

**Medi-Cal Community Advisory Committee
Central Valley
March 27, 2025, 1:00pm
Meeting Minutes**

Community Advisory Committee Members Present (names omitted for privacy)	
Kaiser Permanente Medi-Cal members	16
Caregiver advocates of Kaiser Permanente Medi-Cal members	2
Community-based organization representatives	0

Other Attendees	
Spanish interpreter	1

Kaiser Permanente Attendees	
Erica Mahgerefteh (presenter)	Implementation Lead, Population Needs Assessment and Population Health Management Team
Lori Kabangu	Community Advisory Committee Coordinator
Marco Diaz (presenter)	Community Advisory Committee Specialist
Melinda Yanonis (facilitator)	Community Advisory Committee Coordinator
Shahzad Dhanani (presenter)	Regional Director, Medi-Cal Care Delivery & Operations
Shamiq Hussain	Director, Medi-Cal Policy
Tasha Chu	Community Advisory Committee Coordinator

Meeting Minutes			
Topic	Topic Summary	Member input and additional details	Action items
Welcome & Agenda Review	<p>The Community Advisory Committee (CAC) Coordinator welcomed members to the meeting and shared the following:</p> <ul style="list-style-type: none"> • Members were reminded of the public meeting forum, meaning the privacy of any personal information shared cannot be guaranteed. • CAC Team and Health Equity representatives were shared. • Agenda topics were reviewed. 	Spanish interpretation was available for this CAC meeting. The CAC Coordinator, with interpretation support from an interpreter, explained how to access the meeting in Spanish with Microsoft Teams.	
Meeting Tips & Guidelines	<p>Technical tips and key functions for using Microsoft Teams on a phone or desktop/laptop were shared.</p> <p>The presenter introduced three options for participating in the meeting: raise hand to speak, use chat, or write comments in Microsoft Forms feedback form.</p>		
CAC Expansion & Overview	<p>The CAC Coordinator shared details about the CAC expansion for 2025:</p> <ol style="list-style-type: none"> 1. North Bay: Marin, Napa, Solano, and Sonoma 2. Sacramento Region: Amador, El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba 3. San Francisco Bay Area: San Francisco, San Mateo, Santa Clara, and Santa Cruz 4. East Bay: Alameda and Contra Costa 	The CAC Coordinator reviewed the Central Valley CAC and the member representation, including Community Based Organization (CBO) stakeholders: Central Valley Health Network (CVHN), The Source LGBT+ Center, and Valley Teen Ranch.	

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	5. Central Valley: Fresno, Kings, Madera, Mariposa, San Joaquin, Stanislaus, and Tulare 6. Central Valley South: Kern and Ventura 7. Greater Los Angeles: Los Angeles 8. Inland Desert: Imperial, Riverside, and San Bernardino 9. South SoCal: Orange and San Diego		
Interest in the CAC	<p>The CAC Coordinator led a discussion with the CAC members to ask about their interest in joining the CAC, what they would like to learn, and what led them to participate.</p>	<p>The members shared:</p> <ul style="list-style-type: none"> • They noticed differences between private/commercial insurance and Medi-Cal coverage and want to better understand the requirements that result in these differences. • They have ideas for improving the customer experience. • They would like to see Kaiser Permanente and the medical community at large act as more of an advocate for the communities they serve. • They want to have a voice to share concerns and advocate for the community. • To advocate for the incorporation of alternative and holistic therapies into health care. • To advocate for more language supports in medical centers for 	

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		<p>members who need help with billing, customer service, etc.</p> <ul style="list-style-type: none"> To share chronic pain experience and feeling that doctors are more concerned about medication than actual pain and to advocate for better support from providers. To advocate for others in the community who don't know how to navigate the health system. 	
Kaiser Permanente's Focus on Medi-Cal Members	The Medi-Cal leadership speaker, Shahzad Dhanani, was introduced. Shahzad reviewed Kaiser Permanente's mission statement, the impact of CAC Feedback, and the vital role that our members play. He also shared Kaiser Permanente's Medi-Cal guiding principles.	Shahzad Dhanani provided remarks for this CAC.	
Meeting Norms and Values	The CAC Coordinator led a discussion with CAC members to establish norms and values for the CAC meetings. The norms and values will be collected across all nine (9) CACs and summarized for presentation in our Q2 CAC meetings.	<p>The following feedback was provided:</p> <ul style="list-style-type: none"> CAC meetings should be a respectful, judgment-free zone. Importance of providing emotional support, being curious, open-minded, and being brave. Listening is just as important a skill as speaking. 	
CAC Purpose & 2024 in Review	The CAC Coordinator reviewed the purpose of CAC meetings and set expectations for members for future meetings. The CAC Coordinator also shared examples of future topics where members' input and feedback		

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	<p>can help drive improvements at Kaiser Permanente.</p> <p>The CAC Coordinator shared the impact of feedback from CAC members in 2024, which led to several accomplishments.</p>		
Community Health Topics	<p>In a pre-meeting survey, CAC members were asked what community health topics matter most to them.</p> <p>A guest speaker from Kaiser Permanente's Population Needs Assessment (PNA) and Population Health Management (PHM) Team explained how their team engages with local health departments and other Medi-Cal health plans to identify the most important health topics in the community.</p> <p>The guest speaker presented the pre-meeting survey responses and asked for CAC members' feedback on the identified health topics.</p> <p>The guest speaker indicated future ways CAC members can participate in providing feedback about community health priorities to local health departments, including through surveys, focus groups, and county-led workgroups.</p>	<p>The top health priorities identified for this CAC and feedback provided were:</p> <ol style="list-style-type: none"> 1. Availability of Doctors and other Health Care Providers <ul style="list-style-type: none"> • Individual had difficulty connecting with primary care doctor and getting personalized care. Experienced challenges accessing mental health services. • Several shared challenges in accessing specialists, including difficulty getting referrals and appointments and not having requests for specialist consultation adequately addressed. 2. Availability of Mental Health Providers <ul style="list-style-type: none"> • Shared difficult experience with access to mental health provider, including long wait times for appointments. This improved after switching to a different 	<p>Member experiences, input, and feedback have been documented. The CAC Coordinator will follow up accordingly on active member issues:</p> <p>Community health priority topic feedback will be evaluated for improvements to Kaiser Permanente programs and with local health departments for consideration in improvements to community health programs and resources.</p>

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		<p>contracted mental health provider.</p> <p>3. Maternal & Child Health</p> <ul style="list-style-type: none"> • They shared experiences of first-time mothers wanting more support, guidance and prenatal care. • They need more information, resources, and classes on topics such as child vaccinations, what to expect during pregnancy and labor, and taking care of a newborn. • Member raised issues around autism services available through a contracted Kaiser Permanente provider. <p>4. Food Insecurity</p> <ul style="list-style-type: none"> • Provided suggestion that Kaiser Permanente partner with local food banks. Members are not always aware of the options that are available to them. <p>5. Access to Exercise</p> <ul style="list-style-type: none"> • Shared interest in exercise benefits that may be available, including gym discounts, 	

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		<p>affordable access to facilities, and exercise classes.</p> <ul style="list-style-type: none"> Ideas shared on how Kaiser Permanente could encourage exercise, such as working with local organizations to set up events. <p>Other feedback:</p> <ul style="list-style-type: none"> Experience shared about family members who are not tech savvy and must rely on others for support. Observation shared that providers have varying knowledge of what resources are available; recommend more consistency in what providers know. Discussed the need for provider training and shared experiences of feeling judged for questions asked, or feeling that providers are not showing enough support and empathy. They would like to see more holistic and natural path options and providers who have that background. 	
Announcements	The CAC Coordinator reviewed announcements with CAC members, including information about upcoming		

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	meetings and a reminder to keep personal contact details updated with Kaiser Permanente and their Medi-Cal County Eligibility Worker. The CAC Coordinator also shared contact and website information.		
Open Forum & Additional Questions and Comments	CAC members and other attendees were invited to ask questions, share feedback, and provide any additional comment on today's agenda or on other Medi-Cal topics.		CAC Team is also in review of Microsoft form submissions related to today's input topics and will complete follow-up incorporated into the follow-up process as described above.