HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE (CPAC)
CalAIM TASK FORCE
MINUTES – October 09, 2025

Members/Alternates Present: Suzanne Afflalo, 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, Claudia Velasquez, Ann Warren, Lindsey Wade, Lindsey Wright

HSD Staff Present: Jamie Beam, Lynn Carr, Lee Laydon, Cynthia Nambo, Alison Sipler, Samantha Sonnich, Michael Worman

Guests: Neeta Alengadan, Rani Clolagh, Emily Do, Andrew Gregor, Skylar Hanson, Cameron Herrera, Danielle Ice, Luwam Kidane, Sarah Legg, Trixy Joy Manansala, Angela Martinez, Donald Miller, Kindra Moore, Barbara Orozco-Valdivia, Joe Prickitt, Nilanie Ramos, Omar Rodriguez, Skylar Veltri

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 3:02 p.m.
II. Public Comment	
	None
III. Action Items	
A. Approval of Minutes, August 14, 2025	On MOTION of Jack Dailey, seconded Eva Matthews, August 14, 2025, Meeting Minutes were approved, with the requested corrections by Dr. Jennifer Tuteur, with all Committee Members present voting yes.
IV. Community Engagement	
A. Medi-Cal Transformation Community Events Update	Alison Sipler presented a summary of the Medi-Cal Transformation Community Events that are being conducted in association with a countywide public awareness campaign directive. Summary of key points: ▪ The County's Medical Care Services has contracted with the YMCA of San Diego County to conduct Medi-Cal (CalAIM) Transformation community engagement events throughout the county over the period September-December 2025. The purpose of the events is to increase awareness about Enhanced Care Management (ECM) and Community Supports (CS) services, and to empower participants to become trusted messengers to share information with their communities. To date, two events have been held. ▪ Virtual Lunch & Learn Session for Professionals (September 16, 2025) - A virtual session was held for professionals and providers with 272 total participants. Attendees primarily represented service providers that do not provide ECM/CS services or "Other" (e.g., health plans and ECM/CS service providers). The video recording, presentation slides, and Q&A are available at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/mcsd/SDAIM.html. ▪ In-Person Community Event (September 27, 2025) - The first community event was held at the Border View Family YMCA in San Ysidro with 43 total participants. Most attendees identified as having Medi-Cal or as promatoras.

	Participants received information about ECM and CS services and heard success stories. ECM/CS providers were tabled the event, including Managed Care Plans, Neighborhood Networks, 1st Meridian Care Services, Bridge Prenatal, CRF, Imperial Beach Community Clinic, and SAY San Diego.
B. Summary of Community Input	Alison Sipler presented findings from the two engagement events. Summary of key points: ▪ Virtual Lunch & Learn Session for Professionals (September 16, 2025) - Polls were conducted during the session and results show that participants had medium to low levels of knowledge of ECM/CS and similar medium to low knowledge of how to refer. - An analysis of Question & Answer themes identified some barriers for members and providers. Including: 1) health plan customer service is unaware of ECM/CS, 2) it's difficult to contact the ECM/CS provider for updates or assistance, 3) it's challenging to verify certain eligibility requirements for ECM/CS. 4) it's not easy for clients to self-refer to ECM/CS, and 5) some providers are not able to contract with MCPs. - Common questions about ECM and CS were also analyzed for themes. There were questions about: 1) eligibility, 2) how to enroll, and 3) how services are provided. This information may be useful to the CalAIM Task Force and partners regarding future messaging and development of collateral materials for raising awareness with providers and professionals. ▪ In-Person Community Event - Border View YMCA / San Ysidro (September 27, 2025) - Feedback was collected through a post-event input form. - The majority of participants reported increased knowledge about ECM/CS and increased confidence they can enroll in ECM/CS or share the information. - Preliminary results show that participants received information and got connected to services through ECM/CS Provider direct engagement or County services (air purifier information and sign-up, Medi-Cal support, pharmacy items distributed, behavioral health engagement). - Feedback regarding the event is being used to refine the event, for example improving messaging, helping people navigate to services, and outreach tactics. - Cumulative results will be synthesized upon completion of all events and provided at future updates to the CalAIM Task Force. Comments: ▪ Rani Clolagh: How is intake being done at the community events? - Response: Providers and partners used paper referral forms when preauthorization was part of the process. Self-Sufficiency Services was present to check Medi-Cal status or individuals could apply for Medi-Cal. ▪ Luwam Kidane: Are people getting enrolled (in CS services) at the events? Are they getting a decision back on services when preauthorization is not required?

	- Response: It depends on many factors, like the MCP, the eligibility criteria, and the provider must be contracted with their MCP. ▪ Joe Prickitt: It's an important observation about intake/referral process, closing of referral loop.
V. CalAIM Task Force Action Plan	
A. Action Plan Progress Updates	Dr. Heather Summers provided a recap. ▪ At the meeting on August 14, 2025, CalAIM Task Force Members voted on a shared action plan that included a set of objectives for the three Community Supports (CS) services that were prioritized: 1) Medically Tailored Meals/Medically Supportive Food (MTM/MSF), 2) Housing Transition Navigation Services (HTNS), 3) Short-Term Post-Hospitalization Housing/Recuperative Care (STPHH)/RC)). CS Action Groups were formed to meet separately to work on the action plan. ▪ All CS Action Groups have met 2-3 times and identified that more meetings are needed. ▪ There are some general themes across the three CS Action Groups, including reviewing actions and clarifying action steps, identifying the need for more information gathering, aligning with related efforts and expanding partnerships, taking a closer look at barriers, setting expectations for what can be achieved, and identifying next steps. ▪ The CS Action Groups are raising many issues to elevate to the CalAIM Task Force to increase enrollment and improve access to care and services.
B. Action Group Roundtable Reports & Discussion	Representatives from the CS Action Groups reported out on progress, challenges and opportunities, and next steps. 1) MTM/MSF - Report by Janet Vadakkumcherry: ▪ The group will review the MTM/MSF-specific flyer for additional edits or recommendations. ▪ Sample screening and intake forms are being collected. ▪ The Managed Care Plan (MCP) Chief Medical Officers (CMOs) from the four MCPs are meeting to discuss MTM/MSF eligibility criteria and documentation requirements. ▪ Pain points in the referral system are being Identified. ▪ The DHCS Policy Guide was reviewed and inconsistencies with eligibility and documentation requirements were identified across MCPs. ▪ Some discussion topics beyond the MTM/MSF scope of the current action plan were tabled for future consideration. ▪ Interested partners are welcome to participate in future meetings. Comments: ▪ Luwam Kidane: Are the MCP CMOs discussing MTM/MSF only or other CS services? - Response: The MCP CMO discussion item was for MTM/MSF. ▪ Amanda Berry: Could the MCP CMOs broaden to include other CS services? - Response: This is a good question for the plan partners. We have the opportunity to learn from current efforts and may be able to apply certain ideas to other CS services. MTM/MSF was identified as low hanging fruit.

	▪ Kim Fritz: The CalAIM Task Force can take recommendations; however, need to level set that each MCP has different requirements. 2) Housing Transition Navigation Services (HTNS) – Report by Christy Rosenberg: ▪ The need for additional service provider representation in the workgroup was identified. ▪ There was agreement to leverage existing infrastructure and workgroups that are currently meeting. ▪ Further exploration is needed on current referral pathways. ▪ Overall, the group is getting a better understanding of the current capacity of providers today (which providers are at capacity or looking to increase caseloads). ▪ Next steps include finalizing a list of questions for outreaching to providers regarding current referral pathways and capacity. Comments: ▪ Dr. Tuteur: Cynthia Nambo with Street Medicine can help to outreach to meetings of Street Medicine / homeless providers. ▪ Rani Clolagh: Recommend additional organizations for outreach: Santee Homelessness Workgroup, Salvation Army Workgroup, East County Taskforce on Homelessness. 3) Short-Term Post-Hospitalization Housing / Recuperative Care (STPHH/RC) – Report by Jack Dailey: ▪ The initial meetings included level setting and identifying others who need to participate. ▪ It was identified that parallel work was occurring within the 211 Recuperative Care Workgroup, which should be leveraged. ▪ Standardization is needed for MCPs and providers. ▪ Key issues identified were: 1) 180-day global cap for room and board and potential data solutions, and how to notify consumers of the number of days they have used, 2) DHCS harmless clause to avoid delay in authorization. ▪ The 211 Recuperative Care bed tool was discussed, and it was suggested to look at what 211/CIE has done and opportunities to turn into a tracking tool. ▪ Efforts are needed to make sure all ECMs providers submit, track, follow up, and close out referrals with placement status. ▪ Next steps include scheduling more meetings and getting more STPHH representation, continuing to find ways to identify real-time data, and having HASDIC will present on their Case Management Meeting. Comments: ▪ Neeta Alengadan: The Global Cap is also being discussed by a new group called the San Diego Recuperative Care Learning Collaborative that includes many recuperative care providers like Rooted Life and New Horizon. ▪ Caryn Sumek: Trying to prevent burnout. General comments:

	▪ Joe Prickitt: There is a theme about needing to address the referral process and pathway. ▪ Eva Matthews: Some providers have created CS-specific referral forms to accommodate all MCP requirements. - Various responses: MCPs do not advise providers to create their own forms. ▪ Lynn Carr: HTNS referral form has not been identified as an issue. ▪ Rani Clolagh: A community resource directory could simplify the process for referrals. - Various responses: 211 CIE has similar functionality. There is concern about sustainability of cost to use CIE ▪ Jack Dailey: Make ECM vendors aware of CS services and revamp ECM training about CS in a way that draws lines between specific populations and array of services that they are likely to be eligible for under their Population of Focus. ▪ Rani Clolagh.: There are challenges with transition from ECM to CS. ▪ Jack Dailey: Need to educate ECM providers and clients about how to get plugged in to CS. ▪ Claudia Velasquez: The top CS referrers are ECM Providers. ▪ Heather Summers: Suggestion to embed screener tool / intake into workflow process to screen for eligibility in Electronic Health Record (EHR), Intake/initial assessment, and MCP Member Services. Dr. Tuteur opened the floor for additional discussion on potential actions to increase CS utilization: ▪ Create a standardized CS Referral Form. ▪ Encourage providers to use 211 Provider Directory. ▪ Conduct training for ECM Providers to facilitate referrals to CS services. ▪ Have an ECM Populations of Focus training tool with the CalAIM Task Force-prioritized CS services. ▪ Create CS informational flyers to encourage referrals; educate ECM Providers and Medi-Cal members. ▪ Look for ways to screen for eligibility through EHR, intake, and MCP Member Services.
VI. Next Steps	
	▪ The CalAIM Task Force CS Action Groups will continue to meet to compile recommendations. ▪ A vote will take place at the next meeting on December 11, 2025, regarding the CalAIM Task Force 2026 Meeting Schedule and next steps.
VII. Adjournment	
	▪ The meeting was adjourned at 5:01 p.m.

THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
CalAIM TASK FORCE MEETING IS SCHEDULED FOR
Thursday, December 11, 2025, from 3:00 p.m. to 5:00 p.m.
Minutes recorded and transcribed by
Alison Sipler & Lee Laydon.