HEALTHY SAN DIEGO (HSD)
JOINT CONSUMER & PROFESSIONAL ADVISORY COMMITTEE
MINUTES – October 10, 2024

Members Present: Neeta Alengadan, Jack Dailey (Consumer Chair), Michelle Darnelle, Joanne Franciscus, Kim Fritz, Kristi Jones, Jennipher Ohmstede, Harriet Seldin, Arif Shaikh, Kristen Smith, Caryn Sumek, Heather Summers, Salvador Tapia, Jennifer Tuteur, Janet Vadakkumcherry, Ann Warren, Lindsey Wright

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

Other Participants/Guests: Thomas Coleman, Anuj Bhatia, Naomi Billups, Steven Chen, Keri Carstairs, Katherine Crow, Assmaa Elayyat, Wendy Ferguson, Angela Galba-Davis, Kristen Garrett, Stephanie Gioia-Beckman, Alfie Gonzaga, Andrew Gregor, Dana Harden, Lenette Javier, Meredith Kennedy, Luwam Kidane, Michael Kogus, Sam Manganaro, Kate Margolis, Omar Millares, Donald Miller, Kelly Motadel, Ysobel Owen, Lyle Pavuk, Rhonda Perkins, Anthony White, Fadra Whyte

ITEM	***DISCUSSION***	***ACTION***
I. Welcome and Introductions	The Joint Consumer & Professional Advisory Committee was called to order by Consumer Chair Jack Dailey at 3:00 p.m.	
II. Public Comment	None	
III. Action Items		
A. Approval of the Meeting Minutes from September 12, 2024	A correction and edit to the September meeting minutes was completed within Section V.B.3 under the Healthy San Diego Restructure Progress Update. On MOTION of Salvador Tapia, seconded by Kim Fritz, the September 12, 2024, Meeting Minutes were approved with the requested correction, with all Committee Members present voting yes.	
B. By-Laws Amendment	Andrew Gregor (County Counsel) reported: ▪ The by-laws updates were reviewed in detail during the September 12, 2024 Special Meeting. The feedback was incorporated, including: 1) update membership category to read "Physicians and Clinicians" (versus clinical providers) and 2) revise "Physicians and Clinicians" statement to read that one of the seats should be the "the current Chief Executive Officer (or designee) of the San Diego County Medical Society." ▪ The updated by-laws (version October 10, 2024) are now ready for a motion to vote on the amendment at the next meeting. On MOTION of Jack Dailey, seconded by Kim Fritz, the proposed by-laws amendment submission was accepted for a vote to take place at the January 9, 2025 meeting, with all Committee Members present voting yes.	
C. Member Nomination	Jack Dailey reported: ▪ The San Diego County Medical Society has provided their nomination of Dr. Patrick Tellez to fill the Physician seat due to Dr. Schultz stepping down from his role in HSD. The alternate member for that seat, Dr. Donald Miller, will remain the same.	

	▪ The Nominating Committee will need to be reconvened to take nominations to fill the Professional Chair position that has also been vacated by Dr. Schultz.	
IV. HSD Reports & Discussion		
A. Medi-Cal Transformation (Salvador Tapia)	Salvador Tapia and Alison Sipler reported: ▪ Updated HSD structure was shared at the September 12, 2024 Special Meeting. There is now a Medi-Cal Transformation Task Force with Leadership Teams supporting the various workgroups. Emails will be sent to co-chairs regarding the changes and operationalization. Some work groups have been paused, while others are ready to start. ▪ The Joint Consumer & Professional Advisory Committee by-laws updates do not impact the Medi-Cal Transformation Task Force. We are working on clarifying how the coordination between the advisory committee and task force happens and putting the changes into practice next year.	
B. Emerging Trends and Issues (Jack Dailey)	Jack Dailey invited members to share any emerging trends impacting the Medi-Cal managed care delivery system: ▪ Caryn Sumek noted that it's important to have SB 43 on the radar, which changes the definition of "gravely disabled." This will impact hospital emergency departments and the healthcare system. ▪ Jack Dailey underscored the importance of SB 43 and the potential impact on the system. With the pressure on the front and back doors of hospitals, timely discharges and discharges are very important. ▪ Jack Dailey also mentioned the topic of dental access issues for complex care patients that has been raised at prior meetings. Work is being done with the State regarding regional center consumers that are having dental access issues, including outreach for individual clients to try to escalate their needs more quickly. It is worth coming back to this topic in the future.	
C. Strategic Presentation Topics-2025 (Dr. Heather Summers)	Dr. Summers reported: ▪ A poll was sent out for input on priority topics for 2025. ▪ The aim is to condense presentation times to allow for more discussion. The suggested format is 15-minute presentations followed by Q&A. ▪ There is one required annual topic to comply with Public Health Reaccreditation, which is the San Diego County Community Health Data topic completed by Public Health Services each year. ▪ Other priority topics include: Health & Human Services Agency Deputy Chief Administrative Officer Updates (Dr. Kim Giardina), Behavioral Health Services/CalAIM Updates (Tabatha Lang), Birth Equity/Maternal Health Crisis (Dr. Coleman), and Blood Lead Screening (Dr. Shah). ▪ Some additional topics that we will consider are: Getting to Zero, Eliminating Hep C, Sexual Health, Spotlight on Healthy San Diego Clinical and Quality Measures, and Community Needs Assessment. ▪ Emerging topics to monitor include: Transitional Rent Payment Services (and how that impacts subsidized housing beneficiaries), Justice-	

	Involved Health, and any other new aspects of Medi-Cal Transformation and how the topics intersect. Some of these topics may be appropriate to other venues outside the Joint Consumer & Professional Advisory Committee, like the Medi-Cal Transformation Task Force or Live Well San Diego.	
D. Meeting Schedule-2025 (Dr. Heather Summers)	Dr. Summers reported: ▪ It was voted on to increase the frequency of meetings from four per year to six per year (every other month) starting in 2025. Additional meetings will allow time to cover more topics since the agendas have been full. ▪ The 2025 meeting schedule will be shared and posted to the HSD Joint Consumer & Professional Advisory webpage.	
V. CHAIRS REPORT		
A. Health Services Advisory Board (Dr. Harriet Seldin)	Dr. Seldin reported: ▪ The Health Services Advisory Board held a regular meeting and a strategic planning advance in October 2024. ▪ Key items from the regular meeting included acceptance of funding for the public health services laboratory, implementation of an electronic health record system, and discussion about youth engagement and subcommittees.	
B. Behavioral Health Advisory Board (Robin Sales)	Dr. Summers read from the report submitted by Behavioral Health Advisory Board (BHAB) staff: ▪ BHAB has identified several budget priorities, including: ensuring continuity of care for members, maintaining network adequacy, continuing the system transformation, investing in essential infrastructure and workforce, and optimizing revenue to reinvest back into the network. ▪ BHAB passed the Procurement and Contract Extension Board Letter. ▪ The Director Report focused on the following topics: update on Home Key Programs Board Letter, establishment of an Innovative Partnership with UCSD Board Letter, Proposition 36: Homeless Drug Addiction and Theft Reduction Act, and Creating a Child and Youth Transitional Aged Youth Behavioral Health Continuum Framework for San Diego County Board Letter. ▪ The 2025 BHAB Slate of Officers was presented and will be voted on at their next meeting.	
C. Senate Bill 43 (Kristi Jones)	Kristi Jones reported: ▪ A total of 47 trainings have been conducted to 419 individuals from various law enforcement agencies and non-Lanterman-Petris -Short (LPS) facilities. There were 20 LPS-specific trainings for 14 facilities. Nine collaborative work group sessions have been held with different stakeholders from law enforcement, emergency medical services, hospital systems, individuals with lived experience, and community partners.	

	▪ There is a SB 43 website that provides updates: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/senate_bill_43.html. ▪ In July 2024 the new Crisis Stabilization Unit (CSU) broke ground in East County. A new acute care coordination incentive strategy has been developed. Operational meetings are happening with CSU providers to implement SUD service delivery and care coordination. ▪ There is a new staffing model and referral estimates completed for the Public Conservators Office to include the SB 43 involuntary treatments. ▪ Over the last two years, BHS has increased their capacity for their opioid treatment programs by 150 treatment slots, and increased treatment capacity by 10% in general adult substance use outpatient programs. ▪ In January 2026, BHS is launching a new SUD capacity with the Substance Use Recovery Treatment Services Program in the South Region. There will be 72-96 new beds for residential treatment, withdrawal management, and recuperative care. ▪ Effective January 2025, BHS received funding for 48 new recuperative care beds countywide for sub treatment, coordination, and quicker access to care. ▪ BHS has been engaging the hospitals to help build out locked SUD treatment and chemical dependency recovery services. ▪ Launching in October 2024, the SD Relay will offer behavioral health support in the emergency departments for those with substance use related care needs. Comments: ▪ Janet Vadakkumcherry asked if the numbers that were shared were available on a website as well as metrics and demographics? - Kristi Jones noted that any updates they have are on the SB 43 website. This is a work in progress in coordination with the data sciences team. ▪ Lindsey Wright asked if the information provided was available. ▪ Dr. Seldin commented about the use of terms and abbreviations that consumer or other participants may not understand and recommended that terms be defined. - Jack Dailey agreed that there should be mindfulness about jargon and normalize the behavior of using plain language. Some ground rules to build into introductory comments should be a reminder to de-jargonize, especially as the Committee considers bringing on more consumer members. ▪ Caryn Sumek provided an update that the County and HASDIC, through the California Hospital Association, are working with the State on reimbursement mechanisms because, right now, there are not reimbursement mechanisms for some of the service lines that were	

	mentioned. The County is doing everything it can, but there are still some big lifts that should be on everyone's radar. ▪ Denise DiNoto asked if the additional 50 beds for recuperative care were being discussed with the Community Information Exchange (CIE) about the bed availability tool that they launched. - Dr. Tuteur said that a call has been scheduled with CIE to discuss.	
VI. Presentation		
A.	**Farmers' Food as Medicine** (Thomas R. Coleman, M.D., M.S., Medical Director, Maternal, Child, and Family Health Services, County of San Diego HHSA; Donna White Carey, M.D., M.S., Chief Medical Officer, Alameda Alliance for Health; Steven Chen, M.D. – Chief Medical Officer, Alameda County Recipe4Health) Summary & Discussion: ▪ Dr. Coleman provided an overview of federal Food is Medicine efforts, how it applies locally to Board of Supervisors' priorities and the County Strategic Plan, implications of chronic disease prevention and social drivers of health, examples of food prescription model implemented through the Mas Fresco Plus Program, and the need for collaboration between healthcare and public health to consider expanding local Community Supports offerings to include Medically-Supportive Food (MSF) options such as produce prescriptions, in addition to Medically Tailored Meals (MTM). ▪ Dr. Steven Chen provided an overview of the Alameda County Recipe4Health, the county's clinically integrated food as medicine produce prescription and health coaching model to prevent, treat, and reverse chronic conditions. Product boxes contain nutrient-dense regenerative and organic (no pesticides, high soil health, high nutrient density) produce grown by local Black, Indigenous, and People of Color farmers delivere weekly to patients for up to 12 weeks along with health coaching sessions in a group format at a Federally Qualified Health Center (FQHC). The five key ingredients of the model are: 1) FQHCs and health centers, 2) food pharmacy referred to as food farmacy , 3) behavioral pharmacy referred to as food farmacy 4) health plans, 5) training hub. ▪ Arif Shaikh asked about the CMS waiver and the approval of California – what does that mean and how are you using this as a Community Support? - Dr. Chen explained that the services are being provided within the CalAIM Community Support for MTM/MSF that can include produce prescriptions, medically supportive groceries, and food pharmacies that are paired with behavioral supports or behavioral nutrition supports. You do not have to pick MTM. You don't have to pick	

produce prescription. It depends how acute the patient is and where they are in their life cycle. If a person can't make their own meals, then MTM might work well, but there's a combination that goes back and forth depending on what the patient needs.

- Jack Dailey asked, of the options under MSF, how many of those are available in San Diego County through current vendors offering food services? My understanding is the health plans are doing MTM.
- Dr. Miller asked if it is possible to connect this with the Women, Infants, and Children (WIC) Program?
  - Dr. Chen responded that Alameda County gets patients wherever they land, so if they are a WIC patient, we get them there. If they're Supplemental Nutritional Assistance Program, we get them there. Since we are touching the patient in a medically setting, this is our way from a healthcare perspective to move upstream and contribute to larger issues around nutrition insecurity.
- Jack Dailey asked how many of the service types is Alameda offering?
  - Dr. Chen stated that Alameda Alliance is offering MTM with a local provider, not using a national chain, and a produce prescription model, which is Recipe4 Health. The Food Bank is developing their own kind of produce prescription and medically supportive groceries.
- Anthony White asked who is making referrals into the Mas Fresco Program and is enrollment geographically limited?
  - Dr. Coleman noted that due to funding, the program is full in terms of enrollment and is no longer continuing because the funding has reached capacity.
  - Dr. Chen commented that in Alameda County, referrals come from partners, Recipe4 Health, and FQHCs.
- Jack Dailey asked if a health plan would be interested in expanding their list of vendors to do food as medicine (i.e., MSF), would that vendor need to be the convenor and provider of those services, but also the community health training component to serve as the training hub and claims processing? And is there a model or a vision in which the county sees a similar role for itself in this process, or would that remain between plans and a vendor?
  - Dr. Coleman said that the County would try to support as much as possible but could not commit to an exact role without further discussion.
- Dr. Seldin commented that she likes the idea that we're in this process looking at locally grown within the county. But it does bring up concerns about land use and water.
  - Dr. Chen shared that if you grow the food regenerative and organically, that actually improves water utilization so you're not wasting as much water. The soil is able to function as a sponge and

	retain more water. There are many co-benefits to the environment and plant. ▪ Other commenters pointed out that the eligibility requirements for MTM/MSF are outlined in the DHCS Community Support Policy Guide and that there is a continuum of interventions within the category. ▪ Jack Dailey asked to continue discussion on this topic to determine any overlap or recommendations to be shared with the Medi-Cal Transformation Task Force regarding expansion of MSF strategies in addition to MTM.	
B.	**Medi-Cal Dashboard Project** (Luwam Kidane, Senior Data and Research Analyst) Summary & Discussion: ▪ The County has developed a dashboard aimed to provide accurate data specific to Medi-Cal in San Diego County. The goals of the dashboard are to: 1) characterize Medi-Cal beneficiaries by demographics such as race, ethnicity and 2) identify trends and assess the impact of interventions within the community. ▪ A pilot of the dashboard will be conducted with participation of up to 5 Committee Members; Jack Dailey, Michelle Darnelle, Kim Fritz, Caryn Sumek, and Janet Vadakkumcherry volunteered to participate.	
	Healthy San Diego Statistics (Michael Worman, Administrative Analyst II) Summary: ▪ Total managed care enrollment for August 2024 was approximately 969,000. The August Medi-Cal Enrollment by Health Plan was: Blue Shield Promise with 195,000 enrollees (20% of total), Community Health Group with 401,000 (41%), Kaiser with 74,000 (77.7%), and Molina with 297,000 (30%). ▪ For the September Eligibility Services by the Numbers Report, there were: 403,000 Cal fresh recipients (up 6.23% from last year), CalWORKS had 51,000 recipients (up 7.34% from last year), CMS had 12 recipients (no change), General Relief had 6,000 recipients (up 32.7% from last year). There were 932,000 Medi-Cal recipients, which is down 5.3% from last year. The total number of unduplicated recipients across all programs is nearly 1.25 million.	
VII. CALAIM REPORTS		
A. Providing Access and Transforming Health Collaborative / Intrepid Ascent	Denise DiNoto reported: ▪ An in-person San Diego PATH Collaborative meeting was held on September 27, 2024. It was well attended and incorporated both contracted and non-contracted community-based organizations, Enhanced Care Management (ECM) Providers, Community Support Providers, and key stakeholders across the region.	

	▪ A Fireside Chat with Jon Blum, Principal Deputy Administrator and Chief Operating Officer at the Centers for Medicare & Medicaid Services (CMS) was moderated by Jack Dailey to provide Medicaid and Medicare perspectives from the national level. Materials will be posted to the San Diego portal for the PATH Collaborative as well as the YouTube channel. ▪ Jon Blum and other representatives from CMS also participated meetings with the County to highlight the work that is being done in San Diego. ▪ The SD PATH Collaborative has been trying to work across the community to elevate success stories that are client facing based on content that individual organizations have provided. ▪ Other efforts include support of CIE bed availability tool to substantiate their use case with data. ▪ There is also collaboration underway to disseminate informational flyers and test with community partners. ▪ For Community Supports, they will be looking at data on specific community support services pre and post intervention to see if any correlation can be drawn to the intervention and to the individual client. ▪ The Data Standardization Workgroup is trying to tackle a minimum data set for data sharing across the community; they are collecting data elements that the community is interested in and believes should be shared by gathering that information by data element and trying to substantiate supporting use cases for each data element and the value proposition behind data-sharing itself. The minimum data set will be public soon.	
B. Medi-Cal Rx	Dr. Tuteur commented: ▪ Due to the recent hurricane impacting the Baxter site in North Carolina, there is a shortage of IV fluid and peritoneal dialysis. This is being worked on through Public Health Preparedness and Response as well as Emergency Medical Services.	
C. Health Plans / Advocates / Consumers / Clinical & Social Service Providers	No report	
VIII. Information / Updates		
A. Public Health Services (Dr. Ankita Kadakia)	Brittany Charity-Walker reported on behalf of Dr. Kadakia: ▪ It's flu vaccine season so please get a flu vaccine. The County will be hosting flu pods in six areas around San Diego County to reach certain communities, but flu vaccines are also available in all of our public health clinics. ▪ AB 2132 was recently passed. The bill requires an adult patient receiving primary care services to be offered a TB screening if they have high risk	

	factors and if the patient's health insurance covers it. As a reminder, the County TB Control and Refugee Health Branch does have an online TB Risk Assessment to screen for TB risk factors available at: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/tuberculosis_control_program/risk_assessment.html	
B. Behavioral Health Services (Kristi Jones)	Kristi Jones reported: ▪ The CARE Act has integrated the care housing locator program into the Community Health Improvement Partners contract. There is an independent living association, discovery residence association, and there has been an integration into this new care housing locator program. ▪ Behavioral Health Services has moved to a new electronic health record called Smart Care. ▪ San Diego was recognized as a leader in the state for successfully enrolling individuals in into the CARE Act program.	
C. Aging and Independence Services (Kristen Smith)	Kristen Smith reported: ▪ The Multipurpose Senior Services Program (MSSP), which is very similar to ECM, has a new waiver that has been approved for the next five years. This program changes the age for eligibility from 65 to 60.	
D. Medical Care Services (Dr. Heather Summers)	Dr. Heather Summers reported: ▪ Informational flyers for ECM, Community Supports, and Transportation have been created and will be sent out. Translated versions are forthcoming. ▪ The schedule for the Joint Consumer & Professional Advisory Committee has changed to six times per year and will be communicated to the committee for 2025. The next meeting will be January 9, 2025.	
IX. Future Agenda Items	▪ Vote/approval of by-laws update	
X. Adjourn	Meeting adjourned by Jack Dailey at 5:02 p.m.	

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

Thursday, January 09, 2025, from 3:00 p.m. to 5:00 p.m. *Via Zoom and in person*

Minutes recorded and transcribed by Brittany Charity-Walker