HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – September 11, 2025

Members/Alternates Present: Suzanne Afflalo, Neeta Alengadan, Asya Anderson, Jack Dailey (Consumer Chair), Michelle Darnelle, Joanne Franciscus, Kim Fritz, Alfie Gonzaga, Kristi Jones, Robin Joy Maxson, Donald Miller, Jennipher Ohmstede, Harriet Seldin, Kristen Smith, Caryn Sumek, 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: Kitty Bailey, Amanda Berry, Susanne Boston, Nora Bota, Erin Brennan-Burke, Lillian Chen, Camey Christenson, Wendy Ferguson, Andrew Gregor, Skylar Hanson, Michael Kennedy, Luwam Kidane, Sarah Legg, Angela Martinez, Monica Montano, Cynthia Nambo, Rhonda Perkins, Joe Prickitt, Christy Rosenberg, Salvador Tapia, Yogesh Thasale, Fadra Whyte, Judith Yates

Public Comment: Cesar Javier, Purita Javier

ITEM	***DISCUSSION***	***ACTION***
I. Welcome and Introductions	The Consumer & Professional Advisory Committee (CPAC) was called to order by Professional Chair Dr. Patrick Tellez at 3:02 p.m.	
II. Public Comment	Two public comments were made: 1. Purita Javier provided public comment about being a victim of environmental toxicity and seeking clean air for all. 2. Cesar Javier provided public comment about the health impacts on his wife (Purita Javier) and wanting to work together on clean air policy. He proposed a solution to clean toxic air.	
III. Action Items		
A. Approval of the Meeting Minutes from July 10, 2025	On MOTION of Dr. Jennifer Tuteur, seconded by Kim Fritz, the July 10, 2025, Meeting Minutes were approved with one correction, with all Committee Members present voting yes. Kristen Smith requested a correction for the to the number of people enrolled in the County's In-Home Supportive Services Program to indicate that IHSS "surpassed 47,000 recipients."	
B. County Counsel Updates (Andrew Gregor)	Andrew Gregor clarified issues pertaining to the Brown Act, by-laws, and procedure: ▪ Clarification re: Americans with Disabilities Act (ADA) Reasonable Accommodation for Brown-Act bodies - At the July 10, 2025, meeting, there was a question about whether the ADA accommodation applies to the caregiver of a person with a qualifying disability. The answer is no; the accommodation is only applicable to the individual and not the caregiver. ▪ By-laws Amendment	

	- County Counsel recommends an amendment to the by-laws to ensure alignment with County Board Policy A-74 (Advisory Committees). - Next steps would entail the Committee's participation in reviewing the edits and then bringing it forward for a vote. Once the Committee votes to approve, the by-laws will need to go through a secondary approval step to obtain final approval by the Board of Supervisors through a Board Letter process. - The Committee Co-Chairs agreed to appoint an ad hoc By-laws Committee to review the proposed changes and bring them forward to the Committee at a future Regular Meeting for approval. Members will comprise: Asya Anderson (Molina), Jack Dailey (Consumer Chair), Dr. Patrick Tellez (Professional Chair). Kim Fritz (Blue Shield Promise), and Lindsey Wright (Kaiser).	
IV. Presentation		
A.	**Tijuana River Valley Sewage Emergency Assessment of Chemical Exposures (ACE) Results** (Dr. Sayone Thihalolipavan, Public Health Officer, Public Health Services) Highlights included: ▪ The goal was to assess individual-level impacts through an online survey related to sewage exposure from the Tijuana River Valley. The objectives were: understand concerns of air and water exposure from contamination; explore concerns about residential, occupational, recreational and other environmental exposures and health effects; and obtain parents' response on behalf of children under age 18. ▪ The presentation included demographics of the 2,099 survey participants. ▪ Key findings were reported regarding primary thoughts, concerns, and experiences; physical health; mental health; and ACE findings similar to the Community Assessment for Public Health Emergency Response. ▪ County of San Diego actions were outlined for the areas of collaboration, coordination, and advocacy; drinking water concerns; mental health concerns; Behavioral Health Services action; other efforts; communications; and hot spot mitigation. ▪ Next steps will focus on the root cause while supporting the health of the community. Questions/comments: ▪ Dr. Afflalo: Are you advertising the air purifiers in local newspapers like The Voice & Viewpoint or flyers that could be put out at senior centers and community centers? - Response: That's a great idea. ▪ Robin Joy Maxson: For children staying indoors, is the County doing anything to mitigate the effects of a lack of sunshine, such as recommending Vitamin D supplements?	

	- Response: We are developing provider education as well as webinars. That would be a good point to bring up for people who may not feel safe to go outside because of potential air exposure and odor. Being indoors impacts people's physical and mental health, and we know more people are spending more time indoors. ▪ Cesar Javier: Some toxic odors cannot be smelled, or beyond olfactory. As victims we worry about this. It makes us experience depression, anxiety, and fear. Why is this happening? How long will these structural changes take? - Response: We have asked the Air Pollution Control District to test for other chemicals. The end of 2027 is the timeline to update the wastewater plant on the United States (US) side of the border to process 50 million gallons of wastewater per day, which would be a significant increase. ▪ Dr. Patrick Tellez: What is the timeline on the Mexico side? - Response: They are trying to revisit the agreement between the US and Mexico to expedite timelines. ▪ Kim Fritz: Please share the flyer so it can be distributed. Reminders can be given to MCP Member Services. ▪ Janet Vadakkumcherry: Do you think the clinics in the South Bay already have the flyers? - Response: Yes, I think many of them are promoting it. There is nothing wrong with redundancy and hearing about it from other sources. ▪ Ann Warren: We sent it out to our case managers. ▪ Jack Dailey: Can you speak to how IHSS (high-risk, medically fragile) has been integrated into the distribution of information and or the air purifiers? - Response: We will find out about IHSS. ▪ Dr. Seldin: What is the follow up going to be at the federal level? There was a big announcement when the Environmental Protection Agency was involved. As information comes out about these studies, how is that being shared? - Response: The EPA has been getting more involved recently. The EPA Administrator was here a few months ago, and that is when we pushed the 100-day plan to take place. They continue to do a lot and try even though it is not a declared emergency to expedite timelines wherever possible. The ACE results are being shared with EPA, as well as through EPA Region 9 and the local California delegation, and some elected officials have been engaged. $660 million has been brought into this region for this issue because of our California delegation and the advocacy that has happened at multiple levels of government and through community involvement. ▪ Yogesh Thasale: Some of the people are visiting primary care and emergency. Has data that has been reported at the local and state level been reported to the federal level as well? This is impacting the health of the community. - Response: This is federal data, so it starts at the federal level. There are federal representatives on some calls that I mentioned. At the state level we have presented to the California state delegates, State Health Officer, and State Health Department. At the local level, there have been many	

	community presentations. Please let me know if you have ideas on how to get the word out to other groups.	
V. HSD Reports & Discussion		
A. HSD CPAC CalAIM Task Force Updates (Kim Fritz / Jennifer Tuteur)	Dr. Jennifer Tuteur reported: ▪ The last meeting was on August 14, 2025. There were 14 members and 18 guests who participated. ▪ For background, the CalAIM Task Force was formed by the Board of Supervisors to increase enrollment in all 14 Community Supports (CS) so that 25% of those eligible would be enrolled by January 1, 2026, and 100% of those eligible would be enrolled by January 1, 2028. That is the goal. ▪ The group agreed on a strategy to initially focus on a smaller set of CS services to identify some opportunities for collaboration and quick wins. The prioritized CS services are: 1) Medically Tailored Meals/Medically Supportive Food (MTM/MSF), 2) Housing Transition Navigation Services (HTNS), 3/4) Short-Term Post-Hospitalization Housing/Recuperative Care (STPHH/RC). ▪ An update was also provided on the countywide public awareness campaign and the development of materials to promote CS services. Flyers have been created in multiple languages to increase awareness. The County has also formed a partnership with the YMCA of San Diego County and the San Diego Wellness Collaborative to hold in-person and virtual community engagement events. The MTM/MSF objective is for healthcare and community providers to assess patients and refer eligible members to MTM/MSF; actions to support this include standardizing eligibility criteria, streamlining the referral process, and standardizing provider assessments and screening tools. For HTNS, the objective is for HTNS providers to collaborate with community partners, like shelters, homeless outreach teams, and so forth, to conduct training and outreach together; actions include partnering with street medicine providers, recovery residences, and so forth. For STPHH/RC the objective is to improve workflows and referral pathways to increase timely referrals, so we get prior authorization done before individuals are discharged from the hospital or from a facility; the actions include working with existing groups like the Recuperative Care Workgroup and figuring out how to calculate that 180-day global cap.	
B. **Medi-Cal Transformation Task Force** (Dr. Heather Summers)	Dr. Heather Summers reported: ▪ The Medi-Cal Transformation Task Force is Healthy San Diego's non-Brown Act meeting that is directed by the Health and Human Services Agency (HHSA). The purpose is to support contractual and regulatory requirements; improve health and well-being, preventive health care knowledge, and health care utilization of Medi-Cal Managed Care members. ▪ The HSD Medi-Cal Transformation Task Force Steering Committee is overseen by Jamie Beam, Medical Care Services (MCS) Director and includes the Co-Chairs of three Leadership Teams. The goal of this Steering Committee is to funnel up information from various workgroups and over to this meeting for the Consumer & Professional Advisory Committee. ▪ The Medi-Cal Transformation Task Force last met on August 27, 2025.	

	▪ Key updates: - Federal and State Medi-Cal changes continue to be a point of concern. - 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. - Workgroup highlights: 1. Oral Health Workgroup – Launched in July 2025. Chaired by Dr. Fadra Whyte, County Chief Dental Officer. 2. Health Education & Cultural/Linguistics Workgroup – The workgroup is updating its workplan about ensuring they are having impact and a good discussion around health literacy and dispelling misinformation. For the CPAC's consideration – How can we collectively establish valid sources of health information? 3. Health Plan Workgroup: Today's meeting included comments from HHSA Deputy Chief Administrative Officer, Dr. Kim Giardina, regarding Community Reinvestment ideas posed by HHSA. ▪ The relationship between the CPAC and the Medi-Cal Transformation Task Force is meant to be bi-directional. The Medi-Cal Transformation Task Force provides update to the CPAC to help understand and identify trends that may have a policy or systems impact that could be addressed by the CPAC. Likewise, the 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 priority matters that require a collective response. Comments: ▪ Jack Dailey: Are the MOUs publicly available? - Response: The MOUs have not been executed yet and will be made public once that occurs.	
B. Emerging Trends and Issues (Jack Dailey)	Dr. Patrick Tellez invited members to share emerging trends impacting the Medi-Cal managed care delivery system. Comments: ▪ Dr. Heather Summers reminded the group of the question from the Medi-Cal Transformation Task Force / Health Education & Cultural/Linguistics Workgroup about how we can work to collectively establish valid sources of health information. ▪ Jack Dailey noted that two DHCS created materials regarding policy changes coming up: 1) General Information Notice, and 2) Adult Expansion Freeze FAQ). The FAQ is about impacts to certain immigrant populations, with regards to changes that were signed into law to effectively cap enrollment for certain populations. The General Notice will go out to Medi-Cal members that are in those certain categories of immigrant populations informing them that their dental coverage will be eliminated starting July 2026. The messaging is	

	complex, and the Legal Aid Society of San Diego is working on distilling and disseminating that information in the community by developing fact sheets. What are the MCPs doing? How are you working with your members in this population? Are you creating your own fact sheets? How are you disseminating information about these changes? ▪ Discussion: - Lindsey Wright reported that their national team has an initiative they are working on and would like to reach out the Dr. Fadra Whyte regarding the limiting of certain dental coverage. - Dr. Jennifer Tuteur commented that it makes sense for Healthy San Diego to do something together so that it can be consistent. - There were various comments about the importance of public awareness and the need for myth-busting to address rumors. Many questions are being fielded by people who are concerned about work requirements, mid-year status report requirements, or asset tests that don't apply to them. - Jack Dailey clarified that the DHCS materials were distributed by a working group and not available on the DHCS website. - There was a recommendation to follow-up with Dr. Whyte, Chief Dental Officer, about what systems could be ramped up, especially people with chronic diseases who won't be able to control these conditions if their dental caries are not managed. - Dr. Afflalo asked if the County has an oral health mobile van. Dr. Whyte reported that there is not a mobile van, but the County is looking into partnering with an outside entity to use portable dental units at off-site areas. Some ideas were shared about possible opportunities or locations for providing mobile services to the community.	
V. Chairs Report		
A. Health Services Advisory Board (Harriet Seldin)	Dr. Harriet Seldin reported: ▪ The last Health Services Advisory Board (HSAB) meeting was on Tuesday, August 5, 2025. ▪ There was authorization to accept funding for tuberculosis control and treatment, and to apply for additional funding opportunities. ▪ There was discussion on youth engagement and community inspiration awards. ▪ There was further discussion on the 2026 County Legislative Program Feedback. ▪ Other topics were health-related Board Letters, the Board of Supervisors' response to some of the federal legislative changes, and the Tijuana River Valley sewage emergency.	

B. Behavioral Health Advisory Board (Judith Yates)	Judith Yates reported: ▪ The last Behavioral Health Advisory Board (BHAB) meeting was September 4, 2025. ▪ The main discussion was around the Board Letter for August 26, 2025 (24), that was significant for the future of the Health and Human Services Agency and Behavioral Health Services (BHS). The outcome of the intended restructuring is to have BHS transform itself from the Medi-Cal plan for seriously mentally ill into being an accredited Medi-Cal Managed Care Plan. ▪ There has been a BHAB seat reserved for one Supervisor to represent the Board of Supervisors, which was filled District 3. The supervisor joined the September meeting and laid out the intent of the Board Letter, which had to do with increasing the flexibility of BHS to respond to State and federal changes. ▪ The search process for the new BHS Director is on pause and the HHSA Director recently resigned. ▪ BHAB held a roundtable to invite peers in, particularly Clubhouse peers, to get feedback on how they think things are going with the workforce and connectivity to the community in relation to other contractors who are now beginning to engage with the peer specialist to provide additional support. A summary is included in the BHAB September meeting materials package.	
IV. CalAIM Reports		
A. Providing Access and Transforming Health Collaborative / Intrepid Ascent (Skylar Hanson)	Skylar Hanson reported: ▪ The next virtual San Diego PATH CPI meeting will take place on September 18, 2025, and will focus on Quarter 2 Managed Care data. ▪ The next In-Person meeting will be October 2, 2025, at the Southeastern Live Well Center that will include a networking breakfast, report outs from workgroup leads, lunch, and mini resource fair.	

B. Medi-Cal Rx	Comments: ▪ Janet Vadakkumcherry shared that DHCS held their Medi-Cal Children's Health Advisory Panel meeting where they presented a Medi-Cal Rx update. They just did the pediatric integration to the Medi-Cal Rx and startups this year with utilization and claims it is going well. There was a focus on California Children's Services (CCS) prior authorizations. There were changes in January 2025. CCS paneled providers get more flexibility on prescribing medications. They are working on ensuring providers are CCS paneled through outreach, technical assistance, and education. There are no changes for CCS paneled providers for step therapy or ongoing continuation therapy, but there will be additional prior authorization requirements and likely administrative burden if you are not paneled. For medications that have been on the Contract Drugs List that are no longer included, continuation of therapy is not going to automatically be granted, and you will need to get prior authorization for medical necessity. They are trying to come up with ways to support youth transitioning out of CCS and considering allowing a 100-day override as a bridge so they can still get their medications. That would include the Child Health Disabilities Program and going from children or foster youth into adult Medi-Cal. They are doing provider education around emergency fill policies; they are tracking denials for that because they want to know if they need to change their policies on emergency fill prescriptions which you can get two emergency fills a month for 14 days. They had members that are advocates and parents who gave two examples of systems failing patients and increasing costs where people have ended up in the Emergency Department. Children have ended up in the Emergency Department mostly from administrative barriers. There were additional comments that rural areas should be given consideration because the nurse practitioners in rural areas may not be paneled. Notes can be distributed for further information. ▪ Dr. Tuteur will share information with Dr. Porchia Rich - CCS Medical Director and Dr. Kelly Motadel - Chief Pediatrics Officer. Dr. Tuteur also expressed concerns about people on medications who may fall off Medi-Cal and suggested it will be helpful to think broadly about children who will not have access to medication. Dr. Tuteur offered to take the issue on as an action item.	
C. Health Plans / Advocates / Consumers / Clinical & Social Service Providers	No report	
VII. Information / Updates		
A. Public Health Services	Dr. Sayone Thihalolipavan reported: ▪ At a presentation to the NAACP local chapter, they are interested in and concerned about the changes happening at the federal level with H.R. 1, and	

(Dr. Sayone Thihalolipavan)	how that would impact the community. There was discussion about coming up with a strategy for the African-American community in San Diego to try to mitigate as much as possible. They may be willing to engage in conversations to think through local impacts. ▪ Foodshed, a small farm cooperative, will be holding a Food Farmacy grand opening in City Heights on September 24, 2025, to celebrate local BIPOC farming and sustainable food supply. We know that food is medicine and we have to continue to support those efforts. ▪ There's been a lot of federal changes and leaders stepping down, including the recently confirmed Centers for Disease Control and Prevention Director. ▪ Regarding vaccine guidance, our County health department continues to follow California Department of Public Health guidance. Also, the western states (California, Oregon, Washington, and Hawaii) formed the Western States Health Alliance to look at the data and make recommendations. We are waiting for additional guidance from them. There is a trailer bill that is being monitored that would allow pharmacists to take action as per the State Health Officer. ▪ The Kick the Flu +2 Summit was held on September 10, 2025, and was a great success. Three vaccine contractors shared stories to help bridge the gap and build trust in our communities to reiterate that the science has not changed, and we know that vaccines are safe, effective, and save lives.	
B. Behavioral Health Services (Kristi Jones)	Kristi Jones reported: ▪ Behavioral Health Services (BHS) provides short-term transitional and permanent supportive housing supports. Across all its housing initiatives, BHS supports 1,321 permanent supportive housing units across 43 developments. As of July, there are 13 developments that are operational or in the lease phase, which totals to 346 No Place Like Home Units, and with eight new housing developments planned that would add 98 units. BHS Is also providing supportive services at the Homekey-funded permanent supportive housing developments. Once those are fully operational, the dive developments are going to provide a total of 586 permanent supportive housing units. ▪ BHS is funding the Tenant Peer Support Services Program, which provides housing support and navigation services for individuals with homelessness or at risk of homelessness with behavioral health conditions. ▪ BHS is also funding the Independent Living Association and Recovery Residence Association for individuals connected to BHS-funded outpatient treatment. The Behavioral Health Bridge Housing is used to address the critical shortage of licensed residential care settings for those with serious behavioral health conditions, and the Augmented Services Program, which provides additional services to individuals 18 and older with serious prolonged mental illness in the Board and Cares, and BHS is working with the Community Care Expansion Preservation Grant to preserve 421 beds across nine facilities to preserve existing Board and Care resources. ▪ BHS is actively preparing for the upcoming implementation of the Behavioral Health Services Act (BHSA), which used to be the Mental Health Services Act.	

	It creates a dedicated housing category that will direct 30% of BHSA funding to housing-related supports. It's also expanding the scope of planning and reporting to include substance use disorder services as well. ▪ BHS is implementing the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment. This is a Medi-Cal demonstration project designed to address the needs of individuals with behavioral health conditions who are at risk of homelessness or institutionalization. A key feature of this is the transitional rent Medi-Cal Community Benefit, which providers up to six-months of temporary rental assistance that will be available to the population of focus on January 1, 2026. There needs to be strategic alignment between the MCPs' behavioral health services and housing providers. ▪ BHS also has 33 recuperative care beds for unfunded, uninsured clients experiencing homelessness. They are being created and are anticipated to be available in September 2025. These beds will provide medical respite care for clients with complex medical needs who need a safe environment to progress in their recovery from acute care settings, which are the first of their kind in our County behavioral health system.	
C. Aging and Independence Services (Kristen Smith)	Kristen Smith reported: ▪ As of July 2025, the In-home Supportive Services Program (IHSS) surpassed 48,000 recipients. Those are people of all ages with disabilities of any sort where they are at risk for institutionalization and they need help with in-home care. ▪ The Guide to Personal Care Services will be posted online soon. It was developed for Medi-Cal members, older adult Medi-Cal members, including those with dementia to show the different ways to get personal care in your home. After it is posted online, there will need to be education and training for anyone who wants to understand personal care better, including groups like hospital discharge planners and ECM providers. ▪ The Aging Roadmap Annual Report will be going to the Board of Supervisors at the end of September. It will include efforts across the county and to make our community a better place to age. ▪ There is a pilot with federal funding through the California Department of Aging to have Area Agencies on Aging to work with Community Health Workers (CHWs) to do outreach on aging services including Medi-Cal services. There will be training for County CHWs who will be doing this outreach.	
D. Medical Care Services (Dr. Heather Summers)	Heather Summers reported: ▪ The Medicaid Ad Hoc Subcommittee started in March 2024 and is co-chaired by District 3 Supervisor Terra Lawson Remer and District 4 Supervisor Monica Montgomery-Steppe. It's focused on Medi-Cal Transformation. The last update was provided in May 2025. We anticipate there will be an update or return to the Board in October 2025. ▪ Medi-Cal Transformation community awareness and engagement events are being conducted in partnership with the YMCA of San Diego County from	

	September-December 2025. This ties to the Board Letter from December 10, 2024 (31), that also established the CalAIM Task Force to increase utilization of Community Supports. We are working to help improve Medi-Cal members' awareness and access to Enhanced Care Management and Community Supports services. The Board of Supervisors have been invited to kick off and share a few words at the events being held in their supervisorial districts. The events include an on-site resource fair, childcare, and a meal, and incentivize Medi-Cal members to attend. More information will be shared on how to promote the events to Medi-Cal members.	
E. Healthy San Diego Statistics (Michael Worman)	Michael Worman provided the Healthy San Diego Statistics report: ▪ For July 2025, the total enrollment for Medi-Cal Managed Care in San Diego County was approximately 924,000 individuals. The Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 191,388 (20.7% of total), Community Health Group with 378,224 (41%), Kaiser with 73,719 (8%), and Molina with 280,185 (30.3%). ▪ For August 2025, the Eligibility Services by the Numbers Report showed total enrollment in the following programs: CalFresh with 396,793 recipients (down 1.3% from last year), CalWORKS with 52,635 recipients (up 2%), County Medical Services had 7 recipients (down 22.2%), General Relief had 5,594 recipients (down 4%), and Medi-Cal had 876,069 recipients (down 7.6%). For all these programs, the total number of unduplicated recipients was over 1.2 million individuals.	
VIII. Future Agenda Items	None	
IX. Adjourn	Meeting adjourned by Dr. Patrick Tellez at 4:54 p.m.	

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

Thursday, November 13, 2025, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person*

Minutes recorded and transcribed by Brittany Charity-Walker