HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE (CPAC)
CalAIM TASK FORCE
MINUTES – August 14, 2025

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

HSD Staff Present: Jamie Beam, Lynn Carr, Brittany Charity-Walker, Lee Laydon, Cynthia Nambo, Cynthia Robertson, Alison Sipler, Samantha Sonnich, Michael Worman

Guests: Erin Brennan-Burke, Camey Christenson, Denise DiNoto, Skylar Hanson, Dana Harden, Cameron Herrera, Michael Kelley, Luwam Kidane, Trixy Joy Manansala, Kindra Moore, Joanna Oboza, Natalie Perez, Joe Prickitt, Jessica Rizo, Omar Rodriguez, YeRang Shin, Marisa Varond, Claudia Velasquez

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 3:05 p.m.
II. Public Comment	
	None
III. Action Items	
A. Approval of Minutes, June 12, 2025	On MOTION of Ann Warren, seconded by Jack Dailey, June 12, 2025, Meeting Minutes were approved, with all Committee Members present voting yes.
IV. Community Supports (CS) Engagement	
A. Recap of June 2025 CalAIM Task Force Collaborative Activity	Heather Summers presented a summary of the collaborative activity that was conducted during the June 12, 2025, meeting. Summary of key points: ▪ CalAIM Task Force members voted on a strategy to select three to four CS services to initially focus on initially. The intent is to start with a few quick wins, but to ultimately carry out the Board of Supervisors directive to increase enrollment in all 14 CS services. ▪ The CS services that were voted on to prioritize were: 1) Medically Tailored Meals / Medically Supportive Food (MTM/MSF), 2) Housing Transition Navigation Services (HTNS), 3/4) Short-Term Post-Hospitalization Housing (STPHH)/Recuperative Care (RC). ▪ A collaborative activity was conducted for the prioritized CS services to start thinking about opportunities to craft a countywide plan for the CalAIM Task Force. The key activity questions were: 'Who needs to be engaged to increase enrollment in this CS?,' 'What is needed to enroll eligible Medi-Cal members in this CS?,' and 'How can we measure the increase in enrollment in the next 3-6 months?'. ▪ The results of the collaborative activity were reviewed and provided ideas for objectives and actions to address each priority CS, as well as some general or systemwide tactics. Detailed results were noted in the meeting materials presentation slide deck.

B. Results from July 2025 CalAIM Task Force Input Form – Efforts to Increase CS Enrollment	Dr. Summers presented input form results summary of the collaborative activity that was conducted during the June 12, 2025, meeting. Summary of key points: ▪ To continue engagement after the June 12, 2025, meeting, an activity was conducted in July 2025 to collect input on efforts being done to increase CS awareness and enrollment for the 3-4 priority CS services and to inform the development of a shared action plan. ▪ Responses were collected via a virtual input form over the period June 30-July 11. The invite was sent out to about 140 unique email addresses/individuals. There was a total of 14 respondents; not all respondents completed all questions (Responses: MTM/MSF – 9, HTNS – 5, STPHH/RC – 4). ▪ The questions were: 1) What is your organization doing or planning to do to increase CS enrollment? 2) How is your organization working with other partners to increase CS enrollment? 3) What strategies can your organization implement to increase CS enrollment? ▪ The input highlighted current and future opportunities for enhancing education and streamlining and strengthening referral pathways and partnerships. - **MTM/MSF** – There were themes around building cross-sector partnerships, engaging providers and integrating screening and referral into clinical and community-based organization (CBO) settings, obtaining client feedback, supporting data collection and evaluation, and sustainability as themes. A robust list of partners was provided. - **HTNS** – There were themes around cross-program collaboration, expanding staff capacity, client incentives/barrier reduction/engagement tactics, leveraging ECM providers, making data-driven adjustments. A detailed list of partners was provided. - **STPHH/RC** – We same unique themes around building capacity (beds, staffing, training, workflows), leveraging ECM providers. Details on specific partners were provided.
C. Countywide Public Awareness Campaign Update / Materials Development Update	Sam Sonnich provided an update on a countywide public awareness campaign and the development of materials to promote CS services. Summary of key points: ▪ As part of the Dec 10, 2024, Board Letter that led to the establishment of the CalAIM Task Force, there was also a directive to explore the feasibility of a Public Awareness Campaign throughout San Diego County. ▪ In response this directive, Medical Care Services' (MCS) SDAIM identified existing County activities that could be leveraged and aligned, including current communication resources and engagement opportunities to support a countywide campaign to increase CS enrollment and grow a local resource library of materials to promote ECM and CS. Efforts include: - **Community Engagement Sessions –** The County has contracted with the YMCA of San Diego to conduct in-person and virtual community engagement sessions in the five supervisorial districts to raise community awareness of Medi-Cal Transformation through community engagement, empowerment, and education to increase utilization of ECM and CS and empower participants to become trusted messengers and share the information within their communities. The

	primary audience will be eligible Medi-Cal members, their family members, caregivers, advocates of Medi-Cal members, Community Health Workers, and others who support Medi-Cal members. - **Informational Video for Professionals –** An 18-minute on-demand video is available on the County SDAIM webpage to help train, refresh, or support understanding of ECM and CS. This training was based on content from trainings provided to County departments/staff and community partners. - **ECM and CS One-Pagers for Medi-Cal Members** – General one-pagers for ECM, CS, and Medi-Cal Transportation were created by the County and approved by the MCPs. These resources were translated into 8 threshold languages and can be shared with Medi-Cal enrollees/community members. - **New CS One-Pagers Under Development** – Partners also requested tailored materials focusing on specific CSs, populations of focus, or for provider-specific audiences. New one-pagers have been developed for MTM/MSF, HTMS, STPHH, and RC for professional and general public audiences. **ACTION**: Please provide feedback on the new CS one-pagers to Sam Sonnich by August 29, 2025. **Discussion and comments**: ▪ Feedback on new one-pagers included: use of QR codes for MCP referral form links, use technical name of CS services versus a simplified/plain language name; call to action for Medi-Cal members should be call your health plan and talk to your provider/ trusted health clinic, ECM provider (to avoid denials and ensure the required clinical documentation for approval); update HTNS regarding housing services (includes security deposits, utilities, and start-up costs, not first and last month's rent). ▪ Lindsey Wright shared that figuring out the paperwork can be complicated for those self-referring, leading to discouragement and unfinished applications. ▪ Dr. Tuteur commented that if MCPs require provider documentation to approve a referral, then this could cause delay in authorization. She suggested that a SMART goal could be included in the action plan that pilots a new process where individuals who self-refer can be authorized for services by MCPs without requiring additional verification from the provider. This would reduce delays in individuals receiving services for which they are eligible. ▪ Jack Dailey raised concern for those seeking support who are being redirected to seek provider approval and inquired about certain populations that can be identified as needing extra support when seeking care avoiding the redirect and delay in services. ▪ Asya Anderson emphasized the MCP documentation requirement to provide eligible and accurate services; however, provider referrals are not required.
V. Action Plan Approach to Increase CS Enrollment	
A. Discuss CalAIM Task Force Action Plan Approach	Dr. Tuteur provided an overview of the proposed CalAIM Task Force Action Plan approach: ▪ The Board of Supervisors has already provided us with a SMART Goal to increase enrollment in all 14 CS services through January 1, 2028. ▪ At the June Meeting, the CalAIM Task Force voted on a strategy to prioritize a few CS services to focus on over the next 3-6 months. The next step is to reach consensus on a shared approach.

- The recommendation is to develop a CalAIM Task Force Action Plan that will provide a set of shared objectives and actions to increase CS enrollment.
- The action plan template was displayed that comprises the Board of Supervisors' goal, the agreed upon strategy to initially focus on a limited set of CSs, four objective (one per CS and one systemwide), and then fillable areas for identifying actions, leads, partnerships, timeframes, measurement, and documenting progress.
- Draft objectives were reviewed and revised as follows:

Summary of Objective, Actions, Leads, and Partners
MTM/MSF Objective: Healthcare and community providers will assess patients for chronic or other serious health conditions and refer eligible members to MTM/MSF. Actions: 1. Work with Managed Care Plans (MCPs) to look for ways to standardize eligibility criteria. (Leads: Eva Matthews, Joe Prickitt) 2. Work with partners (MCPs + CBOs) to streamline the referral process (e.g., referral walk-through). (Leads: Eva Matthews, Joe Prickitt) 3. Standardize a physician, ECM, and social service provider assessment or screening tool to facilitate referrals. (Leads: Eva Matthews, Heather Summers, Janet Vadakkumcherry)
HTNS Objective: HTNS CS Providers will collaborate with community partners (e.g., shelters, homeless outreach teams, etc.) to conduct training and outreach together to enroll eligible individuals. Actions: 1. Develop a plan for HTNS CS Providers to partner with street medicine, Sheriff, recovery residences, behavioral health programs for outreach. (Leads: Lynn Carr, Christy Rosenberg) 2. Develop outreach videos/materials (in-person or virtual format). (Leads: TBD) Partners: Street Medicine (Cynthia Nambo), Probation (Kindra Moore), Law Enforcement, Recovery Residence Association, Drug Medi-Cal Providers, Downtown San Diego Partnership
STPHH/RC Objective: Improve operational workflows and strengthen referral pathways to increase timely referrals and prior-authorization before individual is discharged from the hospital/facility. Actions: 1. Explore partnering with National Institute of Medical Respite Council (NIMRC). (Leads: Lindsey Wright to outreach to NIMRC) 2. HASD&IC to reach out to Recuperative Care Workgroup for lessons learned, processes for workflows, and timely referrals. (Leads: Lindsey Wade to reach out to Joanna Oboza) 3. Engage with the HASD&IC Case Management Workgroup for listening sessions, gathering information, training and outreach. (Lead: Caryn Sumek) 4. Report back MCP efforts to quickly calculate 180-day global cap. (Leads: Asya Anderson, Jack Dailey, Denise DiNoto)

<table>
<tr><td></td><td>Systemwide Objective: Conduct a countywide public awareness campaign for consumer and provider audiences.
Actions:
1. Review new CS one-pagers by August 29, 2025, and finalize by October 9, 2025, CalAIM Task Force meeting. (Lead: Sam Sonnich)
2. Promote the CalAIM/Medi-Cal Transformation community engagement sessions and encourage participation. (Lead: Sam Sonnich)
Partners: All CalAIM Task Force participants</td></tr>
<tr><td>B. Voting Item: Approval of CalAIM Task Force Action Plan Approach</td><td>On MOTION of Lindsey Wright, seconded by Kim Fritz the CalAIM Task Force Action Plan approach was approved with the agreed upon objectives and actions.
<table>
<tr><th>CalAIM Task Force Voting Member</th><th>Vote</th></tr>
<tr><td>Suzanne Afflalo</td><td>Absent</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>
<tr><td>Patrick Tellez</td><td>Yes</td></tr>
<tr><td>Janet Vadakkumcherry</td><td>Yes</td></tr>
<tr><td>Caryn Sumek (for Lindsey Wade)</td><td>Yes</td></tr>
<tr><td>Ann Warren</td><td>Yes</td></tr>
<tr><td>Lindsey Wright</td><td>Yes</td></tr>
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<tr><td>C. Identify Actions to Support Objectives</td><td>▪ Identification of actions to support objectives is noted under agenda item V.A. above.</td></tr>
<tr><td colspan="2">VI. Next Steps</td></tr>
<tr><td></td><td>▪ The CalAIM Task Force Action Plan document will be updated to reflect the agreed-on objectives and actions. The actions will be compiled and shared.
▪ The October 9, 2025, meeting will focus on receiving updates on progress.
▪ A meeting will be scheduled in December 2025, and the CalAIM Task Force 2025 Meeting Schedule will be updated to reflect the additional meeting.</td></tr>
<tr><td colspan="2">VII. Adjournment</td></tr>
<tr><td></td><td>▪ The meeting was adjourned at 4:45 p.m.</td></tr>
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THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE CalAIM TASK FORCE MEETING IS SCHEDULED FOR

Thursday, October 9, 2025, from 3:00 p.m. to 5:00 p.m.

Minutes recorded and transcribed by
Alison Sipler & Lee Laydon.