

**Medi-Cal Community Advisory Committee
Sacramento
March 26th, 2025, 10:30-12:00 AM
Meeting Minutes**

Community Advisory Committee Members Present (names omitted for privacy)	
Kaiser Permanente Medi-Cal members	23
Caregiver advocates of Kaiser Permanente Medi-Cal members	5
Community-based organization representatives	0

Other Attendees	
Public Attendees	0

Kaiser Permanente Attendees	
Celina Sullivan	Regional Director, Medi-Cal Care Delivery and Operations
Clarie Horton (Presenter)	Vice President, Associate Chief Medi-Cal Officer, Medi-Cal
Debbie Dyer	Clinical Practice Consultant, Medi-Cal Care Delivery & Operations
Erica Mahgerefteh (Presenter)	Strategy Lead, Population Needs Assessment & Population Health Management
Esme Cullen	Medicaid Chief Health Equity Officer
Gretchen Shanofsky	Consultant, Strategy Lead
Joanna Mroz	Senior Director, Strategy Consulting, Corporate & Business Development
Joseph De Los Santos	California Health Equity Strategy Lead, Medi-Cal
Kent Jolly, MD	Assistant Medical Director for Medi-Cal
Lori Kabangu (Facilitator)	Community Advisory Committee Coordinator
Marco Diaz (Presenter)	Community Advisory Committee Specialist
Melinda Yanonis	Community Advisory Committee Coordinator
Shahzad Dhanani	Regional Director, Medi-Cal Care Delivery & Operations
Shamiq Hussain	Director Medi-Cal Policy & Engagement
Tasha Chu	Community Advisory Committee Coordinator

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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 Partners were shared. • Agenda topics were reviewed. 		
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 5. Central Valley: Fresno, Kings, Madera, Mariposa, San Joaquin, Stanislaus, and Tulare 	<p>The CAC Coordinator reviewed Sacramento region and the member representation, including Community Based Organization (CBO) stakeholders: Yolo Kids, Health Ed Council, and Latino Leadership Council.</p>	

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	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"> • Give personal input and experience as a Medi-Cal member to benefit others, including child who is also a Medi-Cal member • Enjoy the guest speaker topics • Interest in hearing about new things coming or opportunities • Long-term positive experience with Kaiser Permanente and interest in learning about what Kaiser Permanente is doing to support mental health in the community, particularly in navigating the Psychiatry department for children • Share experience as a member and hearing others' experiences to help improve services through Kaiser Permanente • Feel blessed with Medi-Cal at Kaiser Permanente • Represent child and their concerns regarding speech therapy 	
Kaiser Permanente's Focus on Medi-Cal Members	<p>The Medi-Cal leadership speaker was introduced. The leader reviewed Kaiser Permanente's mission statement, the impact of CAC Feedback, and the vital role</p>	<p>Claire Horton provided remarks for this CAC.</p>	

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	that our members play. The leader also shared Kaiser Permanente’s Medi-Cal guiding principles.		
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"> • Acknowledged concerns and contributions • Respecting each person's individual experience, noting that different experiences may exist based on the facility they visited. • Establishing ground rules upfront to promote cooperation, courtesy, and respect for privacy • Focusing on interests instead of positions. This approach helps maintain respect and open-mindedness, as it keeps the focus on interest rather than personal views or positions. Focusing on interests can prevent defensive reactions and potential arguments, as it encourages participants to stay objective and consider different perspectives without triggering personal biases. 	CAC Team to compile feedback from all CACs and build the norms and values to share at the next meeting.
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 can help drive improvements at Kaiser Permanente.		

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	<p>The CAC Coordinator shared the impact of feedback from CAC members in 2024, which led to several accomplishments.</p>		
<p>Community Health Topics</p>	<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"> <p>Adverse Childhood Experiences:</p> <ul style="list-style-type: none"> Emphasized the importance of addressing childhood trauma early to prevent long-term negative effects in adulthood. Highlighted that children with adverse experiences can become "messed up adults" if not supported early. Discussed the impact of trauma on physical and mental health, noting that trauma can affect individuals on a cellular level and limit opportunities. Stressed the importance of family support and the broader community's role in overcoming trauma. Highlighted how childhood trauma affects access to healthcare, particularly in the African American community. Mentioned that traumatic experiences can influence whether individuals seek medical care and how they are treated when they do. Stressed the importance of early intervention to prevent unhealthy 	<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> coping mechanisms such as drug and alcohol use. Shared personal experiences with their children and the challenges in accessing mental health support. Emphasized the need for education and resources to help children process and move through their trauma. </p> <ul style="list-style-type: none"> • Suggested better access to youth mental health services, noting that pediatricians should be more attuned to assessing mental health needs. • Advocated for early intervention and support services for children and families to mitigate long-term effects. Emphasized building strong communities that provide resources and support to prevent trauma and promote resilience. <p> 2. Availability of Doctors: </p> <ul style="list-style-type: none"> • Shared difficulties in finding a primary care physician after moving to Placer County. Mentioned that while it was challenging initially, once connected, the experience improved. • Discussed the challenges in finding a suitable doctor for their child, especially after being in the NICU. Expressed gratitude for Medi-Cal support but noted the difficulty in 	

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		<p>securing a doctor they felt comfortable with.</p> <ul style="list-style-type: none"> Highlighted the lack of pediatric mental health providers and the need for easier referral processes. Shared that while they could get referrals, the process was cumbersome and often delayed necessary therapy. Suggested hiring more pediatric mental health professionals or extending referral periods. Reinforced the need for timely access to mental health services, particularly in-person appointments for children. Shared experience of having to go out of network to find suitable care. Also emphasized the importance of culturally responsive care and the need for providers who make patients feel seen and heard. Pointed out the general shortage of doctors for Medi-Cal due to low reimbursement rates and administrative burdens, making it challenging to find providers, especially for specialty care. <p>3. Community Health Workers:</p> <ul style="list-style-type: none"> Described community health workers as individuals who bridge the gap between healthcare systems and 	

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		<p>community members by providing support and resources. Emphasized the role of community health workers in helping people navigate the healthcare system and access necessary services.</p> <ul style="list-style-type: none"> • Asked about the availability of community health workers through Kaiser Permanente and their role, comparing them to social workers or case managers but focused on health. • Appreciated the community health worker program and emphasized the need to spread awareness about it. Mentioned the value of hearing others' experiences and conclusions to improve understanding and support. <p>4. Housing and Homelessness:</p> <ul style="list-style-type: none"> • Discussed barriers faced by the unhoused population, including telehealth limitations and the need for humane treatment and safe housing conditions. Highlighted issues such as the difficulty in maintaining active cell service and the lack of timely in-person support. Also mentioned the poor conditions of some facilities and the lack of responsiveness to complaints, stressing the need for culturally responsive and humane treatment. 	

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		<ul style="list-style-type: none"> Shared their personal experience of homelessness, noting the difficulty in accessing resources and the need for more and easier-to-obtain support services. 	
Announcements	The CAC Coordinator reviewed announcements with CAC members, including information about upcoming 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.	Feedback and comments shared: <ul style="list-style-type: none"> Appreciated the updates provided during the meeting, especially as it was their first time attending. Expressed difficulty in making timely appointments with physicians, often having to wait two to three weeks. Requested information on alternative ways to arrange appointments. Shared an issue with messaging doctors for their son and informed son did not have coverage, which was not correct. A bill was also received indicating no coverage which was also not accurate. The issue was resolved. 	The CAC Team will follow up with members with resources for specific care needs. 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.

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		<ul style="list-style-type: none">• Mentioned having similar experience with coverage issues, which was due to Medi-Cal paperwork errors.	