HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – March 12, 2026

Members/Alternates Present In-Person: Suzanne Afflalo, Heidi Arndt, Jack Dailey (Consumer Chair), Joanne Franciscus, Kim Fritz, Alfie Gonzaga, Eva Matthews, Jennipher Ohmstede, Harriet Seldin, Kristen Smith, Heather Summers, Patrick Tellez (Professional Chair), Sayone Thihalolipavan, Jennifer Tuteur, Janet Vadakkumcherry, Claudia Velasquez, Ann Warren

Members/Alternates Present Virtual: Amanda Berry, Sarah Legg, Robin Joy Maxson, Donald Miller, Lindsey Wade

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

Other Participants/Guests: Amelia Kenner-Brininger, Grace Choe, Wendy Ferguson, Victoria Floyd, Timothy Fraser, Stephanie Gioia-Beckman, Andrew Gregor, Claudia Gurrola, Skylar Hanson, Elise Hoffman, Danielle Ice, Michael Kelley, Michael Kennedy, Courtney McDonald, Angela Martinez, Michelle McGeary, David Mier, Oluwatosin Oyadiran, Joe Prickitt, Roberto Ramirez, Kellyanne Rodriguez, Omar Rodriguez, Christy Rosenberg, Salvador Tapia, Yogesh Thasale, Kathy Watkins, Lindsey Wright

ITEM	DISCUSSION	ACTION
I. Welcome and Introductions		
A. Call to Order	The Consumer & Professional Advisory Committee (CPAC) was called to order by Consumer Chair Jack Dailey at 3:01 p.m.	
B. Roll Call of Voting Members	The Roll Call of Voting Members confirmed a quorum was present for the meeting.	
C. Announce-ments	Kristen Smith, Chief of Agency Operations at Aging & Independence Services (AIS), was formally recognized by the Healthy San Diego Consumer & Professional Advisory Committee for her dedicated service since 2016. She has served as a key liaison with AIS; her member seat will be filled by Roberto Ramirez.	
II. Public Comment	None	
III. Action Items		
A. Approval of the Meeting Minutes from January 08, 2026	On MOTION of Dr. Harriet Seldin, seconded by Joanne Franciscus, the January 08, 2026, Meeting Minutes were approved, with all Committee Members present voting yes.	
B. County Counsel Updates (Andrew Gregor)	Andrew Gregor reported: ▪ Discussion on Brown Act flexibilities will occur at a future meeting, as many boards are currently reviewing related guidance. ▪ There is a rolling deadline for advisory boards to be approved to meet via teleconference. To be included in the April 21, 2026, Board of Supervisors meeting, the request must be submitted within the current month. After April, opportunities to participate occur every six months.	

IV. Presentations		
A.	H.R. 1 Updates and Coordination (Claudia Gurrola, Chief, Agency Operations, Self-Sufficiency Services; KellyAnne Rodriguez, Chief, Departmental Operations, Department of Strategy and Community Engagement) ▪ County staff provided an overview of upcoming H.R. 1 related changes. Medi-Cal policies tied to H.R. 1 work requirements have not yet been released, but key milestones include a full scope Medi-Cal enrollment freeze effective January 1, 2026; federal citizenship eligibility changes effective October 1, 2026; and anticipated Medi-Cal work requirements beginning January 1, 2027. ▪ The presentation was geared towards the CalFresh changes taking effect on April 1, 2026. Several non-citizen categories will lose CalFresh eligibility. On June 1, 2026, work requirements will be reinstated due to San Diego no longer qualifying for a federal waiver. Work requirements will apply to adults ages 18–64 without children under the age of 14 living with them and who are physically and mentally able to work. ▪ Self-Sufficiency Services (SSS) and the Department of Strategy and Community Engagement described the process for assessing exemptions, verification sources, and pending State guidance. They also reviewed outreach plans, including upcoming communication tools, a resource website, Family Resource Center support, and community partner toolkits. ▪ The importance of continued messaging was emphasized to ensure clients keep contact information up to date with SSS and watch for notices. Comments: ▪ Jack Dailey asked whether County Human Services Specialist staff can use information from programs like In-Home Supportive Services (IHSS) to evaluate CalFresh exemption requests and reduce documentation burdens. County staff noted that medical information requires a signed release, but staff do review available case information to identify exemptions when possible. Medi-Cal aid codes and IHSS participation can help determine disability related exemptions. Additional systems may offer verification without requiring clients to submit extra paperwork. State guidance is still pending regarding the depth of evaluation required for work requirement exemptions. ▪ Janet Vadakkumcherry asked whether there is sufficient staffing capacity to manage the large number of participants affected by upcoming H.R. 1 related changes. Staff explained that staffing decisions are handled at the fiscal and administrative level. Staff clarified that changes will not occur all at once; implementation will phase in over 12 months as participants complete their renewal, reducing the immediate workload. Work requirements and citizenship changes will apply at the individual level, not to entire households, which may further limit the number of affected cases per family.	
B.	Safety Net Bridge Board Memo (Jamie Beam, Director, Clinical and Safety Net Coordination Division) ▪ The County's Board of Supervisors (Board) directed exploration of a Safety Net Bridge Program intended to address service gaps for residents temporarily dis-	

	enrolled from Medi-Cal due to H.R. 1 changes. Approximately 314,000 San Diegans are enrolled under the Medi-Cal M1 Aid Code; an estimated 100,000 may lose coverage due to H.R. 1 related work requirements. ▪ The goal is to develop a short-term safety net to prevent gaps in primary care, medications, and food access for individuals who are likely to remain eligible for Medi-Cal but lose coverage due to new documentation and work requirement policies. ▪ The original Board action in November 2025 requested a feasibility analysis. Staff will return to the Board on March 25, 2026, to present the feasibility report and request approval to develop an implementation plan for a pilot. A full pilot proposal, including appropriations, will be returned to the Board in approximately 180 days (September 2026). ▪ Six Transitional Care Clinic options are being considered: 1) Telehealth Transitional Access Clinic services, 2) Expanded Capacity at Existing Free Clinics, 3) Mobile Medical Units at Live Well Centers, 4) County-Operated Clinics at Live Well Centers, 5) Mobile Medical Units at Community Health Fairs, and 6) Contracts with Community Health Centers for Medical Care and Linkage to Social Services. ▪ Coordination with the County's Food Justice Community Action Plan initiative, including food access options to increase cold storage capacity, acquisition/lease of refrigerated trucks for mobile distribution, and support for community food distribution programs was discussed. Comments: ▪ There was strong emphasis from clinics and providers on prioritizing Medi-Cal re-enrollment support to prevent coverage loss rather than building new service structures. There was general support noted for Transitional Access Clinic options 1, 5, and 6, which leverage existing community capacity and infrastructure. ▪ There will be future opportunities for deeper collaboration with safety net providers and community organizations as the pilot develops, with acknowledgment that different communities may require different configurations and that there is no one-size-fits-all approach. ▪ Questions were raised about how populations losing full scope coverage due to immigration related federal policy changes (October 2026) intersect with this effort. The County shared that these changes are being addressed in parallel County Medical Services (CMS) program planning. ▪ Michael Kennedy from Supervisor Montgomery Steppe's office reiterated the urgency behind preparing for H.R. 1 impacts, confirmed ongoing curated conversations with healthcare leaders, and emphasized the goal of generating a feasible, community supported pilot for September 2026 Board consideration.	
C.	VOTING ITEM: Impact of Loss of Proposition 56 Funds on Dental Care in California (Dr. Sayone Thihalolipavan, Public Health Officer, Public Health Services) Dr. Sayone Thihalolipavan presented on behalf of Chief Dental Officer Dr. Fadra Whyte following a request by the Committee for more information:	

	▪ A presentation was requested following Dr. Fadra Whyte's comment at the meeting on January 8, 2026, regarding proposed elimination of Proposition (Prop) 56 dental supplemental payments and anticipated impacts. ▪ Prop 56 was passed in 2016 to raise the state tobacco tax with a specified portion of revenue allocated to support healthcare, including supplemental payments for Medi-Cal Dental providers. These funds currently make up approximately one-third of all Medi-Cal Dental funding. With the discontinuation mandated through SB 101, Medi-Cal Dental faces a $1 billion cut beginning July 1, 2026, returning reimbursement rates to 1990s levels. ▪ A survey from the California Dental Association indicated that nearly 50% of Medi-Cal Dental providers would disenroll and about 30% would reduce Medi-Cal patient volume as a result. ▪ Expected system impacts include reduced access, increased Emergency Department utilization, worsened chronic diseases, increased absenteeism, and lower overall quality of life. Additional compounding challenges include loss of dental benefits for people with Unsatisfactory Immigration Status starting in July 2026, limited Operating Room access for special-needs adult dental care, Food and Drug Administration restriction on fluoride supplementation sales, and national and local challenges to community water fluoridation. ▪ Ongoing work is occurring via the HSD Oral Health Workgroup and the Oral Health Coalition. Other advisory groups are also working to restore Prop 56 funding. Committee Members emphasized significant positive impacts from Proposition 56 and the risks of reversing the gains due to funding loss. 1) On MOTION of Lindsey Wade, seconded by Kim Fritz, with all Committee Members present voting yes: Form an ad hoc committee to work on a draft letter that would inform other advisory boards, the Deputy Chief Administrative Officer (DCAO) of the Health and Human Services Agency (HHSA), and the Office of Economic Development and Governmental Affairs (EDGA) on the status of oral health and ask them to support legislation that increases access to care and other public health initiatives that support oral health. ▪ The ad hoc committee is authorized on behalf of CPAC to make recommendations directly to EDGA and the HHSA DCAO. ▪ Prop 56 funding is understood to be part of the background among other challenges to reference in the letter. ▪ Volunteers to serve on the ad hoc: Dr. Fadra Whyte, Dr. Patrick Tellez, Dr. Harriet Seldin, and Janet Vadakkumcherry. 2) On MOTION of Joanne Franciscus, seconded by Lindsey Wade, with all Committee Members present voting yes: The ad hoc committee will collaborate with the Health Services Advisory Board to prepare a joint letter to inform internal and external partners on the status of oral health and the challenges it is facing.	

	The ad hoc committee will convene promptly to draft proposed language, with County staff coordinating review and submission due to the time sensitive nature. Additional guidance will be obtained regarding appropriate distribution of information to partners.	
V. HSD Reports & Discussion		
C. HSD CPAC CalAIM Task Force Updates (Kim Fritz / Dr. Jennifer Tuteur)	Kim Fritz reported: ▪ The CalAIM Task Force was created by a Board directive to expand Community Supports (CS). The Board set utilization targets of 25% of all eligible individuals by January 1, 2026; 50% by January 1, 2027; and 90% by January 1, 2028. ▪ The CalAIM Task Force has seen overall success, with major focus areas including housing and medically tailored meals. Much of the initial work is completed, and continuing efforts will transition to existing HSD workgroups or partners. ▪ Due to upcoming H.R. 1 related changes, the CalAIM Task Force is shifting attention toward quality and outcomes for CS. ▪ Medi-Cal membership stability is a growing concern, as members must remain enrolled in Medi-Cal to access CS. ▪ The Board will receive a courtesy progress update through a Board Memo from County staff in March 2026. ▪ The next CalAIM Task Force meeting is scheduled for June 11, 2026.	
D. Medi-Cal Transformation Task Force Updates (Dr. Heather Summers	Dr. Heather Summers reported: ▪ The Medi-Cal Transformation Task Force is a non–Brown Act Healthy San Diego body led by HHSA and chaired by Jennifer Tuteur; it elevates issues to the CPAC level from work across three leadership teams comprising more than 15 workgroups. ▪ The Health Education & Cultural Linguistics sub -workgroup developed a new handbook to promote Well-Child Visits and Immunizations. Community health workers have been trained, and materials are being shared across community venues to support parents and caregivers. Continued coordinated activities will focus on increasing well-child visits and immunization rates through a population -health approach. ▪ Strong cross-workgroup collaboration is occurring around oral health. ▪ The Behavioral Health Workgroup remains active, sharing updates on behavioral health services, community supports, and coordination efforts. ▪ The HSD Dual Eligible Long-Term Services and Supports Workgroup and Transitions of Care Workgroup have officially merged to streamline and consolidate efforts.	
E. Emerging Trends and Issues (Jack Dailey/ Dr. Patrick Tellez)	Jack Dailey invited members to share emerging trends impacting the Medi-Cal Managed Care delivery system. Comments: ▪ Dr. Tellez highlighted the connection between Safety Net Bridge and Enhanced Care Management (ECM) and Community Supports (CS), noting that individuals who lose Medi-Cal coverage will also lose access to ECM/CS services. The group discussed the need to assess ECM/CS providers' capacity to assist with Medi-Cal	

	renewal navigation including support with application or documentation submission. ▪ Additional comments focused on the CalAIM 1115 waiver public comment period, particularly around new options for enrollment supports such as the BridgeCare pilots for older adults; further discussion will occur once waiver components are approved.	
V. Chairs Report		
A. 2026 HHSA Advisory Board Chairs Meeting	Dr. Tellez reported: ▪ The 2026 HHSA Advisory Board Chairs Meeting was held on March 9, 2026, led by Health & Human Services Agency Interim Deputy Chief Administrative Officer, Dr. Elizabeth Hernandez. ▪ HHSA presentations focused on review of 2025 accomplishments and outlined 2026 priorities, including customer engagement, statewide advocacy, technology and data systems, workforce capacity, administrative readiness, and cross sector partnerships. The group also received a fiscal update and a high-level overview of Brown Act SB 707 changes. ▪ Slides from the meeting will be made available to CPAC members.	
B. Health Services Advisory Board (Dr. Harriet Seldin)	Dr. Tellez and Jack Dailey provided the report on behalf of Dr. Seldin: ▪ Key areas of discussion included budget concerns and an in-depth conversation about the proposed Safety Net Bridge Program. ▪ HSAB members raised many questions about the Safety Net Bridge Program and emphasized the need for clearer details, particularly around how the program would support both Federally Qualified Health Centers and communities not served by them. Attendees noted that different communities will require different approaches and expressed support for continued refinement. Members commended staff for the presentation and underscored the urgency of developing solutions quickly.	
C. Behavioral Health Advisory Board (Kathy Watkins)	Kathy Watkins reported: ▪ The Behavioral Health Advisory Board (BHAB) is setting its 2026 goals under new director Nadia Privara Brahms. ▪ Priorities include improving access to the continuum of care for individuals affected by mental health and substance use, increasing community education on available County behavioral health services, and strengthening resource navigation to address service gaps. ▪ BHAB's second committee is focused on involuntary treatment, with the goal of understanding relevant laws and preparing informed recommendations for the Board of Supervisors and Behavioral Health Services. ▪ CPAC members were encouraged to share any opportunities for collaboration to support behavioral health system needs.	
VI. CalAIM Reports		
A. Providing Access and Transforming Health Collaborative	Skylar Hanson promoted the following upcoming events: ▪ The March San Diego PATH CPI meeting will be held virtually on March 19, 2026, from 12:30-1:30pm to include Quarter 4 CalAIM Managed Care Plan data, CalAIM waiver renewal policy updates, and a senior services agency spotlight.	

/ Intrepid Ascent (Skylar Hanson)	▪ The SD PATH CPI Ecosystem Assessment remains open through the end of March to gather additional input for long term sustainability planning. ▪ An in-person spring convening is scheduled for May 12, 2026, from 9am-12:30pm at the Southeastern Live Well Center. ▪ There will be a Community Health Worker Regional Workforce Summit on March 27, 2026, from 9am–3pm. ▪ Intrepid Ascent will also host a webinar on April 10, 2026, at 11am on "Keeping CalAIM Patients MediCal Covered;" an additional San Diego panelist is being sought to speak on redeterminations and outreach efforts.	
B. Medi-Cal Rx	Comments: ▪ There are Medi-Cal Rx requirements effective June 26, 2026, under which all prescribers (including physicians, nurse practitioners, and physician assistants) must enroll as individual Medi-Cal fee for service providers using their Type 1 National Provider Identifier. Pharmacy providers will only be able to dispense medications and receive payment if the prescribing clinician is properly enrolled. A link to the official guidance will be shared with the group. ▪ Members discussed challenges related to this new requirement that involves an application fee. Concerns were raised about the potential impact on patients' ability to obtain medications if prescribers are not enrolled. A provider list is available for verification and will be shared in the post-meeting email. ▪ Otherwise, Medi-Cal Rx processes have generally been functioning smoothly.	
C. Health Plans / Advocates / Consumers / Clinical & Social Service Providers	▪ No report	
VII. Information / Updates		
A. Public Health Services (Dr. Sayone Thihalolipavan)	Dr. Sayone provided a written Public Health Officer Update featuring the following topics: ▪ 2024 Life Expectancy in the United States, California, and San Diego Count ▪ 2024 Life Expectancy in San Diego County ▪ Leading Causes of Death Among San Diego Residents ▪ Respiratory Virus Surveillance (COVID-19, Influenza, and RSV) ▪ Sexually Transmitted Infections Continue to Fall in San Diego County ▪ Increasing Measles Activity in California ▪ More Illness, Greater Cost Spotlight Brief: Childhood Immunizations ▪ Update on Bicillin L-A (penicillin G benzathine injectable suspension) Shortage ▪ County of San Diego Launches Aging Dashboard to Support Older Adults ▪ Colorectal Cancer Deaths, San Diego County Residents and U.S. Preventive Services Task Force Screening Recommendations ▪ Tijuana River Valley Sewage Crisis Updates ▪ There is a community celebration honoring Dr. Afflalo, including a gala and the world premiere of a documentary created over the past several months.	

	Members expressed appreciation for Dr. Aflalo's years of service and enthusiasm for the upcoming event.	
B. Behavioral Health Services (Alfie Gonzaga)	Alfie Gonzaga provided the following written report: ▪ Nadia Privara Brahms was officially appointed Behavioral Health Services (BHS) Director in January 2026 after serving as Acting Director since April 2025. ▪ BHS is moving forward with a Behavioral Health Transformation effort that includes becoming its own department separate from HHSA. ▪ BHS is redesigning Clubhouse programs to align with the Behavioral Health Services Act (BHSA) and the BH-CONNECT framework. Clubhouses provide community-based support for individuals with serious mental illness through peer connection, employment support, and social engagement. The redesign will allow these programs to use Medi-Cal funding. ▪ BHS is expanding treatment capacity, including construction of a 12-bed Acute Psychiatric Hospital at the Edgemoor campus and development of the County's first Children's Crisis Residential program, which will provide short-term stabilization and care for youth experiencing behavioral health crises. ▪ To support behavioral health workforce development: Elevating San Diego's Behavioral Health Workforce % ELEVATE Behavioral Health Workforce Fund ▪ The BHSA Integrated Plan public comment period will run March 17–April 15, with informational sessions and opportunities for community input.	
C. Aging and Independence Services (Kristen Smith)	Kristen Smith reported: ▪ At Aging and Independence Services (AIS), the two main Medi-Cal funded programs are Multipurpose Senior Services Program (MSSP) and In-Home Support Services (IHSS). ▪ IHSS has surpassed 50,000 recipients, a significant milestone. Concerns about potential declines in caregiver registry enrollment due to immigration fears have not materialized, as sign-ups remain stable. ▪ Robert Ramirez was introduced as the incoming lead for AIS, to replace Kristen Smith on the CPAC.	
D. Medical Care Services (Dr. Jennifer Tuteur)	Dr. Heather Summers reported: ▪ Medical Care Services announced a structural transition: the former department is being reestablished as the Clinical and Safety Net Coordination Division with a team of approximately 18 staff including Jamie Beam, Dr. Tuteur, the SDAIM team, and others. The team remains committed to CalAIM work while expanding its focus to broader Clinical and Safety Net Coordination. ▪ The Office of Nursing Excellence, Dr. Fadra Whyte (Chief Dental Officer) and Dr. Kelly Motadel (Chief Pediatric Officer), have moved under the Public Health Services department.	
E. Healthy San Diego Statistics (Michael Worman)	Michael Worman provided the following Healthy San Diego Statistics report: ▪ For February 2026, the total enrollment for Medi-Cal Managed Care in San Diego County was approximately 862,000 individuals. The Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 180,345 (20.9% of total), Community Health Group with 349,883 (40.6%), Kaiser with 71,956 (8.4%), and Molina with 259,369 (30.1%).	

	▪ For February 2026, the Eligibility Services by the Numbers Report showed total enrollment in the following programs: CalFresh with 376,283 recipients (down 7.2% from last year), CalWORKS with 51,053 recipients (down 3.3%), County Medical Services had 4 recipients (down 50%), General Relief had 5,198 recipients (down 8.2%), and Medi-Cal had 835,483 recipients (down 5.7%). For all these programs, the total number of unduplicated recipients was approximately 1.15 million individuals.	
VIII. Future Agenda Items	▪ The Ad hoc Dental Health/Oral Health/Prop 56 Committee will report back on progress at the next meeting. ▪ A standing item for H.R. 1 Updates was requested.	
IX. Adjourn	Meeting adjourned by Jack Dailey at 5:01 p.m.	

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

Thursday, May 14, 2026, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person.*

Minutes recorded and transcribed by Brittany Charity-Walker.