

**Medi-Cal Community Advisory Committee  
Inland Desert  
March 21, 2025, 10:30 am  
Meeting Minutes**

<b>Community Advisory Committee Members Present (names omitted for privacy)</b>	
Kaiser Permanente Medi-Cal members	8
Caregiver advocates of Kaiser Permanente Medi-Cal members	1
Community-based organization representatives	1
	<ul style="list-style-type: none"> <li>• Community Health Association Inland Southern Region (CHAISR)</li> </ul>

<b>Other Attendees</b>	
Public Attendees	0

<b>Kaiser Permanente Attendees</b>	
Arif Shaikh	Senior Director, Medi-Cal Policy & Engagement
Claire Horton (presenter)	Vice President, Associate Chief Medical Officer, Medi-Cal
Debbie Dyer	Consultant, Population Needs Assessment and Population Health Management Team
Erica Mahgerefteh	Implementation Lead, Population Needs Assessment and Population Health Management Team
Gretchen Shanofsky (presenter)	Consultant, Population Needs Assessment and Population Health Management Team
Lori Kabangu	Community Advisory Committee Coordinator
Joseph De Los Santos	California Health Equity Lead, Medi-Cal
Marco Diaz (presenter)	Community Advisory Committee Specialist
Melinda Yanonis	Community Advisory Committee Coordinator
Shahzad Dhanani	Regional Director, Medi-Cal Care Delivery & Operations
Shamiq Hussain, J.D.	Director, Medi-Cal Policy
Tasha Chu (facilitator)	Community Advisory Committee Coordinator

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<b>Topic</b>	<b>Topic Summary</b>	<b>Member input and additional details</b>	<b>Action items</b>
<b>Welcome &amp; Agenda Review</b>	<p>The Community Advisory Committee (CAC) Coordinator welcomed members to the meeting and shared the following:</p> <ul style="list-style-type: none"> <li>• Members were reminded of the public meeting forum, meaning the privacy of any personal information shared cannot be guaranteed.</li> <li>• CAC Team and Health Equity Partners were shared.</li> <li>• Agenda topics were reviewed.</li> </ul>		
<b>Meeting Tips &amp; Guidelines</b>	<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>		
<b>CAC Expansion &amp; Overview</b>	<p>The CAC Coordinator shared details about the CAC expansion for 2025:</p> <ol style="list-style-type: none"> <li>1. North Bay: Marin, Napa, Solano, and Sonoma</li> <li>2. Sacramento Region: Amador, El Dorado, Placer, Sacramento, Sutter, Yolo, and Yuba</li> <li>3. San Francisco Bay Area: San Francisco, San Mateo, Santa Clara, and Santa Cruz</li> <li>4. East Bay: Alameda and Contra Costa</li> </ol>	<p>The CAC Coordinator reviewed the Inland Desert region and the member representation, including Community Based Organization (CBO) stakeholders: Community Health Association Inland Southern Region, TODEC, and TruEvolution.</p>	

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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		
<b>Interest in the CAC</b>	<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"> <li>• To share different perspectives and hear others' input</li> <li>• To hear perspectives and opinions on specific conditions they personally struggle to get help with neurodivergence and diabetic issues</li> <li>• To share a patient perspective in hopes of improvements for other patients</li> <li>• To talk about physician communications (preferences and turnaround time)</li> <li>• Hearing others' stories allows us to reflect and learn from them</li> </ul>	
<b>Kaiser Permanente's Focus on Medi-Cal Members</b>	<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 that our</p>	<p>Claire Horton provided remarks for this CAC.</p>	

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	members play. The leader also shared Kaiser Permanente’s Medi-Cal guiding principles.		
<b>Meeting Norms and Values</b>	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.	The following feedback was provided: <ul style="list-style-type: none"> <li>• Listening without judgement</li> <li>• Being open to new perspectives</li> </ul>	CAC Team to compile feedback from all CACs and build the norms and values to share at the next meeting.
<b>CAC Purpose &amp; 2024 in Review</b>	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.  The CAC Coordinator shared the impact of feedback from CAC members in 2024, which led to several accomplishments.		
<b>Community Health Topics</b>	In a pre-meeting survey, CAC members were asked what community health topics matter most to them.  A guest speaker from Kaiser Permanente’s Population Needs Assessment and Population Health Management 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.	The top health priorities identified for this CAC and member feedback provided were as follows: <ol style="list-style-type: none"> <li>1. Availability of Doctors and other healthcare providers: <ul style="list-style-type: none"> <li>• Difficulty finding specialty providers for ADHD, Autism and Diabetes management</li> <li>• Difficult to make timely appointments</li> </ul> </li> </ol>	Member experiences, input, and feedback have been documented. The CAC Coordinator will follow up accordingly on active member issues.  Community health priority topic feedback will be evaluated for improvements to Kaiser Permanente programs

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	<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>Experienced a miscarriage within a KP ER where they felt specialized staff attention was not available</p> <p>2. Availability of Mental Health providers:</p> <ul style="list-style-type: none"> <li>• Mental health providers not having specific expertise in order to properly support the individual's condition</li> <li>• Lack of consistency in seeing therapists or specialists</li> <li>• Topic of burnout for everyone, therapy support</li> <li>• Mental health support for young people is more important these days</li> </ul> <p>3. Chronic Disease: Diabetes management outside of normal sugar levels for diabetics; one member has a unique low sugar issue not specifically related to diabetes</p> <p>4. Oral Health:</p> <ul style="list-style-type: none"> <li>• Understanding that oral health can be directly related to your physical health</li> </ul>	<p>and with local health departments for consideration in improvements to community health programs and resources.</p>
<b>Announcements</b>	<p>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</p>		

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	Eligibility Worker. The CAC Coordinator also shared contact and website information.		
<b>Open Forum &amp; Additional Questions and Comments</b>	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.