

MEMBER SERVICES ADVISORY GROUP SELECTION COMMITTEE



Meeting Agenda

November 5, 2026

9:30 – 9:45 a.m.

Alliance Offices

Location: In San Benito County:

Community Services & Workforce Development – Conference Room
1161 San Felipe Road, Building B, Hollister, CA. 95023

In Santa Cruz County:

Central California Alliance for Health – Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA, 95066

In Mariposa County:

Mariposa County Health and Human Services – Coulterville Room
5362 Lemee Lane, Mariposa, CA 95338

In Merced County:

Central California Alliance for Health – Board Room
530 West 16th Street, Suite B, Merced, CA 95340

In Monterey County:

Central California Alliance for Health – Board Room
950 East Blanco Road, Suite 101, Salinas, CA 93901

1. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the Selection Committee or to address an item that is listed on the agenda may do so in one of the following ways.
 - a. Email comments by 5:00 p.m. on Tuesday, November 3, 2026 to MSAG@thealliance.health.
 - i. Indicate in the subject line "Public Comment". Include your name, organization, agenda item number, and title of the item in the body of the e-mail along with your comments.
 - ii. Comments will be read during the meeting and are limited to three minutes.
 - b. In person, from an Alliance County office, during the Oral Communications section of the meeting for items not listed on the agenda or during the meeting when that item is announced.

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November 5, 2026

9:30 – 9:45 a.m.

Alliance Offices

- i. State your name and organization prior to providing comments.
 - ii. Comments are limited to three minutes.
- c. Via telephone by dialing:
 - i. United States: [+1 872-242-9041, 660031149#](tel:+18722429041660031149)
 - ii. Phone Conference ID: 660 031 149#
 - iii. Press *5 to raise your hand.
 - iv. The Coordinator will call on you by using the last four digits of your phone number.
 - v. Press *6 to unmute your line.
 - vi. Comments are limited to three minutes.
 - vii. Press *5 again to lower your hand when you are done speaking.
- d. Via Microsoft Teams:
<https://teams.microsoft.com/meet/25982977536976?p=uS7Kj9egmqDubJHp3J> Meeting ID: 259 829 775 369 76
 - i. Enter your name if prompted. Please identify yourself however you wish to be addressed as this appears online and is how we notify you when it is your turn to speak.
 - ii. When the Advisory Group Chair calls for the item on which you wish to speak, select the "raise hand" icon in the meeting controls.
 - iii. The Coordinator will activate and unmute speakers in turn. Speakers will be notified shortly before they are called to speak.
 - iv. Comments are limited to three minutes.
 - v. Select the "raise hand" icon again to lower your hand when you are done speaking.

1. Call to Order by Chairperson Beleutz.

9:30 a.m.

- A. Roll call
- B. Establish quorum
- C. Supplements and deletions to the agenda

2. Oral Communications.

9:35 a.m.

- A. Members of the public may address the Selection Committee on items not listed on today's agenda that are within the jurisdiction of the Selection Committee.
 - i. Speakers are limited to three minutes per item.

MEMBER SERVICES ADVISORY GROUP SELECTION COMMITTEE



Meeting Agenda

November 5, 2026

9:30 – 9:45 a.m.

Alliance Offices

- ii. Any individual may speak only once during Oral Communications.
- B. If any member of the public wishes to address the Selection Committee on any item that is listed on today's agenda, they may do so when that item is called.
 - i. Speakers are limited to three minutes per item.

Consent Agenda Items:

9:35 a.m.

- 1. Approve Member Services Advisory Group Selection Committee minutes of August 13, 2026.**

Regular Agenda Items:

9:40 a.m.

- 2. Acceptance of Advisory Group Applicants**

9:40 – 9:45 a.m.

Inform and Feedback: Kayla Zoloniak, Administrative Specialist, will provide an overview and solicit feedback on staff recommendations for Advisory Group applications.

- 3. Adjourn**

MEMBER SERVICES ADVISORY GROUP SELECTION COMMITTEE



Meeting Agenda

November 5, 2026

9:30 – 9:45 a.m.

Alliance Offices

The next meeting of the MSAG Selection Committee, after this November 5, 2026 meeting:

- MSAG Selection Committee
Thursday, February 11, 2027
Locations for the meeting (linked via videoconference from each location):

In San Benito County:

Community Services & Workforce Development – Conference Room
1161 San Felipe Road, Building B, Hollister, CA. 95023

In Santa Cruz County:

Central California Alliance for Health – Board Room
1600 Green Hills Road, Suite 101, Scotts Valley, CA, 95066

In Mariposa County:

Mariposa County Health and Human Services – Coulterville Room
5362 Lemee Lane, Mariposa, CA 95338

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Central California Alliance for Health – Board Room
950 East Blanco Road, Suite 101, Salinas, CA 93901

Members of the public interested in attending should call the Alliance at 800-700-3874 to verify meeting dates and locations prior to the meetings.

The complete agenda packet is available for review at Alliance offices, and on the Alliance website at <https://thealliance.health/about-the-alliance/public-meetings/>. The meeting and the Member Services Advisory Group is held in accordance with the requirements of the [Ralph M. Brown Act](#). The Advisory Group complies with the Americans with Disabilities Act (ADA). Individuals who need special assistance or a disability-related accommodation to participate in this meeting should contact the Alliance at least 72 hours prior to the meeting at MSAG@thealliance.health or 800-700-3874. As a courtesy to persons affected, please attend the meeting smoke and scent free.

**MEMBER SERVICES
ADVISORY GROUP
SELECTION COMMITTEE**



Draft Only – Pending Approval

Meeting Minutes

Thursday, August 13, 2026

9:30 – 9:45 a.m.

In Santa Cruz County:

Central California Alliance for Health
1600 Green Hills Road, Suite 101, Scotts Valley, California

In Monterey County:

Central California Alliance for Health
950 East Blanco Road, Suite 101, Salinas, California

In Merced County:

Central California Alliance for Health
530 West 16th Street, Suite B, Merced, California

In San Benito County:

Community Services & Workforce Development (CSWD) Building
1161 San Felipe Road, Building B, Hollister, California

In Mariposa County:

Mariposa County Health and Human Services
5362 Lemee Lane, Mariposa, California

Members Present:

Guadalupe Barajas-Iniguez
Janna Espinoza
John Beleutz

Consumer Advocate
Consumer, Commissioner
Community Advocate

Members Absent:

Michael Moleskey

Consumer, Commissioner

Staff Present:

Adourin Malco
Clarisa Gutierrez
Gabriela Chavez

Community Engagement Specialist
Community Engagement Coordinator
Community Engagement Manager

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

Kayla Zoliniak
Ronita Margain
Ulises Cisneros-Abrego

Administrative Specialist
Community Engagement Director
Community Engagement Specialist

1. Call to Order by Chairperson Beleutz.

Chairperson Beleutz called the meeting to order at 9:30 a.m.

Roll call was taken and a quorum was present.

There were no supplements or deletions to the agenda.

2. Oral Communications.

Chairperson Beleutz opened the floor for any members of the public to address the Selection Committee on items not listed on the agenda.

No members of the public addressed the Selection Committee.

Consent Agenda Items (1.)

Chairperson Beleutz opened the floor for approval of the consent agenda.

Action: Consent agenda items were approved.

Regular Agenda Item

2. Acceptance of Advisory Group Applicant

Selection Committee reviewed Advisory Group applicant.

Selection Committee member requested more details about the applicants.

Selection Committee member asked about the necessity of the Selection Committee.

Adjourn:

The meeting adjourned at 9:40 a.m.

Respectfully submitted,
Kayla Zoliniak
Member Services Advisory Group Coordinator

Nondiscrimination Notice



Discrimination is against the law. Central California Alliance for Health (the Alliance) follows State and Federal civil rights laws. The Alliance does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation.

The Alliance provides:

- Free aids and services in a timely manner to people with disabilities to help them communicate better, such as:
 - ✓ Qualified sign language interpreters
 - ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services in a timely manner to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact The Alliance between 8 AM – 5:30 PM, Monday through Friday, by calling **800-700-3874**. If you cannot hear or speak well, please call **800-735-2929** (TTY: Dial 711). Upon request, this document can be made available to you in braille, large print, audiocassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

Central California Alliance for Health
1600 Green Hills Rd, Suite 101
Scotts Valley, CA 95066
800-700-3874
800-735-2929 (TTY: Dial 711)

HOW TO FILE A GRIEVANCE

If you believe that the Alliance has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with the Alliance's Civil Rights Coordinator, also known as the Senior Grievance Specialist. You can file a grievance by phone, in writing, in person, or electronically:

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Nondiscrimination Notice



- By phone: Contact the Alliance's Senior Grievance Specialist between 8 AM and 5:30 PM, Monday through Friday, by calling **800-700-3874**. Or, if you cannot hear or speak well, please call **800-735-2929** (TTY: Dial 711).
 - In writing: Fill out a complaint form or write a letter and send it to:

Central California Alliance for Health
Attn: Senior Grievance Specialist
1600 Green Hills Rd, Suite 101
Scotts Valley, CA 95066
 - In person: Visit your doctor's office or the Alliance and say you want to file a grievance.
 - Electronically: Visit the Alliance's website at www.thealliance.health.
-

OFFICE OF CIVIL RIGHTS – CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

You can also file a civil rights complaint with the California Department of Health Care Services, Office of Civil Rights by phone, in writing, or electronically:

- By phone: Call **916-440-7370**. If you cannot speak or hear well, please call **711 (Telecommunications Relay Service)**.
- In writing: Fill out a complaint form or send a letter to:

**Deputy Director, Office of Civil Rights
Department of Health Care Services
Office of Civil Rights
P.O. Box 997413, MS 0009
Sacramento, CA 95899-7413**

Complaint forms are available at
http://www.dhcs.ca.gov/Pages/Language_Access.aspx.

- Electronically: Send an email to CivilRights@dhcs.ca.gov.
-

Nondiscrimination Notice



OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.
- **In writing:** Fill out a complaint form or send a letter to:

**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

- **Electronically:** Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>.

Notice of Availability of Language Assistance and Auxiliary Aids and Services



English

ATTENTION: If you need help in your language call 1-800-700-3874 (TTY: 1-800-735-2929). Aids and services for people with disabilities, like documents in braille and large print, are also available. Call 1-800-700-3874 (TTY: 1-800-735-2929). These services are free of charge.

العربية (Arabic)

يرج الانتباه: إذا احتجت إلى المساعدة بلغتك، فاتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). تتوفر أيضًا المساعدات والخدمات للأشخاص ذوي الإعاقة، مثل المستندات المكتوبة بطريقة بريـل والخط الكـبـري اتصل بـ 1-800-700-3874 (TTY: 1-800-735-2929). هذه الخدمات مجانية.

Հայերեն (Armenian)

ՈՒՇԱԴՐՈՒԹՅՈՒՆ: Եթե Ձեզ օգնություն է հարկավոր Ձեր լեզվով, զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Կան նաև օժանդակ միջոցներ ու ծառայություններ հաշմանդամություն ունեցող անձանց համար, օրինակ՝ Բրայլի գրատիպով ու խոշորատառ տպագրված նյութեր: Զանգահարեք 1-800-700-3874 (TTY: 1-800-735-2929): Այդ ծառայություններն անվճար են:

ខ្មែរ (Cambodian)

ចំណាំ: ប្រសិនបើអ្នកត្រូវការជំនួយជាភាសារបស់អ្នក សូមហៅទូរសព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ សម្រាប់ជំនួយ និងសេវាកម្មផ្សេងៗ សម្រាប់ជនពិការ ដូចជាឯកសារអក្សរស្នាប និងអក្សរពុម្ពធំៗ ក៏មានដែរ។ សូមហៅទូរសព្ទទៅលេខ 1-800-700-3874 (TTY: 1-800-735-2929)។ សេវាកម្មទាំងនេះមិនគិតថ្លៃនោះទេ។

繁體中文 (Chinese)

请注意：如果您需要以您的母语提供帮助，请致电 1-800-700-3874 (TTY: 1-800-735-2929)。另外还提供针对残疾人士的帮助和服务，例如盲文和需要较大字体阅读，也是方便取用的。请致电 1-800-700-3874 (TTY: 1-800-735-2929)。这些服务都是免费的。

فارسی (Farsi)

توجه: اگر می‌خواهید به زبان خود کمک دریافت کنید، با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. کمکها و خدمات مخصوص افراد دارای معلولیت، مانند نسخه‌های خط بریل و چاپ با حروف بزرگ، نیز موجود است. با 1-800-700-3874 (TTY: 1-800-735-2929) تماس بگیرید. این خدمات رایگان ارائه میشوند.

Notice of Availability of Language Assistance and Auxiliary Aids and Services



हिंदी (Hindi)

ध्यान दें: अगर आपको अपनी भाषा में सहायता की आवश्यकता है तो 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। अशक्तता वाले लोगों के लिए सहायता और सेवाएं, जैसे ब्रेल और बड़े फॉन्ट में भी दस्तावेज उपलब्ध हैं। 1-800-700-3874 (TTY: 1-800-735-2929) पर कॉल करें। ये सेवाएं निःशुल्क हैं।

Hmoob (Hmong)

CEEBOOM: Yog koj xav tau kev pab txhais koj hom lus hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Muaj cov kev pab txhawb thiab kev pab cuam rau cov neeg xiam oob qhab, xws li puav leej muaj ua cov ntawv su thiab luam tawm ua tus ntawv loj. Hu rau 1-800-700-3874 (TTY: 1-800-735-2929). Cov kev pab cuam no yog pab dawb xwb.

日本語 (Japanese)

注意日本語での対応が必要な場合は 1-800-700-3874 (TTY: 1-800-735-2929)へお電話ください。点字の資料や文字の拡大表示など、障がいをお持ちの方のためのサービスも用意しています。1-800-700-3874 (TTY: 1-800-735-2929)へお電話ください。これらのサービスは無料で提供しています。

한국어 (Korean)

유의사항: 귀하의 언어로 도움을 받고 싶으시면 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 점자나 큰 활자로 된 문서와 같이 장애가 있는 분들을 위한 도움과 서비스도 이용 가능합니다. 1-800-700-3874 (TTY: 1-800-735-2929) 번으로 문의하십시오. 이러한 서비스는 무료로 제공됩니다.

ພາສາລາວ (Laotian)

ປະກາດ: ຖ້າທ່ານຕ້ອງການຄວາມຊ່ວຍເຫຼືອໃນພາສາຂອງທ່ານໃຫ້ໄດ້ທັນທີ 1-800-700-3874 (TTY: 1-800-735-2929). ຍັງມີຄວາມຊ່ວຍເຫຼືອ ອາດຈະການບໍລິການສໍາລັບຄົນພິການ ເຊັ່ນເອກະສານທີ່ບັນທຶກສອນນູນແລະມີໂຕຜິມໃຫຍ່ ໃຫ້ໄດ້ທັນທີ 1-800-700-3874 (TTY: 1-800-735-2929). ການບໍລິການເຫຼົ່ານີ້ບໍ່ຕ້ອງເສຍຄ່າໃຊ້ຈ່າຍໃດໆ.

Mien

LONGC HNYOUV JANGX LONGX OC: Beiv taux meih qiemx longc mienh tengx faan benx meih nyei waac nor douc waac daaih lorx taux 1-800-700-3874 (TTY: 1-800-735-2929). Liouh lorx jauv-louc tengx aengx caux nzie gong bun taux ninh mbuo wuaaic fangx mienh, beiv taux longc benx nzangc-pokc bun hlou mbiutc aengx caux aamz mborqv benx domh sou se mbenc nzoih bun longc. Douc waac daaih lorx 1-800-700-3874 (TTY: 1-800-735-2929). Naaiv deix nzie weih gong-bou jauv-louc se benx wang-henh tengx mv zuqc cuotv nyaanh oc.

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Notice of Availability of Language Assistance and Auxiliary Aids and Services



ਪੰਜਾਬੀ (Punjabi)

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਦੀ ਲੋੜ ਹੈ ਤਾਂ ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਆਪਣੇ ਲੋਕਾਂ ਲਈ ਸਹਾਇਤਾ ਅਤੇ ਸੇਵਾਵਾਂ, ਜਿਵੇਂ ਬ੍ਰੇਲ ਅਤੇ ਮੋਟੀ ਛਪਾਈ ਵਿੱਚ ਵੀ ਦਸਤਾਵੇਜ਼ ਉਪਲਬਧ ਹਨ। ਕਾਲ ਕਰੋ 1-800-700-3874 (TTY: 1-800-735-2929). ਇਹ ਸੇਵਾਵਾਂ ਮੁਫਤ ਹਨ।

Русский (Russian)

ВНИМАНИЕ! Если вам нужна помощь на вашем родном языке, звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Также предоставляются средства и услуги для людей с ограниченными возможностями, например документы крупным шрифтом или шрифтом Брайля. Звоните по номеру 1-800-700-3874 (линия TTY: 1-800-735-2929). Такие услуги предоставляются бесплатно.

Español (Spanish)

ATENCIÓN: si necesita ayuda en su idioma, llame al 1-800-700-3874 (TTY: 1-800-855-3000). También ofrecemos asistencia y servicios para personas con discapacidades, como documentos en braille y con letras grandes. Llame al 1-800-700-3874 (TTY: 1-800-855-3000). Estos servicios son gratuitos.

Tagalog (Filipino)

ATENSIYON: Kung kailangan mo ng tulong sa iyong wika, tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Mayroon ding mga tulong at serbisyo para sa mga taong may kapansanan, tulad ng mga dokumento sa braille at malaking print. Tumawag sa 1-800-700-3874 (TTY: 1-800-735-2929). Libre ang mga serbisyon ng ito.

ภาษาไทย (Thai)

โปรดทราบ: หากคุณต้องการความช่วยเหลือเป็นภาษาของคุณ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) นอกจากนี้ ยังพร้อมให้ ความช่วยเหลือและบริการต่าง ๆ สำหรับบุคคลที่มีความพิการ เช่น เอกสารต่าง ๆ ที่เป็นอักษรเบรลล์และเอกสารที่พิมพ์ด้วยตัวอักษรขนาดใหญ่ กรุณาโทรศัพท์ไปที่หมายเลข 1-800-700-3874 (TTY: 1-800-735-2929) ไม่มีค่าใช้จ่ายสำหรับบริการเหล่านี้

Українська (Ukrainian)

УВАГА! Якщо вам потрібна допомога вашою рідною мовою, телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Люди з обмеженими можливостями також можуть скористатися допоміжними засобами та послугами, наприклад, отримати документи, надруковані шрифтом Брайля та великим шрифтом. Телефонуйте на номер 1-800-700-3874 (TTY: 1-800-735-2929). Ці послуги безкоштовні.

Tiếng Việt (Vietnamese)

CHÚ Ý: Nếu quý vị cần trợ giúp bằng ngôn ngữ của mình, vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Chúng tôi cũng hỗ trợ và cung cấp các dịch vụ dành cho người khuyết tật, như tài liệu bằng chữ nổi Braille và chữ khổ lớn (chữ hoa). Vui lòng gọi số 1-800-700-3874 (TTY: 1-800-735-2929). Các dịch vụ này đều miễn phí.

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