HEALTHY SAN DIEGO (HSD)
CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – July 09, 2026

Members/Alternates Present In-Person: Amanda Berry, Jack Dailey (Consumer Chair), Michelle Darnelle, Kim Fritz, Kristi Jones, Eva Matthews, Robin Joy Maxson, Jennipher Ohmstede, Alex Perez, Harriet Seldin, Heather Summers, Patrick Tellez (Professional Chair), Sayone Thihalolipavan, Ann Warren

Members/Alternates Present Virtual: Alfie Gonzaga, Sarah Legg, Caryn Sumek, Lindsey Wade, Lindsey Wright

HSD Staff Present: Jamie Beam, Brittany Charity-Walker, Luwam Kidane, Lee Laydon, Cynthia Nambo, Michael Worman

Other Participants/Guests: Heidi Arndt, Gustavo Barraza, Nora Bota, Erin Brennan-Burke, Aaron Brown, Karen Connolly, Sandra D'Alonzo, Kennedy Dozier, Andrew Gregor, Claudia Gurrola, Skylar Hanson, Danielle Ice, Angela Martinez, Valerie Martinez, Donald Miller, Kelly Motadel, Joe Prickitt, Marquita Quillar, Christy Rosenberg, David Sagaz, Salvador Tapia, 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 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	General announcements were provided regarding meeting procedures.	
D. Member Nomination	Jack Dailey reported on an opportunity to fill an open Consumer Member position and proposed reconvening the ad hoc Nominating/Membership Committee (Jack Dailey, Michelle Darnelle, Kim Fritz, Dr. Harriet Seldin, and Dr. Patrick Tellez) to review the new nomination and provide recommendations. On MOTION of Dr. Seldin, seconded by Michelle Darnelle, the ad hoc committee will reconvene to accept and review the nomination and report back with recommendations. Staff will schedule an ad hoc committee meeting and proceed with next steps, with all Committee Members present voting yes.	
II. Public Comment	1. Purita Javier expressed concerns about longstanding issues affecting her neighborhood due to air pollution and environmental toxicity, noting that local officials have not addressed the ongoing challenges faced over several years. 2. Cesar Javier shared ongoing safety and environmental health concerns in their neighborhood; he emphasized the impact on residents' well-being, asked for greater attention from policymakers, and urged collaboration to address health and safety risks affecting the community. 3. Susanne Boston provided a brief update on her previous concerns about in-person interactions at Family Resource Centers. She noted she spoke at the	

	Board of Supervisors meeting, received follow-up from multiple offices, and met with Self-Sufficiency Services leadership. She thanked the committee and offered to support future improvements.	
III. Action Items		
A. Approval of the Meeting Minutes from May 14, 2026	On MOTION of Robin Joy Maxson, seconded by Ann Warren, the May 14, 2026, Meeting Minutes were approved, with all Committee Members present voting yes.	
B. Voting Item: SB 707 (Andrew Gregor)	Andrew Gregor facilitated a discussion and action on a teleconferencing option for CPAC Members. ▪ Recent changes to State law allow advisory committees to hold hybrid meetings while still complying with the Brown Act. ▪ The committee discussed potential benefits and concerns, including quorum, meeting quality, and Zoom technical requirements. On MOTION from Kim Fritz, seconded by Michelle Darnelle, a request will be submitted to the Board of Supervisors for authorization to conduct meetings via teleconference under Government Code Section 54953.8.6, with all Committee Members present voting yes. Staff will submit the request and prepare next steps.	
IV. Presentations		
A.	**San Diego County Community Health Data / Child and Teen Health and Well-Being Dashboard Spotlight** (Chris O'Malley, Chief of Agency Operations, community Health Statistics Unit, Public Health Services) Key Points: ▪ The annual county community health data report was provided, covering demographics, poverty, insurance coverage, health status, mortality, chronic disease trends, e-bike injuries, and substance overdose data. ▪ New data dashboards were highlighted, including the Child & Teen Health and Well-Being Dashboard and the Aging Dashboard. ▪ Data by municipality or the unincorporated area is also publicly available. Additional dashboard projects are underway to expand topic areas. Questions and Comments: ▪ Lindsey Wright: Are more affluent neighborhoods driving higher self-reported health status? - Response: Across our population health data, more affluent areas tend to have better outcomes such as higher life expectancy compared to less affluent areas. ▪ Michelle Darnelle: When will 2025 data be available? - Final 2025 mortality data typically arrives in September (2026); demographic data in December (2026); and hospital and Emergency Department (ED) discharge data in February 2027.	

	▪ Donald Miller: The data is powerful and a nice handout for parents. The exponential rise of serious e-bike injuries is tremendous. Hopefully the data will slow down, but unlikely without efforts from border to border of our county. - Dr. Kadakia stated that the County put out a health alert to physicians on e-bikes. We are trying to gather data and develop a dashboard to have some publicly available data. The city of San Diego recently passed an e-bike ordinance and other cities are looking at this. More to come on the topic. ▪ Robin Joy Maxson: Were there any statistics or outliers you didn't expect? - A notable increase in ED discharges stood out, specifically for chronic disease and we are making inquiries to find out if other localities are also seeing this. - Dr. Kadakia commented on the surprise that the first nine causes of death were related to chronic disease. We're doing a good job of preventing communicable disease and chronic health diseases should also be addressed. ▪ Amanda Berry: Is health provider workforce capacity and statistics included in the local data? - Provider capacity data generally comes from state HCAI data. If there are local data we are open to looking at it. We are working with Managed Care Plans and that data will be incorporated into our community health needs assessment; that data will give a snapshot of our Medi-Cal population. Public Comment: ▪ Cesar Javier: 1) Value analysis – the accuracy is plus or minus. I do not know the whole number. 2) Where are the seniors – their health and well-being status? 3) We have 18 cities and other sovereign governance. The cities have no dedicated department, agency, or office on health and human services. How accurate is the data without coming from the geographic unit? 4) What shall we do?	
B.	**Healthy San Diego Legislative Process** (Christina Hennrichs, Legislative Policy Advisor, Office of Economic Development and Governmental Affairs) Key Points: ▪ The Office of Economic Development and Governmental Affairs (EDGA) shared how it advances Board of Supervisors policy through state and federal advocacy and explained the legislative program structure (sponsorships, priority issues, policy guidelines). ▪ Priority issues include protecting the social safety net, housing and homelessness, behavioral health and substance use, public safety and justice, and climate and environmental health. ▪ Input is gathered annually through community forums, public comment, and department feedback. ▪ The 2027 legislative program will be developed August–December 2026, with public comment in August–September, drafting in October–November, and Board approval in December before advocacy begins in January. Questions:	

	▪ Amanda Berry: Does EDGA also work on regulatory/administrative issues (DHCS, CMS) beyond legislation? - Response: Yes. EDGA monitors regulatory changes and may respond with letters or work through associations. These efforts are generally informal but do occur alongside legislative work. ▪ Robin Joy Maxson: What other methods does EDGA use to collect feedback on priorities? - The Engage page widely distributed for a full month, promoted through social media, newsletters, and networks. People can also reach out to the Board of Supervisors. There were 189 comments submitted through the Engage page. ▪ Jack Dailey: What are the best practices and what input is most helpful from advisory committees? - It's helpful to receive detailed descriptions of operational impacts and unintended consequences, data facts, identification of trends, and awareness of how multiple bills connect to a single issue. ▪ Jack Dailey: Can EDGA directly reach out to advisory committees for subject-matter expertise when analyzing legislation? - EDGA relies on County staff to liaise and bring advisory-related insights forward. Advisory committee discussions help inform EDGA indirectly. An advisory committee can make recommendations to the HHSA Deputy Chief Administrative Officer (DCAO) to be shared with EDGA. An example of an effective approach working through these channels is the letter the HSD CPAC submitted the HHSA DCAO and EDGA regarding Medi-Cal Dental. ▪ Michelle Darnelle: How can committee members contact EDGA? - EDGA prefers members coordinate through HHSA staff for alignment with County processes. EDGA will always circle back to County staff and departments when issues are elevated. Public Comment: ▪ Cesar Javier: This is a constitutional process. Try to examine and learn what is preamble of our Constitution: public welfare, domestic tranquility, and justice. The propriety is at the bottom. How do you explain the Tijuana River pollution control? The Board of Supervisors should directly respond to public concerns.	
V. HSD Reports & Discussion		
A. HSD CPAC CalAIM Task Force Updates (Kim Fritz / Dr. Jennifer Tuteur)	▪ No report	
B. Medi-Cal Transformation Task Force Updates	▪ No report	

(Dr. Heather Summers)		
C. Oral Health Prop 56 Update (Dr. Fadra Whyte)	Dr. Whyte reported: ▪ Full dental benefits for grandfathered UIS Medi-Cal recipients have been extended to July 1, 2027. ▪ Prop 56 funding for one-third of Medi-Cal Dental, previously set to end July 1, 2026, has also been extended to July 1, 2027. ▪ These extensions are temporary and ongoing advocacy will be needed. ▪ Appreciation was expressed for the collaborative advocacy efforts, noting strong engagement from state legislators and positive reception of the County's Status of Oral Health in San Diego County report.	
D. H.R. 1 (Claudia Gurrola)	Claudia Gurrola provided an H.R. 1 update covering recent and upcoming Medi-Cal and CalFresh policy changes: ▪ CalFresh citizenship took effect in April 2026 and work requirements were re-introduced in June 2026. ▪ Multiple Medi-Cal changes are expected in July and October 2026 have been delayed to July 1, 2027, including: - Removal of dental benefits for grandfathered individuals. - Lower property limits with new limits set at $21,000 for individuals, $31,000 for couples, and an additional $1,500 for each additional household member. - Monthly premiums for grandfathered individuals. - Transition of certain immigration categories to restricted scope benefits. ▪ Grandfathered individuals who were receiving full-scope Medi-Cal will transition to fee-for-service Medi-Cal on January 1, 2027. ▪ Trailer bill language includes: - The 6-month redetermination requirement will also apply to the expanded population who received their benefits under state-funded coverage. - The 90-day cure period remains but reinstatement will only go back to the month prior to verification submission. - DHCS will be mandated to share data with MCPs to support outreach efforts and help customers complete their renewals and follow through with the application process. - DHCS will be required to establish a dashboard to monitor the implementation of H.R. 1.	
E. Healthy San Diego Statistics (Michael Worman)	Michael Worman reported: ▪ In June 2026, the total enrollment for Medi-Cal Managed Care in San Diego County was approximately 821,000 individuals. The Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 172,555 (21% of total), Community Health Group with 332,899 (40.5%), Kaiser with 70,324 (8.6%), and Molina with 245,612 (29.9%). ▪ In June 2026, the Eligibility Services by the Numbers Report showed total enrollment in the following programs: CalFresh with 367,591 recipients (down 8.8% from last year), CalWORKS with 49,838 recipients (down 5.9%), County Medical Services had 4 recipients (down 55.6%), General Relief had 4,991 recipients (down 13.2%), and Medi-Cal had 791,757 recipients (down 10.2%).	

	For all these programs, the total number of unduplicated recipients was approximately 1.13 million individuals. Comments: ▪ Jack Dailey: Noted that downward trends are noted and expected to continue; he emphasized the importance of ongoing communication and coordination around retention efforts.	
F. Community Reinvestment Initiative (Dr. Ankita Kadakia and Nora Bota)	Dr. Ankita Kadakia, Gustavo Barraza, and Aaron Brown, and reported: ▪ DHCS now requires MCPs with positive net income to reinvest 5–7.5% of profits into community prevention and social determinant efforts. ▪ Additional reinvestment (7.5%) applies if MCPs do not meet minimum quality performance thresholds. ▪ MCPs must submit Community Reinvestment Plans to DHCS by September 1, 2026. ▪ Allowable investment categories include neighborhoods/built environment, workforce, priority populations, local communities, and improved health outcomes. ▪ County departments, community leadership teams, managed care plans, and advisory boards are collaborating to shape recommendations. ▪ Top regional priorities across all five regions are housing/homelessness, behavioral health, and economic/food security. ▪ Recommended activities align with the Community Health Assessment and Community Health Improvement Plan, with common themes including food insecurity, housing, behavioral health, and rural workforce strengthening.	
G. Board Initiatives – Safety Net Bridge and County Medical Services (Jamie Beam and Dr. Jennifer Tuteur)	Jamie Beam reported: ▪ The County has been gathering feedback on the current County Medical Services (CMS) program structure and process. CMS is our county's indigent care program for those that don't qualify for Medi-Cal. The Board of Supervisors is interested in reforming CMS in light of H.R. 1 and the larger number of uninsured people that are expected. ▪ County staff are analyzing the impact of different changes and potential costs and numbers served. To ensure all concerns are heard, we are seeking input from partners. Once the analysis is complete, it will be taken to the Social Safety Net Subcommittee of the Board of Supervisors. ▪ Knowing that CMS reforms will take time, District 4 advanced the Safety Net Bridge program to provide immediate relief to those that are going to be losing CalFresh and Medi-Cal, including food access and medical continuity of care. ▪ Safety Net Bridge food support will include expanded food distribution for individuals who lost CalFresh due to H.R. 1 work requirements; 96 additional food distribution events will occur over six months starting in August, plus alternative options for those unable to attend in person. ▪ Safety Net Bridge medical pilot is designed to support continuity of care for people temporarily losing Medi-Cal while meeting H.R. 1 requirements; the program is intended to address churn and support short-term medical access during documentation or compliance gaps.	

	▪ The Safety Net Bridge program will move forward alongside CMS reform recommendations. More detailed discussion and updates will take place with CPAC and other advisory boards before these items are returned for Board consideration.	
V. Chairs Report		
A. Health Services Advisory Board (Dr. Harriet Seldin)	Dr. Seldin provided a written report: ▪ Health Services Advisory Board, Draft Meeting Minutes – June 2, 2026	
B. Behavioral Health Advisory Board (Kathy Watkins)	▪ No report	
VI. CalAIM Reports		
A. Providing Access and Transforming Health Collaborative / Intrepid Ascent (Skylar Hanson)	Skylar Hanson provided a written report: ▪ The July Virtual Monthly PATH CPI Meeting will take place on Thursday, July 16th from 12:30-1:30pm PT, featuring the San Diego Wellness Collaborative Medi-Cal Changes Steering Committee, a Community Spotlight from Neighborhood House, and will touch upon policy updates.	
B. Medi-Cal Rx	▪ No report	
C. Health Plans / Advocates / Consumers / Clinical & Social Service Providers	▪ No report	
VII. Information / Updates		
A. Public Health Services (Dr. Sayone Thihalolipavan)	▪ No report	
B. Behavioral Health Services (Kristi Jones)	Kristi Jones provided the following written report: ▪ Programs and Service Delivery Updates - Special Treatment Program (STP) Services - Friendship Manor Nursing & Rehabilitation Center has joined our network as a provider of STP services. It added 42 new beds which expands placement options for individuals requiring skilled nursing care with enhanced behavioral health support. ▪ Substance Use Residential Treatment Services	

	- New Creation Behavioral Healthcare Foundation has joined our local network as a new provider for a combined Substance Use Residential Treatment Services (SURTS) and Recuperative Care (RC) model, adding 73 Adult Substance Use Residential Treatment beds and 16 Recuperative Care beds. ▪ Housing & Homelessness Update - Fiscal Year (FY) 25–26, BHS expanded its housing and supportive service offerings across Permanent Supportive Housing (PSH), Supportive Services, and Interim Housing. • 47 new No Place Like Home (NPLH) units, strengthening long-term housing options for individuals with behavioral health needs. • Tenant Peer Support Services also expanded, increasing the number of residents served from 323 to 425 across Special Needs Housing Program (SNHP) and NPLH developments. • Augmented Services Programs (ASP) increased capacity by 182% to 661 slots. • Short Term Bridge Housing (STBH) expanded by 209% to 173 beds. • The final allocation of one-time American Rescue Plan Act funding for Recovery Residences increased by 53%, adding approximately 100,000 bed days. - The County is preparing to implement the Transitional Rent benefit, a Medi-Cal Managed Care Plan (MCP) Community Supports benefit that provides up to six months of temporary rent assistance for eligible members at risk of homelessness. Beginning 7/1/26 the County is launching a one-year Flexible Housing Pool pilot to align BHSA housing resources with MCPs and housing providers. The pilot will fund up to 250 rental subsidies for individuals newly enrolled in Assertive Community Treatment (ACT) services, supporting housing stability for those at highest risk. This pilot does not limit the number of individuals who may access the Transitional Rent benefit, which remains an MCP-approved and MCP-funded resource. ▪ Population Health Update: - BHS, in partnership with Blue Shield Promise and Kaiser Permanente, is participating in a Department of Health Care Services (DHCS) and Institute for Healthcare Improvement (IHI) Learning Collaborative to pilot a new data-sharing process aimed at improving follow-up after behavioral health–related Emergency Department (ED) visits. - BHS will be rolling out Eleos across our health plan network within the next few months. Eleos is an AI-supported ambient listening platform. It is being made available via CalMHSA and integrates directly with the SmartCare EHR. This platform is specialized for behavioral health. - BHS is currently implementing the ACT/FACT, HFW, ISP which is the supportive employment, CSC which is the Coordinated Specialty Care First Episode Psychosis. ▪ BHSA Resources - We have a BHSA County Website with information regarding all the BHSA resources: Behavioral Health Services Act.	

C. Aging and Independence Services (Roberto Ramirez)	▪ No report	
D. Clinical and Safety Net Coordination (Dr. Heather Summers)	▪ No report	
VIII. Future Agenda Items	▪ None	
IX. Adjourn	Meeting adjourned by Jack Dailey at 5:01 p.m.	

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

Thursday, September 24, 2026, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person.*

Minutes recorded and transcribed by Brittany Charity-Walker.