



COMMITTEE: COMMUNITY ADVISORY COMMITTEE (CAC)

DATE OF MEETING: March 25, 2025

CALL TO ORDER: 11:05 AM by Rukiyah Polk - Chair

Members Present: Rukiyah Polk Lourdes Bucher Evelin Torres-Islas Tammy Torres Jasmine Ochoa Beatriz Basulto Michelle Bravo Jay Tamsi Jennifer Wood-Slayton	Members Absent: Rocio Castro Alyssa Olivera Mark McAlister Ashton Chase Jessika Lopez Nalasia Jewel	Staff Present: Anastasia Lester, Senior Health Equity Analyst Isabel Silva, Senior Director of Wellness & Prevention Vanessa Nevarez, Health Equity Coordinator Amy Sanders, Member Services Manager Lela Criswell, Member Engagement Manager Moises Manzo, Cultural & Linguistics Specialist Tiffany Chatman, Wellness & Prevention Manager Nate Scott, Senior Director of Member Services Cynthia Jimenez, Cultural & Linguistics Specialist Cynthia Cardona, Cultural & Linguistic Manager
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Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Quorum	9 committee members present; Rocio Castro, Alyssa Olivera, Mark McAlister, Ashton Chase, Jessika Lopez, and Nalasia Jewel were absent.	Committee quorum requirements met.	N/A
Call to Order	Rukiyah Polk, Chair, called meeting to order at 11:05 am.	N/A	N/A
Public Presentation	There were no public presentations.	N/A	N/A



Agenda Item	Discussion/Conclusion	Recommendations/Action	Date Resolved
Committee Announcements	<p>Rukiyah gave the opportunity for member updates.</p> <ul style="list-style-type: none"> Rukiyah P. provided key updates from the State Community Advisory Committee meeting that she attended as a Kern Family Health Care representative on February 19, 2025. The first update was the Governor's proposed 2025-26 budget which includes \$296.1 billion for human and health services, with \$193.4 billion allocated to DHCS. This funding supports ongoing efforts to transform Medi-Cal, expand behavioral health services, and improve access to care. The second update was that the Medi-Cal enrollment is projected to decline from 15 million to 14.5 million as redeterminations resume and pandemic flexibilities end. Additionally, potential changes in federal immigration policy may further impact enrollment. The third update is the huge shift in Enhanced Care Management (ECM) and Community Supports. These programs continue to expand, with ECM participation growing 53% year-over-year and 239,700 members benefiting from housing assistance, medically tailored meals, and recuperative care. 	<ul style="list-style-type: none"> Informational only. Informational only. Informational only. Informational only. 	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>



	<ul style="list-style-type: none"> • The fourth update are the significant investments in the behavioral health infrastructure, launching the Bond BHCIP Program with \$3.3 billion in funding for mental health facilities and services The rollout includes public listening sessions, phased policy guidance, and a full implementation deadline in July 2026. • The fifth update is the focus on maternal health equity. The Birthing Care Pathway Initiative aims to reduce maternal mortality and severe complications, particularly in Black, American Indian, and Pacific Islander mothers. Key concerns include limited access to midwives and doulas, inadequate postpartum mental health care, and difficulties navigating Medi-Cal benefits. DHCS is working on policy reforms and stronger care coordination to improve maternal health outcomes. • The sixth update is regarding the Children & Youth Behavioral Health Initiative (CYBHI) expansion on school-based mental health services by providing funding for psychologists, social workers, and peer mentors. However, challenges remain in navigating HIPAA and FERPA compliance while ensuring youth receive accessible and culturally competent mental health care. • Lastly, the Long-Term Service & Supports (LTSS) Dashboard is being enhanced to provide better data transparency on Medi-Cal 	<ul style="list-style-type: none"> • Informational only. • Informational only. • Informational only. • Informational only. 	<p>N/A</p> <p>N/A</p> <p>N/A</p> <p>N/A</p>
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	utilization, quality of care, and member demographics.		
Committee Minutes	<p><u>Approval of Minutes</u></p> <p>CA-3) The Committee's Chairperson, Rukiyah Polk, presented the CAC Minutes for approval.</p>	<p>Action:</p> <ul style="list-style-type: none"> Tammy T. first, Jasmine O second. All aye's. Motion carried. 	3/25/25
Old Business	There was no old business to present.	N/A	N/A
New Business	<p><u>Consent Agenda Items</u></p> <p>CA-4) December 2024 Medi-Cal Membership Enrollment Report</p>	N/A	N/A
	<p>5) Grievance 4th Quarter 2024 Operation Board Update</p> <ul style="list-style-type: none"> Amy S. presented the Q4 2024 Operational Board Report that covers grievance trends. She stated that Q4 is historically slow and therefore dropped by 10%. 	<ul style="list-style-type: none"> Informational only. 	N/A
	<p>6) Grievance 4th Quarter 2024 Executive Summary Grievance</p> <ul style="list-style-type: none"> Amy S. presented the Q4 2024 Grievance Summary Report that provides the types of grievances that are received. 	<ul style="list-style-type: none"> Informational only. 	N/A

	<p>7) Member Services – Email Audit Summary Report & Examples</p> <ul style="list-style-type: none"> • Amy S. presented the Member Services Email Audit Summary Report which states that emails must achieve a monthly average score of 90% or higher and 100% of email must have a response within 1 business day; both conditions were met. Jennifer W. asked if there are other languages offered besides English and Amy S. responded that there are if they are requested. • Beatriz B. recommended that the KHS Member Services Department educate members more on where and how to view their benefits. Beatriz B. asked Amy S. if there is a “chat” option on the KHS website. Amy S. responded that may be available in the future. Amy S. added that there is an outreach team to help engage members if they need help. One way the outreach team assists is by contacting members if they are due for appointments. If members are signed up in the member portal, then they will receive health care reminders. Beatriz B. responded that members need help navigating the system and portal. She added that it is a fast-paced system so there continues to be less understanding and more education that needs to be provided. The system is intimidating. Lela C. asked Beatriz B. what the best way to educate 	<ul style="list-style-type: none"> • Informational only. • Informational only. 	<p>N/A</p> <p>N/A</p>
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	<p>members are based on her experience. Beatriz B. explained that she has the most success when she works with an individual or family one-on-one, in person, to show how to navigate the portal. Every family is different, with different needs, this method allows each family to really get to know all the benefits and keep their benefits private as opposed to using a discussion group method. Lela C. responded that KHS should expand their in-person presentations and that members can start to request one-on-one presentations if needed. Amy S. added that KHS has walk-in rooms specifically for one-on-one face time. Amy S. also added that when KHS does welcome calls to members, they are walked through the process of navigating the portal. Beatriz B. responded that the problem with walk-in rooms is the hours that they are available are not the hours the members are available. KHS should be available to members after hours as well.</p> <p>8) CHIP/CHA</p> <ul style="list-style-type: none"> Jasmine O. presented an overview and breakdown of the Community Health Improvement Plan (CHIP) and the Community Health Assessment (CHA) 3-year plan. The presentation included the community 		
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	<p>roadmap, community meetings held, and community surveys that have been conducted.</p> <ul style="list-style-type: none"> • Tammy T. asked Jasmine O. when and how training is conducted. Jasmine O. responded that Kern County Public Health (KCPH) hosts symposiums as well as provides education through provider portals that have presentations and trainings for viewing. She added that the goal is to engage more frequently with symposiums and physically network with the community. • Rukiyah P. asked Jasmine O. how the current CHIP ensures that feedback from home-schooled families, non-English speakers, and rural communities are being incorporated effectively into the plan. Jasmine O. responded that the committee goes door to door to speak to communities. They also partner with others in the community to provide additional services and make resources publicly available. Partnerships allow them to reach communities they never have before. • Rukiyah P. asked Jasmine O. to share how the community's direct quotes and narratives from the CHA were used to shape the five priority areas and what specific metrics are being used to measure progress in the "Equitable Access to Services and Resources" priority area. Jasmine O. replied that survey responses received highlight the following issues: how to access care, materials not being in their 	<ul style="list-style-type: none"> • Informational only. • Informational only. • Informational only. 	<p>N/A</p> <p>N/A</p> <p>N/A</p>
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	<p>language, and feeling unseen. Jasmine O. added that all reports and data are visible online and that she will filter the data and share at the next CAC meeting. Jennifer W. added that she struggles with getting folks that don't have kids at Lamont Elementary to get the medical services they need.</p> <ul style="list-style-type: none"> • Rukiyah P. asked Jasmine O. if there has been collaboration with community organizations like NAMI or ShePower to deliver targeted solutions for basic needs, behavioral health, and access issues. Jasmine O. responded that she has taken a personal approach to asking others if they need help and what others would like to see happen in their communities. She has sent personal emails to organizations such as NAMI and ShePower and asked if they can provide focus groups. • Rukiyah P. asked Jamine O. what structures are in place to regularly check in with the community during the 3-year CHIP timeline to adjust based on evolving needs, if there are any plans to expand the monthly education for providers to include lived-in experience panels or peer-led discussions, and what progress has been made toward expanding mobile clinics and supporting maternal care/doula access, as identified by the CHIP. Jasmine O. responded that each committee has sub committees that cover different areas and that they have prioritized training. She added that the 	<ul style="list-style-type: none"> • Informational only. 	N/A
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	<p>Maternal Care Committee has fully launched, and that she wrote a grant for doula healthcare providers for \$30k.</p> <p>9) Cultural & Linguistic Activities Overview</p> <ul style="list-style-type: none"> • Cynthia C. presented the Cultural & Linguistics department's services and activities which included satisfaction surveys and training resources. • Jennifer W. shared that she was speaking to a child at Lamont Elementary and the child mentioned having to interpret for his mom at the doctor. Jennifer W. asked Cynthia C. if KHS can improve the process so that children are no longer required to interpret this type of information. Cynthia C. responded that members preferred language is documented when their medical appointments are made. • Beatriz B. thanked KHS for doing a great job in hiring bilingual staff. She doesn't have to request a Spanish speaking employee because she already knows they will be bilingual. Beatriz B. added that when providers call to cancel an appointment with a patient, they are not offered language assistance. In the last month, she has received two last minute cancellations and has not been offered assistance. Cancellations are difficult for members because they take off work to attend which can affect the household. Amy S. replied 	<ul style="list-style-type: none"> • Informational only. • Informational only. • Informational only. 	<p>N/A</p> <p>N/A</p> <p>N/A</p>
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	by saying those are the grievances Member Services wants to see to track and trend provider education. Corrective action is taken if continued. Amy S. added that she will get the provider information from Beatriz B. to internally come up with a plan to correct them.		
Next Meeting	The next meeting will be held Tuesday, June 24, 2025, at 11:00am.	N/A	N/A
Adjournment	<p>The Committee adjourned at 12:09pm.</p> <p><i>Respectfully submitted:</i> <i>Vanessa Nevarez, Health Equity Project Coordinator</i></p>	Tamme T. first, Lourdes B. second. All aye's. Motion carried.	N/A