MEDI-CAL MEMBER ADVISORY COMMITTEE (MMAC)
MEETING SUMMARY

Date: Wednesday, April 30, 2025

Time: 5:30 p.m. – 7:30 p.m.

Type of Meeting: Virtual

Number of Members Present: 16 of 16 members were present.

DHCS Staff Present: Michelle Baass, Director; Tyler Sadwith, Chief Deputy Director, Health Care Programs; Lindy Harrington, Assistant State Medicaid Director; Paula Wilhelm, Director for DHCS Behavioral Health; Tracy Arnold, Assistant Director; Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration; Krissi Khokhobashvili, Deputy Director, Office of Communications; Yingjia Huang, Deputy Director, Health Care Benefits and Eligibility; Erica Holmes, Assistant Deputy Directory, Health Care Benefits and Eligibility; Paula Wilhelm, Director for DHCS Behavioral Health; Bambi Cisneros, Assistant Deputy Director Managed Care; Hatzune Aguilar, Stakeholder and Community Engagement Manager; Maria Romero-Mora, Community Engagement; Brian Hansen, Policy Advisor to the Directorate; Isabel Flores, Stakeholder Engagement and Outreach Analyst; Eduardo Lozano, Stakeholder Engagement and Outreach Analyst; Kiran Poonia, Stakeholder Engagement and Outreach Analyst

Meeting Materials: Meeting Presentation

Introduction and Summary of Content

MMAC meeting started with tech support and justice language overview, and the facilitator went over community norms and agreements to support and guide the meeting's conversations.

Members were introduced to DHCS' Health Care Benefits and Eligibility Deputy Director, Yingjia Huang, and Assistant Deputy Director Erica Holmes.

DHCS Director Michelle Baass announced that the Medi-Cal Member Advisory Committee (MMAC) will transition to align with new federal CMS requirements, with current members invited to reapply and new members recruited through a formal selection process between May and July. The MMAC committee will include staggered terms, bylaws, orientation, and Medi-Cal 101. Director Baass also shared updates on the

upcoming May Revision of California's state budget, noting financial pressures on Medi-Cal due to rising costs and the need to support 15 million enrollees.

Members expressed concerns about budget impacts on services and emphasized the need for continued advocacy and transparency on how community input informs DHCS initiatives.

» DHCS staff provided an overview of the Community Health Workers (CHW): Part of a Culturally Responsive Workforce and facilitated 30-minute breakout room discussions.

Members then returned to the main room for a report out from breakout room discussions and to provide open comments, followed by next steps and closing remarks.

Topic Discussed

Community Health Workers Benefit: Erica Holmes, Assistant Deputy Director at DHCS, provided an overview of the Medi-Cal Community Health Worker (CHW) benefit, launched in July 2022 to support a culturally responsive workforce. CHWs—including promotoras and navigators—are valued for their community ties and lived experience. The benefit, co-designed with stakeholders, offers two qualification pathways and covers services in education, navigation, screening, and advocacy. CHWs are supervised by enrolled Medi-Cal providers, with expanded billing codes and support for behavioral health needs. DHCS also launched workforce training investments and continues to refine the benefit through stakeholder engagement.

All three breakout rooms addressed the following three questions and responses. Key questions discussed:

1. Have you ever received support from a community health worker, representative, promotor, or navigator? Can you share your experience?
2. How can we help people be aware that CHW are available to help them use their Medi-Cal?
3. Recognizing the unique challenges presented in the behavioral health space, which includes mental health and substance use disorder (SUD) services, what do you believe are some of the ways in which CHWs can be most helpful to Medi-Cal members?

Member Responses:

- Discussions across all breakout groups revealed a strong consensus on the need for improved awareness, accessibility, and integration of Community Health Workers within the health care delivery system. Participants had little to no prior experience with CHWs and, in many cases, had not heard of the benefit before the meeting. Even those with some knowledge expressed confusion about how to access a CHW or whether their previous navigators or support staff qualified under that definition.
- Members were also confused about CHWs with other roles such as caseworkers or navigators, highlighting a significant lack of clarity about who qualifies as a CHW and how to access their support. Even for those who had heard of the benefit, the understanding of what services CHWs provide, and under what circumstances they can be utilized, was limited.
- Members express frustration when trying to navigate the Medi-Cal system in general. Describing lengthy wait times, repeated transfers between departments, contradictory information from representatives, and an overall lack of follow-through. These types of issues present an opportunity to collaborate with CHWs.
- Members shared personal stories of struggling with recertification processes or accessing specialty services, often needing to advocate persistently for themselves. These barriers emphasized the value that CHWs could bring—serving as consistent, knowledgeable points of contact who help members not only access services but also stay engaged with their care plans over time.
- Direct experience with CHWs was not as common among all MMAC members, however, participants overwhelmingly saw potential in the role. CHWs were seen by members as trusted advocates who could offer culturally competent, personalized support – especially important for underserved populations.
- In behavioral health, CHWs were seen as critical allies who could help reduce stigma around mental illness and substance use, provide peer-based support, and build bridges to clinical providers. Participants emphasized that CHWs must be equipped to meet people where they are, with flexibility, lived experience, and community-rooted understanding that traditional providers often lack.
- Members felt that current outreach strategies are insufficient. Members suggested a multi-channel approach to raise awareness about CHWs, including school campuses, community colleges, churches, health fairs, shelters, and other grassroots venues. Plus, text messaging, flyers in clinics, social media, and

inclusion in Medi-Cal benefit mailers were all proposed as potential tools to better inform members. Several called for a public directory or formal referral process to make it easier to find and contact a CHW.

- Members emphasized the power of trusted messengers—such as promotoras, youth leaders, and tribal representatives—to communicate the availability of CHWs in ways that resonate with diverse communities.
- Trust emerged as a central issue. Members underscored that trust in both individual providers and the healthcare system affects whether members engage with available services. To be effective, CHWs must not only understand medical systems but also bring cultural sensitivity, shared lived experiences, and the ability to connect authentically with members.
- There were requests from members for better training, vetting, and quality assurance to ensure that CHWs are not only accessible but also competent and aligned with the needs of their communities. In behavioral health especially, the need for relational support, follow-up, and culturally matched care was emphasized.
- Members highlighted that successful CHW implementation will require system-level commitment to equity, accessibility, and local adaptability. Many pointed out the uneven rollout of CHWs across counties and the lack of standardization in how services are introduced.
- Participants expressed interest in becoming CHWs themselves and asked about pathways to certification and employment, particularly through community-based organizations.
- Others called attention to specific groups—such as youth aging out of foster care, justice-involved individuals, and rural or tribal populations—who would benefit from targeted CHW engagement.
- The overall sentiment was that CHWs could make a profound impact if the infrastructure supporting them is designed to be inclusive, responsive, and anchored in real community needs.

Reporting Out:

- Limited Awareness and Terminology Confusion: A consistent theme across all groups was that participants had little to no awareness of Community Health Workers as a Medi-Cal benefit. Where familiarity existed, CHWs were more

commonly recognized under different titles like “navigators” or “promotoras.” This confusion created barriers to access, as members often didn’t know CHWs were available to assist with tasks like recertification, care coordination, or benefit navigation.

- Value of Personal, Ongoing Support: When CHW-like roles were experienced – whether in schools, shelters, clinics, or via peer programs – they were seen as highly helpful. Members expressed a desire for consistent, reliable points of contact to reduce the frustration of navigating multiple representatives or disconnected systems. Participants noted that one-on-one, relationship-based support made complex healthcare processes more manageable.
- Gaps in Communication and Outreach: Participants repeatedly noted that CHW services are not proactively shared by Medi-Cal representatives. Instead, members must actively ask for help – a challenge when they are not even aware such support exists. Suggestions to address this included using flyers, text alerts, phone outreach, and community-based media campaigns. Schools, churches, shelters, and public events were all named as high-impact outreach settings to better inform the public.
- Need for Integration with Trusted Spaces: There was widespread support for embedding CHWs into trusted community spaces. Schools (particularly high schools and colleges), places of worship, domestic violence and homeless shelters, and parent organizations were all suggested. Members emphasized that familiarity and trust – especially within marginalized or underserved populations – are crucial for engagement with CHW services.
- Behavioral Health and Peer Support Opportunities: The role of CHWs in behavioral health emerged as a critical opportunity. Members called for CHWs to help reduce stigma, offer culturally relevant support, and assist with mental health and substance use navigation. Several referenced models in San Diego that integrate CHWs with peer support networks, suggesting these could be replicated in other regions to meet growing behavioral health needs.
- Cultural Competency, Training, and Trust: Members stressed that CHWs must be well-trained, culturally competent, and in some cases, come from the communities they serve. Building trust – especially for those navigating mental health crises, language barriers, or historical marginalization – requires CHWs to bring lived experience, empathy, and authenticity. Vetting and quality assurance

were also seen as important to ensure CHWs can effectively meet diverse members' needs.

Member Comments: Following the large group discussion, members provided open comments and shared common themes.

Discussion:

- One member shared how a volunteer provided dental care during their time in a youth shelter – support they would not have accessed otherwise. They emphasized the need to bring CHW services directly into shelters, foster homes, and juvenile justice centers to improve access and health outcomes for vulnerable populations.
- Several members expressed appreciation for the session and shared that they learned a lot about CHWs and how to engage more effectively with Medi-Cal services.
- One member expressed interest in becoming a CHW and asked about the certification process, showing that MMAC members are not only advocates but potential contributors to the CHW workforce.
- Multiple members suggested that CHW outreach on college campuses should include student organizations and basic needs centers, where many students first encounter health service gaps.
- One member highlighted how different counties implement CHW services differently, which creates confusion and restricts outreach. This member called for more consistency across Medi-Cal plans and regions.
- One member noted confusion over the CHW title and stressed the importance of clear, consistent terminology statewide. This member also advocated for peer involvement in behavioral health crisis response, which has shown better engagement outcomes.
- One member discussed how many Medi-Cal members struggle with paperwork due to language or literacy issues. This member emphasized the importance of CHWs in helping members understand and complete required documentation.
- One member recommended expanding CHW visibility through media like TV and newspapers and advocated for a statewide callback system to reduce long phone wait times for members.

- Members expressed appreciation for the MMAC space and asked for updates on how their input leads to action.

Next Steps: The next meeting is scheduled for Wednesday, September 3, from 5:30 to 7:30 p.m.

Closing Remarks: DHCS Director Baass provided closing remarks and expressed gratitude for the attendees' sharing their personal stories, experiences, and particularly the public awareness of the CHW benefits.