HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE (CPAC)
CalAIM TASK FORCE
MINUTES – March 13, 2025

***Members/Alternates Present**: Suzanne Afflalo, Asya Anderson, Jack Dailey, Kim Fritz (Co-Chair), Caryn Sumek, Patrick Tellez, Jennifer Tuteur (Co-Chair), Ann Warren, Lindsey Wright*

***HSD Staff Present:** Lynn Carr, Brittany Charity-Walker, Lee Laydon, Alison Sipler, Heather Summers, Michael Worman*

***Guests:** Kitty Bailey, Amanda Berry, Camey Christenson, Roz Corona, Andrew Gregor, Margarita Holguin, Danielle Ice, Tabatha Lang, Sarah Legg, Trixy Manansala, Eva Matthews, Blanca Melendrez, Lyle Pavuk, Joe Prickett, Lindsey Wade*

ITEM	DISCUSSION
I. Call to Order and Introductions	
	The first meeting of the HSD CPAC CalAIM Task Force was called to order by Dr. Heather Summers at 4:20 p.m. Introductions were made for in-person and virtual participants.
II. Public Comment	
	Lyle Pavuk, Legislative Assistant for District 4 Supervisor Monica Montgomery-Steppe, provided introductory remarks regarding the December 10, 2024 (31) Board Letter authored by Supervisor Montgomery-Steppe. He stated that the intent of the Board Letter was to bolster the safety net. He noted progress on Enhanced Care Management (ECM) enrollment and the goal for the task force to increase enrollment in Community Supports (CS). Healthy San Diego was identified as the best place to partner on this effort.
III. Action Items	
A. Approval of Officers	Dr. Heather Summers reported that a Co-Chair model for the CalAIM Task Force was voted on at the preceding HSD CPAC meeting, with Kim Fritz and Dr. Jennifer Tuteur approved as Co-Chairs.
IV. Task Force Structure	
A. Purpose	Dr. Heather Summers reviewed the December 10, 2024 (31) Board directive and clarified the purpose of the HSD CPAC CalAIM Task Force HSD CPAC was directed to establish a taskforce to increase enrollment in all 14 CS with the goal to: ▪ Increase to 25% of eligible beneficiaries by January 1, 2026. ▪ Increase to 50% of eligible beneficiaries by January 1, 2027. ▪ Increase to 90% of eligible beneficiaries by January 1, 2028.
B. Member Duties & Expectations	Dr. Heather Summers presented a list of member duties and expectations for consideration. HSD CPAC CalAIM Task Force Member duties and expectations (draft): ▪ Ensure CS services are being maximized. ▪ Ensure a robust array of providers to serve the community. ▪ Provide feedback on the metrics outlined in the Board Letter. ▪ Inform the Board on what is being done to identify and mitigate barriers to CS enrollment.

C. Comments / Discussion	Summary of participant comments and discussion: ▪ Clarification was requested on the metrics indicated in the Board Letter regarding the increase to 25% CS enrollment. - The goal is 25% of those eligible for CS. - An in-depth review of the data will take place at a future meeting. There needs to be collaboration with the San Diego PATH Collaborative Planning and Implementation Group to avoid divergent recommendations. ▪ DHCS has not provided an estimate of the total number of Medi-Cal beneficiaries eligible for each of the 14 CS, as compared to the estimated percentage of beneficiaries eligible for ECM. The following challenges with enrolling individuals into care were discussed: - It is incumbent on providers to explain and evolve the message and best practices. - Increase CS enrollment to a level of 25% is the goal to work toward. - This group will be able to collectively brainstorm and develop strategies. ▪ Need to recognize the large ecosystem and issues with people not wanting to sign up for Medi-Cal and hesitancy to accept services aligned with Medi-Cal. This group needs to consider what can be promised and delivered. Advise not to avoid discussions about anticipated budget cuts. ▪ When marketing the CS services, need to be clear about qualifications and eligibility. MCPs receive member grievances around denials when members don't meet eligibility for a service (e.g., eligibility requirements state that an individual needs housing navigation first before receiving housing deposits). It is set up for failure if we do not deliver on the promise. - Different marketing and messaging methods needed for each CS. - If people are being told they do not qualify they can file an appeal. ▪ This work could help show DHCS that they should get the CalAIM waiver extended. We should start our work by describing what is going well, and where there is limited capacity. ▪ The HSD CPAC CalAIM Task Force agreed to focus on CS and the Board-specified goals. These conversations might also carry over to ECM. ▪ CS (formerly known as "in lieu of services") are services, not benefits. Each CS was chosen because there was evidence that they lowered the cost of health care to qualified individuals. DHCS left the Policy Guide vague and up to the MCPs. Be open to conversation that driving enrollment shows better outcomes. - Educate on all DHCS eligibility criteria and determine where clarification is needed. - Whole Person Wellness collected a lot of data (decrease ED days, etc.). - Quality drives enrollment: you cannot improve access without quality. ▪ Further clarification requested on the goals indicated in the Board Letter. - Why did the Board Letter emphasize CS? Why not the same percentage for ECM? - Is the goal 25% of each CS or overall as an average enrollment in any of the 14 CS? - Data is an important place to start.

	- Do not need to be enrolled in ECM to receive CS. - Does the Board Letter extrapolate CS targets from ECM recommendations (5% of Medi-Cal population is eligible for ECM)? ▪ Other data-related questions/themes: - Which CS services are most utilized? - Do we tackle all 14 CS or prioritize? - We should develop a multi-year plan - Some CS services are under-utilized (LTSS-related, nursing facility, home adaptations, etc. – called out recently by DHCS) - How is demand matching supply?
V. Information/Updates	
	▪ None
VI. Agenda Items for Next Meeting	
	▪ Future agenda items will include: - ECM and CS eligibility criteria - DHCS data on CS utilization - MCP and Provider activities ▪ Future meetings will be 1.5-2 hours every other month. Next meeting will be Thursday, April 10, 2025, from 3-5pm. ▪ Relevant information and material will be sent to members prior to the meeting. ▪ Data requests for MCPs need to be received in advance.
VII. Adjournment	
	▪ The meeting was adjourned at 5:07 p.m.

THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
CalAIM TASK FORCE MEETING IS SCHEDULED FOR
Thursday, June 12, 2025, from 3:00 p.m. to 5:00 p.m.
Minutes recorded and transcribed by Brittany Charity-Walker