

## Keynote Address with Amy Weaver

Advocate Sponsor:



Advocate Sponsor:



Partner Sponsor:



Supporter Sponsor:



Time: 9:00 am – 10:00 am

Location: Carousel A/B

### Speaker

Amy Weaver is Chief Executive Officer of Direct Relief, a global humanitarian organization that strengthens access to essential medical care for communities affected by poverty, disaster, and crisis. Working in partnership with more than 2,000 community health centers and free clinics across the United States, Direct Relief delivers medications, medical supplies, emergency funding, and operational support to safety-net providers serving patients regardless of ability to pay.

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## SYMPOSIUM TRACK: POLICY & ADVOCACY

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## From Clinic to Community: Empowering Health Care Providers to Lead Conversations that Build Trust

Advocate Sponsor:  **Locata**

Time: 10:45 am – 11:45 am

Location: Gloriana C

### Course Description

Health care providers are among the most trusted voices in society. Yet too often, their messages stay within clinic walls. This interactive workshop will explore how physicians, dentists, nurses, behavioral health professionals, and promotoras can deliver accurate, relatable health information directly to the communities they serve. Participants will learn strategies to translate medical knowledge into accessible, culturally responsive communication and use storytelling to inspire action.

Through real examples and practical tools, the session will show how clinical teams can become community advocates sharing preventive care messages, addressing misinformation, and promoting wellness in local and digital spaces.

### Learning Objectives

By attending this session, attendees will be able to:

- Identify key barriers and opportunities for communicating public health messages beyond the clinic setting.
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- Apply storytelling and community engagement techniques to strengthen trust and understanding.
- Develop team-based approaches that include promotoras, dental, medical, nursing, and behavioral health professionals in outreach efforts.
- Build a roadmap to move conversations from treatment rooms to homes, schools, and community networks.

### Speaker

Dr. Ilan Shapiro, MD, MBA, FAAP, FACHE, serves as Chief Health Correspondent and Medical Affairs Officer at AltaMed Health Services. He leads public health communications, advocacy, and physician engagement to strengthen community trust and advance health equity. Dr. Shapiro is a pediatrician and national voice for wellness and civic health.



### Policy Hot Topics

Advocate Sponsor:  KAISER  
PERMANENTE.

Time: 1:00 pm – 2:30 pm  
Location: Anabella A

### Course Description

Health care policy decisions made in Sacramento and Washington, D.C. have a direct impact on health center operations and finance and on the patients and communities they serve. California's health centers are racing to adapt and respond to policy changes that will result in massive coverage losses, threatening health centers' financial viability, and jeopardizing access to care for patients. At the federal level, H.R. 1 ushers in new Medi-Cal eligibility requirements projected to result in millions of Californians losing coverage and changes to provider tax rules that threaten Prop 35 Medi-Cal

investments. In California, the state is attempting to address long-term structural budget challenges by walking back Health4All Medi-Cal expansions. In addition to all this, a dangerous ballot initiative in California targets health centers with arbitrary new restrictions that will reduce access to care and harm patients.

Join CCALAC, the Coalition, and CPCA's Government Affairs leaders for a timely discussion of the policy and political environment in California and D.C. and the current challenges for health centers in both. This session will cover the political climate as well as the legislative, budget, and policy topics impacting health centers and their patients.

This session is intended for health center leaders and staff whose day-to-day responsibilities may not involve policy or government affairs, but who want a better understanding of the political landscape and the key issues impacting clinics and their patients.



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**SOUTHERN CALIFORNIA**  
**HEALTH CARE**  
Symposium

HOSTED BY:



**CCALAC**  
Community Clinic Association  
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**April 10, 2026 | Anaheim, CA**

### Learning Objectives

By attending this session, attendees will be able to:

- Understand the political landscape at the state and federal level and appreciate the impact of the political environment on health care policy, funding and programs.
- Recognize key state and federal policy changes impacting health centers.
- Learn strategies health centers can deploy to respond and adapt to mitigate harm from these policy changes.
- Identify how local, state and national health center associations work together and with other partners and coalitions to address issues impacting health centers and patients.
- Understand how health center leaders and staff can engage in ongoing policy conversations and advocate for policies that support health centers, patients and access to care.

### Speakers

Joanne Preece, MPH, is the Senior Director of Government and External Affairs for the Community Clinic Association of Los Angeles County. She leads the development and implementation of CCALAC's policy, government relations and advocacy strategies to advance the interests and policy priorities of CCALAC's members and the communities they serve. Joanne has been with CCALAC for 12 years. She has a Master's in Public Health from the University of Southern California and a BA from UC Santa Barbara.

Aurora Garcia-Barrera has worked for over 15 years in the social justice nonprofit sector as an organizer and advocate at The Children's Partnership, Health Access, California Partnership, and Young Invincibles. As the Director of Policy and Government Affairs at the Coalition of Orange County Community Health Centers, Aurora is responsible for leading the policy and advocacy strategies and campaigns that respond to the needs of community health centers and their patients.

Dennis Cuevas-Romero, BA, JD, is the Vice President of Government Affairs at the California Primary Care Association (CPCA). Dennis joined CPCA in 2022. He previously served as the Director of Government Relations for Physicians for a Healthy California and the California Medical Association and worked at the ACLU Center for Advocacy and Policy. Dennis has a bachelor's degree from UC Berkeley and a Juris Doctorate (J.D.) from the University of the Pacific, McGeorge School of Law.



## The Future of Medi-Cal

Supporter Sponsor:  healthnet Silver Sponsor: **Facktor**

Time: 3:00 pm – 4:30 pm

Location: Anabella A

### Course Description

Medi-Cal is the cornerstone of California's health care system, providing vital health coverage to over a third of Californians. But with unprecedented fiscal pressures and federal policy changes, Medi-Cal now faces an uncertain future. The policies of H.R. 1, along with California's recent budget cuts, will erode coverage and services for millions of Medi-Cal enrollees and reduce the State's federal funding by billions. And this is just the start—federal approval for two key Medicaid financing vehicles, California's 1115 Waiver and managed care tax, both expire at the end of this year, adding further strain to the State of California's existing structural deficit.

Join leaders from two major health plans and the Future of Medi-Cal Commission for a timely discussion on the future of California's Medi-Cal program. This session will cover the fiscal and policy considerations facing the Administration and health care leaders as they develop a roadmap and try to hold true to California's Health4All values in this new environment.

### Learning Objectives

By attending this session, attendees will be able to:

- Understand the connection between H.R. 1, Medi-Cal financing, and the state budget, and what this means for Medi-Cal in the coming years.
- Learn how Medi-Cal managed care plans, safety net providers, and the state are preparing for the changes we know are coming.
- Hear about California's options for the next 1115 Waiver renewal and the future of CalAIM.
- Learn how health care stakeholders are engaging and collaborating to identify potential solutions to maintain coverage and access for all.
- Better understand what the future of Medi-Cal might look like and what changes health centers and their patients should anticipate in the coming years.

### Speakers

Allie Budenz is Vice President of Health Center Optimization at the California Primary Care Association (CPCA). Allie joined CPCA in 2015 and currently advances the organization's strategic priorities through administrative advocacy and education focused on health center excellence. She oversees teams working on health center reimbursement and financing, Medi-Cal investments and eligibility, workforce initiatives, emergency preparedness, and core health center operations. Prior to CPCA, Allie served as Director of Operations at the Sacramento Native American Health Center, an Urban Indian FQHC. She holds a Master of Public Administration from the University of Southern California and a bachelor's degree from the University of California, Davis. Outside of work, Allie enjoys exploring the Sacramento area with her husband and two sons, practicing yoga, and tending her backyard garden.

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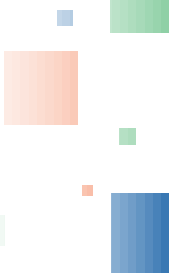
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Martha Santana-Chin is President & Chief Executive Officer of L.A. Care Health Plan, the nation's largest publicly operated health plan, proudly serving more than 2.6 million members. With a deep belief in the power of collaboration, she works closely with the Board of Governors and key leaders across the health care ecosystem to set a strategic vision that drives systemic transformation for healthier communities. Dedicated to fostering partnerships and building bridges, she champions efforts to enhance the quality of care for all, particularly those in underserved areas. Ms. Santana-Chin also oversees L.A. Care's operations, ensuring that the organization remains responsive, accountable, and steadfast in its mission to provide equitable access to high-quality care with integrity and compassion in a constantly evolving health care landscape.

Dorothy Seleski is Health Net's Medi-Cal President and has been engaged in the health care industry from the plan and provider perspective for over 30 years. Ms. Seleski has extensive experience in managed care operations and network management for commercial, Medicare, Medicaid and Tricare programs. The breadth of her experience includes network management, health plan operations and program development at several insurance companies and provider organizations. As Medi-Cal President, Ms. Seleski is responsible for the performance of the Medi-Cal program at Health Net, from engagement with key Medi-Cal partners – providers, county agencies and community organizations, to oversight of Medi-Cal program performance throughout the organization.



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**SYMPOSIUM TRACK: HEALTH CENTER OPTIMIZATION**

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## What's Up with Medi-Cal?

Partner Sponsor:  California Health Care Foundation

Silver Sponsor:  L.A. Care

Time: 10:15 am – 11:45 am

Location: Anabella A

### Course Description

Join this session to learn some of the latest changes to and least understood rules for Medi-Cal. These issues include coverage for Unsatisfactory Immigration Status (UIS) members, payment for UIS members, switching billing to Denti-Cal, considering the revenue impact of Targeted Rate Increases (TRI) and capitation vs. fee-for-service, determining from what site to bill telehealth, changes to intermittent clinic setup including site reassignment, and other key issues which could impact health centers' compliance and bottom line. The presentation will cite real-life examples of health center issues.

### Learning Objectives

By attending this session, attendees will be able to:

- Identify how Medi-Cal UIS coverage will impact health centers.
- Evaluate strategies to maximize Medi-Cal revenue in the new environment.
- Display Medi-Cal rules/shadow regulations.
- Evaluate the impact of other changes on health center activities over the next twelve months.

### Speaker

Curt Degenfelder is a national Health Care business consultant with 37 years of health care experience; 29 years focused on developing financial, operational, and strategic solutions for community health centers (CHCs). Curt has helped hundreds of CHCs across the country address critical organizational issues and improve their bottom lines. He works on Medi-Cal rate setting, intermittent clinics, and CSOSRs. He is a frequent speaker for CCALAC, CPCA and NACHC.



## **Bridging Coverage, Trust, and Retention: Designing Sustainable Medicare Growth for Community Health Centers**

Time: 1:00 pm – 2:30 pm

Location: Gloriana C

Partner Sponsor:



Silver Sponsor:



### Course Description

For many patients, turning 65 doesn't just mean aging into Medicare—it means navigating a complex transition that can disrupt their care and trust in the system. For community health centers, these coverage shifts can quietly erode long-term relationships and sustainability.

This session explores how Northeast Valley Health Corporation (NEVHC) partnered with Alcar Health to redesign that experience—creating a Medicare growth and retention model rooted in trust, empathy, and community alignment.

Together, the teams built bilingual outreach programs, data-informed workflows, and partnerships with licensed, culturally connected agents who helped patients stay anchored to their medical home throughout the transition. What began as an operational challenge evolved into a human-centered solution that restored patient confidence and strengthened organizational sustainability.

Participants will hear firsthand how NEVHC and Alcar Health collaborated to turn policy and process into people-focused progress—where retention isn't just a metric, but a measure of trust.

You'll leave this session with actionable frameworks, real-world metrics, and a renewed understanding of how strategic partnerships can help every health center grow without losing what matters most: the connection between patient and provider.

### Learning Objectives

By attending this session, attendees will be able to:

- Understand key operational and outreach components of a Medicare growth and retention strategy tailored for FQHCs.
- Identify how culturally aligned education and bilingual communication foster trust-building and strengthen patient engagement and retention.
- Design data-driven outreach workflows that anticipate eligibility transitions and minimize coverage disruptions.
- Evaluate how strategic partnerships can amplify health center sustainability, patient retention, and community trust.
- Review outcome-based metrics and lessons learned from the NEVHC–Alcar Health collaboration to guide implementation.

## Speakers

Johanna Cazares is a Health Care leader with 15+ years of experience advancing growth and operational excellence for FQHCs. As Chief Growth Officer at Alcar Health, Johanna develops innovative strategies that improve access, sustainability, and patient experience—specializing in Medicare growth, contact center optimization, and culturally aligned outreach programs.

Jiovanni Perez is a community leader with decades of experience serving Los Angeles' underserved populations. As Senior Program Manager at NEVHC, Jiovanni oversees community outreach and education initiatives, connecting families to critical health and social services. His work centers on empowerment, cultural alignment, and health care access for all.

Omar Padilla is the Chief Operating Officer and President of JAR Insurance Services. With over 30 years in the health care industry, Omar's professional experience includes key and national leadership positions with Health Net, Molina Healthcare, United Healthcare, Blue Shield of California and now with JAR Insurance Services. Omar ensures all company operations run efficiently and effectively. He guides the company's yearly strategic planning process and serves as one of the liaisons to JAR's business partners. In collaboration with the team of JAR managers, Omar implements new business opportunities and calibrates strategies for existing projects.



## Preparing for the Longevity Age: Optimizing FQHC Medicare Reimbursement

Time: 3:00 pm – 4:30 pm  
Location: Gloriana C

### Course Description

In 2007, only 19% of Medicare beneficiaries were enrolled in Medicare Advantage (MA) plans, but by 2024, this figure grew to over 54% and projections suggest this growth will continue. Yet, most FQHCs do not receive their full Medicare PPS rate for MA patients. And Medi-Cal does not cover the difference between MA plan rates and the Medicare PPS rate for dually-eligible patients.

Despite being in place for over a decade, the 519-revenue code is not well known among FQHCs. In this case, what you don't know could cost you potentially millions of dollars. The 519-revenue code allows FQHCs that accept MA plans to recover the difference between Medicare Advantage payments and the Medicare Prospective Payment System (PPS) rate. If a health center accepts Medicare Advantage plans, they could be getting reimbursed less than they're entitled.



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### Learning Objectives

By attending this session, attendees will be able to:

- Understand how Medicare Advantage rates are different than an FQHC's Original Medicare geographically adjusted PPS rate.
- Define what a 519 rate is and why it is important.
- Understand the general process for establishing a 519 rate.
- Understand the first steps in exploring how much revenue 519 rate setting may bring to their health center.

### Speakers

Nathan Smith is a manager who joined Wipfli in 2021. He is attuned to the needs of underserved populations in health care and works with hospitals and clinics in areas of compliance, reimbursement, operations and project management.

Ben Leroi is a Sr. Manager within Wipfli's FQHC practice and has more than two decades of experience strategically implementing resources to develop health and social service programs. He has worked extensively with special population programs including people experiencing homelessness, people living with HIV, people with intellectual and developmental disabilities and seniors aging in place.

Elizabeth Meisler, MBA/CPA, serves as Chief Financial Officer at St. John's Community Health, bringing a strategic, detail-driven approach to financial leadership. With a strong background in crisis management and operational excellence, Elizabeth is known for her clear communication, analytical precision, and people-first mindset. With a diverse background in public, private and not-for-profit organizations, Elizabeth brings a unique blend of analytical rigor and human-centered leadership to the financial helm at St. John's. Her career is marked by a planned and proactive approach to financial oversight and sustainability. Elizabeth's experience includes leading COVID reimbursement initiatives, rate setting, financing and growing the organizational budget 14x since she joined the organization.

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**SYMPOSIUM TRACK: WORKFORCE**

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## **Build a Better Team: Organizational Design Strategies that Promote Resilience and Retention**

Time: 10:30 am – 11:30 am

Location: Doria

Advocate Sponsor:  **KAISER PERMANENTE**

### Course Description

Community health centers operate in a uniquely complex environment, balancing mission-driven care, workforce constraints, and rapidly evolving models of health delivery. This session will explore how Federally Qualified Health Centers (FQHC) can intentionally approach organizational design to align people, processes, and

structure with both today's health care realities and tomorrow's demands. Co-presented with Eisner Health, one of Los Angeles's most progressive FQHCs, this interactive discussion will highlight:

- How to recognize when your current structure is holding you back, and the signals that it's time for a redesign.
- Core approaches to organizational design in an FQHC context, including balancing functional areas with geographical needs, and designing leadership structures that reflect modern care delivery.
- Practical considerations by role type, how clinical, operational, and administrative positions can be supported through different design choices.
- Building effective teams within the structure, strategies to foster collaboration, innovation, and accountability, regardless of the model.

Attendees will walk away with a framework to evaluate their own organizations' design, practical examples of how progressive FQHCs are structuring for impact, and actionable insights to strengthen both leadership alignment and frontline team performance.

### Learning Objectives

By attending this session, attendees will be able to:

- Describe at least two signals that an organization's structure is holding them back from progress.
  - Name at least one core approach to organizational design.
  - Identify at least two strategies for fostering effective collaboration.
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## Speakers

Andy Eck leads Facktor's Operations division. He is passionate about organizational design, process improvement, strategic & operational planning. Eck supports Facktor clients by providing executive coaching, leading operational and organizational assessments, providing strategic guidance on organizational redesigns, serves as a subject matter expert for capital projects, and leads pre and post M&A leadership and operational readiness activities.

Deanna Drake is a Director with Facktor's Strategy & Growth Division where she oversees the human resources, communications, change management, and project management service lines for the firm. She brings over 17 years of mission-driven project management and non-profit communication experience, including eight years of change management experience. Drake earned her Bachelor's degrees in both English and French from UC Berkeley and Master's degree in Public Health from the University of MN.

Monica Gutierrez-McCarthy, MS was appointed President and CEO of Eisner Health in December 2024. She originally joined the organization as COO in February 2021. She has been instrumental in advancing the organization's mission and operational excellence. Since 2009, she has worked in the community health sector as the Director of Operations Enhancement at OCHIN and Vice President and COO at SAC Health System in San Bernadino. She received her BS from UCLA and her MS from Loma Linda University.



## From Surviving to Leading: Building Emotional Resilience and Adaptive Capacity for Middle Managers

Time: 1:00 pm – 2:30 pm

Location: Doria

### Course Description

Community health centers strive to enable equitable access to whole person care, often to the most vulnerable members of their communities – many of whom have histories of trauma, multiple chronic diseases, and chronic stress. Yet the people who deliver and support that care are also at risk of absorbing stress in the process. There is the potential for vicarious traumatization, moral distress, burnout, and overall workplace demands that outpace capacity. In today's climate, many health center teams are facing added strain as immigration enforcement actions and community ICE raids generate widespread fear among both patients and staff.

Managers are navigating complex emotions – from their own fear and uncertainty to the distress and disengagement of the teams they lead and the patients they serve – all while striving to maintain safe, compassionate care. To sustain compassionate, effective care, organizations must prioritize resilience and healthy culture. Middle managers, especially, are in the precarious position of managing multiple demands and multiple stakeholder groups within the organization; often, they also do the work they are supervising.



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This session explores what it means to bring a trauma-informed lens to the work of middle managers, both in terms of their own work and the work they supervise. Actionable steps for embedding and asking for support, building personal and systemic resilience, and considering the pace of change will be discussed. We will examine:

- Conceptual foundations: Principles of trauma-informed care (safety, trust, choice, collaboration, empowerment) and application to the work environment; brief overview of the research/evidence concerning resilience and effectiveness, including defining both adaptive leadership and resilience and relating to organizational and individual factors.
- Organizational levers and practices and the influence of the middle manager: The role of various tools and levers will be explored, including things such as visible modeling, psychological safety, and power dynamics. The importance of structural support will also be covered, such as workload planning, reflective supervision, peer support, protected debrief windows/solo time. Lastly, capacity building tools like trauma literacy, self-regulation skills, and boundary practices will be included.
- Practical tools, interventions, and solutions from the field: Examples from clinics or health systems that have implemented staff wellness rounds, peer support programs, trauma-informed supervision or other practices that have had a positive impact. Small-group breakouts: participants map their current supports or challenges, identify gaps and needs, and co-design a feasible action plan, whether for themselves or the teams they supervise.

### Learning Objectives

By the end of this session, participants will be able to:

- Identify and understand daily, cumulative stressors and adaptive challenges commonly experienced by middle managers in community health settings.
- Explain the concept of trauma-informed leadership and its importance in safeguarding workforce well-being.
- Understand and apply practical, evidence-based tools and frameworks to strengthen emotional resilience, self-awareness, and agility in times of uncertainty such as reflective supervision, coaching conversations, and peer support—to sustain personal and team resilience.
- Increase managers' skills and comfort in using the evidence-based tools through a highly interactive roll up your sleeves session that will put the scripts and tools to the test.
- Design one action step or micro-practice to enhance resilience and adaptability within their own teams, using a real or simulated example via a breakout group.

### Speakers

Natalie Martin, MBA, SHRM-SCP, is President & CEO of Elevation Health Partners. For two decades, Natalie has led organizational change and workforce resilience initiatives internally at Elevation Health Partners and for community health centers nationwide. Drawing on expertise in leadership development, trauma-informed management, and culture transformation, she helps teams sustain compassion and stability amid high-stress environments.

Emily Ptaszek, PsyD, MBA, FACE and active licensure as a psychologist, brings over 12 years of executive leadership in community health, including six as CEO of Federally Qualified Health Centers with budgets of \$60–120 million. A licensed psychologist and former clinical provider, she brings over a decade of

clinical experience, including behavioral health integration experience. Emily integrates clinical insight with organizational strategy, specializing in leadership development, governance, strategic planning, and trauma-informed care.



## **Scorekeeper to Strategist, the Changing Role of the CFO**

Time: 3:00 pm – 4:30 pm

Location: Doria

### **Course Description**

Health care is becoming more and more complex to navigate. Many health center management teams are noticing that the demand for high-level financial planning is increasing. This demand is taking more of the chief financial officer's (CFO) time and forcing the CFO to delegate many of the record keeping functions that previously occupied their time. Welcome to the changing role of the CFO in the health center industry. We will discuss how health center CFOs must do what they can to delegate the record keeping function of the health center to free up their time for more forward-thinking activities. We will discuss the staffing needs of

the health center to accomplish this mission and also discuss how to navigate situations where the finance department is small and delegation is difficult. We will also discuss the potential pitfalls and likely future audits that wait for the post-COVID CFO and tips and hints to prepare for what is coming. Considerations for a health center's revenue cycle will also be included as more and more CFOs have direct oversight of this critical area.

### **Learning Objectives**

By attending this session, attendees will be able to:

- Discuss staffing requirements of the finance department in community health centers.
- Understand why CFOs allocating adequate time for forward-thinking activities is in the best long-term interests of the health center.
- Recognize the types of strategic financial planning that should be taking place in health centers today to help prepare for the uncertain future.
- Identify the skills CFOs need to be successful in transitioning from a record keeper to a strategic planner.

### **Speakers**

Scott Gold, CPA, brings 30 years of experience to his work at Forvis Mazars with health care clients, and he serves as a member of the Center of Excellence for the firm's approximately 350 community health center clients. In addition to overseeing financial statement audits, he helps community health centers improve their financial positions by analyzing the Medicare, Medicaid and 340B pharmacy reimbursement implications of programs and developing a reimbursement strategy.

Rebecca Barrientos, MAcc, CPA, is a member of the Healthcare Practice in the Forvis Mazars Springfield office. She has more than 14 years of experience providing audit and consulting services to CHCs across the nation. These engagements include financial statement and compliance audits subject to the provisions of Uniform Grant Guidance as well as financial, operational, and compliance consulting. Rebecca also serves as a vital resource on various projects across the firm due to her Spanish-speaking abilities.

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**SYMPOSIUM TRACK: CLINICAL OPERATIONS**

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### **Innovating Injustice: AI's Impact on Patients' Lives**

Time: 10:15 am – 11:45 am

Location: Sonia

#### **Course Description**

Artificial intelligence (AI) isn't important only for how it affects clinic operations or provider treatment choices, but also for how it impacts patients' lives outside the clinic. Right now, AI, algorithms, and related technologies are used extensively by governments, employers, landlords, educators, and others to make key decisions about the lives of low-income people, usually with devastating consequences.

This session will explore the ways AI is determining how low-income people work, live, learn, and survive implicating issues like health insurance, work, housing, benefits, education, and family stability and introduce ways for clinics to support patients facing these harms.

#### **Learning Objectives**

By attending this session, attendees will be able to:

- Identify the various ways AI is used to make decisions about key aspects of patients' lives.
- Determine at least three practical ways for community health clinics to support patients navigating AI.
- Learn about latest developments, including policy proposals, that could change the ways AI use can harm client communities.
- Understand how the risks of clinical AI use can impact patients.

#### **Speakers**

Connie Lo is Director of Health Access Programs at Asian Americans Advancing Justice - Southern California, the nation's largest legal and civil rights organization serving Asian Americans, Native Hawaiians, and Pacific Islanders. There, she supports regional collaboratives focused on health care reform outreach, education, and enrollment. Prior to AJSOCAL, Lo was a Health Insurance Specialist with the Centers for Medicare and Medicaid Services and a Public Health Advisor with the CDC.

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Kevin De Liban is the President of TechTonic Justice, a nonprofit using legal advocacy, education, and organizing to fight alongside low-income people left behind by AI. Using this multidimensional approach, TechTonic Justice supports communities and their advocates to secure the work, housing, schooling, and public benefits needed to thrive. While a legal aid attorney in Arkansas, he defeated Medicaid work requirements and the use of an algorithm to cut home-based care for disabled people.



## Care Coordination: Health Related Social Needs and Enhanced Visit Adherence

Time: 1:00 pm – 2:30 pm

Location: Sonia

Supporter Sponsor:  health net.

### Course Description

The Solutions for Healthier Communities (SHC) program is a five-year initiative supporting health centers in implementing sustainable, equity-focused strategies to address Health-Related Social Needs (HRSN) and impact chronic disease outcomes.

The first cohort includes six health centers receiving practice coaching, participating in Affinity Groups, and engaging in trainings to advance their efforts. Participating sites have demonstrated measurable improvements in clinical quality metrics for A1c control and blood pressure management, through quality improvement initiatives and the implementation of targeted strategies to integrate social health tools and technology, create community clinical linkages, and enhance Self-Monitored Blood Pressure Programs. A key component of the SHC program has been working with health centers to identify pain points and co-design practical solutions to improve data workflows and support effective social drivers of health (SDoH) reporting.

Missed appointments create barriers to whole-person care and health equity. Saban Community Clinic launched a Care Coordination pilot to address patients with chronic no-show patterns ( $\geq 30\%$ ). Care Coordinators proactively contact patients before visits, confirm attendance, and screen for social needs using the PRAPARE tool, focusing on transportation, housing, and financial barriers. Through this pilot and as a participant in the SHC program, Saban Community Clinic integrated population health strategies, SDoH screening, and coordinated communication to advance equitable access and support continuous quality improvement. Early results suggest improvements in visit adherence and stronger provider-patient relationships, creating a sustainable model for delivering whole-person care.



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This session will highlight outcomes of the SHC program and the Saban Community Clinic Care Coordination pilot, including key learnings, and actionable strategies for implementing, reporting on, and sustaining HRSN-focused initiatives within primary care settings.

### Learning Objectives

By attending this session, attendees will be able to:

- Explore effective strategies for implementing and sustaining Health-Related Social Needs (HRSN) initiatives within primary care to impact chronic disease management outcomes.
- Share successful approaches to integrate social health technology, create community clinical linkages, and enhance Self-Monitored Blood Pressure Programs within FQHCs.
- Demonstrate how care coordination can reduce no-show rates by addressing drivers of health.

### Speakers

Cassia Brockway, MPH, Elevation Health Partners – as Practice Transformation Consultant at Elevation Health Partners, Cassia oversees projects from inception to completion. She applies her expertise across a variety of settings including HEDIS/P4P and quality improvement programs, care transformation, behavioral health integration, training facilitation, and population health tool investigation. She works closely with health care constituents across California, ensuring alignment to achieve both quantitative and qualitative success.

Deanna Newman, MPA, CCALAC, is the Senior Manager of Data Operations at CCALAC, where she oversees data governance and quality improvement efforts across community health centers in Los Angeles County. With nearly a decade of experience in public health, Deanna supports CCALAC's HCCN and leads initiatives with the Clinical Services Division, helping health centers strengthen data-driven practices to improve care delivery and patient outcomes.

Jared Friedman, Saban Community Clinic – as the QI Director of Saban, Jared works with direct reports and multidisciplinary work teams to establish QI processes within clinical areas. He and his team ensure the Continuous Quality Improvement Program is well established throughout the Clinic. He is the primary champion for the adoption of quality improvement best practices and lessons learned across disciplines and departments.



## **Breaking Barriers in Diabetes Care: Improved Outcomes through Integration of Clinical and Social Support in a Low-Income Community**

Advocate Sponsor:  **Locata**

### Course Description

This workshop will explore an innovative provider–nurse–led diabetes clinic model that has transformed care delivery and outcomes in a low-income community clinic. Participants will learn how prioritizing and addressing social determinants of health—such as access to food, transportation, and medication affordability—creates the foundation for effective clinical management and improved diabetes outcomes.

Time: 3:00 pm – 4:30 pm

Location: Sonia

The program's success highlights how integrating social support with evidence-based clinical care, including a strong focus on medication reconciliation and patient-centered medication teaching, can reduce diabetes distress, improve glycemic control, and enhance overall well-being among patients with poorly controlled Type II Diabetes.

Through case examples, data on clinical outcomes, and practical discussion, attendees will gain insight into how interprofessional collaboration, culturally responsive care, and community partnerships can bridge gaps in access and equity. The session will also provide actionable strategies for designing, implementing, and sustaining similar integrated care models in diverse clinical settings.

### Learning Objectives

By attending this session, attendees will be able to:

- Describe how addressing social determinants of health can serve as a foundation for improving diabetes management and clinical outcomes in low-income communities.
- Explain the role of medication reconciliation and diabetes-specific medication teaching in reducing adverse events, improving adherence, and enhancing patient health outcomes.
- Analyze case examples demonstrating how an integrated provider–nurse–led model reduces diabetes distress and improves glycemic control.
- Identify strategies for implementing interprofessional, culturally responsive, and community-based approaches to support patients with poorly controlled Type II Diabetes.
- Apply lessons learned to develop or strengthen similar integrated care programs in their own clinical or community settings.



The 25th Annual  
**SOUTHERN CALIFORNIA**  
**HEALTH CARE**  
Symposium

HOSTED BY:



**CCALAC**  
Community Clinic Association  
of Los Angeles County



**April 10, 2026 | Anaheim, CA**

**Speakers:**

Dr. Yohanna Barth-Rogers, MD, is Board Certified in Family Medicine and CMO at UMMA Health. She cares deeply about the integration of trauma informed care, as well as trauma informed supervision within the FQHC model. She is passionate about population health management as a key driver to improving the lives of the communities we serve. As well, she enjoys teaching the next generation of physicians.

Jennifer Garcia, RN, MSN, MPH, Director of Clinical Programs & Lead RN, UMMA Health Mrs. Garcia began her career in quality improvement at a community health center in the Greater Los Angeles area and has over 10 years of nonprofit quality improvement management experience. She holds a Master of Science in Nursing from Western University of Health Sciences, a license to practice as a registered nurse in California, and a Master of Public Health with an emphasis in Epidemiology and a Bachelor's degree in Public Health from California State University, Northridge.