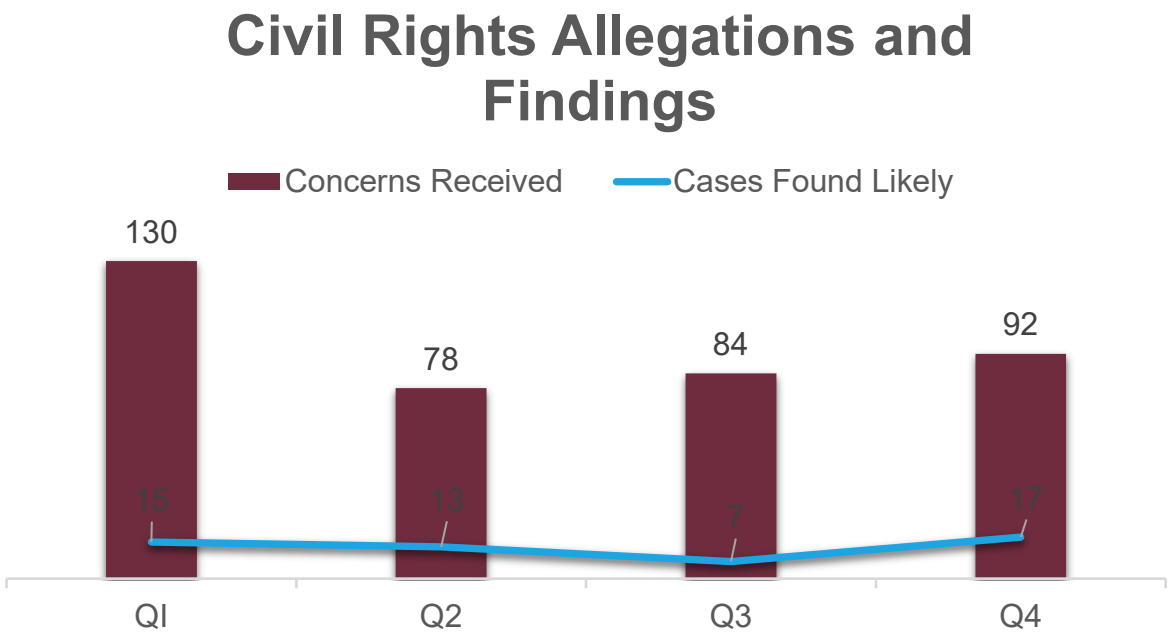


Partnership services (20%)



Discrimination Allegations - Civil Rights Focus

14% of civil rights allegations were found to be valid in 2025, an increase from 10% in 2024.



Type of Concern	Total # Reported
Disability	135
Race or ethnicity	89
Limited English skills	39
Language assistance services	32
Age	25
Gender	14
Religion	12
Gender identity	8
Sexual orientation	8
Auxiliary aids and services	7
Basis of sex	6
Gender expression	3
Nationality	3
Character associations	2
Genetic information	1
Total	**384**

Note: Members May alleged discrimination for many reasons. This slide only reflects allegations that fall under federally protected civil rights laws.

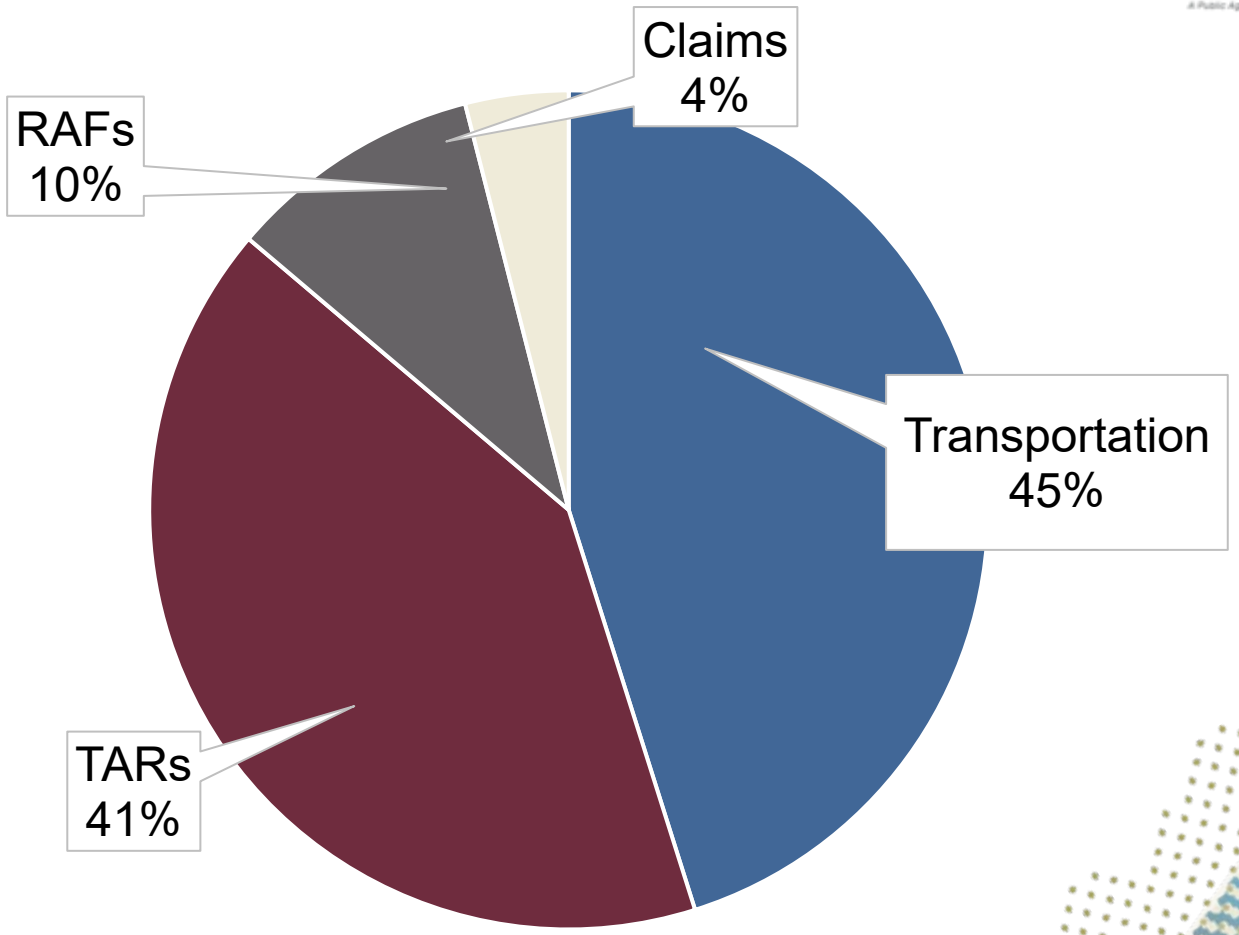
Top Appeals by Category

Transportation – includes meals, lodging, rides, and gas mileage reimbursement

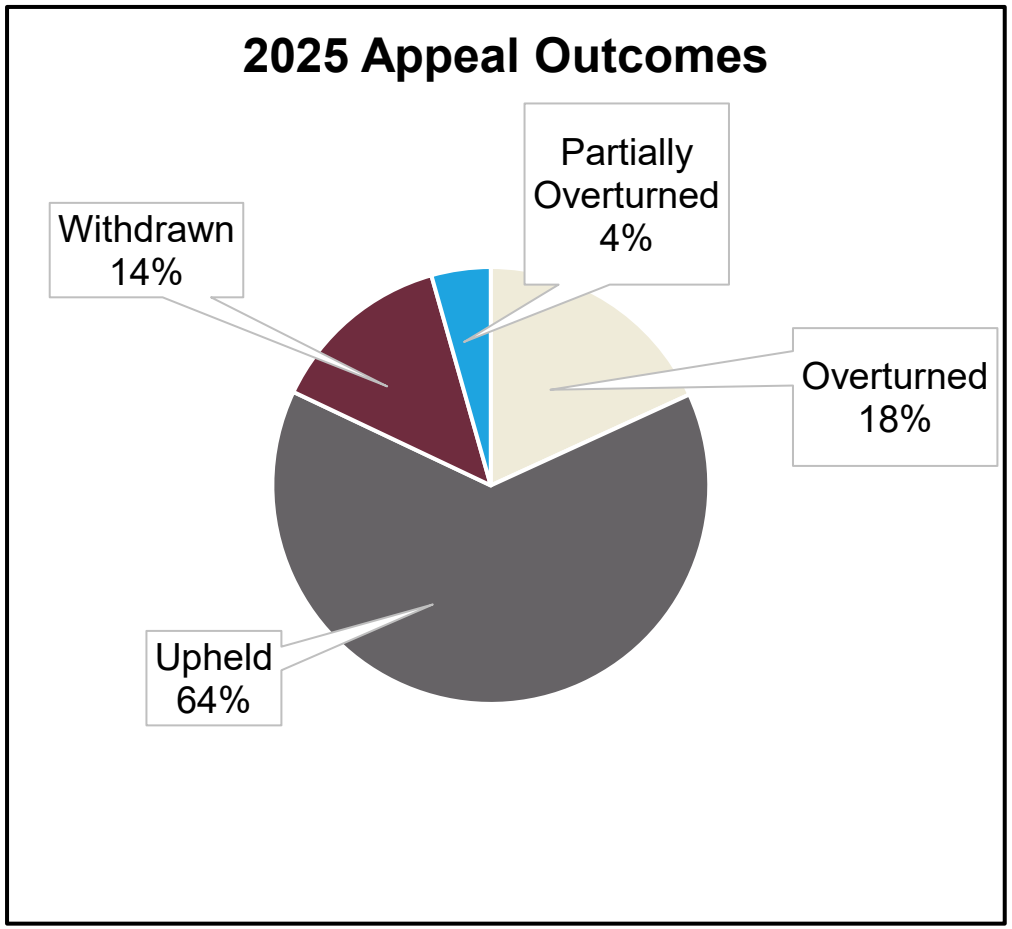
Treatment authorization request (TARs) – includes DME, surgery, diagnostic testing, and ancillary services

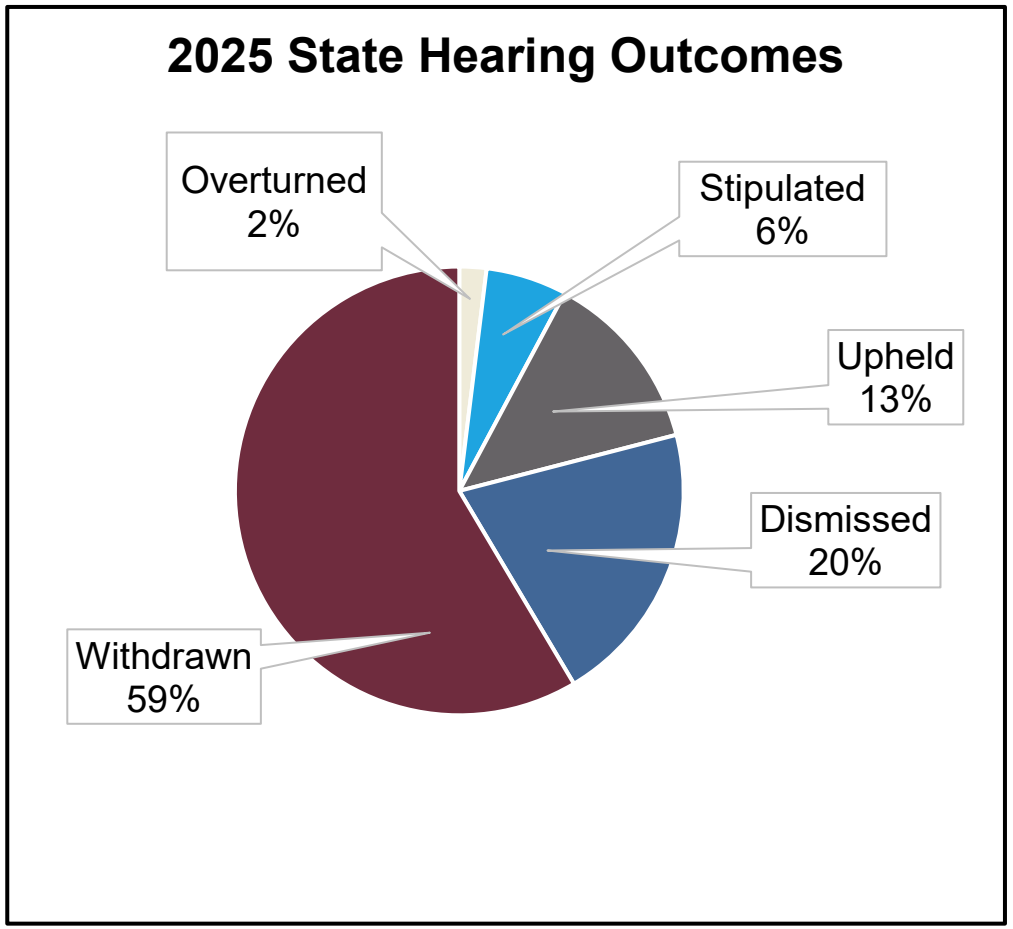
Referral authorization forms (RAFs) – includes out-of-network requests

Claims – includes requests for reimbursement of services paid out of pocket



Outcomes and Dispositions





2025 Department Performance

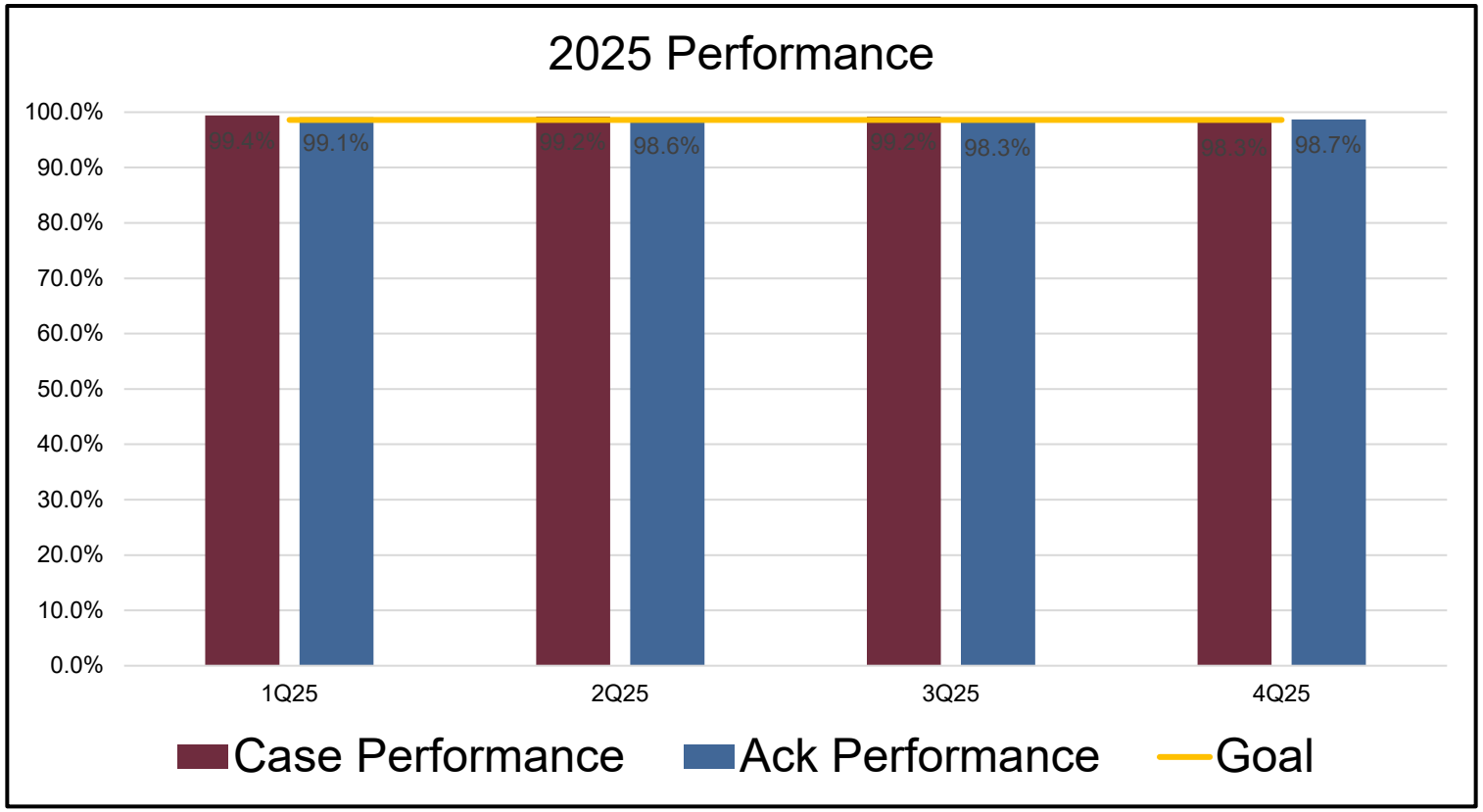
Performance Goals

Case Closure:

- Expedited Cases – Investigate 98.6% of cases within 72 hours
- Standard Cases – Investigate 98.6% of cases within 30 days

Acknowledgment Letters:

- Letters sent on or before the 5th calendar day after case received



Challenges

Challenges
Continued Growth in Case Volume • Increased grievance and appeal volume required the department to balance workload demands while maintaining regulatory compliance and service standards.
Member Transportation Service Issues • Transportation continued to be a significant source of member dissatisfaction, requiring increased coordination with operational partners.
Resolution Letter Quality • Letter quality is not optimal. Unable to support secondary review of letters before they are mailed.

Lessons Learned

Lessons
• Ongoing monitoring of staffing needs is critical to sustain performance as case volume grows. • Expanded cross-training and workload balancing strategies to improve operational flexibility and support timely case resolution. • **Action Planned**: Implement comprehensive appeals training for all case workers
• Detailed compliant trend analysis provides valuable insights into provider performance and recurring service issues. • **Action Taken:** Implemented enhanced transportation grievance reporting and strengthened collaboration with the Transportation Department to support service improvement efforts.
• Establishing a peer review process for resolution letters before mailing helps catch errors and ensures clear, consistent member communication. • **Action Planned:** Develop a quality assurance review step prior to mailing a resolution letter.

2026 Goals and Focus Areas

- **Jiva Implementation** – Prepare for and support the implementation of the Jiva case management system to improve workflow efficiency, reporting capabilities, and case oversight.
- **Quality Oversight Expansion** – Continue building the department's internal audit and training functions to strengthen quality assurance, improve consistency, and identify opportunities for process improvement.
- **Partnership Advantage Readiness** – Collaborate with organizational stakeholders to support planning and operational readiness activities for the future Partnership Advantage implementation.
- **Data-Driven Process Improvements** – Leverage grievance and appeal trend data to identify root causes, strengthen interdepartmental collaboration, and improve the member experience.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
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Questions?

Open Forum

Next Meeting

December 10, 2026

Noon – 2 p.m.

cac@partnershiphp.org

Community Advisory Committee (CAC): June 2026 Follow-Up Items

Action Item(s)	Outcome(s)
Gabrielle Breshears will provide Dustin Lyda with Isabell VanMerlin's contact information to support testing of the chatbot feature during development of the new Partnership website.	Gabrielle Breshears provided Dustin Lyda with Isabell VanMerlin's contact information to support future chatbot testing efforts associated with the new Partnership website.
Gabrielle Breshears will provide Dr. Jalloh with Sol McNally and Marcelo "Nunie" Matta's contact information to be able to connect them with community leaders to support sharing input on future Community Reinvestment opportunities.	Gabrielle Breshears provided Dr. Jalloh with Sol McNally and Nunie Matta's contact information.
Gabrielle Breshears to connect with all CAC members following the CAC meetings.	Follow-up contact was made with all CAC members following the meeting, with messages left when possible.
Amy Christensen submitted a suggestion following the meeting to expand outreach efforts for the *Keep Your Medi-Cal* campaign by sharing information through locations and community forums that may help reach members who are less connected to traditional communication channels. Examples included Planet Fitness locations, Little Free Pantries, social media groups, and other community-based outreach channels.	Amy's suggestions were shared with the Communications team for consideration as part of ongoing *Keep Your Medi-Cal* outreach efforts.
Amy Christensen requested an update on Goal #4, which aims to increase the number of bilingual Member Services Representative (MSR) staff hired by 2% by December 2025 to support the organizational goal of achieving 75% bilingual MSR staffing. Amy asked what progress has been made toward this goal since December 2025.	Staff reported that efforts to recruit and hire bilingual MSR staff remain ongoing and that progress continues toward achieving Goal #4. Member Services is exploring multiple recruitment strategies to attract qualified bilingual candidates and will continue to provide updates as those efforts advance.

KEEP YOUR MEDI-CAL

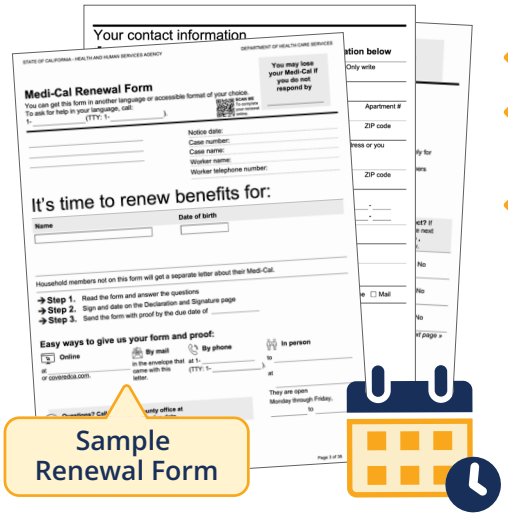
IMPORTANT UPDATE FOR UNDOCUMENTED ADULTS

As of January 1, 2026, there are some changes happening to Medi-Cal. Most Medi-Cal members will not see any changes.

THE MOST IMPORTANT THING TO KNOW IS THIS:

If you already have Medi-Cal, you can keep your benefits, no matter your immigration status.

If you are an undocumented adult, here's how to keep your Medi-Cal:



- **Renew on time**
- **Keep your information up to date with your county office**
- **Continue to meet Medi-Cal rules, like living in California**

If you renew on time, your benefits stay the same.

If your **Medi-Cal coverage ends** for any reason, you **still have 90 days** to fix the issue and get your **full coverage back.**

But if you miss that 90-day window, you won't be able to get full-scope Medi-Cal again. You would only be eligible for restricted Medi-Cal, which covers emergency care, pregnancy-related services, and nursing home care.

Children under age 19 and people who are pregnant can **still get full-scope Medi-Cal** if they meet eligibility rules.

Renewing on time is the key to keeping your Medi-Cal.
We're here to help. Visit PartnershipHP.org for more information.

PARTNERSHIP HEALTHPLAN of CALIFORNIA
A Public Agency

We Are Here to Help

Results of the 2025 Population Health Program and Support Services Survey

Background:

Partnership works closely with local public health departments on the Community Health Assessment and Community Health Improvement Plan (CHA/CHIP) reports, which show us the community health needs in each of the 24 counties that Partnership serves. Partnership recently looked at the report findings and, as part of the requirements under the Department of Health Care Services (DHCS), we must get input/advice from our Community Advisory Committee (CAC) on how to use these CHA/CHIP findings for different efforts.

One of the ways we are doing that is getting your survey feedback on certain programs here at Partnership that align with CHA/CHIP findings. In December 2025, we sent out a survey on how to improve certain Partnership programs/services. Below is a summary of the survey feedback from our CAC members.

1. Access to Care

Original Question(s): Which Partnership resources have you used to learn how to access your benefits? Did you find the resources above helpful? If you could make changes to how members access care, what changes would you make?

Feedback:

- Most used resources: Phone call to Partnership Member services, Partnership Website, Providers.
- Less used resources: Educational videos and Member Portal.

2. Improvements for New/Expecting Parents

Original Question(s): Some parents who are new to Partnership may face challenges in getting the care they need for themselves and their babies. What are some ways Partnership could better support these members?

Feedback:

- Communication style to parents is important. We have the programs and resources available but do not tell members how they can use them.
- Some members suggested using peer groups and reaching out in settings where there are parents and babies. This would bring people from the same populations together.
    - For example: parents, schools, health centers etc.
- Give out information at birthing centers and Women, Infant & Children (WIC) program appointments. There is room for improvement on helping Black and Native American moms get the care they need.

3. Transportation Services

Original Question(s): Did you know that Partnership offers transportation services for medical appointments? What is the best way for Partnership to make sure all members know about transportation services?

Feedback

- Suggesting different ways of communication is best.
- Best ways to inform members: Flyers, texts, emails, provider communication, newsletters, TikTok/social media for younger audiences.
- Gaps in transportation are in lack of use, not awareness. The program is offered but not used because of not having access to the program information.

4. Social Determinants of Health Resources Awareness (Community Resources page)

Original Question(s): Did you know that there are local resource pages for each of our 24 counties on the Partnership website? If you answered *Yes,* did you visit your county's resource page to look for help with any of the following? If you have used the Partnership resources, were they helpful to you?

Feedback

- Helpful for most users who tried them, but lack of use is a barrier. It is a slow process because there are so many resources available.
- Common resource search: Food/Money/Job support leads, then Health/Mental Health, and general Health.

5. Wellness and Prevention Programs

Original Question(s): Do you know which health problems and groups of people Partnership is focusing on right now? (Examples: diabetes, high blood pressure, asthma*).*

Feedback

- Awareness: Not many were aware, and some did not respond
- Programs known: Depression prevention, hypertension, diabetes management,
- Some mention collaborative care. Working with providers on the programs available.
- Methods of outreach: Email, website, text messaging campaigns. The feedback showed that these are the best ways to let members know about wellness and prevention programs.

- ***Note:*** *Partnership is rolling out texting campaigns around some of our wellness and prevention programs.*

6. Mental Health

Original Question(s): How is mental health viewed in your community? Do people in your community feel nervous or unsure about getting help for mental health problems like feeling sad, worried, or stressed?

Feedback

- Community views on depression: Stigma is strong (weakness, shame, avoidance).
- Some growing acceptance and compassion, but stigma is still there.
- Stigma, not having access, and isolation (more common this year compared to last).
- Some minority groups felt there was no concern for their needs.

7. Health Disparities

Original Question(s): Are there any health problems that you think affect people in your community more than others? This could be because of their gender, race, culture, or where they live. If yes, what are they? How can Partnership make sure our messages and outreach work well for different groups of people? What language do you prefer Partnership to use when engaging with your family and community?

Feedback

- Top concerns: Discrimination/diversity gaps, homelessness, and rural access (limited providers, forgotten communities)
- Some said community was served well.
- Clear communication gap. There is lack of communication to people from different groups.
- Preferred ways to let members know about all their benefits in their cultured needs: Email, phone, mail, schools, senior centers, transportation access.