HEALTHY SAN DIEGO (HSD)
JOINT CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – July 11, 2024

Members Present: Jack Dailey (Consumer Chair), Michelle Darnelle, Kim Fritz, Kristi Jones, Ankita Kadakia, MD, Sarah Legg, Jennipher Ohmstede, James Schultz, MD (Professional Chair), Harriet Seldin, DMD, Arif Shaikh, Caryn Sumek, Salvador Tapia, James Trout, Jennifer Tuteur, MD, Janet Vadakkumcherry

HSD Staff Present: Jamie Beam, Lynn Carr, Brittany Charity-Walker, Lee Laydon, Alison Sipler, Heather Summers, Michael Worman

Other Participants/Guests: Alethea Arguilez, Carissa Avalos, Anuj Bhatia, Alex Briscoe, Keri Carstairs, Katherine Crow, Assmaa Elayyat, Wendy Ferguson, Angela Galba-Davis, Kristen Garrett, Pradeep Gidwani, Stephanie Gioia-Beckman, Alfie Gonzaga, Andrew Gregor, Dana Harden, Lenette Javier, Jennifer Kennedy, Meredith Kennedy, Luwam Kidane, Michael Kogus, Ysobel Owen, Sam Manganaro, Kate Margolis, Donald Miller, Omar Millares, Kelly Motadel, Rhonda Perkins, Nilanie Ramos, Fadra Whyte

ITEM	***DISCUSSION***	***ACTION***
I. Welcome and Introductions	The Joint Consumer & Professional Advisory Committee was called to order by Chair Dr. James Schultz at 3:03 p.m.	
II. Public Comment	None	
III. Action Items		
A. Approval of the Meeting Minutes from February 08, 2024, and May 09, 2024	On MOTION of Salvador Tapia, seconded by Kim Fritz, the February 08, 2024, and May 09, 2024, Meeting Minutes were approved, with all Committee Members present voting yes.	
B. Voting Item: HSAB Letter to Board of Supervisors	Jack Dailey provided an update on the Health Services Advisory Board (HSAB) request: ▪ The HSAB Chair sent a letter to the County Board of Supervisors (on June 28, 2024) encouraging them to leverage HSAB and other established advisory bodies to advance health policy priorities. Healthy San Diego is named in the letter. ▪ HSAB requested that the Joint Consumer and Professional Advisory Committee review, support, and accept the letter as it stands. Discussion: ▪ There was one question asking to confirm which meeting was referenced in the letter with clarification that HSAB was inviting the Board to attend a future HSAB monthly meeting and not referring to other groups. On MOTION of Dr. Schultz, seconded by Dr. Seldin, the HSAB Letter to the Board of Supervisors was supported and accepted, with all Committee Members present voting yes.	

IV. HSD Reports & Discussion		
A. Task Force Updates (Sarah Legg, Valerie Martinez, Salvador Tapia, Dr. Heather Summers)	Salvador Tapia and Dr. Heather Summers reported: ▪ Restructuring at the Task Force and Workgroup level is still being worked on. An updated organizational structure product is forthcoming. ▪ There will be a Special Meeting on September 12, 2024 dedicating time to discuss the Healthy San Diego restructure and go over any relevant information that was broached during the ad hoc structure and nominating/membership committee meetings.	
B. Emerging Trends and Issues (Jack Dailey)	Jack Dailey invited members to share any emerging trends impacting the Medi-Cal managed care delivery system: ▪ Dr. Schultz commented that Proposition 35 would help protect access to care for patients as well as help doctors be able to serve members. ▪ Jack Dailey noted that dental billing issues are occurring largely due to providers not submitting claims to Denti-Cal (now known as Medi-Cal Dental services), especially for dual eligibles or members that may be under supplemental dental coverage. This becomes more arduous when dental care credit is added on. Some cases go into collections, which can cause stress on members' credit ▪ Caryn Sumek stated that there are extreme delays with discharges to skilled nursing facilities and behavioral health facilities. This issue of transitions of care is being worked on. ▪ Dr. Tuteur announced that there will be an agenda item at the July 17, 2024 Board of Supervisors meeting regarding Medi-Cal provider reimbursement. ▪ The group discussed the need to track these issues and determine how to address them.	*BOS meeting agenda to be shared.* *Tracking tools to be developed*
C. Medi-Cal Expansion (Assmaa Elayyat)	Assmaa Elayyat reported: ▪ At a previous meeting, there were questions regarding the Medi-Cal Expansion program and whether there was tracking for that data. A fresh report was run for the various populations from restricted scope Medi-Cal eligibility or pregnancy scope all the way into full scope. These were phased in over the course of a few years, largely based on age group and put in four different categories: 1) Under the age of 19 years old was 7,200 beneficiaries; 2) young adults ages 19-25 was over 5,600 beneficiaries; 3) ages 25-49, which is the largest group, with over 28,000 beneficiaries; and 4) the older population ages 50 and over with 18,000 beneficiaries receiving full scope coverage. This brings the total just under 60,000 individuals that are now receiving full scope expanded Medi-Cal in San Diego. ▪ During the month of July and August there are 33,000 renewals due. ▪ The total Medi-Cal population is just under 960,000 individuals with monthly decreases in the Medi-Cal population. This is due to the freeze pattern during COVID.	*Distribute Self-Sufficiency reports and APLs*

	▪ The All Plan Letters (APL) (APL 24-06 Updates to Case Proceeding Actions after the Continuous Coverage Unwinding; APL I 24-03 Extension of Unwinding Waivers and Flexibilities) include categories that are available for auto-renewal. Question and Answer: ▪ Dr. Schultz asked about the categories listed in the APL waivers for auto-renewals and if they are auto-renewed. - Answer: The waiver APLs list different categories. The waivers are flexibilities that are available but does not mean that Medi-Cal is auto renewed for everyone. About 43% of the population auto-renews. ▪ Dr. Schultz commented on June data and that 30% of people appear to be pending receipt of a renewal packet. Does this mean the individual/family has not sent the packet back? - Answer: Pending receipt means that the packet has not been sent back in. ▪ Dr. Schultz asked why there has been a 9-11% drop. - Answer: The primary reason for the drop is that they don't complete the renewal process, may have had a change of circumstance (i.e., job or household change and not Medi-Cal eligible or switched to Covered CA; household size and income is over the limit) or due to inter-County transfer and leaving the County to other counties. ▪ Dr. Schultz asked if there is a break-down by reason category. - Answer: You can look at break down by month but not by reason but could try to see if data available. - Dr. Schultz response: It would be good to have that data. People are showing up (to medical appointments) that have lost Medi-Cal, and it is a challenge. ▪ Salvador Tapia commented that Oceanside had reported the lowest Medi-Cal numbers because people are leaving San Diego. ▪ Janet Vadakkumcherry commented about expansion numbers and the tracking of age groups. There is tracking of children under the age of 19 and 50+ but not for our young adult population.	
V. Chairs' Report		
A. Health Services Advisory Board (Dr. Harriet Seldin)	Dr. Harriet Seldin reported: ▪ HSAB's discussion was mainly around the legislative program input process. ▪ Dr. Jeffrey Percak provided a report for the Tuberculosis Control and Refugee Health Program request to accept and apply for additional funding. ▪ The HSAB letter to the Board of Supervisors was also discussed.	
B. Behavioral Health Advisory Board (Judith Yates)	No report	

C. SB 43 (Kristi Jones)	Kristi Jones reported: ▪ The implementation of SB 43 is still scheduled for January 1, 2025. The main areas of focus are: 1) Education and Training, 2) Expanding treatment, services, support for those with substance used disorder, 3) Establishing alternatives to emergency departments for 5150 detentions, and 4) Updating procedures and adding capacity to support the Office of the Public Conservator. ▪ BHS provided an SB 43 update to local law enforcement agencies. ▪ They held working meetings with Optum to ensure the substance use disorders, acute care, and authorization process is in line with the existing mental health processes. ▪ The training goal is to train all 11 local police departments by January 1, 2025, there have been 22 trainings with 564 attendees as of May 30, 2024. ▪ Jewish Family Service is working to update resources and forms. ▪ Dr. Luke Bergman attended a HASDIC meeting. San Diego County is far ahead but there are additional steps needed to get State funding and regulations to be able to implement.	
VI. Presentations		
A.	**Medi-Cal Dyadic Care Benefit** (Jennifer Kennedy, MPA, Associate Project Director American Academy of Pediatrics, Kate Margolis, PhD, Director, UCSF Center for Advancing Dyadic Care in Pediatrics, Alex Briscoe, Principal, California Children's Trust and Carissa Avalos, Pradeep Gidwani, Senior Population Health Policy Specialist, UCSF Center for Advancing Dyadic Care in Pediatrics) Discussion: ▪ Due to time constraints, there was a request to continue discussion at a future meeting and to ensure meeting agendas allow more time for Committee Members to engage with presenters. ▪ The request by AAP and First 5 is to engage Healthy Development Service partners in the dyadic benefit. AAP and First 5 are interested in having further discussions to move this item forward in San Diego County. ▪ Dr. Miller shared needs around the dyadic care benefit, including: - A list of who could provide what services to patients without having them to categorize in high-level license mental health providers. - Connecting care benefits to medical homes makes a huge difference, including welcoming external providers into medical homes. Equality is important for adults as well as children needing mental and behavioral health services.	*Identify next steps for further engage-ment on this topic*

B.	**Dental Health: Access to Dental Care and the Place of Oral Health in Care Coordination** (Fadra Whyte, DMD, MPH, Chief Dental Officer) Discussion: ▪ Various comments were raised about how to address access to timely dental care for Medi-Cal members. Some common challenges cited were low dental reimbursement, access to operating rooms, availability of dental providers who serve Medi-Cal patients, and issues among dual eligible members. There was interest in continuing discussion to identify pathways to better to serve patients, with possible follow ups actions to be determined. ▪ Caryn Sumek requested caution not to single out specific providers when discussing broad issues involving a robust system of care to ensure the advisory committee maintains its practice of collaboration and respectful communication.	*Identify next steps for further engage-ment on this topic*
VII. CalAIM Reports		
A. PATH - Collaborative / Intrepid Ascent	No report	
B. Medi-Cal Rx	Comments: ▪ Medi-Cal Rx was mentioned to have been going okay. Kudos was to the HSD Joint Consumer & Professional Advisory Committee for advocacy efforts on the front end resulting in modifications. ▪ Ongoing enhancements are being requested and status will be reported back as they get made.	
C. Health Plans / Advocates / Consumers / Clinical & Social Service Providers	No report	
VIII. Information / Updates		
A. Public Health Services (Dr. Ankita Kadakia)	Dr. Ankita Kadakia reported: ▪ There has been an increase in COVID cases and in wastewater, which has been noted to be significantly higher than the previous summary. To combat this issue, there has been an increase in testing centers and home testing. ▪ Monkeypox is also on the rise. On June 1, it was notated that 12 cases of monkeypox were diagnosed. To combat this, there are increased areas where people can get tested for monkeypox and other possible infections.	
B. Behavioral Health Services (Kristi Jones)	Kristi Jones reported: ▪ The 2024-25 budget is out and Behavioral Health Services (BHS) is proposing a new investment, totaling $1.6 billion. Most of the budget	

	increases will be prevention programs, such as substance abuse disorders, outpatient, residential, and opioid treatment, Intergovernmental Transfer Agreement with revised pathway, long-term care, mental health inpatient services, outpatient treatment and support services, and SB 43. ▪ BHS is looking ahead at new state mandates with the CARE Act program and is continuing to evaluate the needs for service and housing capacity. ▪ BHS is in the process of implementing a behavioral health payment reform with providers, partnering with Public Safety Group to address increased referrals for evaluations for incompetency for trial and passage of Proposition 1. ▪ Central region community-based care facility is still in the planning, developing, and construction phase with an expected Fiscal Year 2027-28 completion date.	
C. Aging and Independence Services (Kristen Smith)	No report	
D. Medical Care Services (Dr. Heather Summers)	Dr. Heather Summers reported: ▪ Senate Bill 1257 passed and is with the governor pending signature.	
E. Healthy San Diego Statistics (Michael Worman)	Michael Worman reported: ▪ May 2024 is the most recent month in this report, there were approximately 989,000 individuals enrolled in a managed care plan. This was a slight decrease from April 2024, and that number was approximately 993,000. ▪ The May 2024 Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 199,000 enrollees (20% of total), Community Health Group with 409,000 enrollees (41%), Kaiser Permanente with 75,000 (8%) and Molina with 304,000 (31%).	
IX. Future Agenda Items	No items identified.	
X. Adjourn	Meeting adjourned by Dr. Schultz at 5:07 p.m.	

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

Special Meeting: Thursday, September 12, 2024, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person*
Regular Meeting: Thursday, October 10, 2024, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person*
Minutes recorded and transcribed by Brittany Charity- Walker