

INLAND EMPIRE HEALTH PLAN
Community Advisory Committee
 Minutes for Thursday, September 10, 2026
 5:00 PM - 7:00 PM

Location: Mizell Center: 480 S. Sunrise Way, Palm Springs, CA 92262

Facilitator: Dr. Gabriel Uribe, Director, Health Equity Operations

Present: **In-Person CAC members:** Charli Eirsman, Daniela Zeitoui, Dee Calmett, Dra. Muriel Casamayor, Dr. Sheri Stevens-Parker, Gina Sikorski, Howard Leidner, Marina Lopez, Richard Giles, Robert Jackson, Saiying Tan, Sonia Lara, Tartaneisura Rainey, Yosef Saenz

Virtual CAC members: Adrian Camacho, Dr. Shene' Bowie-Hussey, Kim Barmer, LaTonya Pete, Myia Alston, Nathan Kempe, Shivam Bhakta, Thi Bui, Yessica Barba

IEHP Staff: Anais, Sievers, Arlene Ferrer, Adai Taylor, Alex Leu, Cosmin Cosma, Emerly Gopez, Fausto Figueroa, Genia Fick, Ivan Varella, Jarrod McNaughton, Jenny Clark, Jessica Barajas, Karami Sagar, Leslie Ruiz, Manny Carrasco, Marci Coffee, Marissa Brazzill, Michelle Rai, Rosie Nava-Bermudez, Shah Kush, Stephanie Feola, Susie White, Tahira Davis, Jannette Zito, Mark Gutierrez

Guests In-person: Suzette Cunningham

Interpreters: Chris Cardona (ASL), Sarah Gatson (ASL), Mario Perez (Spanish), Guillermo Cardenas, (Spanish) Julie Shaeffer (Mandarin), Suihan Achoed (Mandarin),

IEHP Virtual Attendees: Amanda Hiraishi, Alexis Abundis, Lindsay Beets, Vitthal Moola

Virtual Interpreters and Captioners: Vinh (Vietnamese) Nick Nguyen (Vietnamese), Jenelle (Captioner)

Minutes by: Mark Gutierrez, Coordinator, Health Equity Operations and Jannette Zito, CAC Program Manager

Agenda Items	Presentation of Agenda Items	Discussion of Agenda Items	Action Items
I. Welcome Rob Wheeler, Executive Director, Mizell Center- Palm Springs Rob Wheeler, welcomed the Community Advisory Committee (CAC) to Palm Springs and briefly shared about the programs and services at the Mizell Senior Center.			<i>No Action Items</i>
II. Introductions and Meeting Procedures Gabriel Uribe, DSW, Director, Health Equity Operations, IEHP CAC Meeting Facilitator - Meeting called to order - Introduction of CAC members - Review of meeting structure, and procedures with CAC members			<i>No Action Items</i>
III. Approval of Minutes Gabriel Uribe, DSW, Director, Health Equity Operations, IEHP, and CAC members Gabriel asked for a motion to approve the June 10, 2026 meeting minutes			<i>The approved June 10, 2026 meeting minutes, will be published on IEHP's website.</i>

• RJ made a motion to approve the minutes as presented • DMC seconded the motion ◦ The motion carried, and the minutes from June 10, 2026, were approved	
IV. Review of Feedback/Response Log: Gabriel Uribe, DSW, Director, Health Equity Operations, IEHP, and CAC members • Gabriel reviewed and summarized the Action Item/Feedback Response Log from June 10, 2026 • CAC members were invited to share any additional feedback on the Action Item/Feedback Response Log with the CAC Program Manager, Jannette Zito	
V. Presentation Title: 2025 Member Experience Survey Results Presenter: Jenny Clark, Quality Experience Strategist, Quality Systems Administration, IEHP Description: In this presentation, IEHP will share the results for key measures in the annual Member Experience Survey. IEHP will review what went well and where opportunities exist. IEHP will invite the CAC to provide ideas for improvement.	
Feedback Questions: • Which results feel most important to you and your community? • What ideas or suggestions do you have that could help improve these quality measures? CAC Member Responses: • CAC member suggested the improvement of accessibility and navigation of IEHP's urgent and emergency services to ensure members can quickly locate and utilize critical resources when there isn't a prior authorization. • CAC member suggested clear guidance on the purpose and limits of wellness visits and shared that health education materials help families when other health concerns are raised. CAC member shared that clarity is needed on how to access follow-up support after the visit. • CAC member questioned the reasons for the decline in the 2025 Child Health Experience ratings. Additionally, they questioned whether reduced access to services or provider shortages contributed to the decline. • CAC member shared members experience transportation issues which could have a negative effect on member experience ratings.	<i>Action Items</i> 1. <i>Provide members with easy access to information on urgent care, the nurse advice line, telehealth, and other services when care is needed right away.</i> 2. <i>Provide clear guidance on the purpose and expectations of wellness visits.</i>

• CAC member suggested that child healthcare knowledge should be promoted more heavily. As a doula, they shared that child health information is shared with parents during prenatal visits, postpartum visits, and childbirth. Partnerships with schools and faith-based organizations can help spread child health information. • CAC member noted that children in mixed-immigration-status families may miss child wellness visits or choose virtual appointments because undocumented parents fear current U.S. immigration policies and I.C.E. activity. • CAC member stated that many friends refuse to complete medical surveys due to discomfort with immigration-related questions. The CAC member also reported that friends avoid in-person medical appointments or choose virtual visits because of concerns about current U.S. immigration policies. • CAC member addressed the 2027 Medicaid (Medi-Cal) changes and recommended implementing trainings to help Providers appropriately engage with members who may be undocumented. • Presenter confirmed that although the CAHPS surveys are mailed to the members' home address, all responses remain anonymous. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	3. <i>Provide update explaining the decline in Child Health Experiences for 2025.</i> 4. <i>Address common transportation issues that affect member experience ratings.</i> 5. <i>Partner with school and faith-based organizations to share child health information.</i> 6. <i>Develop strategies to improve comfort, trust and access to care for mixed-immigration status families.</i> 7. <i>Provide training to providers on building trust with mixed-immigration status families.</i>
VI. Presentation Title: Member Self-Services Transportation Feature Presenters: Tahira Davis, Director, Automation, Innovation & Data Engineering, IT Technology Solutions, IEHP and Manny Carrasco, Manager, Transportation Network, IEHP Description: IEHP will present a demonstration of a member self-service feature for transportation.	
Feedback Questions: ○ Would you use these tools to help manage your IEHP transportation? ○ What would make you use this tool more?	<i>Action Items</i>

- What features are missing?

CAC Member Responses:

- CAC member asked if transportation is available for members who use wheelchairs.
 - Presenter confirmed that the self-service transportation feature in the IEHP Member Portal and IEHP Smart Care App tools can be used for members who need a wheelchair accessible van. However, Uber and Lyft are not accessible for members using wheelchairs.
 - Presenter confirmed that multiple transportation requests can be booked for the same day. The only modification allowed is cancelling a ride.
- CAC member asked whether a therapist can complete the Physician Certification Statement (PCS) form, to request non-emergency medical transportation (NEMT), noting the form is active for 12 months.
 - CAC member pointed out issues with the transportation form, requesting the ability to edit incorrect entries, allow either the provider name or facility name, but not require both, and add the providers' address to the map.
 - Presenter confirmed users cannot modify trips after submitting the form and must cancel and rebook to correct information.
- CAC member asked if the transportation form is available in other languages.
 - Presenter clarified that the form is currently only available in English, but language options are in development.
 - CAC member stated that transportation services call multiple times during therapy sessions to confirm trips, which distracts from sessions and may risk confidentiality for members.
 - Presenter highlighted a voice-guided feature that can help members who are not tech-savvy navigate the transportation form.
 - Presenter confirmed that non-emergency medical transportation is free for all Medi-Cal members.
- CAC member received confirmation that the IEHP Smart Care App is available for download on all networks, including Google Play.
- CAC member expressed dissatisfaction with IEHP's transportation services, citing incorrect driving routes, communication barriers for deaf members using Video

8. *Confirm if therapists are authorized to complete PCS forms for NEMT.*
9. *Explore update to the transportation form so members can enter either the provider's name or the facility name without being required to enter both..*
10. *Offer the transportation form in all IEHP threshold languages.*
11. *Improve the transportation confirmation process with providers to reduce interruptions during member appointments.*

Remote Interpreting (VRI), late transportation arrivals, driver gender preferences, and overall poor customer service. • CAC member recommended adding an option to select a male or female driver. • Presenter advised that members can include comments in the transportation form to avoid confusion and ensure drivers know exactly where to pick up the member. The request to add a driver-gender preference option will be reviewed to determine feasibility. • Write in comment collected from member after meeting: CAC member suggested creating a single hotline for individuals new to the U.S. with limited English proficiency that could explain medical procedures, schedule appointments, provide translation, arrange transportation, and offer overall navigation support. They emphasized that an app is not helpful for elderly members or people with disabilities and that a simple, one-click solution to recognizing language needs would reduce confusion and save time. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	<i>12. Strategize transportation communication improvements for members who are deaf.</i> <i>13. Review the ability for members to share if they have a driver's gender preference for transportation services.</i> <i>14. Explore internal health care navigation resources and assistance that could assist members with language barriers.</i>
VII. Presenters: Leslie Ruiz, MBA, County Programs Liaison, Integrated Care, IEHP Arlene Ferrer, MA, County Program Liaison, Integrated Care, IEHP Presentation Title: County Specialty Mental Health Services Description: Overview of behavioral health services available through the County	
Feedback Questions: • When people in your community think about getting behavioral health care, what concerns or questions come up?	

- What helps someone in your community feel comfortable reaching out for behavioral health support?

CAC Member Responses:

- A CAC member raised concerns about mental health stigma, barriers to citizenship, and challenges navigating the healthcare system. The member noted that many community members feel overwhelmed when seeking mental health support and suggested that IEHP offer a warmer, more welcoming approach for individuals reaching out for help for the first time.
- A CAC member reported difficulty finding a mental health specialist in the area and stated that IEHP provided outdated and unhelpful provider information, which caused frustration when navigating the healthcare system.
- A CAC member shared concerns that when a new mental health specialist is introduced, clients often struggle to build trust and rapport, making the transition difficult.
 - Presenter clarified that members may participate in multiple mental health programs without fully transferring providers when the services are distinct, with decisions guided by the provider's recommendation and the member's choice.

Presenter shared appropriate phone numbers for each county that evaluates and assigns members to the appropriate mental health programs for the services needed.
- A CAC member identified stigma around maternal mental health that makes mothers feel uncomfortable discussing their struggles after giving birth. The CAC member recommended that providers introduce and normalize conversations about maternal mental health early in pregnancy to encourage openness. Additionally, the CAC member expressed concern about the significant gap in access to perinatal psychologists for postpartum care.
- A CAC member recommended expanding mental health screenings, noting that current depression screenings do not identify other conditions such as bipolar disorder or psychosis, which may go unnoticed.
- CAC member recommended using social media to promote mental health resources and reduce stigma.
- A CAC member emphasized the importance of offering culturally appropriate mental health resources, noting that using familiar cultural comforts—for example hosting sessions with

15. Develop a more welcoming, supportive approach to help community members overcome mental health stigma.

16. Enhance provider search tools to clearly show the services each specialist provides.

17. Strengthen processes that support trust and continuity when members transition between Behavioral Health providers.

18. Strengthen maternal mental health support by encouraging early conversations during pregnancy and improving access to perinatal and postpartum care.

19. Expand mental health screenings to identify conditions beyond depression.

20. Use familiar cultural comforts to engage members.

Cafecito and pan dulce can help Latin American community members feel more at ease and willing to share. • CAC member suggested creating support groups for men that focus on anger management, relationship building, brotherhood, and mental health resources. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	
VIII. Presentation Title: Care Coordination Presenter: Marissa Brazzill, MA, Health Equity Programs Liaison, Health Equity Operations, IEHP Description: An overview of care coordination and the current disparity IEHP has identified among members. The goal of this presentation is to gain feedback from CAC members on their experience with their primary care providers' care coordination.	
Feedback Questions: • Do members feel that their doctor is aware of all the care members receive from other health providers (e.g., mental health providers, specialists, etc.)? • What are some ways IEHP and Providers can improve Members' care coordination experience? CAC Member Responses: • CAC member highlighted the importance of distinguishing between AAPI (Asian American Pacific Islander and NHPI (Native Hawaiian, and Pacific Islander, due to their distinct cultural traditions and needs. • CAC member recommended developing a database to show all specialists assigned to a member so the Primary Care Provider can better track medication and treatment interactions. ○ IEHP leadership stated that filled medication and referral information is available, but PCPs do not receive enough detail to know whether a visit has occurred. • CAC member discussed the importance of provider text messaging, noting that simple reminders can help members stay informed about any health resources and appointments. • CAC member suggested integrating care coordination into the Community Health Worker framework due to similar values and approaches.	<i>21. Ensure a distinction between AAPI and NHPI for consideration of their distinct cultural, custom, and tradition needs.</i> <i>22. Consider enhancing Provider access to IEHP member's database to provide a more complete care history.</i> <i>23. Consider text messaging to members for health resources and appointment reminders.</i>

CAC member a negative experience with a Neurology specialist; as a deaf person, the member felt disrespected, ignored, and confused disrespected and unsupported, describing the interaction as culturally inappropriate and in need of improvement. *All members have access to Member Services at meetings. If any member is dissatisfied or has a complaint, they can contact the IEHP's Grievance Department by calling 1-855-433-4347.	24. <i>Connect care coordination with Community Health Workers and expand access to them in threshold languages.</i> 25. <i>Provide additional trainings to Providers on cultural and disability awareness.</i>
IX. Adjourn Gabriel Uribe, DSW, Director, Health Equity Operations, IEHP - CAC members questioned why the CAC meetings take place in different areas. - Facilitator clarified that the goal of having the CAC meetings take place in different areas is to have representation from across the Inland Empire. - Meeting Adjourned at 7:00 pm. Next CAC meeting will take place on December 3, 2026.	

FEEDBACK /ACTION ITEMS
1. <i>Provide members with easy access to information on urgent care, the nurse advice line, telehealth, and other services when care is needed right away.</i>
2. <i>Provide clear guidance on the purpose and expectations of wellness visits.</i>
3. <i>Provide update explaining the decline in Child Health Experiences for 2025</i>
4. <i>Address common transportation issues that affect member experience ratings.</i>
5. <i>Partner with school and faith-based organizations to share child health information.</i>
6. <i>Develop strategies to improve comfort, trust and access to care for mixed-immigration status families.</i>
7. <i>Provide training to providers on building trust with mixed-immigration status families.</i>
8. <i>Confirm if therapists are authorized to complete PCS forms for NEMT.</i>
9. <i>Explore update to the transportation form so members can enter either the provider's name or the facility name without being required to enter both.</i>
10. <i>Offer the transportation form in all IEHP threshold languages.</i>
11. <i>Improve the transportation confirmation process with providers to reduce interruptions during member appointments.</i>
12. <i>Strategize transportation communication improvements for members who are deaf.</i>
13. <i>Review the ability for members to share if they have a driver's gender preference for transportation services.</i>

<i>14. Explore internal health care navigation resources and assistance that could assist members with language barriers.</i>
<i>15. Develop a more welcoming, supportive approach to help community members overcome mental health stigma.</i>
<i>16. Enhance provider search tools to clearly show the services each specialist provides.</i>
<i>17. Strengthen processes that support trust and continuity when members transition between Behavioral Health Providers.</i>
<i>18. Strengthen maternal mental health support by encouraging early conversations during pregnancy and improving access to perinatal and postpartum care.</i>
<i>19. Expand mental health screenings to identify conditions beyond depression.</i>
<i>20. Use familiar cultural comforts to engage members.</i>
<i>21. Ensure a distinction between AAPI and NHPI for consideration of their distinct cultural, custom, and tradition needs.</i>
<i>22. Consider enhancing Provider access to IEHP member's database to provide a more complete care history.</i>
<i>23. Consider text messaging to members for health resources and appointment reminders.</i>
<i>24. Connect care coordination with Community Health Workers and expand access to them in threshold languages.</i>
<i>25. Provide additional trainings to Providers on cultural and disability awareness.</i>