



## **CalOptima Health Seeks Whole-Child Model Family Advisory Committee Candidates**

The Whole-Child Model (WCM) has been authorized to incorporate services covered by California Children's Services (CCS) for Medi-Cal-eligible children and youth into a Medi-Cal managed care plan benefit. A provision of the Whole-Child Model requires health plans to establish a family advisory committee.

The CalOptima Health Board of Directors welcomes input and recommendations from its members and the community regarding CalOptima Health programs. Accordingly, CalOptima Health encourages members and community advocates to become involved in the Whole-Child Model Family Advisory Committee (WCM FAC).

The WCM FAC is composed of members, the families of members receiving CCS services, and community advocates who serve them. The committee reports to the Board and are asked to:

- Provide advice and recommendations to the Board and staff on issues concerning CalOptima Health's Whole-Child Model as directed by the Board and as permitted under applicable law
- Engage in study, research and analysis of issues assigned by the Board or generated by staff or the WCM FAC
- Serve as liaison between interested parties and the Board, and assist the Board and staff in obtaining public opinion on issues relating to CalOptima Health's Whole-Child Model
- Understanding and familiarity with the diverse cultural and/or social environments of Orange County, including Limited English Proficiency, Black, Indigenous and People of Color, LGBTQ+ and other underserved members
- Initiate recommendations on issues for study to the CalOptima Health Board for its consideration and approval, as well as facilitate community outreach for CalOptima Health's Whole-Child Model and the Board.

CalOptima Health is seeking community members to serve on the WCM FAC. The following two-year seats are available:

- **Community-Based Organizations**
- **Consumer Advocate**

All appointments begin upon approval by the CalOptima Health Board.

Interested individuals with knowledge of or experience in CCS should submit the completed application, a biography or resume, and the required disclosure forms as soon as possible. Recruitment will remain open until seats are filled. Please send to:

CalOptima Health  
505 City Parkway West  
Orange, CA 92868  
Attn: Cheryl Simmons  
Office of the Clerk of the Board  
Or send via email to [csimmons@caloptima.org](mailto:csimmons@caloptima.org)  
or fax to 714-571-2479

For questions, please call 714-347-5785.



# CalOptima Health

## Whole-Child Model Family Advisory Committee Community Application

**Instructions: Please answer all questions. You may handwrite or type your answers.  
Attach an additional page if needed.  
If you have any questions regarding the application, call 714-347-5785.**

Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_ Email: \_\_\_\_\_

**I hereby submit my application for the following Whole-Child Model Family Advisory Committee (WCM FAC) Community Representative seats, and I understand that service on the WCM FAC is on a voluntary basis with no stipend:**

☐ **Community-Based Organizations**

☐ **Consumer Advocate**

All appointments are for a two-year period beginning upon Board approval. These seats are subject to continued eligibility to hold a Community Representative seat.

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Current position and/or relation to a community-based organization or consumer advocate(s) (e.g., organization title, student, volunteer, etc.):

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Please provide a brief description of your direct or indirect experience working with the CalOptima Health population receiving California Children's Services (CCS) services and/or the constituency you wish to represent on the WCM FAC. Include any relevant community experience:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your understanding of and familiarity with the diverse cultural and/or special needs of children receiving CCS services in Orange County and/or their families? Include any relevant experience working with such populations:

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What is your understanding of and experience with California Children's Services, managed care systems and/or CalOptima Health?

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Please explain why you wish to serve on the WCM FAC:

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Describe why you would be a qualified representative for service on the WCM FAC:

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For demographic purposes only, which group best describes your race? (One or more groups may be marked)

- ☐ American Indian or Alaska Native   ☐ Asian   ☐ Black or African American  
☐ Hispanic   ☐ Native Hawaiian or Other Pacific Islander   ☐ White   ☐ Other   ☐ Prefer Not to Answer

Please specify which of CalOptima Health's threshold languages you speak fluently:

- ☐ English   ☐ Spanish   ☐ Vietnamese   ☐ Farsi   ☐ Korean   ☐ Chinese   ☐ Arabic   ☐ Russian

If selected, are you able to commit to attending quarterly WCM FAC meetings and to serving on at least one subcommittee?   ☐ Yes   ☐ No

Do you agree that you will advocate on behalf of all CalOptima Health members and/or providers during your service on the WCM FAC?   ☐ Yes   ☐ No

***All advisory committee representatives are appointed by the CalOptima Health Board of Directors and are subject to the CalOptima Health Code of Conduct.***

Please supply two references (professional, community or personal):

Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, ZIP: _____	City, State, ZIP: _____
Phone: _____	Phone: _____
Email: _____	Email: _____

### **Public Records Act Notice**

**Under California law, this form, the information it contains, and any additional information submitted with it, such as biographical summaries and resumes, are public records, with the exception of your address, email address, and telephone numbers, as well as the same information for any references provided. These documents may be presented to the Board of Directors for their consideration at a public meeting, at which time they will be published, with the contact information removed, as part of the Board materials that are available on CalOptima Health's website, and even if not presented to the Board, will be available on request to members of the public.**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Print Name**

**Submit this application, along with a biography or resume, to:**

CalOptima Health  
505 City Parkway West  
Orange, CA 92868  
Attn: Cheryl Simmons  
Office of the Clerk of the Board

Phone: **714-347-5785** Fax: **714-571-2479** Email: [csimmons@caloptima.org](mailto:csimmons@caloptima.org)