



Community Advisory Board (CAB) Meeting Minutes

Date: April 9, 2026

Time: 12:30 p.m. to 2:00 p.m.

Chairperson: Mary Ellen Rehse, Executive Director, Children and Family Resource Services

Community Advisory Board (CAB) Voting Members Present:

Carmin Garcia, Family Services Agency
Cynthia Guerrero, Member
Dr. Christina Mendoza, Santa Barbara Neighborhood Clinics – Dental
Elizabeth Merson, County Public Health Department San Luis Obispo
Eusebio Soto-Mesa, Member
Fernanda Lucas - CFS–Promotores Collaborative of San Luis Obispo County
Graciela Valdovinos, Member
Jane Hash, Member
Jennifer Nitzel, San Luis Obispo County Department of Social Services (DSS)
Jonathan Nibbio, Family Care Network
Jose Luis Valdovinos, Member
Maria Avila Anguiano, Parent/Caretaker of a Child Member(s)
Mary Ellen Rehse, Executive Director, Children and Family Resource Services; CAB Chair 2025
Norma Alonso, Parent/Caretaker of an Adult Member
Olga Mendoza De Bravo, Parent/Caretaker of an Adult Member
Sara Macdonald, Board of Directors (BOD) Liaison / Member; CAB Vice-Chair
Soledad Soto, Member
Susan Liles, Santa Barbara Public Health Dept. Nutrition Services/Women, Infants & Children (WIC) Program
Yolanda Navarro, Member

CAB Voting Members Excused:

Christian Aguirre, Jr., Independent Living Resource Center
Eustolia Garcia, Promotores Collaborative of San Luis Obispo
Lindsay Walker, Santa Barbara Public Health Department (Non-Voting Member)
Maria Jaurequi-Garcia, Community Health Centers of the Central Coast (CHCCC)
Tamara Broder, Health Insurance Counseling and Advocacy Program (HICAP) for Area Agency on Aging
Tamika Harris, Tri-Counties Regional Center
Veronica Alvarez, Department of Social Services (DSS) Santa Barbara County

CenCal Health Staff Present:

Abigail Figan, Population Health Specialist
Amber Sabiron, MSN, RN Population Health Manager
Denise Filotas, Manager, Cultural and Linguistic Services
Diana Robles, Health Navigation Supervisor
Dr. Van Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer (Virtual)
Elia Rodriguez, Associate Director of Member Services
Eric Buben, Sr. Member Experience and Services Director, CAB Coordinator
Gaby Labraña, MPH, Health Promotion Supervisor
Hector Garcia, Medicare Director
Monica Favorite, Communications Manager
Rachel Lambert, LMFT, MBA-HCM Behavioral Health Director
Teri Amador, Member Services Sr. Administrative Assistant

Guests:

Javi Infante Varas, Spanish Translator & Interpreter, Rooted Language Justice
 Namino Glantz, County of Santa Barbara Health Program Manager, Health Linkages
 Raul Olivera, Spanish Translator & Interpreter, Rooted Language Justice
 Refugio Silva, Spanish Translator & Interpreter, Rooted Language Justice

Secretary: Teri Amador, Member Services Sr. Administrative Assistant

Location: CenCal Health Offices (Santa Barbara)-Hart Room Auditorium and Embassy Suites (San Luis Obispo)

<i>Agenda Item</i>	<i>Discussion</i>
1. Announcements and Acknowledgements Mary Ellen Rehse, CAB Chair a. Rooted Language Justice 1) Spanish Interpretation Procedures for CAB Meetings	Chair, Mary Ellen Rehse, called the meeting to order at 12:30 p.m. A brief introduction to Javi Infante Varas from Rooted Language Justice in attendance to provide Spanish interpretation at our Santa Barbara (SB) and Raul Olivera and Refugio Silva who were providing interpreting services at the San Luis Obispo (SLO) location. Instructions for accessing Spanish interpretation and information for speakers on how best to speak for the interpretation needs were explained and all CAB attendees were secured Spanish interpretation that needed the services, before getting the official agenda topics into discussion.
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). All	No public comments.
3. Acceptance of Minutes January 8, 2026 CAB Meeting – Action Item M. Rehse, CAB Chair E. Buben, Director of Member Services	Motion to approve the Minutes from January 8, 2026, meeting was made by Ms. Guerrero and seconded by Ms. Macdonald and <u>unanimously approved by the CAB.</u>
4. 2026 CAB Selection Committee Approval of New CAB Member M. Rehse, CAB Chair - Fenanda Lucas – CFS Promotores Collaborative of SLO - Melissa Villa – Member - Maria Avila Anguiano - Parent/Caretaker of a Child Member(s)	Ms. Rehse welcomed Ms. Lucas as the newest CAB member, representing the CFS Promotores Collaborative of San Luis Obispo. She also acknowledged Ms. Avila's transition from a member representative role on the CAB to serving as a Parent/Caretaker of a Child member. Ms. Villa is a pending candidate, and her application is not yet received as anticipated. Will postpone her appointment until the review from our CAB Selection Committee.

5. Well-Baby Outreach Program G. Labraña, MPH Health Promotion Supervisor N. Glantz Health Linkages (Children & Family Resource Services)	Gaby Labraña, MPH Health Promotion Supervisor from CenCal Health and Namino Glantz, Program Manager, for Health Linkages from County of Santa Barbara Education Office, Health Linkages Program, gave a PowerPoint presentation titled, Community Health Worker Well Baby Outreach to the committee (presentation included in handout). They presented the Well Baby outreach program, detailing its collaborative development between CenCal Health, Health Linkages, and the Promotores Network, and shared outcomes and next steps for the initiative. Due to agenda timing following this presentation, questions and any follow-up suggestions were requested to be sent to the CAB Coordinator, Mr. Buben should there be any to share from the committee.
6. Behavioral Health Outreach & Education R. Lambert, LMFT, MBA-HCM Behavioral Health Director	Ms. Lambert gave a PowerPoint presentation titled, Non-Specialty Mental Health Services Outreach and Education Plan 2026 (presentation included in handout). She provided an update on CenCal Health's behavioral health outreach, highlighting 2025 activities, ongoing challenges with provider access and reimbursement, and plans for 2026 with a focus on youth mental health. 2025 Outreach Activities: CenCal Health participated in 31 outreach events, 74 community meetings, 152 collaborative meetings, and 56 provider meetings, focusing on suicide prevention, substance use disorder, youth mental health, justice-involved individuals, and maternal mental health. Access and Network Adequacy Challenges: Participants raised concerns about the shortage of therapists, especially bilingual providers in rural areas, and the difficulty for nonprofits to retain staff due to reimbursement rate disparities between mild/moderate and specialty mental health services. 2026 Focus Areas: CenCal Health will prioritize expanding access, improving system coordination, and supporting providers, with a particular emphasis on child and youth mental health through partnerships with schools and community organizations. CAB Member, Ms. Alonso stated: <i>"My name is Norma and I am speaking from San Luis Obispo. I continue to observe a significant need for therapists in our community. During the discussion on outreach efforts, I did not hear any data or metrics presented that demonstrate measurable improvement. As a Promotora, I still see a clear and ongoing shortage of therapists, psychologists, and psychiatrists. While I recognize and appreciate the outreach efforts, including participation in community events, there continues to be a gap in access to these mental health professionals. I would appreciate any information or response regarding current efforts or strategies to address this shortage."</i> Ms. Lambert replied thank you for raising that concern. This is an area we recognize and continues to be a challenge. It can be difficult to capture fully quantifiable data on access, but we do know that access to mental health services remains limited—particularly for our Spanish-speaking members and those living in rural areas. This year, our focus is on better understanding the

unique needs of our counties and the members we serve. These needs may not always be fully reflected in the data currently available to us as a health plan. To address this, we are working to go beyond existing data by collaborating with community partners, including schools and county agencies, to help aggregate more comprehensive information around access. Just as importantly, we are engaging directly with our communities to better understand the barriers they are experiencing. As you mentioned, network adequacy and ensuring members have access to providers remain ongoing challenges. These are well-recognized issues, and we are actively exploring different strategies and partnerships to help address them and improve access to care.

Mr. Nibbio from San Luis Obispo County shared: *“As a long-time specialty mental health provider, many nonprofits and some county agencies are facing challenges in attracting, training, and retaining therapists. He explained that the cost of staffing, including supervision, remains fixed regardless of whether services are provided for mild-to-moderate or severe cases. He noted that while his organization has the capacity to provide bilingual therapy and could potentially recruit additional staff, the lower reimbursement rates for mild-to-moderate services make it financially difficult to sustain those efforts. He emphasized that despite paying staff the same wages, the gap in reimbursement rates creates a barrier to retaining employees, who may leave for higher-paying opportunities with counties or other organizations. He asked whether there may be opportunities in the future to address the rate disparity between specialty mental health services and mild-to-moderate care, acknowledging the complexities at the federal and state levels. He concluded by noting that this remains a significant barrier as his organization continues working to expand access to services, particularly for Spanish-speaking communities.*

Ms. Lambert acknowledged that this is a complex barrier, noting that it is not something that can be easily addressed within the scope of the current meeting. They added that there are still many uncertainties when considering future possibilities. She expressed interest in contacting Mr. Nibbio after the meeting to gather more information and explore potential options. The goal would be to identify ways to better support his staff and strengthen his organization's ability to continue providing care.

Ms. Liles from WIC and the Public Health Department of Santa Barbara noted: *“My question builds on the previous discussion. Were reimbursement rates and workforce recruitment challenges raised by providers during outreach, emphasizing that these are significant issues on the ground? She also pointed out that she did not see these concerns reflected in the 2025 findings and sought clarification on whether they had been identified or discussed.*

Ms. Lambert clarified that reimbursement and workforce challenges have been part of ongoing conversations and were included as feedback. They noted that network adequacy remains a known issue and a key focus in efforts to build and strengthen the provider network. They emphasized that access to mental health care continues to be a widespread challenge at both the state and national levels, largely due to a limited number of providers. While reimbursement rates and the realities of sustaining a practice have been discussed, these concerns can vary across different provider groups.

	Additionally, Ms. Lambert shared that much of the outreach included Primary Care Providers (PCPs), who frequently raised concerns about network adequacy, though they did not specifically focus on reimbursement rates.
7. Consumer Assessment of Healthcare Providers and Systems (CAHPS): Dr. V. Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer • CenCal Health's 2025 CAHPS Results	Dr. Do-Reynoso gave a PowerPoint presentation titled, Member Experience 2025 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Heath Plan Survey Results (presentation included in handout). Dr. Do-Reynoso reviewed the member satisfaction survey results, highlighted areas for improvement, and outlined ongoing and planned initiatives to enhance the member experience, including listening sessions and collaborative improvement efforts. • Survey Results Overview: CenCal Health ranked in the top ten plans across several comparison categories in CA on both the adult and child surveys in 2025, while there were also areas to improve performance shared. The full detailed PowerPoint included in the CAB packets and discussed during the presentation. • Listening Sessions and Member Feedback: New in 2025 and 2026, eight (8) listening sessions were held to gather real-time member insights, revealing concerns about appointment wait times, desire for better communication, and confusion about referrals and covered services. • Improvement Plan: CenCal Health will share survey and listening session data with providers, participate in a national cohort for CAHPS improvement to identify best practices, and continue to host listening sessions to inform ongoing member satisfaction improvements. • Awareness shared regarding access to Member Services and the Grievance and Appeals Process: Members are encouraged to contact Member Services for help with timely care, follow-up after emergency visits, and to file grievances or discrimination complaints, with a dedicated coordinator handling such cases. Dr. Do-Reynoso asked: "As we plan additional focus groups and listening sessions, do you have suggestions on how to gain deeper insights into members' experiences?" She also asked: "Are there any concrete recommendations we should consider for improving the overall member experience?" CAB Member, Ms. Alonso stated: "My name is Norma Alonso and based on member comments, it is still a challenge to get appointments with doctors. When you go in for an appointment they sometimes do not want to give you care except for whatever you made the appointment for. If you have other things to say, they want to make another appointment for you. I think that is stressful because if they made you wait two months or weeks and they want to only discuss one issue, which continues to be an issue." Dr. Do-Reynoso replied that is a great point and it aligns closely with what we have been hearing in our listening sessions as well. This is one key takeaway we plan to share with our providers in an upcoming meeting, so we can work together to identify ways to improve visit efficiency while

ensuring appointments remain comprehensive and address all of the members' concerns.

Ms. Alonso additionally commented: *"I had to change my doctor because of this issue. I had to go to the hospital and was told I had to follow up with my PCP. It took months for me to get that appointment. I do not know if you want me to say who the clinic was. It was stressful because the hospital instructs you to follow up with your PCP. The provider change has worked from me. Thank God, I have had a better experience with this other one."*

Dr. Do-Reynoso replied that she was sorry Ms. Alonso had to experience that with her Primary Care Physician (PCP). When we hear about members having difficulty accessing timely care, one key takeaway is the importance of reaching out for support. We encourage members to contact our Member Services team—we are here and ready to assist. We can also work directly with your provider to help ensure you receive the care you need in a timely manner.

Mr. Buben added that Member Services is here to help support that connection, particularly with follow-up care after emergency room visits. He noted that challenges often stem from gaps in communication or insufficient information being provided and emphasized the Member Services role in helping ensure members receive the guidance and coordination they need. He further explained that when communicating with a provider's office, the reason for the appointment may not always be clearly conveyed, and it can sometimes be interpreted as a routine or preventive visit when you are requesting for an urgent matter. He emphasized that it is very important for members to clearly state that the appointment is a follow-up from an emergency room visit to help ensure it is scheduled appropriately and in a timely manner. If you have been advised by an emergency room doctor to follow up with your PCP as soon as possible, it is important to clearly communicate that when scheduling your appointment. This can help ensure your visit is prioritized appropriately. You can also contact Member Services for additional support. We are happy to assist by reaching out to your provider's office with you online, placing you on a brief hold while we help coordinate your appointment and follow-up care. Please feel free to call us at 1-877-814-1861; any of our representatives will be glad to assist you.

CAB Member, Ms. Mendoza made a comment. *"My name is Olga Mendoza de Bravo here at the San Luis Obispo office. I want to know if there is a phone number where I can report discrimination by a doctor. Something unpleasant happened; saying someone smelled bad. This did not happen to me, but to someone else. The doctor told her she was a slob and that her head smelled dirty and that she smelled bad. The young lady left crying. She asked me what she could do because she knows that I come to these meetings. This is why I am asking about this. If you have a phone number or where I can report this."*

Mr. Buben responded: We encourage members to begin by contacting Member Services so we can properly document the issue. We have an internal grievance process to review and investigate concerns, including a dedicated Discrimination Grievance Coordinator who handles cases like the one you just described. Members can call 1-877-814-1861, where a representative will assist with documenting the concern and initiate the process. From there, the case is referred to the CenCal Health Discrimination Grievance Coordinator for a full investigation and resolution

	with the provider. Please encourage anyone experiencing similar issues, whether related to grievances, discrimination concerns, or denial of services they would like to appeal, to contact Member Services using this same number.
8. Health Equity/Program Development Updates Dr. V. Do-Reynoso, MPH, PhD, Chief Customer Experience Officer, Chief Health Equity Officer • Enrollee Advisory Committee (EAC) – 1st Meeting Held • Member Navigation	Dr. Do-Reynoso gave a PowerPoint presentation titled, Member Navigation Initiative (presentation included in handout). Dr. Van Do-Reynoso provided updates on the Enrollment Advisory Committee (EAC) and detailed CenCal Health's member navigation initiative, aimed at reducing preventable disenrollments through outreach, cross-sector partnerships, and mini-grants to community organizations. • Enrollment Advisory Committee (EAC) – Held our first meeting in February. Ms. Macdonald and Ms. Guerrero from CAB are members on the EAC. • The EAC adopted a Charter. • The meetings will be quarterly, and the format will be hybrid/in-person. • Looking for new members to join the EAC. If you are on Medical and have Medicare and get approved for CareConnect, come and join the EAC. Please spread the word for us in your community conversations as well. • Policy Changes and Membership Forecasts: Dr. Reynoso outlined upcoming state and federal Medicaid policy changes affecting eligibility, including freezes on new enrollments for unsatisfactory immigration status and the introduction of new work requirements and a 6-month eligibility renewal process. • Disenrollment Data and Drivers: From August 2025 to February 2026, 25,000 members were disenrolled, primarily due to procedural issues such as missing paperwork and incorrect contact information, with additional challenges for members with unsatisfactory immigration status. Many cured or re-enrolled after completing the application process and following through on the required submission of documents needed by DHCS for verification of eligibility. • Navigation Strategies and Community Partnerships: CenCal Health is creating a regional member navigation hub with multiple partners, offering mini-grants to trusted community organizations to assist with outreach and renewal support, aiming to re-enroll 90% of those disenrolled for administrative reasons within 90 days. • Support for Renewal Process: Members were advised to use www.BenefitsCal.com accounts for renewal paperwork, send documents to CenCal Health for forwarding, and seek assistance from CHWs and community organizations, with additional mini-grants to be offered for outreach. CAB Member Ms. Avila commented: “My name is Maria Avila. It says that in July 2027, State policy will change. It says there will be monthly premiums for

certain populations. Do you know which populations will experience these changes in 2027? I have another comment about renewals. I am also a caregiver in the community, and I have helped my clients renew their Medi-Cal. The following happened in Santa Maria, CA. Clients sent in their renewal applications with everything filled out, with everything that was requested. I do not know what is going on, or what you can do, whether you can talk to Social Services. The clients got another letter asking for the same documents. This is my comment and the question. Thank you!"

Dr. Do-Reynoso responded to Ms. Avila's initial question regarding the 2027 state policy, noting that it is not yet clear who will be impacted. She added that updates will be brought back to the CAB to ensure members are informed as more information becomes available.

Associate Director of Member Services, Ms. Rodriguez responded to Ms. Avila's second question regarding renewal paperwork. There are several ways for members to follow up after submitting documents. Based on guidance from the Department of Social Services (DSS), the most effective option is to create an account through www.BenefitsCal.com, where members can securely submit paperwork, check their status, update information, communicate directly with their assigned worker, and ask questions. She acknowledged that using an online system can be challenging for some families without assistance but noted it remains a helpful option. Alternatively, members may send their paperwork to CenCal Health, attention Elia, who can then forward it to the Department of Social Services to ensure it reaches a worker. Ms. Rodriguez added that delays or duplicate notices may occur if paperwork was lost or not received by DSS, which could explain why a member might receive additional letters. She emphasized that support is available, and staff can help connect directly with DSS to answer questions and assist members as needed.

Dr. Do-Reynoso acknowledged that submitting renewal packets can be a difficult process. She shared that CenCal Health is partnering with various groups and agencies throughout the county to help support members with completing and submitting their renewal paperwork. For example, FSA will have Community Health Workers (CHWs) available to provide assistance. She also noted that CenCal Health is in conversations with a community-based organization that works with individuals experiencing homelessness, who have expressed willingness to support this effort. Additionally, discussions are underway with MICOP in Santa Maria, which is interested in assisting members in both the Santa Maria and San Luis Obispo areas. She encouraged CAB members who are part of community-based organizations or nonprofits and are interested in mini-grants to connect with her directly. She added that the grant application is expected to be released at the end of the month.

CAB Member, Ms. Guerrero encouraged: "Those who may not be familiar with CenCal CareConnect to learn more about the new plan, noting that it is a strong option for individuals with Medicare and Medi-Cal. She

	highlighted that the plan offers a comprehensive catalog available in both English and Spanish. Members also receive a single card, including a debit benefit of \$120 every three months, which can be used for eligible over the counter purchases."
9. Health Promotion/ Education Report G. Labraña, MPH Health Promotion Supervisor • Population Needs Assessments (PNA) • Health Promotion/Education Updates	Ms. Labraña gave a PowerPoint presentation to the committee titled, Health Promotion & Population Needs Assessment Update (presentation included in handout). Ms. Labraña provided follow-up action to begin today from a prior meeting from a prior CAB member's suggestion to include testicular cancer screening in the Preventive Care Guidelines. After review, it was determined that this screening will not be included due to current USPSTF recommendations and DHCS contract requirements; however, educational materials on the topic are now available online. Ms. Labraña thanked the CAB for this feedback and wanted to close the loop back on action taken. More details further in the Minutes provided. <u>Executive Summary</u> CenCal Health is dedicated to providing members with the necessary resources to make well-informed decisions about their health and is committed to continually assessing the needs of the population. This memo provides an update on ongoing initiatives led by the Health Promotion Team and provides an update on the status of the 2025 and 2026 Population Needs Assessments (PNA). It encompasses updates on the Wellness and Prevention Campaigns, member outreach materials including the member newsletter and patient education handouts, collaborations with Local Health Jurisdictions, and progress on the 2025 PNA gap findings. Additionally, it highlights that the department is on track to achieve all established requirements and goals. <u>Background</u> CenCal Health maintains a health education system that includes programs, services, functions, and resources necessary to provide health education, health promotion, and patient education for all members. In accordance with the National Committee for Quality Assurance Accreditation (NCQA) standards, the PNA is completed annually and described in detail in this memo. The Department of Health Care Services (DHCS) requires Health Plans to collaborate with Local Health Jurisdictions (LHJs) on their Community Health Assessment (CHA) and/or Community Health Improvement Plan (CHIP), a requirement now referred to as Local Planning. This is required to encourage improved collaboration between entities that serve Medi-Cal beneficiaries. As such, CenCal Health has established partnerships with each LHJ in its service area to meaningfully participate in the current or next available cycle of their CHA and/or CHIP which includes Santa Barbara County LHJ and San Luis Obispo County LHJ. Per the Community Advisory Board (CAB) Charter, the CAB provides input and advice to priorities for health education and outreach programs, plan

materials, and campaigns, as well as findings of the PNA and input on selecting targeted health education, cultural and linguistic, and quality improvement strategies.

Q1 Meeting Follow Up: Testicular Cancer Education

In response to CAB member feedback to include testicular cancer in member educational materials, including the Preventive Health Guidelines (PHG), the Health Promotion team researched this possible inclusion.

By contract with DHCS, CenCal Health's member materials promote preventive services in alignment with United States Preventive Services Task Force (USPSTF) A & B recommendations. USPSTF does not recommend routine testicular cancer screening for adolescents or adults, and grades this screening at a D. As such, we are not able to incorporate this screening into our PHG or other member educational materials.

Information and resources about testicular cancer are available in our online health education library, which members and the community may access any time at www.cencalhealth.org/health-and-wellness

For more information about the USPSTF grading of this topic, please visit: <https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/testicular-cancer-screening>

Health Education Updates

Wellness and Prevention Campaigns

CenCal Health provides a comprehensive Wellness and Prevention Program to all members. This program aims to improve physical and mental health for members through health education initiatives that implement evidence-based best practices directed at helping members set and achieve wellness goals.

Part of the Wellness and Prevention program includes Wellness and Prevention Campaigns. Campaign materials have been shared previously with the CAB; copies are available for your reference upon request. Campaign materials can also be found on CenCal Health's website at: <https://www.cencalhealth.org/providers/patient-education-materials/>.

Listed below are the campaigns that were sent in Q1 2026, as well as those that are planned for Q2 2026. The wellness and prevention campaigns were paused for February due to vendor constraints, delays in IT programming, and delays in 2026 design revisions. There are no regulatory or accreditation requirements tied to the campaign schedule, so pausing February operations does not pose compliance implications.

Wellness and Prevention Campaign files resumed in March 2026 and will continue monthly.

January to March 2026 Wellness and Prevention Outreach				
Campaign	Audience	January Total	February Total	March Total

	Breathing Better	Newly identified members diagnosed with asthma, all ages	1,264	February campaigns were not distributed to members; explanation included in above narrative.	
	Stay Healthy Adults: PCP Check up	Adults who have not engaged with primary care in the past 12 months	6,398		503
	Stay Healthy Kids: 0-12 Months	Parents of children overdue for preventive services	834		Consolidated to one campaign beginning March 2026 12,479
	Stay Healthy Kids: 13-30 Months	Parents of children overdue for preventive services	1,237		
	Stay Healthy Kids: 3-12 years old	Parents of children overdue for preventive services	4,296		
	Stay Healthy Kids: 13-21 years old	Parents of children overdue for preventive services	3,860		7,109
	Healthy Pregnancy	Newly identified members over age 18 who are at least 12 weeks pregnant	83		155
	Healthy Postpartum	Newly identified members who delivered within the past 12 months	74		74
	Healthy Diabetes	Newly identified members diagnosed with diabetes, all ages	267		503
	Stay Healthy Adult: Breast Cancer	All members ages 40—74 due for BCS	8,604		
	Stay Healthy Adult: Cervical Cancer	All members ages 21—65 due for CCS	14,958		
	Stay Healthy Adult: Controlling Blood Pressure	All members diagnosed with hypertension who have not engaged with PCP or had a BP reading in the past 12 months	608		

Stay Healthy Adult: Colorectal Cancer	All members ages 50—75 due for COL	7,449		
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Planned Quarter 2 2026 Wellness and Prevention Outreach		
April 2026	May 2026	June 2026
Stay Healthy Adults: PCP Check up	Stay Healthy Adults: PCP Check up	Stay Healthy Adults: PCP Check up
Stay Healthy Adults: Cancer Screenings		
Stay Healthy Adults: Controlling Blood Pressure		
Stay Healthy Kids: 0-12 years	Stay Healthy Kids: 0-12 years	Stay Healthy Kids: 0-12 years
Stay Healthy Kids: 13-21 years	Stay Healthy Kids: 13-21 years old	Stay Healthy Kids: 13-21 years old
Healthy Pregnancy	Healthy Pregnancy	Healthy Pregnancy
Healthy Postpartum	Healthy Postpartum	Healthy Postpartum
Healthy Diabetes	Healthy Diabetes	Healthy Diabetes
Stay Healthy Kids: Immunizations	Stay Healthy Kids: Immunizations	Stay Healthy Kids: Immunizations
Breathing Better		

Wellness and Prevention campaigns are adapted as appropriate to ensure outreach to members is in a manner of their preference and content is appropriate to their needs. If any CAB member has feedback to revise, add, or remove content, please submit your input to the Health Promotion team at healthed@cencalhealth.org.

Additional Campaign Launches

Significant updates and additions are underway to the wellness and prevention outreach campaigns.

- Stay Healthy Kids—0-12 years:
Launched in March 2026, three pediatric campaigns (0-12 months, 13-30 months, and 3-12 years) have been consolidated into one campaign for

0—12 years. This consolidated communication reminds parents/guardians of pediatric members of missing required preventive services.

- **Stay Healthy Adults – Cancer Screenings:**
Three cancer screening campaigns (breast, cervical, and colorectal cancer screenings) have been consolidated into a single campaign. This consolidated communication reminds members of recommended screenings, early detection, and preventive care and is sent to members due for screening biannually. This campaign is scheduled to launch in April 2026.
- **Stay Healthy Kids—Immunizations:**
A newly introduced immunization campaign will be distributed biannually to all members due for immunizations and monthly to newly identified members. The campaign provides guidance on accessing immunization services and includes resources for additional support and information. This campaign is scheduled to launch in April 2026.

For any questions, please email the Health Promotion team at healthed@cencalhealth.org.

Member Newsletter

CenCal Health staff regularly communicate with members through the member newsletter. In the newsletter, members are educated on the importance of engaging in primary care as well as key quality and seasonal health topics, and areas identified as gaps in the most recent Population Needs Assessment. The January 2026 newsletter was distributed to all member households mid-January.

The Q3 Health Education newsletter is planned for development beginning April 2026. Planned topics for the Q3 member newsletter so far include:

- Prevention/Management of COPD
- Prevention of STIs/HIV
- Member benefits and services for pregnant and postpartum members
- Preventive Health Guidelines

CAB members that are interested in providing input to member newsletter topics are welcome to reach out to the Health Promotion team during CAB meetings or anytime at healthed@cencalhealth.org.

Cervical Cancer Screening Incentive

The Quality Department has identified a need to increase the percentage of members completing clinically recommended cervical cancer screenings, with the goal of reaching the HEDIS 90th percentile of 67.46%. A targeted group of 2,000 members were selected representing the lowest-performing subpopulations. These subpopulations included members ages 43, 50, 58, 60, and 64, as well as members in the following race categories: American Indian or Alaska Native, Asian, Asked but No Answer, Black or African American, Native Hawaiian or Other Pacific Islander, and White. An incentive of \$25 was offered to these subpopulations for completing their cervical cancer screening by March 31, 2026. Eligible members were notified through a focused mailing and claims data is used to verify screening completion. Since

the launch of the campaign in October 2025, 15 incentives have been distributed.

This program will continue throughout 2026 with a second round of incentive offers sent to a focused subpopulation of eligible Medi-Cal members. Program materials will be sent to Members in early Q2 2026 with a deadline of 12/31/26 to complete their Cervical Cancer screening.

Local Planning

Shared SMART Objectives:

In previous versions of the PHM strategy, MCPs were required to provide updates on the shared goal(s) and "SMART" objective(s). No additional reporting on this topic will be required through the PHM Strategy Deliverable in 2026 and going forward.

The outreach program developed in partnership with SB County Health Department and Children and Family Resource Services contracted Community Health Workers will continue. CenCal Health will continue participation in the SLO Health Counts "Mental Health and Substance Use Health Team" to support ongoing collaboration.

Santa Barbara County CHNA/CHIP Support:

CenCal Health participates in the SB County CHNA Collaborative to support CHNA development efforts. An MOU between CenCal Health and Cottage Health (the organization leading the CHNA development) has been signed to formalize this partnership.

San Luis Obispo County CHA/CHIP Support:

CenCal Health participates in the SLO Health Counts "Health Team" related to mental health and substance use. The group consists of key community stakeholders and determines appropriate interventions to address the objectives within this priority area. Additionally, CenCal Health leaders participate in SLO Health Counts Steering Committee and Executive Committee on a regular basis, to ensure participation in CHA/CHIP discussions at all levels.

Population Needs Assessment Update

The 2025 Population Needs Assessment (PNA) was completed as part of an annual National Committee for Quality Assurance (NCQA) required evaluation of CenCal Health's member population to guide CenCal Health's Population Health Management (PHM) Strategy. The PNA analyzed demographic and health data, identifies social determinants of health (SDOH), and evaluates performance across key subpopulations to determine whether current activities and resources are sufficient or if interventions are needed for gaps and disparities identified.

The 2025 PNA evaluated:

- Member Characteristics and SDOH
- Child and Adolescent Members
- Members of Racial or Ethnic Groups
- Members with Limited English Proficiency

- Members with Disabilities
- (New in 2025) Members with SMI, SED, and Alcohol Abuse
- Characteristics and Needs of Subpopulations

The 2025 PNA was presented to and approved by the Quality Improvement and Health Equity Committee (QIHEC) on August 28, 2025.

The complete 2025 Population Needs Assessment can be downloaded from <https://www.cencalhealth.org/explore-cencal-health/population-needs-assessment/>. To request a hardcopy, please call 1-800-421-2560 ext. 3126 or email healthed@cencalhealth.org.

Update on 2025 PNA Identified Gaps

Based on the gaps identified in the PNA, CenCal Health staff are implementing activities and interventions to reconcile gaps and/or disparities. Below is a summary of identified gaps, planned actions (as described in the 2025 PNA and approved by QIHEC), Progress notes will be shared at subsequent CAB meetings.

Identified Gap	Planned Action	Status
COPD: Condition management and/or prevention for young adults 18-44 years old	Include educational presentation slides for Provider Collaborative meetings	Complete
	Include education in member newsletter	In progress
	Create webpage for educational resources	Planned for June 2026
	Provider bulletin article	Planned for December 2026
	Create provider tip sheet resource	Planned for June 2026
	Create member handouts for provider distribution	Planned for June 2026
STIs/HIV: Condition management and/or prevention for Hispanic/Spanish-speaking members	Include educational presentation slides for Provider Collaborative meetings	Complete
	Include education in Q3 2026 member newsletter	Planned for July 2026
	Create member-facing webpage for educational resources	Planned for April 2026
	Provider bulletin article	Planned for April 2026
	Create member educational handout	Planned for April 2026
	Create provider tip sheet resource	Planned for April 2026
	Promote Know More STIs Video – Spanish version	In Progress

		Explore partnership with Planned Parenthood	In Progress
		Explore education distribution in local Spanish news/radio	Not started
	Childhood immunizations: member and provider education	Offer virtual and in-person Vaccine Confidence training for providers	In Progress
		Implement CHW outreach program	In Progress
		Create provider tip sheet resource	Complete
		Develop Know More: Missed Immunizations video	Planned for September 2026
	Alcohol abuse: members and providers prevention education	Include educational presentation slides for Provider Collaborative meetings	Complete
		Education in Q1 2026 member newsletter	Complete
		Create webpage for educational resources	Planned for June 2026
		Provider bulletin article	Planned for May 2026
		Create member educational handout	Planned for June 2026
		Collaborate with local agencies and organizations focused on substance use prevention	In Progress
	Use of Pregnancy and postpartum benefits	Include educational presentation slides for Provider Collaborative meetings	Complete
		Include education in Q3 2026 member newsletter	Planned for July 2026
		Create webpage for educational resources	In progress
		Provider bulletin article	Planned for June 2026
		Member educational handout	Complete
		Provider tip sheet resource on Doula Services and Maternal Health benefits	Complete
		Provider webinar on Maternal Health benefits	Planned for Q4 2026
		Provider webinar on Doula Services	Complete

		Implement CHW outreach program	In Progress
		Collaboration with Care Management on maternal health workgroup	In Progress
	Reduce health disparities related to immunizations for English speaking children in Santa Barbara County	Include educational presentation slides for Provider Collaborative meetings	Complete
		In person and virtual Vaccine Confidence trainings	In Progress
		Implement Wellness and Prevention Campaign	Complete
		Listening sessions	In Progress
		Implement Know More: HPV program with high volume, low performing provider	In Progress
	Reducing health disparities related to Immunizations for White and English-speaking adolescent members in San Luis Obispo County	Include educational presentation slides for Provider Collaborative meetings	Complete
		In person and/or virtual Vaccine Confidence trainings	In Progress
		Implement Wellness and Prevention Campaign	Complete
		Listening sessions	In Progress
		Implement Know More: HPV program with high volume, low performing provider	In Progress

Development of 2026 Population Needs Assessment

The PNA assesses member needs and plan activities and resources for the following areas:

- Member Characteristics and Social Determinants of Health (SDOH)
- Child and Adolescent Members
- Needs of Members of Racial or Ethnic Groups
- Needs of Members with Limited English Proficiency
- Members with Disabilities
- Characteristics and needs of subpopulations
- Members with Serious Mental Illness or Serious Emotional Disturbance

Planned additions for the PNA this year will include data on dual eligible members and cancer prevalence.

Feedback from a Stakeholder Input session on March 3, 2026, resulted in no additional data recommendations. CenCal Health staff will continue to work on the PNA as described.

The development timeline of CenCal Health's 2026 PNA is aligned with regulatory reporting requirements. An update on progress will be shared at the Q3 CAB meeting, ahead of submission to the Quality Improvement and Health Equity Committee (QIHEC) in October. CAB member feedback is welcome and will be incorporated as appropriate.

Item	Target Completion Date
Kickoff	COMPLETE
Hold External Stakeholder Input Session	COMPLETE
Finalize Data Collection Plan	COMPLETE
Data collection and analysis	06/2026 IN PROCESS
Develop strategies to address identified gaps	07/2026
Send complete report for internal review	07/2026
Finalize Report	8/21/2026
Submit PNA to QIHEC	10/29/2026

Next Steps

Health Promotion

Updates regarding Wellness and Prevention Campaigns, Health Education activities, and Local Planning will continue to be shared with CAB at each quarterly meeting.

Population Needs Assessment

Plans to address the identified gaps will continue to be operationalized throughout 2026 and progress will be reported to CAB at each quarterly meeting. The 2026 PNA will be developed in accordance with the indicated timeline, and updates will be reported at the Q3 CAB meeting.

Recommendation

CenCal Health requests Community Advisory Board approval of the Health Promotion and Population Needs Assessment update for Quarter 2, 2026.

Motion to approve the Health Education and Population Needs Assessment Update for Quarter 2, 2026, was made by Ms. Macdonald and seconded by Mr. Garcia, and unanimously approved by the CAB.

10. Quality/Population Health Updates

A. Figan, Population Health Specialist

Ms. Figan provided a written PowerPoint presentation and Memo to the committee titled, Population Health Update Child Equity Collaborative: Phase II (presentation included in handout). Not presented today due to timing of agenda topics, but informationally mentioned of its inclusion in the CAB Packet materials. Highlights outlined in the Minutes to follow.

Executive Summary

In partnership with the California Department of Health Care Services (DHCS), the Institute for Healthcare Improvement (IHI) launched the Child Health Equity (CHE) Collaborative to support Managed Care Plans (MCPs) in improving children's preventive services, with a focus on increasing annual well-child visit (WCV) rates. There are two Phases to this Collaborative, with Phase I concluding in March 2025. Phase I surpassed the goal of improving the rate of Well Child Visits among Spanish-speaking members ages 3-12 at the partnering Lompoc Health Care Center by eleven points (55.73% to 66.67%).

Phase II of the Collaborative began in September 2025 and will continue through September 2026, shifting from clinic-level testing to county-level implementation and scaling of proven practices. **This phase narrows the population of focus to children ages 0–3, with San Luis Obispo County identified as the priority county due to the greatest opportunity for improvement in this age group.** As part of Phase II, CenCal Health has partnered with Community Health Centers of the Central Coast (CHCCC) at the Los Robles and Templeton locations, given their large pediatric populations. The primary measures of focus include Well-Child Visits in the First 0–15 Months (W30-6+) and Well-Child Visits in the First 15–30 Months (W30-2+). Childhood Immunization Status – Combination 10 (CIS-10) will serve as a secondary outcome measure and is expected to improve as well-child visit rates increase.

Background

The CHE Collaborative is a key component of CenCal Health's ongoing Quality and Health Equity initiatives. Focusing on preventive services for young children and addressing healthcare disparities, this collaborative is well-aligned with the advisory responsibilities of the Community Advisory Board (CAB). Engaging with the CAB enables the integration of community-informed perspectives into the design and implementation of interventions, thereby enhancing the effectiveness of CenCal Health's efforts.

According to the CAB Charter, the CAB provides valuable community input on Quality Improvement and Health Equity initiatives that affect CenCal Health members. Acting in an advisory capacity, the CAB ensures that program development and implementation reflect community perspectives, especially for populations facing barriers to healthcare. Additionally, the CAB may offer guidance on services, programs, outreach strategies, and training aimed at members and providers to enhance access to care and improve health outcomes.

Child Health Equity Collaborative

The CHE Collaborative's Phase II goal is to be completed by September 2026. Medi-Cal MCPs in California will increase well-child visit rates by at least five percentage points for children ages 0–3 for each applicable measure (W30-6+ and W30-2+). This effort is intended to advance early childhood health and development in counties experiencing higher racial and ethnic disparities in WCV rates. As part of the Collaborative, MCPs will report monthly performance on these measures at the county level, quarterly.

In alignment with the Collaborative goal, CenCal Health has developed the following aim statement:

- By September 2026, CenCal Health will increase the W30-6+ well-child visit rate for children ages 0–15 months in San Luis Obispo County by five

	percentage points, from 68% to 73%, and the W30-2+ well-child visit rate for children ages 0–30 months from 80% to 85%. Additionally, CenCal Health has established a sub-aim focused on immunizations: • By September 2026, CenCal Health will increase the CIS-10 Childhood Immunization Status rate for children ages 0–2 from 21% to 26%, in alignment with the overall Collaborative goal. To support the achievement of these goals, CenCal Health has been working closely with CHCCC to identify key gaps and barriers affecting completion of well-child visits. This work has included developing a cause-and-effect (fishbone) diagram in partnership with CHCCC leadership to systematically assess contributing factors and inform areas where CenCal Health can provide targeted support during the intervention process. Informed by the gap analysis, CenCal Health will focus on three primary interventions with the CHC target locations: • Enhancing appointment access and scheduling • Connecting members to available resources to support completion of well-child visits; and • Connecting families to patient navigation services. Next steps As CenCal Health moves into the intervention testing and implementation stages for Phase II of the Collaborative, the Quality team welcomes CAB feedback to strengthen and inform this work. CAB members are encouraged to share: • Feedback related to barriers to accessing care for children ages 0–3, whether related to well-child visits or broader access challenges • Suggested strategies, community partnerships, or supports that may enhance these efforts CAB input will be shared with our partner, CHCCC, to inform interventions to improve Well-Child Visit attendance in the first 30 months of life. Recommendation The information in this memo is for informational purposes, to keep the Community Advisory Board members updated and informed. No action is needed at this time. Further Quality updates will be shared at subsequent CAB meetings.
11. CareConnect Supplement Benefits H. Garcia, Medicare Director	Mr. Garcia gave a PowerPoint presentation to the committee titled, CenCal CareConnect D-SNP Supplemental Benefits Discussion (presentation included in handout). He presented an overview of CareConnect's 2026 supplemental benefits and sought member feedback for 2027, while participants raised concerns about network adequacy for Durable Medical Equipment (DME) providers. 2026 Supplemental Benefits Overview: CareConnect offers a flex spend debit card for OTC products, vision benefits, and hearing aid exams; for 2027,

	additional benefits such as personal emergency response devices and fitness kits are being considered, pending funding. CAB Member Ms. Hash raised concerns about the insufficient availability of DME providers for members with complex care needs. Mr. Buben and Dr. Do-Reynoso acknowledged the issue and encouraged the sharing of provider information to help address network gaps through contracting efforts. Dr. Do-Reynoso also informed Ms. Hash that they are working with the Provider Contracting Team and her medical supply provider regarding her preferred DME provider in attempts to contract in the future.
Roundtable	
12. Opportunity for CAB members to share relevant updates	None shared today.
Adjournment	Ms. Rehse adjourned the meeting at 2:00 p.m. and she thanked the CAB for their time and participation.
Next meeting: July 9, 2026 (In-person Only) Santa Barbara (CenCal Health Office-Hart Room Auditorium) and San Luis Obispo (Embassy Suites)	

Respectfully submitted,

Eric Buben July 9, 2026

Eric Buben
Sr. Member Experience and Services Director, CAB Coordinator