

**Ventura County Medi-Cal Managed Care Commission (VCOMMCC)
dba Gold Coast Health Plan**

Community Advisory Committee (CAC) Meeting

Regular Meeting

Tuesday, October 13 2026, 4:30 p.m. – 6:30 p.m.

Gold Coast Health Plan

Community Room

NEW ADDRESS: 4880 Santa Rosa Road, Camarillo CA 93012

Conference Call Number: 1-805-324-7279

Conference ID Number: 844 660 573#

Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

113 N. Mill Street
Santa Paula, CA 93060

1151 Camelot Way
Oxnard, CA 93030

1568 Seabridge Lane
Oxnard, CA 93035

AGENDA

INTERPRETER ANNOUNCEMENT

CALL TO ORDER

ROLL CALL

PUBLIC COMMENT

The public has the opportunity to address the Community Advisory Committee (CAC). Persons wishing to address the Committee should complete and submit a Speaker Card.

Persons wishing to address the CAC are limited to three (3) minutes unless the Chair of the Committee extends time for good cause shown. Comments regarding items not on the agenda must be within the subject jurisdiction of the Committee.

Members of the public may call in, using the numbers above, or can submit public comments to the Committee via email by sending an email to ask@goldchp.org. If members of the public want to speak on a particular agenda item, please identify the agenda item number. Public comments submitted by email should be under 300 words.

Welcoming Remarks

Marlen Torres, Chief Communications & Community Affairs Officer

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of April 28, 2026

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

2. Approval of the 2027 Community Advisory Committee Meeting Calendar

Staff: Maddie Gutierrez, MMC – Sr. Clerk to the Commission

RECOMMENDATION: Approve the 2027 Community Advisory Committee (CAC) calendar as presented.

UPDATES

3. Retention and Enrollment Update

Staff: Marlen Torres, Chief Communications & Community Affairs Officer

RECOMMENDATION: Receive and file the update.

4. Open Enrollment for D-SNP / Total Care Advantage

Staff: Lupe Nunez, Director of Medicare Sales & Enrollment

RECOMMENDATION: Receive and file the update.

PRESENTATIONS

5. Non-Specialty Mental Health Services (NSMHS): Member Outreach, Education, and Experience

Staff: Lauren Burnette, Behavioral Health Manager

RECOMMENDATION: Receive and file the presentation.

6. Exploring New Older Adult Products and Services

Staff: Eve Gelb, Chief Product Officer
Nathan Norbryhn, Sr. Director, Innovation

RECOMMENDATION: Receive and file the presentation.

COMMENTS FROM COMMITTEE MEMBERS / GCHP STAFF

CAC Feedback / Roundtable Discussion

ADJOURNMENT

Unless otherwise determined by the Committee, the next regular CAC meeting will be held on January 12, 2027, from 4:30 PM – 6:30 PM in the Community Room located at Gold Coast Health Plan, 4880 Santa Rosa Road, Camarillo CA 93012.

Administrative Reports relating to this agenda are available at 4880 Santa Rosa Road, Camarillo, California, during normal business hours and on <http://goldcoasthealthplan.org>. Materials related to an agenda item submitted to the Committee after distribution of the agenda packet are available for public review during normal business hours at the office of the Clerk of the Commission.

In compliance with the Americans with Disabilities Act, if you need assistance to participate in this meeting, please contact (805) 437-5512. Notification for accommodation must be made by the Monday prior to the meeting by 1:00 p.m. to enable the Clerk of the Commission to make reasonable arrangements for accessibility to this meeting.

**Comisión de Atención Administrada de Medi-Cal del Condado de
Ventura (VCMMCC)**

Que ejerce su actividad como Gold Coast Health Plan

Reunión del Comité Asesor de la Comunidad (CAC)

Reunión Ordinaria

Martes, 13 de octubre de 2026, 4:30 p.m. – 6:30 p.m.

Gold Coast Health Plan

Sala Comunitaria

NUEVA DIRECCIÓN: 4880 Santa Rosa Road, Camarillo CA 93012

Número de Conferencia Telefónica: 1-805-324-7279

Número de Identificación de la Conferencia: 844 660 573#

Para interpretación al español, por favor llame al: 1-805-322-1542 clave: 1234

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AGENDA

ANUNCIO DE INTÉRPRETE

LLAMADA AL ORDEN

PASE DE LISTA

COMENTARIOS DEL PÚBLICO

El público tiene la oportunidad de dirigirse al Comité Asesor de la Comunidad (CAC). Las personas que deseen dirigirse al Comité deben completar y presentar una Tarjeta de Orador.

Las personas que deseen dirigirse al CAC tienen un límite de tiempo de tres (3) minutos, a menos que la Presidencia del Comité amplíe el tiempo por causa justificada debidamente acreditada. Los comentarios sobre asuntos que no estén en la agenda deben estar comprendidos dentro del ámbito de competencia del Comité.

Los miembros del público pueden llamar, utilizando los números anteriores, o pueden enviar comentarios del público al Comité por correo electrónico, enviando un correo a ask@goldchp.org. Si los miembros del público desean hablar sobre un asunto particular de la agenda, se ruega que identifiquen el número de asunto de la agenda. Los comentarios del público presentados por correo electrónico deben ser de menos de 300 palabras.

Palabras de Bienvenida

Marlen Torres, Directora de Comunicación y Asuntos Comunitarios

ASUNTOS DE CONSENTIMIENTO

1. Aprobación de las Actas de la Reunión Ordinaria del Comité Asesor de la Comunidad del 28 de abril de 2026

Personal: Maddie Gutierrez, MMC – Secretaria de la Comisión

RECOMENDACIÓN: Aprobar las actas tal y como se presentan.

2. Aprobación del Calendario de Reuniones de 2027 del Comité Asesor de la Comunidad

Personal: Maddie Gutierrez, MMC – Secretaria de la Comisión

RECOMENDACIÓN: Aprobar el calendario de 2027 del Comité Asesor de la Comunidad (CAC) tal y como se presenta.

ACTUALIZACIONES

3. Actualización sobre Retención e Inscripción

Personal: Marlen Torres, Directora de Comunicaciones y Asuntos Comunitarios

RECOMENDACIÓN: Recibir y archivar la actualización.

4. Inscripción Abierta para D-SNP / Total Care Advantage

Personal: Lupe Nunez, Directora de Ventas e Inscripción de Medicare

RECOMENDACIÓN: Recibir y archivar la actualización.

PRESENTACIONES

5. Servicios de Salud Mental No Especializados (NSMHS): Difusión, Educación y Experiencia de los Miembros

Personal: Lauren Burnette, Gerente de Salud del Comportamiento

RECOMENDACIÓN: Recibir y archivar la presentación.

6. Exploración de Nuevos Productos y Servicios para Adultos Mayores

Personal: Eve Gelb, Directora de Productos
Nathan Norbryhn, Director sénior, Modelo de Atención

RECOMENDACIÓN: Recibir y archivar la presentación.

COMENTARIOS DE LOS MIEMBROS DEL COMITÉ / PERSONAL DE GCHP

Comentarios del CAC / Discusión en Mesa Redonda

CLAUSURA

A menos que el Comité determine lo contrario, la próxima reunión ordinaria del CAC se celebrará el 12 de enero de 2027, de 4:30 p.m. a 6:30 p.m. en la Sala Comunitaria ubicada en Gold Coast Health Plan, 4880 Santa Rosa Road, Camarillo CA 93012.

Los Informes Administrativos relativos a esta agenda están disponibles en 711 East Daily Drive, Suite #106, Camarillo, California, durante horario normal de oficina, y en la página <http://goldcoasthealthplan.org>. Los materiales relacionados con un asunto de la agenda presentado al Comité tras la distribución del paquete de la agenda están disponibles para revisión del público durante horario normal de oficina, en la oficina de la Secretaría de la Comisión.

En cumplimiento de la Ley de Estadounidenses con Discapacidades, si usted necesita ayuda para participar en esta reunión, por favor, contacte al (805) 437-5512. Las notificaciones para adaptaciones deben hacerse a más tardar a la 1:00 p.m. del lunes anterior a la reunión para permitir a la Secretaría de la Comisión tomar las medidas adecuadas para la accesibilidad a esta reunión.

AGENDA ITEM NO. 1

TO: Community Advisory Committee (CAC)
FROM: Maddie Gutierrez, MMC - Clerk to the Commission
DATE: October 13, 2026
SUBJECT: Approval of the Community Advisory Committee regular meeting minutes of April 28, 2026

RECOMMENDATION:

Approve the minutes as presented.

**Ventura County Medi-Cal Managed Care Commission (VCMMCC)
dba Gold Coast Health Plan (GCHP)**

**Community Advisory Committee (CAC) Minutes
Regular Meeting
April 28, 2026**

CALL TO ORDER

Committee Chair, Ruben Juarez, called the meeting to order at 4:36 p.m. in the Community Room located at Gold Coast Health Plan, 711 East Daily Drive, Suite 110, Camarillo, California.

INTERPRETER ANNOUNCEMENT

The interpreter made her announcement.

ROLL CALL

Present: Committee members Vanessa Frank, Martha Johnson, Laurie Jordan, Ruben Juarez, Dr. Linda McKenzie, and Pablo Velez.

Absent: Committee members Carolina Gallardo, Maria Jimenez, and Juana Quintal.

Attending the meeting for GCHP Executive Team were CMO James Cruz, M.D., CPPO Erik Cho, CCO Robert Franco, Marlen Torres, Chief of Member Experience & External Affairs, CIO Eve Gelb, COO Suma Simcoe, Veronica Estrada, Lupe Gonzalez, Adriana Sandoval, Pauline Preciado, Kim Timmerman, Margaret LeRoy, Pshyra Jones, Vallie Coakley, Susana Enriquez-Euyoque, and David Tovar.

PUBLIC COMMENT

None.

WELCOMING REMARKS

Marlen Torres, Chief Member Experience & External Affairs Officer welcomed the committee members. She noted that the continued discussion in this meeting will be the focus around member retention efforts, which is one of our biggest initiatives. We will also provide updates and request feedback on our outreach campaign. We need to engage members and educate them because there is a lot of misinformation and miscommunication. Ms. Torres stated that we cannot do this alone, we need to tap into the expertise of all and we need to come together as a community on renewal efforts. This is not a one-time six-month effort. This is

a multi-year effort to be able to continue to communicate and for us to work together. There are many changes coming. We have to look at the member experience as a whole, we need to retain them, and we also need to focus on how we are caring for them as well.

CONSENT

1. Approval of Community Advisory Committee Regular Meeting Minutes of January 13, 2026

Staff: Maddie Gutierrez, MMC – Clerk to the Commission

RECOMMENDATION: Approve the minutes as presented.

Committee member Pablos Velez motioned to approve consent item 1. Committee member Laurie Jordan seconded.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Martha Johnson, Laurie Jordan, Ruben Juarez, and Pablo Velez.

NOES: None.

ABSTAIN: Dr. Linda McKenzie

ABSENT: Committee members Carolina Gallardo, Maria Jimenez, and Juana Quintal.

The motion carries.

PRESENTATIONS

2. Implementation of Medi-Cal Maternal Health APL (All Plan Letter) Requirements

Staff: James Cruz, M.D., Chief Medical Officer

RECOMMENDATION: Receive and file the presentation

James Cruz, M.D., Chief Medical Officer, stated he will present on the Maternity Services Program including the requirements issued by DHCS through their All-Plan Letter (APL). CMO Cruz stated that the President and congress have dismantled and are putting pressure on items related to diversity, equity, and inclusion, as well as healthcare equity. All states, including California are grappling with how we address

the issues related to health care inequities due to HR1 and the President's Executive Orders. He stated that California has doubled down on its commitment to health equity, especially birth equity. CMO Cruz stated there has been a decrease in the number of healthy births, as well as healthy women during their pregnancy. There has also been an increase in maternal morbidity and mortality with black women and indigenous women going through their birth journey.

DHCS has created deadlines for all health plans, managed care health plans to implement an APL of maternal care requirements. It is a focused program that is required of all health plans. CMO Cruz stated he will share the requirements as well as how to make it community centric.

The focus is to develop a member-centered DHCS aligned maternity services program that advances equitable healthcare and strengthens prenatal, perinatal, and postpartum care for all our Medi-Cal members. The strategic focus is to make sure that we have early identification and continuous prenatal engagement through twelve months after the end of the pregnancy. We also are focused on strong integration with community-based partners, as well as with our contracted network providers. DHCS is telling us that the birth and care pathway must be a standardized, equity-focused framework which includes both family planning, prenatal, birth, and twelve months after the end of that pregnancy. The health plan needs to be able to identify pregnant women as early as possible, reach out, engage them, and do a risk assessment to ensure there is continuous care. He noted that DHCS birthing pathway wants to enforce partnerships with WIC, doulas, home visits, community health workers, and other community-based organizations. It is a 360-degree focus on the member, the child, and how the community and health plan are partnered to wrap around all services.

In early April DHCS released the APL. In the last four to five years the state has piecemealed various requirements and APLs related to maternal care which included behavioral health screening, doulas, and community health workers – they were all partial descriptions and not all delivered at a single point in time. It became confusing for all health plans to figure out, so the state finally decided to put all the requirements together into one. There were 117 regulatory requirements along with updates. It is required that there are comprehensive prenatal support program assessments, emphasizing that health plans and providers are focused on the documentation and that the health plan report as the state requires. This expanded the state's expectation of how the plan will coordinate care and link to the community.

There are many babies that are GCHP members. Last year we had a total of 3,000 births. One of the things we faced was that we did not find out about the pregnancy until after the delivery. One of the key elements is that we are required to identify

early. We are developing our reporting inventory and building on how to collect data, but there are still big gaps in data collection for preterm birth rate, low birth weight, C-section rate, and utilization of doulas. We also found that prenatal and postpartum depression screening is very low and we need to do a better job of working with our providers and make sure the depression screening occurs.

The state expects us to have this all-in place by July of this year; this is a big challenge for us as well as for other managed care plans. We know that 90 to 95 percent of maternity cases are identified after delivery. When GCHP can identify a woman while in prenatal care, a high percentage do choose to enroll in care management.

We have done an assessment and did a detailed gap review. A priority is early pregnancy identification, and we have begun to build end-to-end maternity programs with a focus on connecting members with care management and doula services and how we are going to collect data on improving outcomes and reducing disparities. We need to make sure that we are compliant and ready for audits. Therefore, we have built an infrastructure to ensure that we are compliant with those 117 APL requirements and that we will be able to close audit gaps. Cross-functioning alignment within GCHP and the community is going to be very important. We will track performance and investments and resource decision making teams and collaborate with the community and make sure that we strengthen partnerships. We need to make sure that there is trust with our members as we try to access care. We need to strengthen the relationship with doulas. He noted that doulas carry a caseload of 10 to 15 deliveries per month. CMO Cruz stated that if there are other doulas in the county, we need to access them. If there are not, then we need to redouble our efforts to help train or identify potential doulas. We need to increase awareness of our members and make sure they understand their right to receive care from a doula. We need help improving our perinatal member communications so that our members, when pregnant, receive the correct information at the right time. We also need to support pregnant members that may have UIS status and make sure they understand that they are exempt from the work requirements for Medi-Cal that have been brought about by HR1.

Committee Chair Ruben Juarez stated that he noticed that 90-95% of maternity cases are identified after delivery, and he asked if maybe this might be because it is the third or fourth child, or insurance has changed. CMO Cruz stated that in the first pregnancy everyone is excited and there is a lot of focus and attention on prenatal visits and if there have been subsequent deliveries, parents tend to feel that they are experts. When we stated that we need notification – it is from the providers, and we are not always getting the information.

Pauline Preciado, Executive Director of Population Health and Health Equity, stated we are doing a deeper dive in some of the challenges that we are facing. There is a challenge when mothers come in to receive prenatal care services and then go through the application process and are billed directly to fee-for-service Medi-Cal and not identified or referred over to GCHP. Mothers are receiving services, but utilization data is unknown to us. This is a hurdle because that is an application process that needs to be completed, approved then transferred over to GCHP as a member that would qualify under our services. Some of that information is transitioned after birth. We are working through data sharing challenges to link services to care earlier in the pregnancy. Committee Chair Juarez asked how long after delivery we are getting the statistics. Ms. Preciado stated that once they are identified as a GCHP member and we have some type of utilization information, we would have that view of service. We are working to build a system for providers to make those referrals early on.

Committee member Laurie Jordan noted that behavioral health is mentioned, she noted that a depression screening is done, but what happens after the screening. CMO Cruz stated there are many steps. The key is that when a woman presents herself to the obstetrician and initiates prenatal care the depression screening is done, and depending on results, the patient will be referred to Behavioral Health Program for additional services. Marlen Torres, Chief Member Experience & External Affairs Officer stated we got into the gist of regulation – it is a requirement in our contract, but the real message is saying we know that we have about 3,000 women that are giving birth on any annual given time period and we want to ensure ahead of time outside of the claims that the provider is conducting these screenings so that if the members does have any type of depression before or after we go into next steps. The more information we have and partner with the provider will allow us to provide that service. We also know that some women would benefit from a doula to come in and walk them throughout the process. We need to let these moms know that there are services available. We want to come together with the providers and share information and ensure that they are giving this service to the members and that we are also educating our moms and letting them know about available services. We are going to develop this initiative that will allow us to be able to better engage our members.

CMO Cruz stated that we look to the committee to help us engage the community providers to make sure that we can be notified early as possible because this triggers a whole host of activities and events. Ms. Torres stated that we are asking how we begin to share this information with members whether it is a UIS member or other opportunities for collaboration.

Dr. Pablo Velez stated that many years ago was the birth of MICOP. There was a nurse practitioner at Las Islas and she invited some of the mothers she was following, they trusted her, most of them were Mixteco. She would invite different providers of

different services to teach these moms. They were no longer afraid of making referrals or working with children and being proactive in the process. The process was inclusive and they had fun while learning. There needs to be a multi-tier approach that builds trust. There are components that we need to figure out that include mental health. CMO Cruz stated that when we do connect with the members there is something that is working and we just need to improve and cultivate it.

Pauline Preciado stated that we have a partnership with MICOP to implement the doula benefit, and the interest in becoming a doula is growing, which is positive. Dr. Velez asked how long the Doula program is to be certified. Ms. Preciado stated the DHCS requirement is minimal – it is sixteen hours. However, the pilot program that we did with the County was more comprehensive. There is a requirement of participating in and viewing three births along with the sixteen hours. The pathway is minimal, which is good in terms of access for individuals who would like to join the profession, but also speaks about the need for high quality training and high-quality pathways. Our responsibility as a managed care plan is to offer technical assistance. You have sixteen hours of minimum criteria by the state, but there should be ongoing support for additional resources available locally. She noted that currently our doula program is overseen by our Health Education and Cultural Linguistics department. There have been training courses with various clinics provided to promote the service.

Dr. Lupe Gonzalez stated that she has been meeting with current providers that are certified or contracted with GCHP because they might be new to the plan and her department has been providing technical assistance, providing resources and support.

3. Member Retention Efforts

Staff: Marlen Torres, Chief Member Experience & External Affairs Officer

RECOMMENDATION: Receive and file the presentation

Marlen Torres, Chief Member Experience & External Affairs Officer, stated that her PowerPoint is for reference, but she will not be utilizing them, she would like to have a conversation with the committee. She noted that in November we held a special meeting because we knew that there was going to be eligibility changes coming and they were going to come first from the state beginning in January and that there would be an enrollment freeze of any new members that are categorized as having satisfactory immigration status and are 19 and above. These members are referred to as Adult Expansion. We also knew there would be changes around dental benefits. We do not as a plan oversee that benefit but we shared that with everyone to know that it would be coming. Information would be shared with members through Smile

California as implementation begins in July of this year. We had the foresight to know these changes were occurring and we launched our Pathways to Wellness grant program, which had three main components. First was around food insecurities, which we have continued to see especially with the USDA funding cuts and our grantees were able to provide support. The second focus was member retention efforts, and that work was launched. The third area was around focus groups and getting information. There has been outreach for member retention and over 9,000 members have been contacted, and 2,000 members have gone through the application assistance process and ensuring all requirements are met and then have everything submitted to HSA so that eligibility workers can go ahead and process the application. In addition, we have member care ambassadors at the county clinics, El Rio, and Port Hueneme school districts to provide additional support.

As we have evolved and conversations have evolved, we have indicated that we have also assembled the coalition to develop an outreach plan. One of the focuses is renewal efforts, it is now every six months for the adult expansion population instead of annually, which is what members are accustomed to. We will get into this as we get deeper into our work with all the exemption requirements. The more information we have the better we can outreach to our populations. We know that there is a need for us to start communicating with our members and that these changes are happening quickly. Susana Enriquez-Euyoque, Sr. Director of Communications and Marketing stated that we knew that DHCS was going to develop some messaging that they will share with all the health plans so that all of our messaging would be aligned, but the timeline from them was not clear and we have proceeded with developing our own messaging that was in line with what we put out when we did the redetermination effort a couple of years ago, because we know that it was a campaign that was approved by DHCS previously and would likely be easily approved by them now. We have been broad by saying Medi-Cal is changing and we can help you keep your coverage. We just want to let people know that there are changes coming, and to reach out to us, we can help. You will start to see our messaging out in the community and the goal is to blanket the community with this message to get them to connect. The stated will have messaging available to us and once we see what their messaging is we will look to align ourselves with them. Committee member Laurie Jordan suggested flipping the message to show Spanish first. Ms. Enriquez-Euyoque will develop a flyer that can be shared. Ms. Torres asked Dr. Velez if GCHP could get on his Facebook Live series so that information could be shared. Ms. Torres also shared that we would have additional team members to conduct calls to remind members of their renewal dates and offer support on the spot. We also want to get into the exemptions component, and that is where we start talking about populations of focus. We will also explore more targeted messaging. It is important to tell someone how they are impacted but it is also important to tell someone if they are not impacted by the changes. Ms. Laurie Jordan stated that constant reminders and texting work, not just a call. There also needs to be voice messaging for those who are illiterate.

You need to be cautious of how many reminders are sent out because you do not want to hound people, there needs to be a balance.

Adriana Sandoval, Community Relations Manager, stated she wanted to give a summary of what has been done since initiating the health fairs out in the community, engaging members and educating them on getting preventative screenings. This will be our third year; she noted that last year was difficult because we did not have our annual health fair due to the climate and community fear around what was going on with ICE in our community. Although this was going on, we partnered with our provider clinics to make sure that members were still going to their appointments. Last year we screened over 2,000 members and we connected them with services. This year we noted that more people are out in the community, and it seems like things are a bit better. We are excited to bring back our health fair but with a different look. We are looking into partnering with a large provider clinic. We want to provide the screenings and bring all the resources that we can, but it will be in a safer environment that our members trust. We will also make sure that we have our safeguards, we have partnered with VC Defensa to make sure that we have assistance in case anything was to happen. We have got positive feedback on having our health fair. There was also a suggestion for having the health fair at Del Sol Park in Oxnard.

Ms. Sandoval asked the committee if they thought members were still fearful of being out in the community or if there was a decrease in fear. Committee member Vanessa Frank stated that there are many at the swap meet on Sundays. Santa Paula has Cruise Night it would be good to be at events that are already there rather than creating another event. Ms. Sandoval stated that we have a consistent health fair in Oxnard and then a second fair if time and funding permits at a different site in the county to make sure it is equitable. The proposal is to have a health fair in Ventura and if we have bandwidth and budget, we can bring one back to Oxnard or vice versa. She noted there is still fear in the community. She stated that we had a health fair at Magnolia and saw over one hundred folks in only a couple of hours. They are still getting preventive screenings, and it seems like they feel safe to go and talk to the doctor. Committee Chair Ruben Juarez stated that many people are nervous or afraid of their health results, they do not want to hear their results. He stated there are currently many church events going on and it might be good to set up outside of a church. Dr. Linda McKenzie stated that people are going back into the churches and it might be good to connect with churches and their membership, there are multiple generations that attend and it could be a powerful network. Mr. Juarez asked about connecting with the Chamber of Commerce – Ms. Torres stated that we relate to them. Dr. Velez stated he is sensing a calmer environment in certain areas, so it is important to find a private environment as a venue.

Committee member Vanessa Frank motioned to approve agenda items 2 and 3. Committee member Laurie Jordan seconded.

Roll Call vote as follows:

AYES: Committee members Vanessa Frank, Martha Johnson, Laurie Jordan, Ruben Juarez, Dr. Linda McKenzie, and Dr. Pablo Velez.

NOES: None.

ABSENT: Committee members Carolina Gallardo, Maria Jimenez, and Juana Quintal.

The motion carries.

UPDATES

4. Cal AIM Update

Staff: Pauline Preciado, Executive Director of Population Health & Equity

RECOMMENDATION: Receive and file the update.

Pauline Preciado, Executive Director of Population Health & Equity stated this is the last year of the CalAIM waiver. We are looking to stabilizing the programs that have been built to continue to support our members and their social needs and connecting them to care. To date we have served over 3,500 members through Enhanced Care Management and have been steadily serving approximately 2,000 members currently enrolled today. Ms. Preciado noted that since launching these programs we have been able to identify that over 61% of our members are categorized as our highest risk membership. What we have learned through data is that this program is not broadly used. We are looking at this through a health disparity lens, and this provides us with the ability to provide more support for the members that really are in need. We are looking at how we can leverage various types of programs and do targeted outreach and identify within our data these disparity populations that need that extra layer of support. This is a group that we want to make sure that has those wraparound services available. This plays a critical part in our expansion strategy and how we ensure that we are targeting and connecting members to care. There are also systems that we are putting into place to support the work through our provider network. Our providers are the ones that are boots on the ground connecting with these members. We want to continue to educate them about what resources are available and what their rights are.

David Tovar, Business Strategy Manager, stated that on April 1 the youth probation facility on Vineyard Ave went live with 90-day pre-release services. This facility can now serve individuals with Medi-Cal, fee-for-service Medi-Cal and make sure that 90 days prior to release their Medi-Cal is turned back on and they are able to receive psychotropic medications, substance use dependency type medications and ensure that as they enter back into the community, they have a re-entry care plan developed. This will include getting on the homeless management information system with priority and getting them in a stable living situation. In October the sheriff's office will go live and we are quickly preparing for that to set up an MOU, a data sharing agreement with their office and onboard new providers. Mr. Juarez asked if Kaiser also has an MOU with the sheriff's office. Mr. Tovar stated that we are asking the sheriff's office to keep track of which MOU works for which person. We also have a JI liaison that will be the direct face for the correctional facility. We want a face-to-face meeting to build that relationship and get them back on their feet. The probation office also has the option of using one of our care managers or having their own internal – they are using Ventura County Behavioral Health which is great because they already have a clinic in the facility. We have a good relationship with them and can do a warm hand-off.

The committee did not vote on this item.

5. UIS Update - TABLED

Staff: Erin Slack, Director of Population Health

RECOMMENDATION: Receive and file the update.

COMMENTS FROM COMMITTEE MEMBERS / GCHP STAFF

None.

ADJOURNMENT

With no further business to discuss the meeting was adjourned at 6:36 p.m.

Approved:

Maddie Gutierrez, MMC Sr. Clerk to the Commission

AGENDA ITEM NO. 2

TO: Community Advisory Committee (CAC)
FROM: Maddie Gutierrez, MMC – Sr. Clerk to the Commission
DATE: October 13, 2026
SUBJECT: Approval of the 2027 Community Advisory Committee Meeting Calendar.

SUMMARY:

To establish the Community Advisory Committee (CAC) meeting dates for regular meetings in the 2027 calendar year.

RECOMMENDATION:

Approve the 2027 Community Advisory Committee (CAC) calendar as presented.

ATTACHMENTS:

Copy of the 2027 Community Advisory Committee meeting dates.

2027 Community Advisory Committee Meetings

January						
Su	M	Tu	W	Th	F	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

February						
Su	M	Tu	W	Th	F	Sa
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
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AGENDA ITEM NO. 3

TO: Community Advisory Committee (CAC)
FROM: Marlen Torres, Chief Communications & Community Affairs Officer
DATE: October 13, 2026
SUBJECT: Enrollment & Retention Update

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Member Eligibility Changes

Member Retention & Enrollment Update

Community Advisory Committee

October 13, 2026

Integrity

Accountability

Collaboration

Trust

Respect

Our Why...



Compassionate
care, accessible
to all, for the
health of OUR
community

Member Retention Update

Membership Redetermination Implementation Timeline

Feb.-May 2026

- Launched awareness campaign about Medi-Cal eligibility changes
- Launched Ventura County Access Coalition
- Launched Community Relations boots on the ground outreach

June-Sept. 2026

- GCHP hired Temp Call Center agents to remind members about completing their renewal and assist with completing their application.
- Awarded RISE Grants
- Will develop communications toolkits
- Will launch texting campaign

Oct.-Dec. 2026

- Support members in taking action to complete new requirements
- Share with large provider systems member renewal date
- Collaborate with Ventura County Healthcare Access Coalition to develop and deliver guidance and training at a county wide level

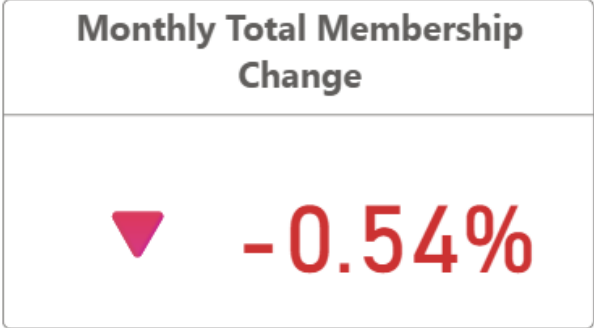
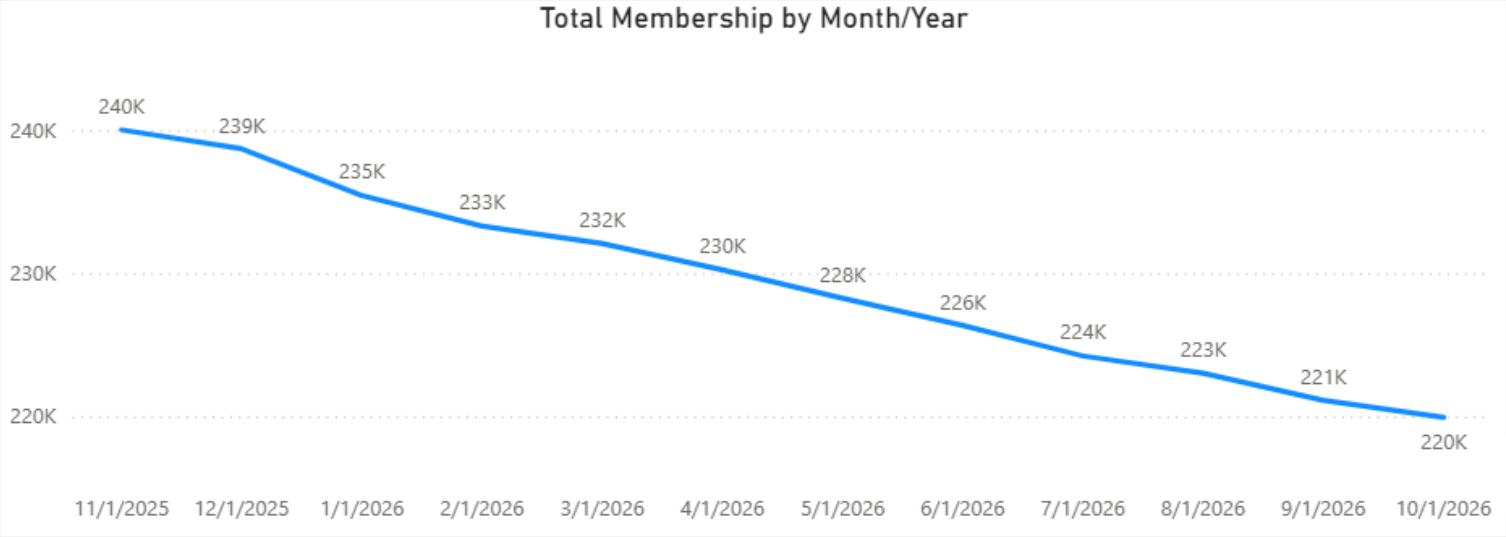
Broad Messaging for Awareness

We have launched an awareness campaign throughout Ventura County on:

- Billboards
- Buses – inside
- Bus shelters (Oxnard, Santa Clara Valley, Simi Valley)
- DMV locations
- Digital platforms (websites)
- Newspapers (Vida, El Latino, Santa Paula Times, Fillmore Gazette)
- Radio
- Social Media

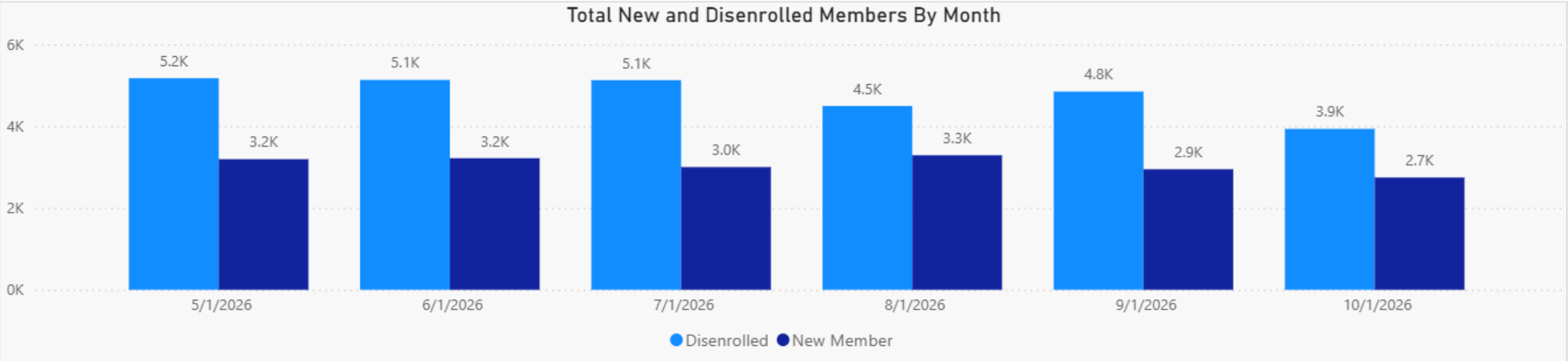


GCHP Membership Update

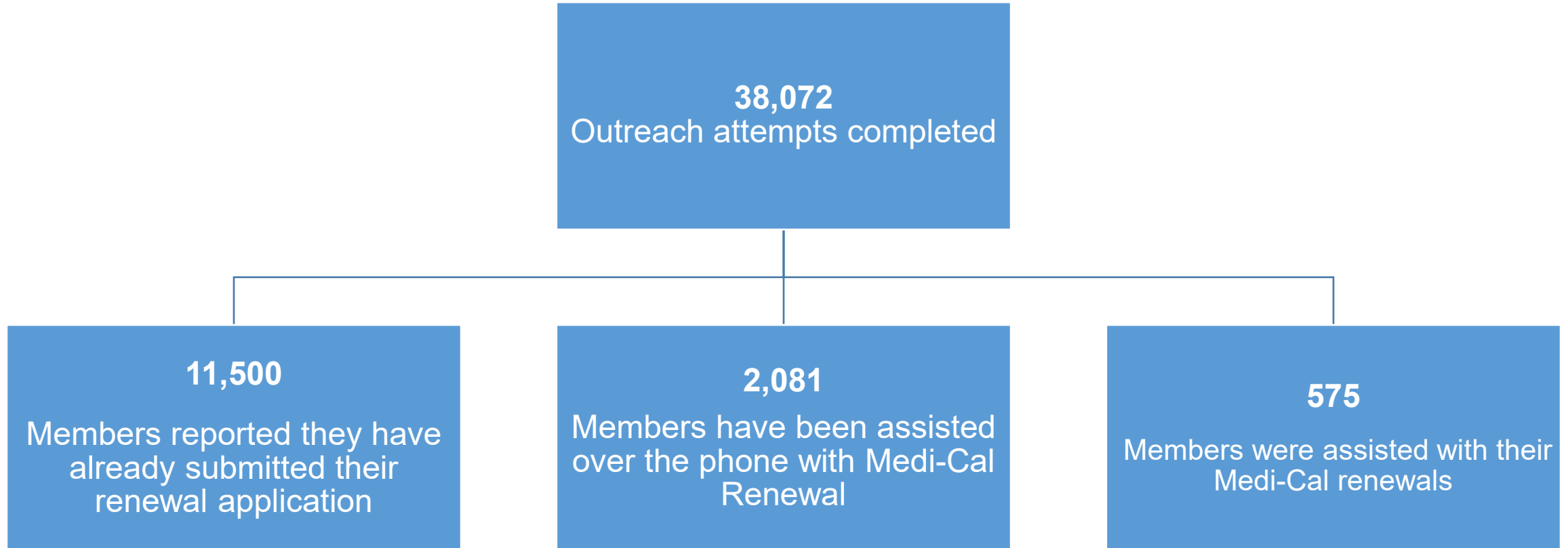


September - 2026 (Distinct Subscriber ID's 221,124)

October - 2026 (Distinct Subscriber ID's 219,935)



Outreach Update



Direct Community Outreach Update

11,980

- Members were outreached by Pathways to Wellness grantees

1,330

- Members outreached by the GCHP Community Relations Team

864

- Members were helped with completing their Medi-Cal renewals

Educating & Engaging Members

- 1. How can we communicate with our members about these changes? Social Media (ex. post, video, FB live, Instagram), Text, radio, etc.**
- 2. How can we prepare / educate members who will be affected by these changes? (ex. townhall, City Council)**
- 3. What materials can be developed and shared by the committee?**

Transitioning Members

UIS Transition

- On Jan. 1, 2027, Medi-Cal beneficiaries with Unsatisfactory Immigration Status (UIS) will transition from Medi-Cal Managed Care to the Fee-for-Service (FFS) program.
- Applies to approximately 2 million UIS Members throughout the state.
 - Approximately 30,000 current GCHP members.
- DHCS' UIS Transition Policy Guide and operational details will cover key elements needed to effectively transition these members such:
 - Care Coordination
 - Member Outreach
 - Navigation Services
 - Language Access
 - Provider Coordination

UIS Transition Guidance

The state has shared guidance, including the UIS Transition Policy Guide V2.0, to support plans with transition planning and implementation:

- Identifying high-acuity populations that will lose access to benefits.
 - Enhanced Care Management (ECM), Community Supports (CS), California Integrated Care Management (CICM), and Transitional Care Services (TCS).
 - Members currently receiving these benefits will be transitioned to FFS care management functions or receive Community Health Worker (CHW) services.
- Special considerations and data sharing for California Children's Services (CCS) Members.
- Guidance and data sharing requirements related to Prior Authorizations.
- Member communication requirements and letter templates, FAQs, text message templates.
- Provider communications requirements
 - At minimum, MCPs must communicate with all Network Providers serving UIS Members to share the transition timeline, identify affected populations, explain how Providers can support continued access and continuity of care, and how Providers can enroll in Fee-for-Service.

UIS Transitioning Implementation Milestones

DATE	DELIVERABLE / COMMUNICATION	STATUS
09/01	MCP communication to network providers Summary due to DHCS	COMPLETE
09/14	Transitioning member authorization data Test file submitted to DHCS on time	ON TIME
10/01	Member outreach materials Letter, text message and FAQs approved by DHCS	APPROVED
09/28	Provider billing / claims communication Communication sent to providers	SENT
09/28 09/30	Provider training Communication sent 09/28 •DHCS Facilitated Training Held on 9/30	COMPLETE

Transitioning Members

- 1. How else can we help our members during this transition?**
- 2. What are some immediate barriers we can address? (ex. appointment availability)**
- 3. How can we communicate with our members about these changes?**

Questions?



AGENDA ITEM NO. 4

TO: Community Advisory Committee (CAC)
FROM: Lupe Nunez, Director of Medicare Sales & Enrollment
DATE: October 13, 2026
SUBJECT: Open Enrollment for D-SNP / Total Care Advantage Update

**PowerPoint with
Verbal Presentation**

Total Care Advantage Open Enrollment Period!

- Annual Notice of Change delivered to homes Oct. 1st
- Improve outreach and drive enrollment growth.
 - Focus brand awareness efforts in key areas of the county.
 - Alignment within the Community
- Customize campaign strategies to inform and support our community.
- Partner with community-based organizations to promote the benefits of being in an aligned D-SNP.
- Leverage renewal efforts to support our members.

Steady Growth



- Annual Enrollment Period Oct. 15th to Dec 7th.
- Open Enrollment Period Jan. 1 to Mar. 31st
- If you want to learn more about Total Care Advantage, call our Sales and Enrollment Team at **1-888-808-7879**. We are open 8 a.m. to 8 p.m. seven days a week from Oct. 1 through Dec. 31, and 8 a.m. to 5 p.m. Monday through Friday from Jan. 1 through Sept. 30 (except holidays).

Questions?

AGENDA ITEM NO. 5

TO: Community Advisory Committee (CAC)

FROM: Lauren Burnette, Manager, Behavioral Health

DATE: October 13, 2026

SUBJECT: Non-Specialty Mental Health Services (NSMHS): Member Outreach, Education, and Experience

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Non-Specialty Mental Health Services (NSMHS): Member Outreach, Education, and Experience

Non-Specialty Mental Health Services (NSMHS): Member Outreach, Education, and Experience

Tuesday, October 13, 2026

Lauren Burnette
Manager, Behavioral Health

Integrity

Accountability

Collaboration

Trust

Respect

Why are we here?



Create a shared understanding of All Plan Letter (APL) 24-012 and its intent



Focus on member experience



Identify barriers, successful approaches, and opportunities to strengthen outreach, education, and navigation



Use the discussion to inform future outreach and education efforts

Non-Specialty Mental Health Services (NSMHS): Member Outreach, Education, and Experience: Brief Background



Requires Managed Care Plans (MCPs) to develop and implement annual Member and Primary Care Provider outreach and education regarding covered NSMHS.



Requires MCPs to assess Member experience using survey tool and methodologies and consider whether engagement efforts are improving access



APL 24-012 aligns with the No Wrong Door approach to help Members understand how to access covered mental health services.

What does Non-Specialty Mental Health Services (NSMHS): Member Outreach, Education, and Experience emphasize?

Outreach & Education

- Help Members understand covered NSMHS and how to access them.
- Use clear, accessible information and appropriate outreach channels.
- Engage PCPs so they can help Members navigate services.

Member Experience

- Assess what Members experience when seeking services.
- Identify barriers that may prevent or delay access.
- Keep the focus on whether Members can successfully navigate to needed care.

Looking at NSMHS Through the *Member Lens*

The member experience is the lens we use to understand whether our outreach and education efforts are truly effective.



Ventura County Key Players in Behavioral Health Medi-Cal System



18

Stakeholder Engagement in Plan Development

Develop plan for Members regarding covered NSMHS that is informed by, but not limited to, the following:

- Community Advisory Committee (CAC)
- Quality Improvement and Health Equity Committee (QIHEC).
- MCPs should coordinate with County Mental Health Plan (MHP) to educate Members on how to access services.
- Tribal liaisons

MCPs may also consider partnering with the following groups:

- CBOs
- Navigators
- CHWs
- Promotores / Promotoras
- Other providers trained to conduct outreach and education

Engagement Questions

What do you see as the biggest barriers that our members face **with** accessing mental health services?

Are there recurring themes you hear from members that may not be visible in our data?

What is working well? What would you like to see more of?

If we could remove one barrier for members trying to access mental health services, what should it be?

What else should we know?



AGENDA ITEM NO. 6

TO: Community Advisory Committee (CAC)

FROM: Eve Gelb, Chief Products Officer
Nathan Norbryhm

DATE: October 13, 2026

SUBJECT: Exploring New Older Adult Products and Services

**PowerPoint with
Verbal Presentation**

ATTACHMENTS:

Exploring New Older Adult Products & Services



**Gold Coast
Health Plan**SM
A Public Entity

Exploring New Older Adult Products and Services

Tuesday, October 13th, 2026

Eve Gelb
Chief Product Officer
&
Nathan Norbryhn
Sr. Director, Innovation

Integrity

Accountability

Collaboration

Trust

Respect

Agenda

1. New Opportunities Overview

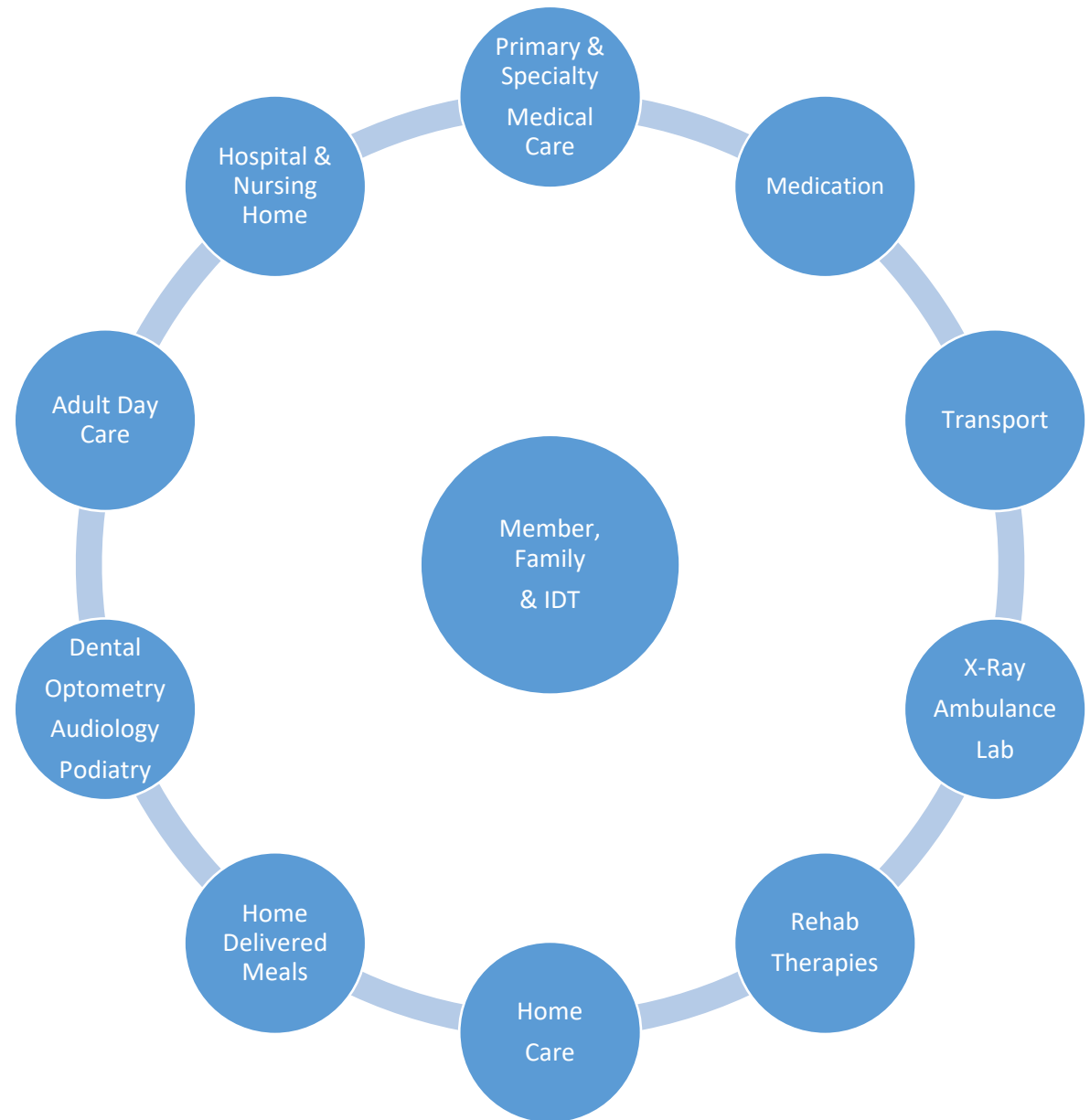
- Program for All-Inclusive Care for the Elderly (PACE)
- Chronic Special Needs Plan (C-SNP)
- Social Isolation Prevention Program

2. Discussion on population needs and community fit



What is PACE?

- Integrated care model that is the health plan, primary care and long-term care services and supports all in one place. It provides health and social care.
- An alternative to nursing home care. Through an interdisciplinary care team (IDT) with doctors, nurses, social workers, therapists, dietitians, van drivers and care aides care is coordinated so members can continue living in the community.
- The IDT members deliver much of the care directly and work with members and their families to create a personal care plan, make all appointments including specialists, fill prescriptions and transportation to and from the PACE centers
- At the PACE center, members can participate in social / recreational activities while getting a meal, access primary care, physical therapy or rehabilitative therapy as defined by the IDT
- In the home, PACE offers skilled care, personal care supportive services, and supports such as ramps, grab bars, and other tools that facilitate participant safety.



Who Qualifies for PACE?

To qualify for participating in PACE program, an individual must:

- Be 55 years of age or older;
- Live in the PACE service area;
- Be able to live safely in the community at the time of enrollment, and;
- Be certified by the state to need a nursing home level of care;
- Have Medicare, Medicaid or both



What is a Chronic Condition Special Needs Plan (C-SNP)?

A Medicare Advantage (Part C) plan for people with chronic health conditions that offers enhanced coverage, benefits and chronic condition care to better meet these members needs.

Who qualifies for a C-SNP?

- Medicare eligible and
- Have a serious or disabling chronic condition and
- Live in an area where a C-SNP is available

What is included in Chronic Condition Care?

Care Management - to help members manage their condition through education and care navigation connecting them to resources and services

Individualized Care Plan – A personalized plan for the member and their doctors to meet members health needs. The plan contains goals that can change as their needs change.

Additional benefits may be included such as:

Post discharge meals, Post discharge personal care, care coordination for follow up care



What is a Social Isolation Prevention Program?

A program that brings individuals within the community together who share similar interests and life experiences to provide fun and education.

Meetings can occur in-person and virtual settings. The program is facilitated by a peer volunteer who shares life experiences and can lend a hand.

Topics often focus on navigating the healthcare system sharing tips and experiences, to get the care they need, feel supported and build friendships, reducing isolation, and improving overall health.





How many of you are already familiar with the PACE, C-SNP or Social Isolation intervention programs?

Think about Ventura county's aging population, do any of these models sound like they would be good options for the county? If so, why?

Are there other needs for older adults that should be addressed, not mentioned in these programs?



What are some of the challenges you see in caring for older adults in the community?

How about where the services may already exist but there is not enough availability or the services are lacking something that is needed?

What does coordinated care mean to you?



Which of these are challenges to caring for older adults?

- Access to primary care providers
- Specialists
- Labs
- Dental services
- Vision services
- Transportation
- Adult Day Health Care (ADHC/CBAS):
- Home care, Home health, Personal Care, Respite
- Meals
- Caregiver support
- Skilled Nursing Facility Care
- Other services

Questions ?

