HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – May 14, 2026

Members/Alternates Present In-Person: Suzanne Afflalo, Amanda Berry, Jack Dailey (Consumer Chair), Michelle Darnelle, Joanne Franciscus, Kim Fritz, Melissa Hernandez, Kristi Jones, Eva Matthews, Jennipher Ohmstede, Harriet Seldin, Heather Summers, Patrick Tellez (Professional Chair), Sayone Thihalolipavan, Janet Vadakkumcherry, Ann Warren

Members/Alternates Present Virtual: Asya Anderson, Alfie Gonzaga, Jennifer Tuteur, 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: Mary Anne Bundang, Virginia Casey, Denise DiNoto, Kennedy Dozier, Wendy Ferguson, Stephanie Gioia-Beckman, Claudia Gurrola, Skylar Hanson, Dana Harden, Angela Martinez, Valerie Martinez, DeeAnne McCallin, Kelly Motadel, Tamara Murphy, Joe Prickitt, Christy Rosenberg, David Sagaz, Salvador Tapia, Kathy Watkins, Fadra Whyte

Public Comment: Susanne Boston, Cesar Javier, Purita Javier

ITEM	DISCUSSION	ACTION
I. Welcome and Introductions		
A. Call to Order	The Consumer & Professional Advisory Committee (CPAC) was called to order by Professional Chair Dr. Patrick Tellez at 3:02 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	Adjustments to the agenda order were shared to accommodate a time certain start of the Tuberculosis Elimination presentation at 4:00 p.m.	
D. Member Nomination	Dr. Tellez noted that there is no formal nomination and recommended an action item for the ad hoc Nominating Committee to reconvene before the next meeting to continue recruitment efforts.	
II. Public Comment	1. Susanne Boston, a District 3 resident, shared concerns about negative in-person experiences at Medi-Cal offices and asked for improved customer feedback options, increased trauma informed training, and greater staff accountability to enhance the customer experience. 2. Purita Javier shared concerns related to community safety, health impacts, and resource needs due to air pollution and environmental toxicity. 3. Cesar Javier emphasized the importance of addressing root causes to community issues and engaging local authorities and advisory bodies.	
III. Action Items		
A. Approval of the Meeting Minutes from March 12, 2026	On MOTION of Janet Vaddakumcherry, seconded by Dr. Harriet Seldin, the March 12, 2026, Meeting Minutes were approved, with all Committee Members present voting yes.	

B. County Counsel Updates (Andrew Gregor)	Brittany Charity-Walker reported on behalf of Andrew Gregor: ▪ Senate Bill 707 took effect January 1, 2026, and modernizes the Brown Act by allowing Eligible Subsidiary Bodies to meet virtually under certain teleconferencing conditions. The Clerk of the Board confirmed that the HSD CPAC is eligible for the teleconferencing option, and the Committee will need to vote in July to request Board of Supervisors (Board) approval. The Board is expected to consider applications again in September or October 2026. ▪ A voting item will be included on the July meeting agenda for possible action.	
IV. Presentations		
A.	Tuberculosis (TB) Elimination (Catherine Bender, Program Coordinator, TB Prevention and Care, Public Health Services) Key Points: ▪ An overview of the County's TB Elimination Initiative was provided, emphasizing the distinction between active TB and latent TB infection (LTBI), the growing TB burden locally and statewide, and the importance of screening and treating LTBI, especially among high-risk populations, to prevent progression to active disease. ▪ Information was shared regarding the current epidemiologic trends, risk factors, new state legislation requiring risk-based TB screening and follow up (AB 2132), and the county's partnerships with health systems, clinics, and community organizations to implement the LTBI care cascade and expand provider capacity. ▪ Discussion focused on opportunities for Healthy San Diego to support provider education, integrate TB risk assessment into care coordination, address misconceptions about BCG vaccination, and strengthen community education on lesser-known transmission risks such as unpasteurized dairy products. ▪ Transportation challenges for patients being evaluated or treated for active TB were noted. The health plans will meet with County case management staff to discuss the transportation process and ensure clearer guidance on arranging transportation for these patients. ▪ There was a request for Healthy San Diego's support in promoting LTBI screening, treatment, provider education, and integration of TB prevention into care coordination and community outreach. Comments: ▪ Ann Warren: The HSD Health Education and Cultural/Linguistics Workgroup would be a good place to coordinate efforts to encourage promotion among Medi-Cal members and providers. ▪ Cesar Javier (public comment): Urged stronger, coordinated local and regional action, increased resources, and greater attention from city and county leadership to address respiratory health concerns in the community.	
B.	Agency Executive Office Budget Update (Charissa Japlit, Executive Finance Director and Maryneeza Moraleja, Group Finance Director, Health and Human Services Agency)	

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	Key Points: ▪ An overview was provided on the County's fiscal outlook, reviewing Fiscal Year (FY) 2025-2026 budget conditions, economic indicators, and projected revenue challenges tied to slowing tax revenues, and state and federal budget uncertainty. ▪ Additional cost pressures include rising personnel, facility, Information Technology, and contract expenses. ▪ The FY 2026–2027 priorities focus on sustaining core safety net services, addressing impacts of HR 1 and CalFresh administrative shifts, supporting general relief, foster care, and upstream prevention programs, and implementing operational efficiencies such as facility consolidation and administrative restructuring. ▪ The presentation also highlighted upcoming public engagement opportunities, including budget pop-ups, virtual meetings, hearings in June, and the release of the recommended budget on May 18, 2026. Comments: ▪ Discussion focused on the timing of the state May Revise, with staff explaining that budget adoption occurs too soon to incorporate most changes, and that impacts will instead be addressed through mid-year adjustments. ▪ The anticipated challenges associated with H.R. 1 were discussed, particularly the significant burden of proposed asset changes. Staff noted that departments are actively preparing and monitoring updated allocations as estimates emerge.	
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. ▪ A Board Memo with a progress update was submitted to the Board of Supervisors in April and received positive feedback. ▪ Overall CS utilization trends show increases for San Diego County. The DHCS data will continue to be monitored for trends over time. ▪ 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 Dr. Jennifer Tuteur; it elevates issues to the CPAC level from work across three leadership teams comprising various workgroups. ▪ Top concerns include H.R. 1 / Medi-Cal policy changes, the loss of beneficiaries, and workforce. ▪ Memorandum of Understanding (MOU) oversight is occurring through the HSD Health Plan Operations Workgroup, per DHCS requirements. Some subgroups have been formed to address specific programs in the MOU to finalize policies and procedures and for care coordination. The First 5 MOU is still in process.	

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	▪ The Health Education & Cultural/Linguistics Workgroup has supported development of a Well-Child and Immunization Handbook for parents and caregivers in alignment with a shared County-MCP Population Health SMART Goal. The workgroup is conducting complementary efforts including MCPs distributing the handbook at community events and a webinar on misinformation is being planned to help increase well-child visits and immunizations. ▪ Coordination continues across the Oral Health Workgroup and the QI Initiatives Workgroup on shared priorities. Dana Durham from the Department of Health Care Services will be attending the next Oral Health Workgroup meeting.	
E. Emerging Trends and Issues (Jack Dailey/ Dr. Patrick Tellez)	Dr. Tellez invited members to share emerging trends impacting the Medi-Cal Managed Care delivery system. Comments: ▪ The purpose of the Emerging Trends and Issues agenda item is to surface concerns and request future agenda items. ▪ Caryn Sumek noted that behavioral health representatives reported urgent challenges with new state mandated nursing ratios at freestanding psychiatric hospitals, noting that unapproved waiver requests could result in the loss of approximately 60 inpatient beds and downstream impacts on emergency departments. ▪ Dr. Sayone Thihalolipavan noted the growing local rise in e-bike injuries, particularly among youth, with interest in future presentations on injury data, public health implications, and insurance coverage issues. ▪ Jack Dailey requested a future agenda item to review implementation progress, data tracking, and system challenges related to transitional rent, vendor accountable care planning, and other behavioral health housing and transitions of care initiatives. ▪ Janet Vadakkumcherry noted recent news that the Trump administration is withholding $1.3 billion in Medicaid payments to California. She also raised concerns about looming federal actions that could significantly impact local services, including potential cuts to hospice care funding and a proposed reduction to In-Home Services and Supports that could affect roughly 900,000 adults statewide. Participants suggested dedicating future agenda time for deeper discussion to better understand these developments, their implications, and possible local responses.	
V. Chairs Report		
A. Health Services Advisory Board (Dr. Harriet Seldin)	Dr. Seldin reported: ▪ There is overlap with items discussed earlier in the meeting, including the budget presentation and ongoing work on oral health. ▪ There were Board Letters on lead poisoning prevention and the future public health funding. ▪ Efforts to strengthen youth engagement are continuing and making progress.	

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B. Behavioral Health Advisory Board (Kathy Watkins)	Kathy Watkins reported: ▪ Recent discussions have focused on the transition of Mental Health Services Act services into Behavioral Health Services and the budget recommendations going to the Board. A formal letter has been drafted for Board consideration. ▪ There was appreciation expressed for feedback provided on the Integrated Behavioral Health Plan.	
VI. CalAIM Reports		
A. Providing Access and Transforming Health Collaborative / Intrepid Ascent (Skylar Hanson)	Skylar Hanson reported: ▪ The San Diego PATH CPI held its monthly in person meeting with about 80 CalAIM providers, featuring panels on recuperative care and data standardization. ▪ The collaborative is in the final year of facilitation, though collaboration with the County on CalAIM, ECM, and Community Supports will continue. ▪ Intrepid Ascent will request Quarter 1 2026 data from Managed Care Plans to provide an updated snapshot of county utilization on their website.	
B. Medi-Cal Rx	Comments: ▪ Jack Dailey shared updates related to GLP1 medications, noting recent changes to retroactive coverage for Wegovy under Medi-Cal and a new Medicare one year bridge program offering GLP1 coverage at $50 per month. This may be particularly relevant for dual eligible members.	
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: ▪ The Community Supports Help with Asthma Flyer was created to support individuals on Medi-Cal with severe/uncontrolled asthma. As a reminder, anyone using the Asthma Remediation Community Support for relief from the Tijuana River Valley Sewage and Pollution Emergency should ask for air purifiers with potassium permanganate to help trap gases like hydrogen sulfide. ▪ The Public Health Officer report for May 2026 was provided.	
B. Behavioral Health Services (Kristi Jones)	Kristi Jones provided the following written report: ▪ BHS has been working on the Behavioral Health Services Act Integrated Plan implementation which begins 7/1/26. The Integrated Plan was available for public review March-April 2026, and BHS hosted supplemental community review sessions during this time. ▪ BHSA builds on the previous MHSA framework and introduces new required funding categories, statewide outcome expectations and stronger alignment with Medi-Cal behavioral health delivery systems. It places increased emphasis on coordination across health systems, housing partners, Medi-Cal Managed	

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	Care Plans, and justice system partners to support continuity of care and improve statewide behavioral health outcomes. ▪ Three required BHSA funding components: 1. Behavioral Health Services and Supports a. Outpatient treatment, rehabilitation services, crisis response coordination, recovery supports, engagement services, and care navigation activities, continued coordination across mental health and Drug Medi-Cal Organized Delivery systems. 2. Full Service Partnerships a. Supporting individuals living with the most significant behavioral health needs through intensive, team-based care coordination and treatment. Includes multidisciplinary services such as Assertive Community Treatment, Forensic Assertive Community Treatment, High fidelity Wraparound for youth, Intensive Case Management. Recovery programs like clubhouses, Individual Placement and Support supportive employment. 3. Housing Interventions a. BHSA has required counties to conduct stakeholder engagement. through Community Planning Process activities. The draft Integrated plan reflects engagement activities that were conducted throughout 2025. As part of the engagement and community planning activities that were conducted in 2025 the priorities identified were: b. Improving access and system navigation supports. c. Strengthening early support for children, youth, families, and schools, including early childhood service access and family-centered engagement approaches. d. Expanding recovery-oriented services and opportunities for social connection. e. Increasing coordination between housing and behavioral health services. ▪ BHS is continuing to develop updated cross-sector coordination approaches to support collaboration across clinical programs, housing partners, Medi-Cal Managed Care Plans, education partners, Tribal partners, justice system partners, and community-based organizations as implementation activities move forward. ▪ We have community input and planning services contracts designed to strengthen recurring engagement with communities that experience documented behavioral health disparities locally and statewide. Communities of focus are: ○ Black/African American communities ○ Latino/Hispanic communities ○ Tribal communities ○ LGBTQ+ communities ○ Asian American, Native Hawaiian, Pacific Islander, immigrant, and refugee communities	

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	○ Justice-impacted, reentry, housing-insecure, and veteran communities ▪ BHSA identifies six statewide outcome areas that counties must monitor 1. Access to care 2. Homelessness 3. Justice involvement 4. Institutionalization 5. Removal of children from home 6. Untreated behavioral health conditions	
C. Aging and Independence Services (Roberto Ramirez)	▪ No report	
D. Medical Care Services (Dr. Heather Summers)	▪ No report	
E. Healthy San Diego Statistics (Michael Worman)	Michael Worman provided the following Healthy San Diego Statistics written report: ▪ In March 2026, the total enrollment for Medi-Cal Managed Care in San Diego County was approximately 856,000 individuals. The Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 179,455 (21% of total), Community Health Group with 347,045 (40.6%), Kaiser with 71,908 (8.4%), and Molina with 257,309 (30.1%). ▪ In April 2026, the Eligibility Services by the Numbers Report showed total enrollment in the following programs: CalFresh with 372,038 recipients (down 8.02% from last year), CalWORKS with 50,583 recipients (down 4.49%), County Medical Services had 4 recipients (down 50%), General Relief had 5,235 recipients (down 7.33%), and Medi-Cal had 816,952 recipients (down 7.88%). For all these programs, the total number of unduplicated recipients was approximately 1.14 million individuals.	
VIII. Future Agenda Items	▪ HR 1 Updates ▪ SB 707 Voting Item	
IX. Adjourn	Meeting adjourned by Dr. Tellez at 5:03 p.m.	

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

Thursday, July 9, 2026, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person.*

Minutes recorded and transcribed by Brittany Charity-Walker.

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