

Whole Child Model Clinical Advisory Committee

Meeting Agenda

Tuesday, December 16, 2025

12:00 p.m. - 1:00 p.m.



Held Via Teleconference

1. Members of the public wishing to join the meeting may do so as follows:
Join on your computer, mobile app, or room device.

[Join the meeting now](#)

Meeting ID: 245 855 344 784 74

Passcode: gPX3ev2F

Dial in by phone

[+1 872-242-9041, 702310334#](#) United States, Chicago

[Find a local number](#)

Phone conference ID: 702 310 334#

2. Members of the public wishing to provide public comment on items not listed on the agenda that are within jurisdiction of the 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 Monday, September 29, 2025 to the Clerk of the Advisory Committee at jvanvoerkens@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 five minutes.
 - b. Public comment during the meeting when that item is announced.
 - i. State your name and organization prior to providing comment.
 - ii. Comments are limited to five minutes.
3. Mute your phone during presentations to eliminate background noise.
 - a. State your name prior to speaking during comment periods.
 - b. Limit background noise when unmuted (i.e., paper shuffling, cell phone calls, etc.)

1. **Call to Order by Chairperson Wang. 12:00 p.m.**

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

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

2. Oral Communications. 12:05 p.m.

- A. Members of the public may address the Committee on items not listed on today's agenda that are within the jurisdiction of the Committee. Presentations must not exceed five minutes in length, and any individual may speak only once during Oral Communications.
- B. If any member of the public wishes to address the Committee on any item that is listed on today's agenda, they may do so when that item is called. Speakers are limited to five minutes per item.

Consent Agenda Items: 12:10 p.m.

3. Approve Whole Child Model Clinical Advisory Committee (WCMCAC) Meeting Minutes of September 30, 2025.

- A. Reference materials: Minutes as above.
- B. Grievance Update S. Sanders
- C. WCMCAC Charter

Regular Agenda Items: 12:15 p.m.

4. New Business

- A. Interpreting Services D. Herrera

Old Business

- A. Behavioral Health Insourcing Update R. McMullen
- B. Transportation Update D. Urbelis, Call the Car
- C. WCMFAC Update J. Espinoza
- D. WCM Referral Volumes A. McEowen, RN

5. Open Discussion: 12:40 p.m.

- A. Committee to have roundtable discussion

6. Future Topics

7. Adjourn: 12:50 p.m.

The next meeting of the Whole Child Model Clinical Advisory Committee, after this December 16, 2025, meeting:

- Thursday, February 19, 2026, 12:00-1:00 p.m.
Locations: Teleconference via MS Teams

Members of the public interested in attending should call the Alliance at (831) 430-2621 to verify meeting dates prior to the meetings.

The complete agenda packet is available for review on the Alliance website at: www.ccah-alliance.org bottom of page under Community – Meetings and Events.

Whole Child Model Clinical Advisory Committee



Meeting Minutes

Thursday, September 30, 2025

12:00 p.m. - 1:00 p.m.

Teleconference Meeting

Committee Members' Present:

Aditi Mhaskar, MD
Cal Gordon, MD
Hue Nguyen, MD
Lena Malik, MD
Michelle Perez, MD

Provider Representative
Provider Representative
Provider Representative
Provider Representative
Provider Representative

Committee Members Absent:

Camille Guzel, MD
Ignacio Santana
James Rabago, MD
Jennifer Yu, MD
John Mark, MD
Nicole Shelton, PA

Provider Representative
Provider Representative
Board Representative
Provider Representative
Provider Representative
Provider Representative

Staff Present:

Dianna Myers, MD
Ashley McEowen, RN
Christy Pool
Jana Brodock,
Jenna Stromsoe, RN
Lisa Moody, RN
Maria Elena Villalobos
Jacqueline Van Voerkens

Chair, Interim CHEO, Medical Director
Complex Case Management Supervisor
Temporary Administrative Assistant
Lead Clinical Analyst BCBA
Complex Case Management Supervisor
Senior Complex Case Manager
Administrative Specialist
Clerk of the Committee

Other Representatives Present:

Becky Shaw
Janna Espinoza
Linda Smith RN

CEO Merced Faculty Associates
FAC Representative
Director of Nursing, Merced Co. Public Health

1. Call to Order by Chairperson Dr. Dianna Myers.

Chairperson Myers called the meeting to order at 12:05 p.m.
Roll call was taken.

2. Oral Communications.

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

No members of the public addressed the Committee.

3. Consent Agenda Items.

- A. Approval of WCMCAC Minutes
Minutes from July 10, 2025, meeting were reviewed.
- B. Grievance Update
Grievance data and update were provided to the Committee.
- C. 2026 Schedule

M/S/A Consent agenda items approved.

4. Regular Business Items.**A. ABA/BHT**

Jana Brodock, Alliance Lead Clinical Analyst BCBA, provided a comprehensive presentation on Applied Behavior Analysis (ABA), covering its clinical indications, referral pathways, eligibility criteria, and the process for accessing services, with an active discussion and questions regarding diagnosis requirements and communication with referring providers. Ms. Brodock explained that ABA is a scientific approach to understanding and changing behavior, focusing on observable and measurable behaviors, and is typically delivered in outpatient settings such as homes, clinics, schools, and community locations, involving multidisciplinary teams. It was clarified that while ABA is most commonly used for autism spectrum disorder (ASD), it is also effective for other diagnoses such as Down syndrome, Tourette's syndrome, Attention Deficit Hyperactivity Disorder (ADHD), and oppositional defiant disorder (ODD), and can be started at any age up to 21 years old at the Alliance. Referrals for ABA do not need to be submitted directly to the Alliance but should come from a licensed referring provider to the servicing ABA provider, and that a formal diagnosis is not required to initiate ABA services; the Alliance assists families in obtaining a diagnosis by linking the member to a comprehensive diagnostic evaluation (CDE) provider if needed while starting ABA services concurrently. Prior authorization is required for ongoing ABA services after the initial assessment. Ms. Brodock provided detailed instructions for submitting referrals via the online form or provider portal, including handling cases without an established diagnosis and the importance of including caregiver information.

Dr. Lena Malik asked if a formal diagnosis is required before referring to ABA, noting that third-party providers often require one. She questioned if the Alliance helps formalize the diagnosis if not already present. Ms. Brodock responded that the Alliance could start ABA services with a referral and will help the members get a comprehensive diagnostic evaluation if needed, running both processes in parallel.

Dr. Aditi Mhaskar asked if a patient with maladaptive behaviors but found to have a learning disability (not autism) after assessment, could continue ABA. Ms. Brodock confirmed that ABA can be provided for other diagnoses if the provider recommends it, and goals can be tailored to the member's needs, such as attending or on-task behavior, just not academics.

Dr. Dianna Myers asked about the process for getting information back to the referring provider after ABA evaluation, noting challenges in receiving updates. Ms. Brodock acknowledged the issue, explained current practices, and agreed to explore ways to streamline communication and ensure providers receive necessary updates.

5. Old Business Items.

HEALTHY PEOPLE. HEALTHY COMMUNITIES.

A. Transportation Update

Call the Car representative was not present to provide the transportation update. Update will be provided at next meeting.

B. WCM Family Advisory Committee Update

Janna Espinoza provided updates from the Family Advisory Committee, highlighting new member recruitment efforts, the addition of a family from Merced, ongoing work to expand the resource guide for new counties, and recent discussions with state representatives on policy and system improvements. Ms. Espinoza reported successful recruitment of a new family from Merced, with plans for them to become voting members pending board approval and encouraged committee members to refer interested families to the advisory group. The committee is working to enhance the resource guide, particularly for San Benito and Mariposa counties, and solicited input from members to identify additional resources for these areas. Ms. Espinoza shared that a new California Children's Services (CCS) advisory group representative has been appointed to the committee, and summarized a recent presentation created by Michelle Bass from DHCS, which addressed state and federal budget impacts and efforts to automate disability verification for Medi-Cal. Ms. Espinoza shared a new family from Merced is in the process board approval to become voting members, increasing representation from Merced.

Recruiting families from Merced has been a longstanding challenge; Ms. Espinoza encouraged WCMCAC members to refer interested families to the advisory group, even for occasional participation. The WCMFAC is working to expand its resource guide, especially for San Benito and Mariposa counties, and welcomes suggestions for additional resources.

To receive a WCMFAC resource guide, committee membership referrals, or committee business please contact Kayla Zoloniak, Administrative Specialist at: kzoloniak@thealliance.health

C. WCM CCS Referral Volumes

Ashley McEowen, supervisor of the pediatric case management team, presented updated data on Alliance referral volumes, approval and denial rates by county, and membership changes, with discussion on the impact of pending referrals and the aging out of CCS members. Ms. McEowen reported that referral volumes have increased by about 40 since the last packet, with a significant number of referrals pending determination or documentation and provided a county-by-county breakdown. Quarter two approval rates averaged 74.7%, while quarter three rates appeared lower due to pending referrals; denial rates decreased from 20.9% to 13.2%, with expectations that approval rates will rise after retrospective review. Ms. McEowen noted that 86 young adults Alliance members turned 21 and aged out of CCS this month.

Ms. Espinoza inquired about potential increases in grievances following this transition, which Dr. Myers agreed to investigate further as an action item.

Action: Dr. Myers to investigate potential increases in grievances due to the members aging out of CCS transition.

Action Complete: The Alliance is presently unable to track grievances due to the members aging out of CCS transition based on the available member data. An evaluation was requested to identify if any logic builds could detect this.

D. Open Discussion

Dr. Myers facilitated a roundtable for county representatives to share local updates. Feedback on referral processes, mental health access, and ongoing challenges in provider communication and resource tracking was discussed.

Santa Cruz County Update: Dr. Cal Gordon reported stable operations and effective collaboration with the Alliance, with regular meetings to address issues as they arise.

San Benito County Update: Dr. Hue Nguyen shared positive feedback from staff regarding improved mental and behavioral health referral processes since the program change, with no recent complaints from parents.

Monterey County Update: Dr. Lena Malik noted quicker mental health referrals and appreciated the ability to start ABA services before a formal diagnosis but highlighted ongoing difficulties in receiving timely updates from providers, especially for small practices.

Merced and Mariposa County Updates: Ms. Becky Shaw and Dr. Michelle Perez reported no significant updates or feedback from their respective communities, Dr. Michelle Perez report that her Mariposa families are not currently part of CCS.

Adjourn.

The meeting adjourned at 1:00 p.m.

Respectfully submitted,

Ms. Jacqueline Van Voerkens
Clerk of the Advisory Committee

The Whole Child Model Clinical Advisory Committee is a public meeting.



Whole Child Model Grievances

Q3 2025 Appeal & Grievance (AG) Review

Whole Child Model, Clinical Advisory Committee: WCMCAC

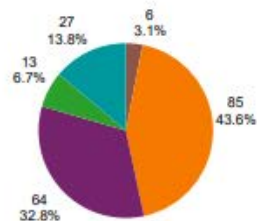
Prepared by: Sarah Sanders, Grievance and Quality Manager

12/16/25

WCM Q3 2024– Q3 2025 GRIEVANCES by LOCATION

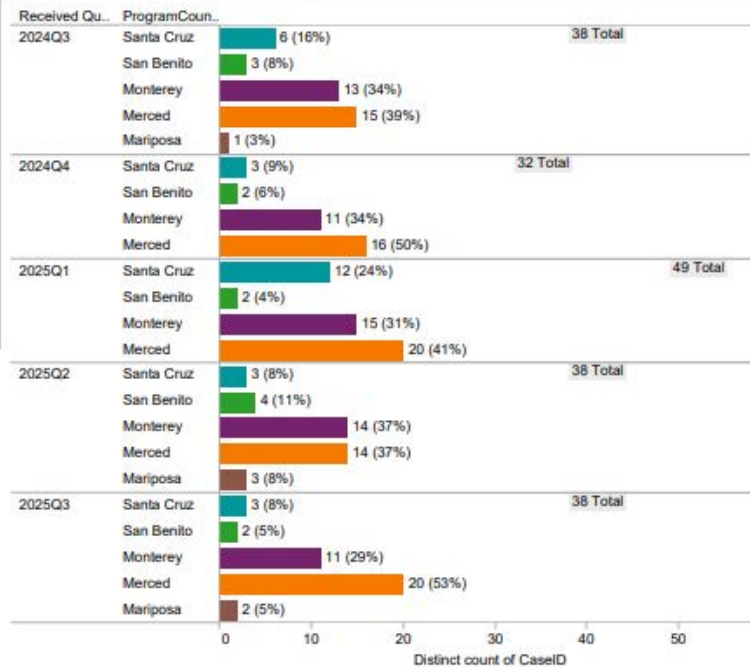
WCM Grievances by Member Location

Last update: 12/2/2025 7:18:51 AM

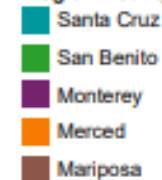


WCM Grievances by Member Location by Quarter

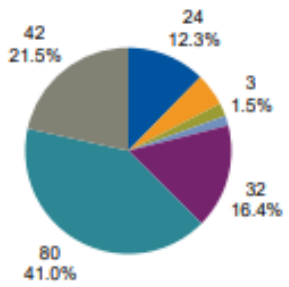
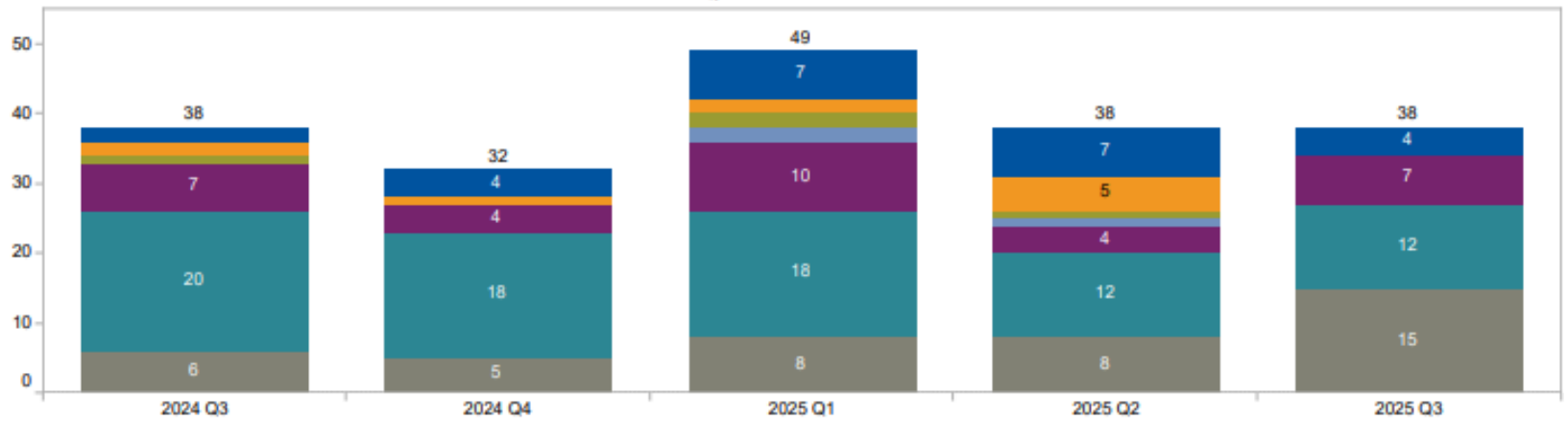
Last update: 12/2/2025 7:18:51 AM



ProgramCounty



WCM Q3 2024 through Q3 2025 GRIEVANCES by TYPE



- Appeal
- Benefits-Claims-Cover...
- DME
- Other
- Provider
- Quality of Care-Service
- Transportation





WCM Review

Q3 2025 TRENDS

REVIEW and TRENDS:

1. The Plan closely monitors WCM Grievances to identify trends and raise during Staff Grievance Review Committee (SGRC)
2. Overall, WCM Grievance volume remains stable when compared historically.
3. During Q3, Transportation made up the **largest** volume of WCM/CCS case types followed by QOC/QOS.
4. Common Themes continued:
 - ❖ Provider Billing
 - ❖ Provider Interactions

WCM **GRIEVANCE** Actions



- Continue engaged monitoring and interventions.
- Monitoring adults exiting from WCM program.
- **Solicit input:** Clinical Partners, please share any questions or suggestions to ssanders@thealliance.health





COMMITTEE CHARTER

Committee: Whole Child Model Clinical Advisory Committee (WCMCAC)

Original Date: February 2018

Last Revision Date: ~~December~~ November 202518

Approved by: ~~Santa Cruz – Monterey – Merced – San Benito – Mariposa Managed Medical Care Commission~~ Alliance Board

Purpose:

The Whole Child ~~Model~~ Clinical Advisory Committee (WCMCAC) is an advisory committee providing input and recommendations to the health plan on important strategic issues that impact California Children Services (CCS) members, families, and providers. The ~~WCCAC~~ WCMCAC will provide feedback to assist in meeting the six goals of the WCM:

- Implement Patient and Family-Family Centered Approaches to Care
- Improve Care Coordination through an Organized Delivery System
- Maintain Quality of Services
- Streamline Care Delivery
- Build on Lessons Learned
- Provide Quality, Cost Effective Services

Authority and Responsibility

The primary responsibility of the ~~WCCAC~~ WCMCAC is ~~to~~ to advise on clinical issues relating to CCS conditions, including treatment authorization guidelines, and serve as clinical advisers on other clinical issues relating to CCS conditions .

The ~~WCCAC~~ WCMCAC will provide perspective on issues relating to diagnosis



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and treatment of Alliance members with conditions that have been traditionally covered through the California Children's Services (CCS) program. In addition, the ~~WCCAG~~WCMCAC will review and offer advice about policies, programs and initiatives relating to care of members as the CCS program is integrated into the Whole Child Program.

Membership

WCMCAC members are appointed by the Alliance board. Membership includes:

The Alliance Chief Medical Officer, or
Board Certified Pediatric Medical Director.

Each County's CCS Medical Director

At least four (4) CCS paneled providers, ~~ideally to include with~~ representation from each of the Alliance counties served.

Membership will reflect demographic representation within practical limits, including geographic distribution, primary cCare and specialists.

Selection of Members: Members are recruited several ways including, but not limited to:

1. Recommendation of CCS staff representing each County
2. Volunteer by individual physician
3. Physicians with specific expertise may be invited to assist with the group's work.



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	<p>WCCAGWCMCAC members will be appointed by the Alliance Board .</p> <p>Alliance staff, including, but not limited to the Chief Health Services OfficerExecutive Director, Utilization Management Director, Quality Improvement Director, Provider Services Director, <u>and</u> Member Services Director may attend depending upon agenda items.</p>
Terms	<p>Members will be appointed to a one-year term. At the end of the term the member may be reappointed to a subsequent one-year term or terms.</p> <p>Physicians unable to attend at least half of meetings will be encouraged to yield their seats to others with more compliant schedules.</p>
WCMCAC Chair	<p>The Chief Medical Officer <u>or Board Certified Pediatric Medical Director</u> will serve as Chair.</p>
Meetings	<p><u>As per contractual requirement Exhibit L 3.1.3 WCM Advisory Committees: In Accordance with W&I section 14094.17(a) and APL 23-034 "Contractor must create and maintain a WCM clinical advisory committee, separate and distinct from its Quality Improvement and Health Equity Committee described in Exhibit A, Attachment III, Section 2.3 (Quality Improvement and Health Equity Committee). The WCM clinical advisory committee must be composed of Contractor's Medical Officer or the</u></p>



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equivalent, the county CCS medical director, and at least four CCS paneled Providers.

1. The WCM clinical advisory committee must advise on clinical issues relating to CCS conditions, including treatment authorization guidelines, and to serve as clinical advisers on other clinical issues relating to CCS conditions.

2. The WCM clinical advisory committee must meet at least quarterly, or more frequently if determined necessaryThe WCCAC will meet quarterly, with a minimum of three (3) meetings per year. Meetings fall within the Ralph M. Brown Act (Brown Act). An opportunity for public comment will be offered and agendas and meeting materials will be published and distributed to PAG members and posted publicly at least 72 hours prior to each meeting.

WCMCAC is a non-voting advisory group and does not require a quorum.

Meeting Compensation

~~WCCAC~~WCMCAC may receive a –stipend for ~~in-person~~ participation in the ~~WCCAC~~WCMCAC.

Agenda, Minutes, Reports

WCMCAC reports to the Board of



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Commissioners, through Committee Minutes as well as recommendations for policy revisions and innovations.

Alliance staff will work in collaboration with the Chair to develop the agenda for each meeting.

Alliance staff are responsible for agenda and meeting material production and distribution.

Agendas and meeting materials will be published and distributed to WCMCAC members and posted publicly at least seventy-two (72) hours prior to each meeting.

Alliance staff will record minutes of meetings which will be approved by the WCMCAC members at each subsequent meeting.

Open and Public meetings

~~WCCAG~~WCMCAC meetings are open to the public.

To facilitate participation WCMCAC members may attend meetings telephonically.

Meeting Location

Meetings will take place ~~virtually, in the Alliance offices listed below and joined together via~~ videoconferencing, telephonically.

- ~~In Merced County: Board Room~~
~~530 West 16th Street, Suite B, Merced, CA~~
- ~~In Monterey County: Board Room~~



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Alliance Board

	950 East Blanco Road, Suite 101, Salinas, CA • In Santa Cruz County: Board Room 1600 Green Hills Road, Suite 101, Scotts Valley, CA
Translation and Interpreter Services/ Assistive Devices	Requests for translation and interpreter services, including sign-language interpretation or other assistive devices such as real-time captioning, note takers, reading or writing assistance and conversion of meeting materials into Braille, large print or computer flash drive can be made available if requested at least ten (10) business days prior to the meeting.
Review of Charter	The WCMCAC shall review this charter at least annually. Any proposed changes shall be submitted to the Board for approval.

Revision History:

Review Date	Revised Date	Changes Made By	Approved By
11/8/2018	12/6/2018	Danita Carlson, Government Relations Director	Alliance Board
<u>11/01/2025</u>	<u>11/01/2025</u>	<u>Dianna Myers, MD,</u> <u>Interim CHEO</u>	



Alliance Cultural and Linguistic (C&L) Services Interpreting Services Update

Desirre Herrera, Quality and Health Programs Manager
12/16/2025

Interpreting Services Available

Telephonic Interpreting

- Available 24 hours a day, 7 days a week
- **Over 200 languages** available

Face-to-Face Interpreting

- **Interpreter request form** required from provider
- 5-7 business days for American Sign Language (ASL)
- 7-10 business days for all other languages
- Urgent requests for interpreters are available in some cases

Virtual Remote Interpreting (VRI)

- **Interpreter request form** required from provider
- 5-7 business days for American Sign Language (ASL)
- 7-10 business days for all other languages
- Urgent requests for interpreters are available in some cases

New

Interpreter services provider quick reference guide

<https://thealliance.health/for-providers/manage-care/interpreter-services-provider-quick-reference-guide/>



Interpreter Request Form



Cultural and Linguistic Services Interpreter Request Form



Please complete this form to request interpreting Services for an Alliance member. You can also request an interpreter by calling the **Alliance Health Education Line at 800-700-3874, ext. 5580.** Allow 5-7 business days for all American Sign Language (ASL) and 7-10 business days for all non-ASL requests prior to appointment.

Requesting Provider

Date of request:	Facility Name:
Contact Person:	Phone:
Email:	Fax:
<input type="checkbox"/> American Sign Language (ASL)	
<input type="checkbox"/> Non-ASL, specify foreign language:	
<input type="checkbox"/> Virtual Remote Interpreting (VRI), specify ASL or foreign language: For VRI, provide login information/link for interpreter to access:	
<input type="checkbox"/> Indigenous Language, specify name of town, district, and state, if possible:	

Note: To ensure we match an accurate indigenous interpreter, a phone call will be made to the patient when requesting for an indigenous language.

Patient Information

Name:	Alliance ID:	DOB:
Phone:	Message Phone:	

Appointment Information

Appointment Date:	Time:	
Type of Appointment:		
Length of Appointment:	Physician Name:	
Facility Name:		
Facility Address:		
City:	State:	ZIP:

All cancellations or changes must be submitted with a minimum of 48 hours prior to a confirmed appointment. Please submit a separate request for each appointment. For all questions, please call the Alliance Health Education Line at **800-700-3874, ext. 5580.**

Please fax this completed form to 831-430-5850

Request In-person or VRI Services

- ✓ Complete request form
- ✓ Submit by fax to Alliance C&L team at 831-430-5850
- ✓ C&L team works with multiple vendors to schedule interpreters
- ✓ Confirmation details will be sent to the requesting provider

Questions?

- ✓ Email **ListC&L@thealliance.health**
- ✓ Call the Alliance Health Education Line **1-800-700-3874, ext. 5580**
- ✓ Report any issues as soon as possible via email or call the Health Education Line



Materials Available Flyers



Alliance Language Assistance Services

If you have trouble talking with your doctor, **we can help!**

As an Alliance member, you have the right to language assistance services at **no cost**.

 An interpreter can help you **over the phone** or **in-person**.

 The Alliance must approve in-person cases **ahead of time**.

 For help with getting an interpreter or written information in your language, please call the Alliance Health Education Line at **800-700-3874, ext. 5580**

You can also visit our website at
www.thealliance.health/languageassistance

HEALTHY PEOPLE. HEALTHY COMMUNITIES.
www.thealliance.health

01-2025



Servicios de Asistencia con el Idioma de la Alianza

¡Si tiene problemas para hablar con su doctor, **podemos ayudarle!**

Como miembro de la Alianza, tiene derecho a servicios de asistencia con el idioma **sin costo alguno**.

 Un intérprete le puede ayudar **por teléfono** o **en persona**.


 La Alianza debe **aprobar por adelantado** los casos que requieren intérprete en persona.

 Si necesita ayuda para obtener un intérprete o información escrita en su idioma, llame a la Línea de Educación de Salud de la Alianza al **800-700-3874, ext. 5580**.

También puede visitar nuestro sitio web en
www.thealliance.health/es/languageassistance

PERSONAS SANAS. COMUNIDADES SANAS.
www.thealliance.health


01-2025




Alliance Cov Kev Pab Cuam Txhais Lus

Yog tias koj muaj teeb meem tham nrog koj tus kws kho mob, **peb tuaj yeem pab tau!**


Thaum koj yog Alliance Tus Tswv cuab, koj muaj cai tau txais cov kev pab txhais lus no yam tsis tau them nqi:

 Ib tug neeg kws pab txhais lus yuav pab koj hauv xov tooj lossis tim ntsej tim muag.

 Lub Alliance yuav tsum tau pom zoo rau cov kev thov rau tim ntsej tim muag ua ntej.

Yog tias koj xav tau ib tus kws pab txhais lus:

- Qhia rau koj tus kws kho mob lub chaw haujlwm paub hom lus twg uas koj xav tau.
- Koj tus kws kho mob lub chaw haujlwm tuaj yeem teeb tau tus neeg txhais lus los ntawm lub Alliance.

 Yog xav tau kev pab kom tau ib tus kws pab txhais lus lossis sau cov lus qhia rau koj hom lus, thov hu rau lub Alliance Tus Xov Tooj Pab Qhia Kev Noj Qab Haus Huv ntawm **800-700-3874, ext. 5580**

Yog kuj mus saib tau peb lub vev xais ntawm
www.thealliance.health/hmn/languageassistance

TIBNEEG MUAJ KEV NOJ QAB HAUS HUV. NEEG ZEJ ZOG MUAJ KEV NOJ QAB HAUS HUV.
www.thealliance.health

01-2025



Materials Available


Phone Interpreting Services

LanguageLine Solutions		<h1 style="margin: 0;">Interpretation Services Available</h1>	
<p>English Translation: Point to your language. An interpreter will be called. The interpreter is provided at no cost to you.</p>			
Arabic <p>أشتر إلى التفسير وسيتحدث المفسر معك فوراً، كما سيتم اختيار المترجم القوي مبدئياً.</p>	عربي		
Burmese <p>ဝဋ်ပုၤမိၣ်တူၢ်အခါၤ တီၢ်ဒီးကွဲးတီၢ်ဟံးသ့ၣ်၊ ဝဋ်ပုၤမိၣ်တူၢ်အခါၤ အဆၢၣ်တူၢ်အခါၤ</p>	မြန်မာ		
Cantonese <p>請指聽您的語言，以便為您提供免費的口譯服務。</p>	廣東話		
Farsi <p>زبان مورد نظر خود را مشخص کنید یک مترجم برای شما ارسال خواهد شد. مترجم بصورت رایگان در اختیار شما قرار می گیرد.</p>	فارسی		
French <p>Indiquez votre langue et nous appellerons un interprète. Le service est gratuit.</p>	Français		
Haitian Creole <p>Lonje dwèt ou sou lang ou pale a epi n ap rele you entèprèt pou ou. Nou ba ou sèvis entèprèt la gratis.</p>	Kreyòl		
Hindi <p>अपनी भाषा को दर्शित करें। विश्वक समुदाय आपके लिए इस्तेमाली अनुवादकर्ता आपके लिए इस्तफा करे। विश्वक समुदाय की सहायता है।</p>	हिंदी		
Hmong <p>Taw rau koj hom lus. Yuav hu rau li tug nei bhaib lus. Yuav muaj nei bhaib lus yam us koj ib tsu tau them dab tsil.</p>	Hmoob		
Italian <p>Indicare la propria lingua. Un interprete sarà chiamato. Il servizio è gratuito.</p>	Italiano		
Japanese <p>あなたの話す言語を指してください。 無料で通訳サービスを提供します。</p>	日本語		
Korean <p>귀하께서 사용하실 언어를 지정하시거나 해당 언어 목록 서비스를 무료로 제공해 드립니다.</p>	한국어		
Mandarin <p>請指定您的語言，以便為您提供免費的口譯服務。</p>	國語		
Polish <p>Proszę wskazać swój język i wezwiemy tłumacza. Usługa ta zapewnia jest bezpłatnie.</p>	Polski		
Portuguese <p>Indique o seu idioma. Um intérprete será chamado. A interpretação é fornecida sem qualquer custo para você.</p>	Português		
Punjabi <p>ਪਾਣੀ ਭਰਾ ਦੇ ਕਿਸੇ ਕੋਈ ਭਾਸ਼ਾ ਪੁੱਛਕ ਮਿਲ ਸਕਦੀ ਹੈ ਅਤੇ ਇਹਨਾਂ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹੋਣਗੀਆਂ।</p>	ਪੰਜਾਬੀ		
Russian <p>Укажите язык, на котором вы говорите. Вам вызовут переводчика. Услуги переводчика предоставляются бесплатно.</p>	Русский		
Somali <p>Farta ku fiigladadaad... Wax laguuga yeeri doona turjubaan. Turjubaanka wax lacagi kaaga bixi mayso.</p>	AF-Soomaali		
Spanish <p>Señale su idioma y llamaremos a un intérprete. El servicio es gratuito.</p>	Español		
Tagalog <p>Ituro po ang inyong wikang, ikang tagasalin ang pagkakalabok nang libre sa inyo.</p>	Tagalog		
Vietnamese <p>Hãy chỉ vào ngôn ngữ của quý vị. Một thành viên sẽ được gọi đến, quý vị sẽ không phải trả tiền cho thông dịch viên.</p>	Tiếng Việt		

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- The Language You Need

Document the interpreter name and number and
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3 x 2" durable plastic
card badge



Questions?

Alliance Health Education Line

1-800-700-3874, ext. 5580

Cultural and Linguistics (C&L) Team Email

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Thank you!





WCM CCS Referral Volumes

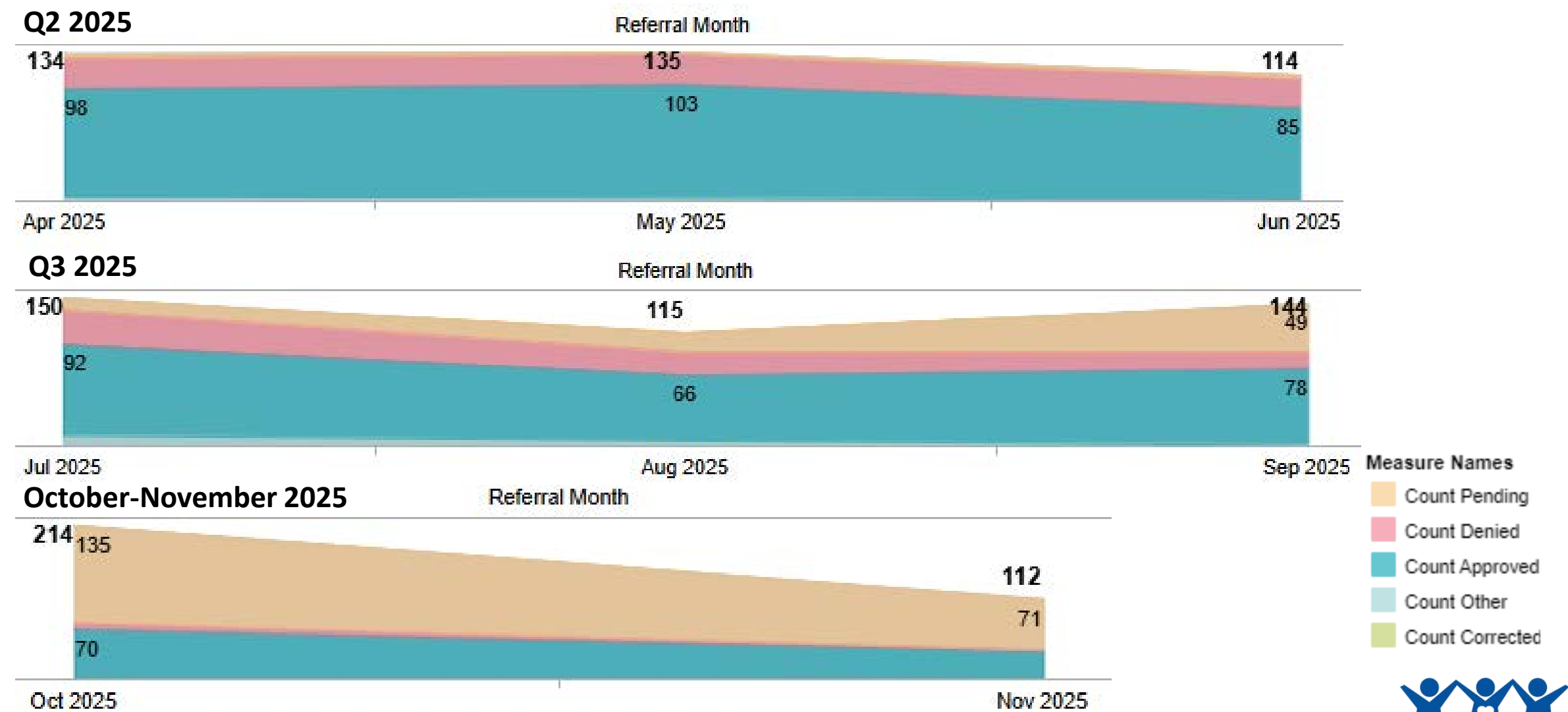
WCM Clinical Advisory Committee

Pediatric Complex Case Mgmt

Ashley McEowen, RN

12.16.2025

Alliance CCS Referral Volumes



Referral Counts by County

Q3 2025

- Merced: 179
- Monterey: 143
- Santa Cruz: 69
- Mariposa: 7
- San Benito: 11
- Total Referrals: 409

Oct & Nov 2025

- Merced: 113
- Monterey: 132
- Santa Cruz: 56
- Mariposa: 1
- San Benito: 21
- Total Referrals: 326



Referral Approval Rates by County

Q3 2025

- Merced: 63.1%
- Monterey: 51.7%
- Santa Cruz: 59.4%
- Mariposa: 14.3%
- San Benito: 63.6%
- Average Approval Rate: 57.7%

Oct & Nov 2025

- Merced: 38.9%
- Monterey: 29.5%
- Santa Cruz: 39.3%
- Mariposa: 0.0%
- San Benito: 14.3%
- Average Approval Rate: 33.7%



Referral Denial Rates by County

Q3 2025

- Merced: 19.6%
- Monterey: 16.8%
- Santa Cruz: 15.9%
- Mariposa: 14.3%
- San Benito: 27.3%
- Average Denial Rate: 18.1%

Oct & Nov 2025

- Merced: 1.8%
- Monterey: 6.1%
- Santa Cruz: 0.0%
- Mariposa: 0.0%
- San Benito: 0.0%
- Average Denial Rate: 3.1%



WCM Member Volumes

December 2025: WCM Members

Age Out Volumes

- Merced: 3,635
 - Monterey: 4,323
 - Santa Cruz: 1,306
 - San Benito: 392
 - Mariposa: 73
 - Total: 9,729
- Merced: 27
 - Monterey: 23
 - Santa Cruz: 13
 - San Benito: 1
 - Mariposa: 0
 - Total: 64



A young boy with dark hair is running through water, splashing, with a joyful expression. He is wearing a white t-shirt with a colorful graphic that reads "THIS WORLD IS FULL of HOPE let's BEGIN To PROCEED With" and blue jeans. The background is a soft-focus outdoor scene with sunlight filtering through trees, creating a bokeh effect. The right side of the image has a blue gradient overlay.

QUESTIONS?



WHOLE CHILD CLINICAL ADVISORY COMMITTEE MEETING CALENDAR FOR 2026

Thursday, February 19th	12:00 PM to 1:00 PM
Thursday, April 16 th	12:00 PM to 1:00 PM
Thursday, July 16 th	12:00 PM to 1:00 PM
Thursday, October 15 th	12:00 PM to 1:00 PM

All Meetings will be held via virtually