Community Advisory Committee

Contra Costa Health Plan (CCHP)
595 Center Avenue, Suite 100
Martinez, CA 94553

December 11, 2025

CHAIR

✓	Belkys Teutle, Member Services Manager
✓	Cynthia Laird, Member Services Supervisor

CCHP STAFF

✓	Allison Liu, Quality Manager, Health Equity
✓	Susana Sanchez, CCHP Presenter
✓	Jersey Neilson, CCHP Presenter
✓	Amanda Dold, Program Chief with A3 Crisis Services - Presenter
✓	Brandon Engelbert - CCHP

CAC MEMBERS

✓	Viridiana R, CAC Member	✓	Dulce B., CAC Member
✓	Norma P, CAC Member	✓	Helen M, CAC Member
✓	Isabel M, CAC Member	✓	Tamara M., CAC Member
✓	Chipo, CAC Member	✓	Antonio N,, CAC Member
✓	Alicia N, CAC Member	✓	Sheena G., CAC Member

COMMUNITY BASED ORGANIZATIONS/OTHER

✓	Patricia Bryson, CCHP – Notetaker
✓	Susana Sanchez, Spanish Interpreter
✓	Fireflies.ai,Notetaker Edward - Unknown
✓	Csudduth – (DPCCC Zoom Administrator
✓	Anna Cleese – Board of Supervisor Office
✓	Jill Ray – Board of Supervisor Office
✓	Yareni Reyes, Unknown
✓	Araceli Cardenas, Unknown

Topic	Minutes	Person Assigned
Call to Order	*The meeting began at 4:00 pm.*	Belkys Teutle,

Minutes		
Welcome and Housekeeping	Allison welcome (with Susana translating) Explanation of interpreter function. Rules for interpreters and note recording meeting. Belkys welcome participants and introduce Cynthia Laird. Belkys reminded of the recording guidelines for meetings. For the benefit of interpreter please speak slowly and use short sentences. Also reminded participants that the meeting is being recorded and any personal information that may be shared is not private. Also, comments made during the meeting should be respectful and relevant to the topic at hand. Participants should avoid personal attacks or inflammatory language. Additionally, persons wishing to comment should use the "raise your hand" feature in Zoom app or post comment or question in "chat" section. All public comments will be limited to 2 minutes per speaker per topic.	

Topic	Minutes	Person Assigned
Agenda Review and Follow up from last meeting	Belkys went over the agenda for the participants • Community Resources and information • Population Health Management, Population Needs Assessment • Quality Improvement and Health Equity • Plan Marketing Materials and Campaigns • Craved Out Services	
Community Resources and Information	Belkys introduces Cynthia Laird, Member Services Supervisor. Cynthia reminds the participant to select a language and how to select language you wish to hear the meeting discussion. She begins to update participants on previous issues • Transportation Department Update o CCHP has partnered with Roundtrip – 24/7 including holidays. Roundtrip will be taking all calls. Callers can now call after hours and not just M-F 8-5. It is best to call on off hour as hold times are less o The phone number is SAME 855-222-1218 o Streamline Ride Booking (coming next year). This option will allow members to self-book and manage rides. ▪ Members can use self-booking through an app on their phones or via the web ▪ They can view their ride status and their ride history ▪ The registration process is easy ▪ They can change/cancel rides any time of day ▪ Members are allowed to book rides for appointments 24/7 if the location is approved network location: meaning is that the appointment location must be within the County or contracted with the Health Plan ▪ If appointment is NOT contracted w/ CCHP or NOT in CCC then Member will need to phone ▪ More Updates will be provided as the start date for new service nears • Cynthia reminds participants of the Food Bank that are available in Contra Costa County o Contact information was provided by phone numbers and websites for CCC and Solano counties o Additionally, Alameda County – Food Bank contact info was provided o Resource information can be obtained by phone or via the web o For immediate need of food assistance, or other community services – advised to call 2-1-1 to speak with someone about services available – Lines are open 24 hours a day	**Food Bank Contact information** **Contra Costa and Solano County** **Phone: 855-309-3663** **Alameda County** **Phone: 510-635-3663**
A3 Crisis Resources	Amanda Dole, Program Chief for A3 Crisis Services. This service is a 24/7 mobile crisis program that serves all of Contra Costa County. She provided a brief high-level presentation and if time allows answer questions. This presentation will cover the following agenda: o The Need o History of A3 and Miles Hall Crisis Call Center o Multidisciplinary Teams o Levels of Response o Where We Stand Today o Metrics The Need:	Will provide email address 844-844-5544

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	• 1.2 million residents and 200K will need some kind of mental health service • 1 in 5 people experience MH challenges • Ambulance calls for BH issue is the 3rd most common reason for a call for transport • Currently, over 6,500 visits to psychiatric emergency services every year • These stats demonstrate the need for 24/7 service to go out to meet people where they are, so that clients don't have to come into a clinic to receive care for BH crisis History of A3 and Mills Hall Crisis Call Center: • Miles Hall was a young man in crisis and was killed by law enforcement • After his death, Miles' mother Taun, advocated for a system to prevent such tragedies. This prompted the stakeholders to come together to close gaps in our system. Over the course of 2020 - 2021 engaged in a 2-year rapid improvement process (Mobile Crisis Response Team (MCRT)). This program was revamped and rebranded into A3 • The call center honors is legacy by answering phone "This is the Miles Hall Crisis Call Center Multidisciplinary Team • The team has different specializations and classifications • Team members include MH clinicians, Substance Use Disorder Counselors, MH specialists, Level One Specialist focus on social determinants of health needs, Peer Supports specialist (individuals with lived experiences), Nurses who act more like clinicians assessing the need for involuntary hold Levels of Response • All Response include a team of two (No Exceptions) • Level 1 – lowest acuity – Callers may need access to resources, unhoused, etc. People are less likely to be placed on involuntary psychiatric hold and so would not necessarily have need for clinician. Team members would be Peer Support Specialist/ or Substance Use Counselor • Level 2 Response – Most Common Response – Response Team will always include a clinician or nurse as they assess possible need for involuntary psychiatric hold. The team will also include a Peer Support Specialist, or a Substance Use Counselor. • Level 3 Response – Response Team includes MH clinician or Nurse due to the need to assess involuntary psychiatric hold. Also, some parts of the crisis include the possibility of violence or perhaps there is a weapon. Additionally, law enforcement is on standby to ensure the safety of scene for all involved (Team, individual, loved ones) A3 Operations (where are we today) • A3 Operations has been 24/7 since Dec 2023 and has 48 full time employees – needs another 48-50 staff to eliminate reliance of overtime. Currently, other staff from other parts of the system work after hours to support A3 in the evenings and weekends	

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	• Initially, A3 expanded from M-S 8 am to 6:30 pm; then expanded to being open to 12:30 am and to 24/7 hours of operation in December 2023. This was mandated by the State. • Currently all of the teams are dispatched from Martinez and future A3 would have more regional hubs (1 in East County, 1 in West County and 1 in Central County) to decrease dispatch times • Expanding Reach – A3 first began serving adults 18 and over. However, A3 began serving youth as well in July 2024 • A3 Call and response metrics • There were 20,173 total calls – 2024 vs 41,476 totals to date as of August 15, 2025 • Demonstrating this growth (using the month of July) o July 2023 – 830 calls o July 2024 - 1,725 calls o July 2025 – 2,414 calls • Overall, there is a 191% increase since 2023 • There are total Field Visits 3,761 visits in 2024 vs 8,452 total 8452 visits to date of August 15, 2025 • Demonstrating this growth (using the month of July) o July 2023 – 70 visits o July 2024 - 367 visits o July 2025 – 593 visits • Overall, there has been a 747% increase since 2023. This incredible rate of increase speaks to awareness of the existence of this program and enhanced cooperation/coordination with law enforcement • Referring Party to A3 (who is the person calling for A3 service) • Incoming calls: 30% of calls are from family members, 26% of calls are from people in crisis, 24% of calls are from Law Enforcement (this category has significantly increased over the last few years) and 16% calls are from other individuals (such as concerned bystanders who observe a person who may be in crisis, and they know about A3 services. Also, 2% of calls come from the Access Line (when they receive callers in crisis, they redirect calls to A3) Amanda shared the Mission Statement for A3. Amanda also shared the A3 phone number, 844-844-5544 and also share that she has posters, magnets and other materials available Questions: • When calling for services do you recommend the first call to be to your organization or law enforcement? How would a layperson decide what call needs to be made? • Answer: The organization's model is one of "no wrong door" so that callers shouldn't have to worry about who to call. If you feel that somebody is experiencing a BH crisis it feels more appropriate for A3 rather than law enforcement. However, calls to 911 for BH crisis are mostly sending calls directly to A3. Whoever you call, one should be directed to correct organization anyway	

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Population Health Management, Population Needs Assessment	Jersey Neilson, Quality Management Program Coordinator, was introduced for this topic. Every year CCHP takes a look at our member population to make sure that we are meeting the needs of our members and then adjusting the programs as needed
	
	• CCHP serves over 262,000 MCAL members, nearly 25% of the county residents. This population is diverse in urban, rural and suburban areas.
	• Why do this?
	  o To identify health challenges and service gaps
	  o Improve access to care, promote health equity
	  o Support community well-being through data-driven planning
	• Key Finding
	  o High rates of chronic conditions (obesity, hypertension and diabetes)
	  o Significant barriers to care language, transportation, housing instability
	  o Disparities in health outcomes (race, age, gender and disability) Cities of Pittsburg, Antioch and Richmond have the highest population of residents on MCAL
	• Community Needs:
	  o 36% of members speak a language other than English (Spanish, Cantonese, Mandarin, Dari, Farsi and Portuguese)
	  o 8.3% are experiencing homelessness
	  o 7.2% live with a disability
	  o 30% are children and teens needing pediatric care
	• Our Goals
	  o Expand access to preventive care and screenings
	  o Address social drivers of health: food, housing, transportation
	  o Provide culturally responsive services for diverse communities
	• How Participants Can Help
	  o Share your experiences and needs
	  o Participate in community health programs
	  o Advocate for equitable healthcare resources
	
	• Community Health Assessment & Population Health (this assessment is for the County as a whole
	  o Beginning this year, CCHP is partnering with CCC Public Health on Community Health Assessment
	  o We are fortunate that other entities are also participating in the Assessment (as well as Kaiser and other health delivery services in the area)
	• CAC Role
	  o CCHP requests that CAC members participate in focus groups, interviews and surveys. Right now, we are doing planning sessions to determine what we would like to get input on
	  o Give input on findings and next steps for the action plan
	• Identify what community health topics are important to include
	  o CCHP has been discussing topics like food access, gun violence, clean air, access to health care, education, employment
	• More Come at future meetings – this process has just started\
		Drop email into chat

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	Comment: CAC member wants to continue the discussion with Mental Health because they have had to use the emergency services for teenagers. This relegated a little bit further down the line where they have a psychiatrist. They had to wait 2 months to see a therapist and feel it is too long to wait. She would like to suggest that there should be more focus on follow up after one engages with BH emergency services – Jersey will be raising the issue with CHA committee Chipo has a question regarding the environmental health piece. Are you looking to partner with other Community Based Organizations. Jersey stated that right now we have a steering committee working to identify topics and CBOs who we might wish to partner with. Jersey would like any suggestions Chipo may have. Please give any suggestions you may have now, or suggestions can be emailed to her. Jersey will drop her email address in the chat	
Quality improvement and Health Equity	Jersey and Allison will address this topic. Every year CCHP works on performance improvement projects. These are organized efforts to try to make operations better. The projects require the cooperations of CCHP, our providers, and sometimes other community partners. The teams work together to try and achieve better health outcomes. The State requires the health plan to have 2 PIPs every year. PIPs were assigned to all MCAL plans this year Performance Improvement Projects – descriptions • First PIP -Well Care Visits in 1st 15 months 8 well Care visits. The plan has to report what percentage of 15-month-olds have at least 6 visits, The State requires all MCAL plans to have to be better than 50%. DHCS would like to see a reduction in health disparities by 50% by yearend CCHP Actions • CCHP has been focusing on black American children as the Plan has identified disparities in this group. They're completing slightly below where we like them to be. • Calling Black/African America and Declined/Unknown race babies' caregivers to let them know that baby is overdue for their well-baby visit and will schedule appointment if they are seen CCRMC or CC Health clinics. If a patient is seen at a community provider network clinic (Lifelong, La Clinica) staff provide the caregiver with a phone number and encourage them to make an appointment. • In September, staff partnered w/ Black Infant Health out of Public Health to conduct a focus group with parents and caregivers of Black infants to address some of the barriers caregivers may be experiencing. This is just a start; however, this was found helpful to create new education materials to let parents know about when to bring kids in for WellCare visits • The focus group results were shared with the PH group who are looking at CHA • Second PIP – Improve Enrollment in Case Management after Emergency Room Visit for MH or Alcohol or Other Drugs- Patients should have a follow up appointment with 30 days • In the past data analysis has indicated that patients with Case Management are more likely to have follow up than patients without case management CCHP Actions	

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	• CCHP is working with ED follow up for BH with Kaiser Richmond ED. This is a targeted effort to increase the follow-up rates outside of Kaiser • This effort focuses on those patents leaving the ED with a follow-up appointment instead of having to call another number to schedule an appointment for follow-up Questions: The name of the assessment is repeated	
Plan Marketing Materials and Campaigns	Belkys introduced Allison Lui, Quality Management Program Coordinator, to address this topic to discuss planned marketing material and campaigns. Typically, CCHP has not engaged in marketing since our membership has to meet criteria to join; however, CCHP is offering a new plan. The new plan is called Contra Costa Health Care Plus • New Plan CCHP is Offering: Care Plus is a new Dual Special Needs Plan (D-SNP) that combines both Medicare and MCAL into one single plan • CCHP is required to offer this new plan by DHCS • The Plan starts January 1, 2026 • Allison asked the CAC members who can join Care Plus? How do you think we should market this new plan to members? Member stated – only available for persons that quality for Medicare (Part A and Part B) and MCAL (full scope) To qualify for plans: • Must be eligible/enrolled in Medicare Part A and/or B • Receive full MCAL benefits and/or assistance with Medicare premiums or cost sharing through a Medicare Saving Program • Have MCAL in CCH Care Plus's service area (Contra Costa County) • Age 21 or older at the time of enrollment • Target campaign on members already uses CCRMC Network. • Sent out letters and emails to members explaining the new plan offered and informing them that they may benefit from this plan, followed by phone calls made by county staff. If members are interested, they can enroll via phone or online form • Posting material in partners providers that is in network for Care Plus – CCHP is partnering with RMC again and our health centers across the county. All of them have received some of the materials CCHP has developed, so that if members are interested, they can reach out to CCHP to get more information What other strategies do you think we can do? Allison reminded participants that this population would generally be older than other MCAL populations Suggestions: Member: give health center clerks copies of the brochures to hand out to their patients in the clinics. Reach out at community events – this is being concerned by our health educators' team, and they will be taking material to distribute at	

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	their next community event. Sometimes they partner with a CBO that is mainly servicing the older population so that they will bring this information The Health Educator Team is always developing new materials and then looking for more feedback Recently the Health Educator team developed a new flyer on the chronic condition of heart failure Sample presented What you need to Know about Health Failure- Allison would like feedback on this brochure – comments can be made now or via email to Allison	
Craved Out Services	Belkys Teutle introduces topic. Carved Out Services refer to specific services that are excluded from the health plan Dental care services, specialty mental health service, substance abuse disorders and Medications are carved out services with the health plan. These services are covered by fee for services MCAL, so when you use theses services you need to provide your MCAL card Belkys provided phone numbers and websites for the above services Question: Member requesting: External resources for patients who lost dental service as of July 1st. Is there any other resource available. For people with unsatisfactory immigration status. Belkys will have to research this and get back to the CAC. Jersey followed up with more information (i.e., this is due to CA budget shortfall) so far as where patients might be able to obtain dental services – dental services will not be paid by fee for MCAL. CCHP will research it further and get back to the group. One member want to confirm that CCHP phone number for transportation is now 24/7 – this is correct	**Dental Services** **1-800-322-6384** **Specialty Mental Health and Substance Use Disorder** **1-888-676-7277** **Medications** **1-800-977-2273**
Close UP	No additional questions CAC Meeting for 2026: March 19, 2026 June 11, 2026 September 10, 2026 December 10, 2026 CCHP will be sending out email reminders. Also, if you have anything you wish to discuss please send an email so we can get topics for the next meeting	
Adjournment	*The meeting ended at 5:00 PM. The next meeting is scheduled for Thursday, March 19, 2026, from 4:00 p.m. to 5:15 p.m. on Zoom.*	

Additional Information		
Contact Us	• **Email:** CCHP-CAC@cchealth.org • **Phone:** 1-800-221-8040 (CCHP Marketing Department) • **Business Hours:** Monday – Friday, 8 a.m. – 5 p.m. (PST)	

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