HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – July 10, 2025

Members Present: Suzanne Afflalo, Asya Anderson, Jack Dailey (Consumer Chair), Michelle Darnelle, Joanne Franciscus, Kim Fritz, Alfie Gonzaga, Robin Joy Maxson, Donald Miller, Sarah Legg, Harriet Seldin, Kristen Smith, Heather Summers, Patrick Tellez (Professional Chair), Sayone Thihalolipavan, Jennifer Tuteur, Janet Vadakkumcherry, Lindsey Wade, Ann Warren, Lindsey Wright

HSD Staff Present: Lynn Carr, Brittany Charity-Walker, Lee Laydon, Alison Sipler, Samantha Sonnich, Michael Worman

Other Participants/Guests: Amanda Berry, Assmaa Elayyat, Wendy Ferguson, Skylar Hanson, Amelia Kenner-Brininger, Luwam Kidane, Aurora Kiviat, Trixy Joy Manansala, Monica Montano, Cynthia Nambo, Lyle Pavuk, Joe Prickitt, Christy Rosenberg, Salvador Tapia, Lucy Ventura-Nunez, Fadra Whyte, Judith Yates

Public Comment: Kitty Bailey, Cesar Javier, Purita Javier

ITEM	***DISCUSSION***	***ACTION***
I. Welcome and Introductions	The Consumer & Professional Advisory Committee (CPAC) was called to order by Consumer Chair Jack Dailey at 3:01 p.m. Introduction of new members: ▪ Robin Joy Maxson was appointed by District 2 Supervisor Joel Anderson and approved at the June 3, 2025, Board of Supervisors Meeting for the Countywide Consumer Interests seat. ▪ Dr. Sayone Thihalolipavan was named Public Health Officer (PHO) for the County's Public Health Services (PHS) department in May 2025, and will occupy the Public Health seat. Dr. Sayone Thihalolipavan previously served on this Committee as the PHO designee and is replacing Dr. Ankita Kadakia.	
II. Public Comment	Three public comments were made: 1. Kitty Bailey submitted an e-comment that was read aloud by Brittany Charity-Walker. The comment was regarding the new Medi-Cal Community Support for Transitional Rent, requesting a contact for Molina Healthcare regarding a survey, asking how partners will learn more about how Transitional Rent is working in San Diego County, and related workgroups to join. 2. Purita Javier provided public comment about being a victim of environmental toxicity and seeking clean air for all. 3. Cesar Javier provided public comment about the health impacts on his wife (Purita Javier) and wanting to work together on clean air policy.	
III. Action Items		
A. Approval of the Meeting Minutes from May 08, 2025	On MOTION of Harriet Seldin, seconded by Kristen Smith, the May 08, 2025, Meeting Minutes were approved, with all Committee Members present voting yes.	

B. County Counsel Updates (Andrew Gregor)	Andrew Gregor clarified issues pertaining to the Brown Act, by-laws, and procedure: ▪ Voting Member Attendance - Pursuant to the Brown Act, Voting Members are expected to attend meetings in-person. Virtual/teleconferencing rules apply under certain circumstances, such as: During a State of Emergency, 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 a 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; if no disclosure is made, we will take that to mean there are no adults present with the member at the remote location. This opinion reflects changes to the Brown Act in the post-COVID era and departs from previous guidance by the Attorney General to the contrary. - When a Committee member is authorized to attend remotely pursuant to an ADA reasonable accommodation, they should keep their camera on as much as possible and disclose whether there are any adults in the room. - If there are questions about accessibility accommodations or to determine if any exceptions apply to you, these questions can be directed to Healthy San Diego staff for confirmation and County Counsel will provide advisement. ▪ Public comment - Members of the public are given an opportunity to comment during the meeting, either through in-person or virtual comment. - For topics within the Committee's assigned purview and not on the agenda, comments can be made during the public comment agenda item. - For agendized items, comments may occur before or during the Committee's consideration of the item. - Speakers must submit a "Public Comment Form" to speak. For in-person comment, the form can be filled out on-site. For virtual comment, an e-comment can be submitted prior to the meeting that can be read by staff or the speaker can be called on to speak virtually. - The HSD webpage includes instructions for submitting Public Comment. ▪ Voting on agendized items only - As outlined in the Brown Act and local regulations, voting on agendized items follows specific procedures to ensure transparency and public participation. - The Committee shall not vote on matters not specifically listed on the meeting agenda. - Any agenda item labeled "Voting Item" is for Voting Members only. ▪ Member vacancies - There was discussion at the previous meeting about member vacancies and a recommendation and vote was made to fill a vacancy.	

	- For general members, Section 4 of the by-laws states that nominations from organizations noted in Section 3 Membership shall be submitted to the Health & Human Services Agency (HHSA) Deputy Chief Administrative Officer (DCAO). From these nominations the DCAO shall select a name to fill each vacancy. The DCAO shall approve all appointments or reappointments to the Committee. - Specifically for the five Board of Supervisors (BOS)-appointed seats representing Countywide Consumer Interests, the nominations process and approval should follow Clerk of the Board procedures for Boards, Commissions, and Committees. - A Committee vote or approval is not required in the appointment process. - Counsel advises that the Committee communicate with the nominating organization or body for the specific seat discussed at the last meeting to coordinate a formal nomination to the DCAO. ▪ Alternates - The by-laws state that each Committee member may designate an "alternate," who can act on behalf of the regular member when the regular member is unavailable. - Alternates retain voting privileges only when the regular member is not present. - Voting Members and Alternates should only serve in one capacity on the Committee; i.e., no person should serve as a Voting Member in one CPAC seat and an Alternate in another seat. ▪ Questions/comments: - Dr. Harriet Seldin: The Committee can't talk about public comments that are not on the agenda and reiterated the importance of honoring the 3-minute speaker time limit while informing the public about the process. - Robin Joy Maxson: Which agenda section is meant for Committee members to raise questions or concerns? Discussion occurs during Emerging Trends and Future Agenda items sections. - Robin Joy Maxson: Does the ADA accommodation apply to someone who cares for someone who is disabled? Andrew Gregor will confirm. - Dr. Suzanne Afflalo: Do all BOS-appointed seats have alternates? What needs to happen if a member cannot attend a meeting? No, not all BOS-appointed seats have alternates. Voting member absences should be reported to HSD staff and should be coordinated with alternates, as applicable.	
IV. Presentation		
A.	**Self-Sufficiency Services Update** (Assmaa Elayyat, Deputy Director, Self-Sufficiency Services) Highlights regarding State and Federal changes were provided: ▪ Fiscal Year 2025/26 Enacted State Budget Medi-Cal changes updates included: freezing full-scope enrollment for adults aged 19+ with Unsatisfactory Immigration Status (UIS) effective January 1, 2026 (does not apply to pregnant women and for 12 months following end of pregnancy;	

	eligible for re-enrollment within 3 months of discontinuance); $30 monthly premiums for adults aged 19-60 with UIS effective July 1 2027 (eligible for re-enrollment within 3 months of discontinuance if premium not paid); elimination of dental benefits for adults aged 19+ with UIS effective July 1, 2026. Adults enrolled in full-scope Medi-Cal through prior expansions before January 1, 2026, will be "grandfathered" and able to maintain their coverage. It is important to communicate that the Medi-Cal changes won't impact any children under the age of 19, regardless of when they apply and a reminder that grandfathered 19+ year-olds who apply before January 1, 2026, will have a 3-month grace period to re-enroll if they get discontinued. ▪ Other Fiscal Year 2025/26 Enacted State Budget Medi-Cal changes updates included: due to a waiver ending, asset test limits for seniors and disabled will be reinstated effective January 1, 2026; $130,000 limit for individual, $195,000 limit for couples; does not apply to Modified Adjusted Gross Income or "ACA Expansion" groups. Additional budget action may be required pending federal changes; California Legislature may hold a special session in the summer if necessary to remediate federal changes. ▪ Congressional House Resolution (H.R. 1) updated included: additional cost sharing for states for Supplemental Nutrition Assistance Program (SNAP) and Medicaid; potential/pending programmatic changes; Medicaid work requirements, mid-year renewal, and co-pays up to $35 for certain services for individuals over 100% Federal Poverty Limit; and SNAP expanded work requirements for adults. It's anticipated that there will be a reduction in our Medi-Cal population once these changes are implemented. Questions/comments: ▪ Michelle Darnelle: When is a Medi-Cal member's renewal date? - Response: The Medi-Cal member's annual renewal date is based on when the household or applicant initially applied for eligibility. ▪ Dr. Fadra Whyte: Does the Denti-Cal elimination include pregnant women? - Response: No, pregnant women would not be eliminated. ▪ Kristen Smith: Are dental benefits eliminated for all individuals with UIS? - Response: Individuals age 19 or older with UIS. ▪ Michelle Darnelle: How many people will be impacted by UIS? - Response: Approximately 60,000, including 19 years old and younger, in San Diego County are enrolled in full-scope Medi-Cal. These individuals can maintain coverage if "grandfathered." ▪ Jack Dailey: Can you define UIS and who is included? - Response: Undocumented individuals / population. Individual can have status but it doesn't qualify them for benefits (e.g., asylum seekers, Visa holders). ▪ Robin Joy Maxson: How does the County track UIS status? - Response: This question is something that has to be asked. Federal Reimbursement for Medi-Cal dollars are drawn down from the California Department of Health Care Services (DHCS) through claims.	

	▪ Amanda Berry: Do you have an estimate for how many people will be newly in the UIS population due to federal changes in the qualified immigrant definition in H.R. 1? - Response: DHCS has always subsidized people not federally eligible, but not sure what the State will do, and will wait for guidance. ▪ Luwam Kidane: Aside from the premium mentioned, will individuals with UIS have any other share of cost obligation? - Response: There will not be any other share of cost for those state-funded under full-scope services. The only cost is the $30 monthly premium. ▪ Janet Vadakkumcherry: DHCS estimates 3.4 million Medi-Cal members will be lost due to work requirements and another 400,000 will be lost due to the 6-month redetermination. ▪ Wendy Ferguson: What is the Emergency Department (ED) copay cost share? The ED is where people will show up. What is the emergency room cost share? Is there a copay for the emergency room? - Response: Unsure at this time. ▪ Wendy Ferguson: Will preventative care be subject to the cost share? - Response: Amanda Berry provided a summary of the cost-sharing provisions from H.R. 1 Sec. 71120: o Requires states to impose cost sharing greater than $0 up to $35 per service on expansion population individuals with incomes above 100% and below 133% of the FPL. o Limits cost sharing to 5% of an individual's family income. o Limits cost sharing for prescription drugs. o Excludes cost sharing on prenatal care, emergency services, family planning services, inpatients at medical facilities, hospice care, approved vaccines, any primary care services, mental health care services, substance use disorder services, or services provided by a federally qualified health center, certified community behavioral health clinic, or rural health clinic. ▪ Michelle Darnelle: Will the work requirement include a volunteer job or does it have to be a paid job? - Response: Since this has not been done before in California, it will depend on what flexibilities the Centers for Medicare & Medicaid Services (CMS) is going to offer and how California is going to choose to implement. Verification processes and details are to be determined. Action items: ▪ SSS is invited to return to the CPAC in Fall 2025 with another update. ▪ The Committee will work together to help craft and communicate appropriate messaging about Medi-Cal changes to impacted populations.	

B.	**Public Health Officer Remarks** (Dr. Sayone Thihalolipavan, Public Health Officer, Public Health Services) Dr. Sayone Thihalolipavan shared remarks on the following: ▪ Thanked Dr. Ankita Kadakia for her participation in the Committee as Acting PHO and confirmed alignment and close coordination with County Chief Medical Officer, Dr. Jennifer Tuteur. ▪ Acknowledged the importance of policies and systems that impact community access to food and healthy environments, emphasizing how environments and social determinants of health impact community well-being. ▪ Highlighted the declared emergency in the Tijuana River Valley, distribution of air purifiers to impacted residents, need for policy changes in infrastructure, and importance of Managed Care Plan (MCP) roles. It was noted that 91% of those surveyed were assigned to an MCP. The Press Release for Tijuana River Valley Sewage Community Survey results article was placed in meeting chat: https://www.countynewscenter.com/tijuana-river-valley-sewage-community-survey-results-complete/ ▪ The zeroing out of Supplemental Nutrition Assistance Program-Education (SNAP-Ed) funding effective October 2025 for nutrition education and obesity prevention was not expected by public health departments and contractors.	
V. HSD Reports & Discussion		
A. HSD CPAC CalAIM Task Force Updates (Kim Fritz / Jennifer Tuteur)	Kim Fritz reported: ▪ The third meeting of the CalAIM Task Force was held on June 12, 2025. ▪ Christy Rosenberg of the San Diego Wellness Collaborative was introduced as a new Voting Member. She had been previously nominated to represent Community Supports (CS) Providers. ▪ There were brief presentations on additional CalAIM data and findings followed by selection of a few CS services that will be focused on by the Task Force initially versus tackling all 14 CS services all at once. ▪ The CS services that were voted on to prioritize were: 1) Medically Tailored Meals/Medically Supportive Food, 2) Housing Transition Navigation Services, 3) Short-Term Post-Hospitalization Housing, and 4) Recuperative Care (this fourth CS was included due to its association with Short-Term Post-Hospitalization Housing). ▪ There was a collaborative activity to look at each of the four CS services that were prioritized regarding: who needs to be engaged to increase enrollment, what is needed to enroll new individuals, and how we can measure change in enrollment over the next 3-6 months. ▪ The next meeting will be Thursday, August 14, 2025, from 3-5pm. Next steps will be to develop collective goals and strategies.	
B. **Medi-Cal Transformation Task Force**	Dr. Heather Summers reported: ▪ The purpose of the HSD Medi-Cal Transformation Task Force is to support contractual and regulatory requirements; improve health and well-being, preventive health care knowledge, and health care utilization of Medi-Cal	

(Heather Summers)	Managed Care members. The HSD Collaborative Organizational Structure was displayed and provided an overview of the three tracks of leadership teams focusing on: 1) Quality Improvement & Health Equity, 2) Care Coordination & Community Engagement, and 3) Health Plan Operations. The leadership teams will correspond with the HSD Medi-Cal Transformation Task Force overseen by Jamie Beam, Medical Care Services (MCS) Director, and reported to Kim Giardina, HHSA DCAO. ▪ The Medi-Cal Transformation Task Force last met on June 11, 2025. ▪ Key updates: - The County and MCPs are continuing to make progress on the DHCS-required Memorandum of Understanding (MOU). MOU oversight and collaboration on activities will be carried out through the various workgroups of the Medi-Cal Transformation Task Force through the Health Plan Operations Workgroup. - Medi-Cal Redetermination is a key issue. ▪ Workgroup highlights: - The Street Medicine Workgroup was kicked off on June 25, 2025. As reported at the May meeting, the Street Medicine Initiative that was formed under Board of Supervisor direction in 2024 has been transitioned to a HSD Street Medicine Workgroup to continue efforts to improve access to care and outcomes for the vulnerable population of unsheltered individuals who face a disparate rate of death and morbidities. The workgroup is Co-Chaired by Susan Mahonga (Blue Shield Promise) and Megan Partch (Father Joe's Villages). This group is organized under the Care Coordination & Community Engagement track. - The Oral Health Workgroup was established to improve oral health and dental care coordination for Medi-Cal Managed Care members in San Diego County. This workgroup was formed in part due to discussions and issues raised within this Committee in July 2024. The workgroup will be Co-Chaired by Dr. Fadra Whyte (County Chief Dental Officer) and Valerie Martinez (Health Equity Officer, Blue Shield Promise). This group is organized under the Care Coordination & Community Engagement track. - Coordination of the Quality Improvement & Health Equity track of workgroups is underway. This set of workgroups carry on the work of the former QI Subcommittee with a renewed focus on quality improvement and health equity. The Quality Improvement Initiatives Workgroup will resume activities in July 2025. This workgroup has conducted past projects on fluoride varnish, lead screening, and more. They will be engaged in the SMART goal around Early Childhood Well-Child Visits. ▪ The HSD CPAC can make recommendations or inquiries to the Medi-Cal Transformation Task Force on operational or programmatic matters that align with contractual or regulatory requirements or other matters that require a collective response. Comments:	

	▪ Jack Dailey: How can MOUs be commented on? Heather Summers explained that DHCS has set templates and that the final MOUs will be public and posted once fully executed.	
C. Emerging Trends and Issues (Jack Dailey)	Jack Dailey invited members to share emerging trends impacting the Medi-Cal managed care delivery system. Comments: ▪ Dr. Fadra Whyte and Dr. Harriet Seldin reported that Prop 56 supplemental payments were going away. This may lead to providers dropping out due to reimbursement. The current efforts to remove fluoride from water is also problematic. ▪ Christy Rosenberg commented that providers would like to hear more about how Transitional Rent is rolling out locally, and changes from DHCS regarding CalAIM and Housing Deposits benefits that were anticipated to be implemented January 1, 2026, but were instead implemented immediately with providers scrambling on how to respond. ▪ Jack Dailey commented on the 120-day global cap on coverage of the three Room and Board CS services (Short-Term Post-Hospitalization Housing, Recuperative Care, and Transitional Rent). There is room for discussion on how to communicate the changes to those impacted.	
V. Chairs Report		
A. Health Services Advisory Board (Harriet Seldin)	Dr. Harriet Seldin reported: ▪ The County's Office of Economic Development and Government Affairs presented on the legislative program process and how the Health Services Advisory Board (HSAB) can provide input. ▪ Budget recommendations were discussed. ▪ The next HSAB meeting is July 15, 2025.	
B. Behavioral Health Advisory Board (Judith Yates)	Judith Yates reported: ▪ Events are coming faster than we can understand. ▪ The Behavioral Health Advisory Board (BHAB) Chair has tried to anticipate challenges to find new ways to interact and there will be a mid-year retreat to acknowledge need for deeper discussions, organize efforts to inform and educate members across advisory boards, and focus on being a more effective and engaged advisory board by the end of 2025. ▪ The BHAB Chair is part of the review and selection process for the new BHS Director. Recruitment for the BHS Director vacancy is not open yet. ▪ There will be a new BHAB Chair in January 2026.	
IV. CalAIM Reports		
A. Providing Access and Transforming Health Collaborative / Intrepid	Skylar Hanson reported: ▪ The next Virtual San Diego PATH CPI meeting will take place on July 17, 2025, and will focus on child/youth referrals and Closed Loop Referral. ▪ The next In-Person meeting will be October 2, 2025. ▪ A link for the virtual meeting series registration was provided in the chat: https://intrepidascent.zoom.us/meeting/register/tZwocu-prjkiE9RTdSTlVneedtJKnZLdRfIO#/registration	

Ascent (Skylar Hanson)		
B. Medi-Cal Rx	Comments: ▪ Robin Joy Maxson asked about the 30-day maximum prescription refill limit. Can HSD advocate for medications to be provided for more than 30 days? - Jack Dailey suggested that an action could come in the form of County sponsorship of legislation. - Dr. Donald Miller reported about prescribing for mental health care given the shortage of psychiatrists. The medications on the schedule list requires an approval process that has been better than expected. There is a difference between the non-scheduled versus scheduled medications, and there has been a problem with treating ADHD from the beginning. ▪ Jack Dailey commented about tracking limitations of GLP-1 (glucose-like peptide-1) medications for weight loss and other medications and covered services impacting gender affirming care.	
C. Health Plans / Advocates / Consumers / Clinical & Social Service Providers	No report	
VII. Information / Updates		
A. Public Health Services (Sayone Thihalolipavan)	Dr. Sayone Thihalolipavan reported: ▪ SNAP-Ed funding is being terminated, which is funding for health departments and partners/contractors to work on policy, systems, and environmental change activities for nutrition education and obesity prevention; these funds were not anticipated as being at risk, unlike Centers for Disease Control and Prevention grants.	
B. Behavioral Health Services (Kristi Jones)	Alfie Gonzaga reported on behalf of Kristi Jones: ▪ Regarding Senate Bill (SB) 43, since January there have been 250 trainings reaching nearly 12,000 individuals across law enforcement, hospitals and providers. ▪ The South Region Crisis Stabilization Unit is on track to open in Fall 2025 with the East Region opening in 2026. ▪ The link to the Behavioral Health Services (BHS) 72-Hour Released Dashboard was shared in the chat. ▪ SB 43-related holds account for about 1% of all 5150s but anticipate an increase gradually through implementation. ▪ Under the Behavioral Health Services Act and Prop 1, the County was awarded $29.1 million to develop a Children's Crisis Residential Center, and a Children's Substance Use and Treatment Facility with 89 beds and 16 for recuperative care.	

	▪ Under CalAIM, BHS added 300 opioid treatment spots, expanded withdrawal management and medication for Medication-Assisted Treatment services, and increased Substance Use Disorder capacity.	
C. Aging and Independence Services (Kristen Smith)	Kristen Smith reported: ▪ Aging and Independence Services (AIS) has programs and staff who will be impacted by SNAP-Ed funding changes, and they are still figuring out the extent of the impacts. ▪ In-home Supportive Services Program (IHSS) surpassed 47,000 recipients and AIS is looking at how H.R. 1 Medi-Cal changes will impact IHSS. It is anticipated that there will be an increased workload to keep people enrolled.	
D. Medical Care Services (Heather Summers)	Heather Summers reported: ▪ The HSD CPAC CalAIM Task Force input form/questionnaire is to be sent out to ECM and CS providers to gather information about current efforts to increase enrollment in CS services. ▪ The County's Office of Homeless Solutions, BHS, Medical Care Services (MCS), and the MCPs submitted a Technical Assistance Application for Transitional Rent, which will support discussion on a Flexible Housing Pool; the group is utilizing the County's Office of Business Intelligence with process mapping.	
E. Healthy San Diego Statistics (Michael Worman)	Michael Worman provided the Healthy San Diego Statistics report: ▪ For May 2025, the total enrollment for Medi-Cal Managed Care in San Diego County was approximately 938,000 individuals. The Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 192,949 (20.6% of total), Community Health Group with 385,539 (41.1%), Kaiser with 74,425 (7.9%), and Molina with 285,375 (30.4%). ▪ For June 2025, the Eligibility Services by the Numbers Report showed total enrollment in the following programs: CalFresh with 402,828 recipients (up 0.8% from last year), CalWORKS with 52,958 recipients (up 2.8%), County Medical Services had 9 recipients (no change from last year), General Relief had 5,747 recipients (up 5.7%), and Medi-Cal had 882,000 recipients (down 8.1%). For all these programs, the total number of unduplicated recipients was nearly 1.2 million individuals.	
VIII. Future Agenda Items	None	
IX. Adjourn	Jack Dailey announced that, moving forward, the CPAC meeting will be held at a new location at the County Operations Center on Overland Avenue. These updates will be indicated on future meeting invitations and agendas. Meeting adjourned by Jack Dailey at 5:02 p.m.	

THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE MEETING SCHEDULED

Thursday, September 11, 2025, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person*

Minutes recorded and transcribed by Brittany Charity-Walker