HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE (CPAC)
CalAIM TASK FORCE
MINUTES – December 11, 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), Claudia Velasquez, Ann Warren, Lindsey Wade, Lindsey Wright

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

Guests: Emily Do, Andrew Gregor, Skylar Hanson, Michael Kennedy, Trixy Joy Manansala, Tania Mendoza, Natalie Perez, Joe Prickitt

ITEM	***DISCUSSION***
I. Welcome and Introductions	
a. Call to Order	The Healthy San Diego (HSD) Consumer & Professional Advisory Committee (CPAC) CalAIM Task Force was called to order by Kim Fritz at 3:06 p.m.
b. Announcements	Dr. Heather Summers and Brittany Charity-Walker described new security settings and changes to virtual meeting procedures due to a disruption that took place at the Consumer & Professional Advisory Committee (CPAC) meeting on November 13, 2025. New Zoom settings have been activated with security features that limit chat messages, camera use, use of thumbnail view, and enabling the waiting room at the start of the meeting. Entry into the meeting will now be managed by the host and co-host. Virtual participants will need to raise their hand to be unmuted. Dr. Jennifer Tuteur shared a reminder that when discussing issues to refrain from using the name of a particular health plan, healthcare provider, or hospital.
c. Roll Call of Voting Members	The Roll Call of Voting Members confirmed a quorum was present for the meeting.
II. Public Comment	
	None
III. Action Items	
a. Approval of Minutes, October 09, 2025	On MOTION of Dr. Jennifer Tuteur, seconded by Asya Anderson, the October 09, 2025, Meeting Minutes were approved, with the requested corrections by Dr. Jennifer Tuteur, with all Committee Members present voting yes.
b. 2026 Meeting Schedule	On MOTION of Eva Matthews, seconded by Asya Anderson, the CalAIM Task Force 2026 Meeting Schedule was changed to triannual, with all Committee Members present voting yes. The 2026 meeting dates will be: February 12, June 11, and October 8.
IV. Community Engagement	
a. Medi-Cal Transformation Community Events Update	Dr. Jennifer Tuteur opened the item with a reminder that the community engagement update ties to the same Board Action on December 10, 2024, that established the CalAIM Task Force, which also recommended a countywide public awareness campaign to increase awareness about Community Supports (CS) services to increase utilization.

	Sam Sonnich from the County's Medical Care Services presented an update on the Medi-Cal Transformation (CalAIM) Community Events conducted over October-December 2025 in follow-up to the initial update that summarized the September 2025 events. Summary of key points: ▪ The County's Medical Care Services contracted with the YMCA of San Diego County to conduct Medi-Cal Transformation (CalAIM) community engagement events throughout the county over the period September-December 2025. The purpose of the events was to increase awareness about Enhanced Care Management (ECM) and CS services, and to empower participants to become trusted messengers to share information with their communities. ▪ The events consisted of a virtual "Lunch & Learn" for providers and professionals, five in-person community events hosted in the five County supervisorial districts, and a virtual community event. ▪ A summary of events held October-December was provided: - October 25: Escondido YMCA - 57 participants - November 8: Ronald Reagan Community Center (El Cajon) - 119 participants - November 22: Mira Mesa Senior Center - 48 participants - December 9: Virtual session - estimate nearly 200 participants (final number pending) ▪ Participant feedback obtained through an input form. Overall, responses indicated that most people reported an increase in knowledge about ECM and CS and had increased confidence that they can enroll in ECM/CS or share the information. Most attendees identified as having Medi-Cal or as Promatoras. Initial findings show that people got information and were able to connect to services. ▪ A cumulative report will be provided to share results from the event series. Questions/comments: ▪ Lindsey Wade: Is there any way to follow up with people who attended the events to see if they got connected to services? - Response: The YMCA is following up with providers that attended the events to find out how many people got connected to services. ▪ Dr. Jennifer Tuteur: An action item could be to follow up with participants to find out if they were able to access services.
V. Community Supports (CS) Overview	
a. CS Policy Guidelines	Claudia Velasquez and Asya Anderson provided an overview of the Department of Health Care Services (DHCS) CS Policy Guidelines. Summary of key points: ▪ CS are services or settings that may be offered in place of other Medi-Cal covered services and settings. CS are considered: medically appropriate, cost-effective alternatives to state-covered services/benefits; optional (member participation not required); and member must consent to receive the service. CS assist members with the most complex challenges affecting

	health, such as homelessness, unstable and unsafe housing, meals post-discharge or for chronic conditions, or other social needs. ▪ There are two DHCS CS Policy Guides: Volume 1 and Volume 2. ▪ CS are "In-Lieu of Services" (ILOS) that include cost-effective alternatives to traditional Medi-Cal covered benefits/services and health plans are not paid for CS services (savings are due to being ILOS, but savings have not materialized), are not benefits (with the exception of Transitional Rent), and members must be eligible and consent to receive services. Less than 10% of Managed Medi-Cal recipients are eligible. ▪ The Housing Trio CS services did not come with the infrastructure that is needed to address the limited availability of housing. The housing services are not meant for emergencies; for emergency or urgent housing situations, refer to shelters and safe parking lot programs. Housing Navigators assess the Member's needs, build rapport and develop an Individualized Housing Support Plan – these efforts take time. Housing Deposits no longer cover first and/or last month's rent. MCPs want to ensure appropriate use of Medi-Cal funds to support safe move-in and appropriate use for household goods or furnishing. MCPs recommend looking at messaging to ensure clear communication about the services. ▪ Closed Loop Referrals for ECM and CS services will ensure that everyone who makes a referral will get the disposition of that referral. Questions/comments: ▪ Jack Dailey: Is the eligibility estimate for individual CS or all the CS services? - Response: It is for all CS services. The CS Policy Guide lacks clear guidance. ▪ Dr. Jennifer Tuteur: The County will share when it gets a formal response from DHCS about the estimated eligibility. Overall, we have heard that less than 8-10% of Medi-Cal members are eligible for one or multiple CS. We are trying to narrow that down. ▪ Jack Dailey: Have the MCPs talked about the wording of the CS Policy Guide to clarify it's for essential household furnishings? - Response: Providers are excited about the housing services. Because Housing Deposits is a one-time service, MCPs aim to ensure services are appropriate and there are enough resources to go around.
b. CS Utilization Data	Luwam Kidane, Senior Research Analyst, Medical Care Services, provided the CS data utilization update. Summary of key points: ▪ Medi-Cal Beneficiaries in Managed Care fell in October 2025, bringing us to an overall 7% decline (~65,000) from October 2024. ▪ The adult expansion population total number of Medi-Cal enrollees steadily declined by about 3% each month from June-August 2025(3.8% decline among individuals in 26-49 yr age group in August), which is the latest month of data available. ▪ There was a net decrease of about 1,053 CS recipients in Quarter 1 2025. This is the first time a decline in CS recipients in San Diego County has been seen. ▪ The decrease in CS recipients overall appears to be driven by a decrease in individuals receiving Medically Tailored Meals / Medically Supportive Foods,

	which fell by about 33% from the previous quarter. Other services to decline were Environmental Accessibility Adaptations (Home Modifications), which fell by 14%; and Asthma Remediation Services, which fell by 21%. The greatest proportional increase was observed among individuals receiving services for Nursing Facility Transition/Diversion to Assisted Living Facilities which increased by 82%. There was an increase in the number of individuals receiving: Housing Transition Navigation Services (increased 37%), Respite Services (increased 46%, Housing Tenancy and Sustaining Services (increased 36%), and Recuperative Care (increased 21%). The least utilized CS services continue to be Day Habilitation, Sobering Centers, and Community Transition Services (data suppressed due to low counts). ▪ A utilization rate of 358 services for every 10,000 members places San Diego County marginally above the median and closely clustered with other mid-ranked counties.
VI. CalAIM Task Force Action Plan CS Action Group Recommendations	
a. CS Action Groups	Dr. Jennifer Tuteur provided a summary: ▪ The Board of Supervisors (BOS) established a bold goal for this task force in their December 2024 Board Letter. The BOS-defined goal for 2025 to increase enrollment in all fourteen CS to 25% of eligible beneficiaries by January 1, 2026. ▪ Earlier this year, this task force reviewed data and feedback and then agreed to prioritize four CS services to focus on in 2025. We agreed on a shared action plan and formed CS Action Groups to develop recommendations. ▪ At the October meeting, the CS Action Groups were asked to come back in December with their recommendations in response to a set of objectives and action items for the three Community Supports (CS) services that were prioritized. Representatives from the CS Action Groups reported their recommendations and status of activities. 1) Short-Term Post-Hospitalization Housing / Recuperative Care (STPHH/RC) – Report by Jack Dailey: <u>Objective</u>: Improve operational workflows and strengthen referral pathways to increase timely authorizations and admissions into STPHH and RC facilities. <u>Recommendations</u>**:** - Create a matrix that identifies each of the MCP's clinical criteria for STPHH and RC authorization and incorporate the STPHH and RC providers' admission criteria for their facilities. The goal of the matrix is to help standardize the clinical criteria needed for MCP authorization, as well as identify the providers' admission criteria to facilitate appropriate referrals and placements into STPHH and RC. - Develop STPHH and RC flyers for providers (hospitals, SNF, jails, etc.) who serve people who are eligible for STPHH and/or RC services. <u>Status</u>**:** - The County's SDAIM team is drafting the STPHH/RC matrix document.

- STPHH and RC flyers have been drafted and are being reviewed by the action group.

2) Housing Transition Navigation Services (HTNS) – Report by Christy Rosenberg:

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 in HTNS.

Recommendations**:**
- HTNS workgroup participants will join homelessness provider meetings (i.e. RTFH Advisory meetings, Street Medicine meetings, etc.) to increase awareness of HTNS and identify potential partnerships between providers serving the homeless or unstably housed and HTNS providers.
- Flyers and outreach materials will be created for providers to help raise awareness and increase enrollment in HTNS.

Status**:**
- Representatives from the HTNS workgroup will join the next local Street Medicine convening and will attend the RTFH CoC Membership meeting in the beginning of 2026 to spread awareness of HTNS services and assess how many of our local homelessness community providers are currently providing HTNS or connecting the people they serve to HTNS services. This information will be gathered to inform the need to establish partnerships between HTNS providers and homelessness community providers and will also inform the need for additional training and outreach to providers serving the homeless or unstably housed.
- A HTNS flyer for homelessness community providers has been drafted and the workgroup is reviewing the flyer.

3) Medically Tailored Meals/Medically Supportive Foods (MTM/MSF) – Report by Eva Matthews:

MTM/MSF Objective:
Healthcare and community providers will assess patients for chronic or other serious health conditions and refer eligible members to MTM/MSF.

Recommendations**:**
- Focus on uniform authorization and billing around Registered Dieticians and meal frequency timeframes (i.e., 6-week versus 12-week meal authorizations).
- Utilize screening and intervention evidence (data) on cost savings with specific populations to make recommendations on narrowed eligibility to track clinical outcomes.
- Conduct further training; include clarification that CS are In-Lieu of Services and how they support health outcomes to facilitate appropriate referrals.

Status:
- MCP CMOs met to review clinical criteria for service eligibility and assessment updates. Outcomes of MCP CMO meetings will be shared with the task force.

	- There is ongoing discussion on what data MCPs can collect to demonstrate cost savings and impact. Explore refining data collection methods and targeting services for members where interventions can make the biggest difference and generate savings. - Flyer distribution has been paused to avoid confusion about eligibility. - New action group participants discussed the feasibility to expand services. The current focus set forth by the task force is the present state of MTM that can be implemented readily.
b. Discussion	Dr. Tuteur summarized key points and opened discussion on possible next steps: ▪ Consider shifting CalAIM Task Force priorities to address less-utilized CS services for greater impact to high-need, high-cost Medi-Cal members, such as LTSS and community-focused transitions. Home adaptations can help move individuals out of long-term care, reducing costs significantly. ▪ Consider the CalAIM Task Force retiring CS with low Return on Investment (ROI) while supporting the continuation through the actions of community-driven efforts. Comments: ▪ Asya Anderson: There could be some more low hanging fruit to look at CS services that are less utilized. Would need to confer with other MCPs. ▪ Jack Dailey: We can do more and have greater impact with high utilizers, such as getting people out of Long-Term Care and back into the community to reduce costs. ▪ Dr. Patrick Tellez: You can look at the same data in a different way regarding ILOS and Social Drivers of Health. ROI is quite high if you focus on high-cost, high-need populations from an actuarial standpoint. ▪ Eva Matthews: The notion of ambiguous DHCS policy guidance has come up in multiple action groups. ▪ Dr. Patrick Tellez: If possible, standardize MCP methodology so it's comparable from plan-to-plan to assess the impact of CS services. ▪ Dr. Jennifer Tuteur: Recommend leaving the MCP data methodology discussion to the Healthy San Diego Health Plan Workgroup. We are looking at the DHCS data, which doesn't show CS ROI.
VII. Next Steps	
	Dr. Tuteur summarized next steps**:** ▪ The CS Action Groups will continue to meet and report back in February 2026. ▪ At the February 2026 meeting, the group will determine if the current set of priority CS services (STPHH/RC, HTNS, and MTM/MSF) will continue or could be replaced with another set of CS services to focus on services that have lower utilization and higher potential for impact.
VIII.Adjournment	
	▪ The meeting was adjourned at 5:00 p.m.

THE NEXT HEALTHY SAN DIEGO CONSUMER & PROFESSIONAL ADVISORY COMMITTEE CalAIM TASK FORCE MEETING IS SCHEDULED FOR

Thursday, February 12, 2026, from 3:00 p.m. to 5:00 p.m.
Minutes recorded and transcribed by
Alison Sipler & Lee Laydon.