HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE (CPAC)
CalAIM TASK FORCE
MINUTES – June 12, 2025

Members/Alternates Present: Suzanne Afflalo, Asya Anderson, Jack Dailey, Michelle Darnelle, Kim Fritz (Co-Chair), Eva Matthews, Christy Rosenberg, Heather Summers, Patrick Tellez, Jennifer Tuteur (Co-Chair), Janet Vadakkumcherry, Ann Warren, Lindsey Wade, Lindsey Wright

HSD Staff Present: Lynn Carr, Brittany Charity-Walker, Lee Laydon, Emily Nguyen, Cynthia Robertson, Alison Sipler, Sam Sonnich, Michael Worman

Guests: Gerardo Galano, Kitty Bailey, Danielle Ice, Lyle Pavuk, DeeAnne McCallin, Cesar Hernandez, Hanniah Svein Trujillo, Amelia Kenner Brininger, Dante Dauz, Erin Brennan-Burke, Brenda White, Kaiser Permanente, Yadira Ruiz-Johns, Colin King Kindra Moore, Skylar Hanson, Kimia Rezai, Paula Soderberg, Bineeta Battu, Jennie Bergerm, Myra Buby, Betty Lemos-Arellano, Joanna Oboza, Amanda Moreno, Nilanie Ramos, Remy Gaither, Lupe Ojeda, Graciela Gutierrez, Camey Christenson, Sarah Legg, Luwam Kidane, Sara Cortez, Cynthia Nambo, Alberta Saavedra, Elisa Guido, Angie Martinez, Donald T. Miller, Chris Khabbaz, Jessica Rizo, Lily Wang, Jackie Maclean, Regina Underwood, Dallas Davis, Leticia Corona, Christy Rosenberg, Betsy Lee, Manisha Sharma, Joe Prickitt, Bridget Henderson, Neeta Alengadan, Linda Rios, Denise DiNoto, Trixy Joy Manansala

ITEM	***DISCUSSION***
I. Call to Order and Introductions	
	The Healthy San Diego (HSD) Consumer & Professional Advisory Committee (CPAC) CalAIM Task Force was called to order by Kim Fritz at 3:03 p.m. Christy Rosenberg was previously nominated to represent Community Support Providers and was introduced as a new member of the Task Force.
II. Public Comment	
	None
III. Action Items	
A. Approval of Minutes, April 10, 2025	On MOTION of Ann Warren, seconded by Lindsey Wright, the April 10, 2025, Meeting Minutes were approved, with all Committee Members present voting yes.
B. County Counsel Updates	Andrew Gregor reported: ▪ Pursuant to the Brown Act, voting members of the CPAC and CalAIM Task Force are generally required to attend meetings in-person. Virtual/teleconferencing rules apply under certain circumstances, including during a state of emergency or due to just cause or emergency circumstances. Additionally, the California Attorney General has issued an Opinion that found that the Americans with Disabilities Act (ADA) requires a Brown-Act body to allow remote participation by a member with a qualifying disability as an ADA reasonable accommodation. This accommodation for remote participation must simulate in-person attendance, including (1) use of two-way video and audio streaming in real time and (2) disclosing the identity of any adults present with the member at the remote location during roll call. For our purposes, if no disclosure is made, that will signify that there are no adults present with the member at the remote location. This opinion reflects changes to the

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	Brown Act in the post-COVID era and departs from previous guidance by the Attorney General to the contrary. Questions about accessibility accommodations or to determine if any exceptions apply can be directed to Healthy San Diego staff for confirmation and County Counsel will provide advisement. ▪ As is the case with the Healthy San Diego Consumer and Professional Advisory Committee, each Task Force member may designate an "alternate," that is, a person to act on behalf of the regular member when the regular member is unavailable. Alternates will have voting privileges only when the regular member is not present. ▪ The CalAIM Task Force is expected to be participatory with involvement of the public/community partners and voting members. The public will be invited to submit comments ahead of the meeting, to make comments during the meeting, and to engage in activities like discussion and in polling as invited. Any item on the agenda labeled "Voting Item" is for voting members only. Comments: ▪ Lindsey Wade asked about the status of an applicable County accommodations policy. - Response: A County policy is under development.
IV. CalAIM Findings	
A. Presentations	Four CalAIM presentations were provided to facilitate the selection of Community Support Services as areas of focus for the Task Force. The presentations included: ▪ ECM and CS Community Capacity Assessment Results - Heather Summers, County of San Diego, Medical Care Services (MCS) ▪ CS Provider Listening Sessions Results - Cynthia Robertson, County of San Diego, Medical Care Services (MCS) ▪ Intrepid Ascent CS Enrollment Data (Skylar Hanson, Intrepid Ascent) ▪ CS Community Input Results - Emily Nguyen, County of San Diego, Medical Care Services (MCS)
B. Comments / Discussion	Summary of participant comments and discussion: ▪ Patrick Tellez asked about the prioritization of a few CS services versus addressing all 14 CS services. - Response: The Task Force's approach will be to start with a few CS services to focus on. Ultimately, it is the goal to address all 14 CS services. ▪ Patrick Tellez asked if all 14 CS services are sustainable. - Response: Heather Summers shared that DHCS recently completed an In Leu of Services (ILOS) annual report with a cost sheet that showed cost effectiveness for Community Support services. DHCS determined that 12 of 14 CS services will continue beyond the Section 1115 waiver which ends Dec 31, 2026. The 12 CS services that will continue beyond the waiver will do so under the In Lieu of Services.

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	- Recuperative Care and Short-Term Post-Hospitalization Housing are under the Section 1115 Waiver and will be pursued as part of the Waiver Renewal. Transitional Rent will become a mandatory CS for all MCPs on January 1, 2026 and is being covered under the BH-CONNECT Section 1115 Waiver that is approved for 5 years that began January 1, 2025. - DHCS expects to have negotiations with the Centers for Medicare and Medicaid Services (CMS) throughout Calendar Year 2026. - The CalAIM Section 1115 Waiver Renewal process will begin July 2025 with a Concept Paper with input from stakeholders and community engagement and is set to be completed by the end of 2025. - Enhanced Care Management will continue as a benefit through the DHCS' contract with the Managed Care Plans. - DHCS is committed to CS and ECM implementation and is encouraging as the group pursues approaches to increase CS enrollment. ▪ The three CS services that had the highest ranking through the Community Input opportunity were: 1) Housing Trio 2) Medically Tailored Meals/Medically Supportive Food 3) Short-Term Post-Hospitalization Housing
V. CS Priorities Engagement	
A. Overview & Poll	Overview: An engagement process was introduced with the goal of narrowing down the top three CS services through a poll, a group collaborative activity focusing on the poll results followed by a debrief, discussion, and a Task Force member vote to confirm the CS services for initial prioritization. Prioritization of CS services: An informal poll was conducted, followed by a discussion, and then a second poll to obtain consensus. All meeting participants were invited to select one CS service to prioritize. Poll #1 Results/Discussion: ▪ 49 people completed the poll, and the top 3 CS services selected were: 1) Housing Trio 2) Medically Tailored Meals/Medically Supportive Food 3) Short-Term Post-Hospitalization Housing ▪ Asya Anderson suggested that Recuperative Care be combined with Short-Term Post-Hospitalization as the two are similar. ▪ Asya Anderson noted concern about grouping the three Housing-related CS services together as the "Housing Trio" for voting versus listing them separately (Housing Transition Navigation, Housing Deposits, Housing Tenancy and Sustaining Services). Policies have changed for Housing Deposits and the polices make it challenging due to only being able to provide a housing deposit and not first and last month's rent along with

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	the lack of available housing. The Housing Tenancy and Sustaining Services is only applicable when people are stably housed. ▪ Jack Dailey commented that the highest-ranking CS services from the Community Input findings reflected services that have the highest enrollment. There was discussion about whether the Task Force should be prioritizing CS services that are the most utilized or underutilized. ▪ Kim Fritz commented that there are some CS services that people are less aware of, like Asthma Remediation, and suggested that the Task Force consider focusing on CS services that are least utilized. Housing-related services are better known and being promoted. ▪ Suzanne Afflalo recommended a revote to consider the new discussion regarding current efforts that already support some CS services, like the Housing Trio. ▪ Heather Summers commented about considerations to take into account when prioritizing which CS cervices to focus on, such as low utilization, greatest social and economic impact, and organizational priority. ▪ Asya Anderson commented that increasing CS enrollment/utilization is one metric; another possible outcome that should be considered is the service with the most impact on health outcomes. ▪ Jennifer Tuteur reminded the group that the aim is to identify and prioritize CS services that are "low hanging fruit" and where organizations can work together. ▪ Christy Rosenberg commented that there is experience in providing the three CS services that were ranked the highest. Low hanging fruit would be focusing on CS services that may not be underutilized but where there is community experience. ▪ Patrick Tellez asked for clarification on the CS enrollment goal of increasing CS utilization of eligible members to 18,000 services provided that was mentioned in the CalAIM Findings presentations. It was clarified that that was the Intrepid Ascent San Diego CPI Aim Statement for 2025, and the Task Force would create its own goal. It was emphasized that the Task Force will work with Intrepid Ascent to not duplicate efforts. ▪ Lyle Pavuk asked about alignment of the group vote with the stakeholder votes to identify the top three CS. It was clarified that different questions were posed in each survey. Lyle shared that they believe participants responded to what is being seen as the greatest social/economic need currently and in the near future, and impacts will be significant if the utilization for the Housing Trio and Medically Tailored Meals/Medically Supportive Food services are optimized. ▪ It was agreed to complete a second round of polling to allow participants to recast their selection based on insights shared during discussions. The Housing Trio was separated out and no CS support was removed from voting. Poll #2 Results/Discussion: ▪ 36 people completed the poll.

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The top CS services that had the highest ranking through in the second poll were:

Medically Tailored Meals/Medically Supportive Food
Housing Transition Navigation Services
Short-Term Post-Hospitalization Housing
Recuperative Care

Heather Summers clarified that the County’s role is convening and gathering of stakeholders to support the Board of Supervisors initiative, and no funding from the County is available to support.

Note: It was agreed to include Recuperative Care as a fourth CS service based on previous discussion and due to its association with Short-Term Post-Hospitalization.
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<tr><td>B. Collaborative Activity</td><td>Jennifer Tuteur provided instructions for the Collaborative Activity and an instruction sheet was distributed. Virtual participants provided input through the Zoom meeting whiteboard feature. In-person participants provided input using post-it notes that were placed on easel boards in the meeting room.

All participants answered three questions for each of the three CS services that were selected:

Who needs to be engaged to increase enrollment in this CS service?
What is needed to enroll new individuals in this CS?
How can we measure change in enrollment in the next 3-6 months?

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<tr><td>C. Debrief & Consensus</td><td>

Themes from the collaborative activity were summarized as a group. Key themes across each Community Support service reported on the Healthy San Diego Consumer & Professional Advisory Committee CalAIM Task Force Meeting Activity Summary document.

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<tr><td>D. Voting Item: Selection of Priority CS for the CalAIM Task Force</td><td>On MOTION of Kim Fritz, seconded by Suzanne Afflalo, four CS services were prioritized by the Task Force, including: 1) Medically Tailored Meals/Medically Supportive Food, 2) Housing Transition Navigation Services, 3) Short-Term Post-Hospitalization Housing, and 4) Recuperative Care.

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<tr><th>CalAIM Task Force Voting Member</th><th>Vote</th></tr>
<tr><td>Suzanne Afflalo</td><td>Yes</td></tr>
<tr><td>Asya Anderson</td><td>Yes</td></tr>
<tr><td>Jack Dailey</td><td>Yes</td></tr>
<tr><td>Michelle Darnelle</td><td>Yes</td></tr>
<tr><td>Kim Fritz</td><td>Yes</td></tr>
<tr><td>Eva Matthews</td><td>Yes</td></tr>
<tr><td>Christy Rosenberg</td><td>Yes</td></tr>
<tr><td>Jennifer Tuteur</td><td>Yes</td></tr>
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<tr><td>Lindsey Wade</td><td>Yes</td></tr>
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	Ann Warren — Yes Lindsey Wright — Yes
VI. Next Steps	
	▪ The Collaborative Activity input will be compiled. ▪ Instructions will be provided regarding assignments to be completed before the August meeting, to include identifying what efforts organizations are already doing to support the four CS services that were prioritized and what strategies could be collectively implemented to increase enrollment. ▪ Future agenda items will include discussion about developing a SMART goal and tailoring action plans that consist of a phased approach unique to the CS service of focus.
VII. Adjournment	
	▪ The meeting was adjourned at 4:58 p.m.

THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE CalAIM TASK FORCE MEETING IS SCHEDULED FOR

Thursday, August 14, 2025, from 3:00 p.m. to 5:00 p.m.

Minutes recorded and transcribed by Brittany Charity-Walker

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