

**Medi-Cal Community Advisory Committee
South SoCal
March 27, 2025, 10:30 am
Meeting Minutes**

Community Advisory Committee Members Present (names omitted for privacy)	
Kaiser Permanente Medi-Cal members	14
Caregiver advocates of Kaiser Permanente Medi-Cal members	0
Community-based organization representatives	1 <ul style="list-style-type: none"> • San Diego LGBT Center

Other Attendees	
Public Attendees	0
Spanish Interpreter	1

Kaiser Permanente Attendees	
Amanda J Flaum (presenter)	Vice President, Medi-Cal
Celina Sullivan	Regional Director, Medi-Cal Delivery and Operations
Debbie Dyer	Consultant, Population Needs Assessment and Population Health Management Team
Erica Mahgerefteh (presenter)	Consultant, Population Needs Assessment and Population Health Management Team
Joseph De Los Santos	California Health Equity Lead, Medi-Cal
Lori Kabangu	Community Advisory Committee Coordinator
Marco Diaz (presenter)	Community Advisory Committee Specialist
Melinda Yanonis	Community Advisory Committee Coordinator
Shahzad Dhanani	Regional Director, Medi-Cal Delivery and Operations
Shamiq Hussain, J.D.	Director, Medi-Cal Policy
Tasha Chu (facilitator)	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 Partners were shared. Agenda topics were reviewed. 	<p>A member asked who can join the CAC meetings. The CAC Team explained the meetings are public and details available on kp.org/cac/scal.</p> <p>To be a committee member, anyone interested would need to reach out to the CAC team at MediCalCommunity@kp.org</p> <p>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.</p>	
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"> North Bay: Marin, Napa, Solano, and Sonoma Sacramento Region: Amador, El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba 	<p>The CAC Coordinator reviewed South SoCal and the member representation, including Community Based Organization (CBO) stakeholders: Project Kinship, San Diego LGBT Center, and Vista Community Clinic.</p>	

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	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 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"> • Here to help make changes to Kaiser Permanente Medi-Cal • Here to give and receive information about how Medi-Cal can support the needs of LGBT folx given the federal government's cuts and potential cuts that will significantly impact this group's access to much needed care. • To learn about the potential state budget cuts with Medi-Cal • Worried about losing care for chronic pain under new government • Here to learn what they can do to improve everyone's experiences with Kaiser Permanente 	

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		<ul style="list-style-type: none"> • Would like to know more about chiropractic services and noted issues with provider list • Here because of difference in care now as Medi-Cal member vs. when paying for health insurance • The CAC is enlightening and gives feeling of being important and heard. The information shared is valuable • Positive experience of attending in-person listening session as CAC member in 2024 was shared. This event was informative and made the member feel important. • The information from CAC has helped to care for elderly grandparent • To advocate for mental health changes • To represent new parents based on personal experience with premature child and surgery • Studying to become a medical peer support specialist and want to support people navigating mental health and addiction recovery care • Here to offer perspective from positive experiences with personal and family surgery experiences and to participate in the feedback process 	
Kaiser Permanente's	The Medi-Cal leadership speaker was introduced. The leader reviewed Kaiser Permanente's mission statement, the	Amanda Flaum and Shamiq Hussain provided remarks for this CAC.	

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Focus on Medi-Cal Members	impact of CAC Feedback, and the vital role 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"> Be transparent and encourage vulnerability. These strategies can promote a safe and trusted platform to voice opinions and concerns. 	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	<p>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.</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</p>	<p>The top health priorities identified for this CAC and feedback provided were:</p> <ol style="list-style-type: none"> Diabetes <ul style="list-style-type: none"> Positive experience with managing diabetes including healthy nutrition book and alerts from Kaiser Permanente were shared Housing & Homelessness <ul style="list-style-type: none"> This should be the priority topic 	

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	<p>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>	<ul style="list-style-type: none"> • Experience of living in an RV and the difficulty of applying for housing through the Department of Housing and Urban Development (HUD), especially with a dog, was shared • Mental health needs are highest among those experiencing homelessness • High cost of rent is a challenge for single parents and families with low income • Housing waiting list of several years needs to be improved • Alcohol leads to death among people experiencing homelessness <p>3. Wellness Visits</p> <ul style="list-style-type: none"> • No feedback <p>4. Youth Services</p> <ul style="list-style-type: none"> • No feedback <p>Members provided feedback about Mental Health as priority community health topic:</p> <ul style="list-style-type: none"> • More availability of in-person mental health appointments are needed. There is longer wait for in-person compared to phone appointments. • Mental Health needs to be prioritized in San Diego County 	

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		<ul style="list-style-type: none"> • Mental health needs of those experiencing homelessness, especially for trauma were advocated • Taking care of mental health can prevent physical health needs • Offer more group therapy for processing life situations, including trauma 	
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.	<p>Other feedback and comments shared:</p> <ul style="list-style-type: none"> • Individual health care needs related to scoliosis, arthritis, dental and pain management were shared • Positive experience with neurology, rheumatology, and primary doctor since becoming a Medi-Cal member were shared. The member has experienced good care for diabetes, fibromyalgia, and migraines. • Recommendation to include mental health as a CAC meeting topic 	<p>The CAC Team will follow up with members with resources for specific care needs.</p> <p>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.</p>

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		<ul style="list-style-type: none"> Family member has been unable to get mental health assessment needed for military Experience of being referred for outpatient mental health services and Electroconvulsive Therapy (ECT) then later informed those services not available through Medi-Cal was shared 	