Meeting Summary
Q226 CSC SLOC

Community Steering Committee (CSC)
San Luis Obispo County

Date: Wednesday, May 13, 2026
Time: 1:30 p.m. – 3:30 p.m. (120 minutes)
Meeting Format: In Person

Presenters:
- **Marina Owen**, Chief Executive Officer, CenCal Health
- **Rafael Gomez**, Principal, El Cambio Consulting
- **Jordan Turetsky**, Chief Strategic Engagement Officer, CenCal Health
- **Blanca Zuniga**, Director of Care Management, CenCal Health
- **Morgan Torell**, Business Analyst, County of San Luis Obispo Health Agency, Behavioral Health Department
- **Van Do-Reynoso**, Chief Customer Experience, Chief Health Equity Officer, CenCal Health
- **Lisa Fraser**, Executive Director, Center for Family Strengthening

Committee Members' Present: 25
- Addison Gregory
- Amanda Getten
- Andrea Chmelik
- Carmen Gaitan
- Carrie Collins
- Devon McQuade
- Elizabeth Snyder
- Fernanda Lucas
- Jennifer Nitzel
- Jenny Hart
- Jeremiah Malzhan
- Joe Koski
- Joel Diringer
- Kelly Riffer
- Kristin Ventresca
- Lawren Ramos
- Lisa Fraser
- Morgan Torell
- Nancy Banuelos
- Paula McGrath
- Rachel Lambert
- Rick Gulino
- Sara Macdonald
- Sarah Reinhart
- Wendy Wendt

Agenda:
- Welcome and Introductions
- CenCal Health Updates
- Transitional Rent Update
- Member Navigation Hub
- Thank you and Adjourn

Welcome and Introductions
The meeting began and was called to order at 1:30 p.m. with a welcome from facilitator, Rafael Gomez, and introductions from attendees.

CenCal Health Updates
Marina Owen, Chief Executive Officer, reminded the group that CenCal Health has served San Luis Obispo since 2008 and now plays a vital role in the region, serving one in three residents in Santa Barbara County and one in four in San Luis Obispo County through Medi-Cal, which has grown beyond healthcare to include a broad range of community services and supports. The organization's current strategic focus centers on strengthening provider partnerships, integrating cross-sector work to improve outcomes amid limited resources, and addressing coverage gaps

for uninsured residents through a new Medi-Cal Executive Policy Committee. Key priorities for the remainder of the year include cultivating community partnerships to support eligibility, engagement, and access; stabilizing and growing the CenCal Care Connect dual special needs Medicare Advantage program; and expanding healthcare funding opportunities through the relaunch of the Doorway to Health Foundation to support community reinvestment and alternative coverage solutions. These efforts are unfolding within a complex policy environment shaped by federal and state budget changes, local county impacts, workforce challenges, and demographic shifts, with CenCal Health actively participating in task forces and aligning closely with county and community partners to minimize disruption and advance shared priorities.

Jordan Turetsky, Chief Strategic Engagement Officer, updated that the May Revision is expected to be released tomorrow morning, followed by a virtual town hall on Thursday the 21st at 1:00 p.m. to review and discuss its impacts. Key upcoming dates include the Medi-Cal Executive Policy Committee meeting on June 10, the start of the new California state budget on July 1, and the next meeting of this group on August 19. These milestones outline the state budget process over the next two to three months.

A representative, Andrea Chmelik, from Assemblymember Addis' office shared that they are awaiting the May Revision and upcoming legislative budget proposals, encouraging stakeholders to review them closely. They highlighted the Assemblymember's leadership as Chair of the Subcommittee on Health, where she has held extensive hearings focused on fiscal pressures facing Medi-Cal, uncertainty in Medicaid funding, and protecting California's healthcare safety net. While recent tax revenues are strong, most funds are constitutionally allocated, so optimism should be cautious. Key priorities include preventing cuts to critical health services, improving physician access on the Central Coast through workforce development and training programs, and advancing mental health initiatives, particularly for hard-to-treat conditions, through local engagement and potential models for broader statewide expansion.

Discussion Summary:
The discussion focused on concerns about recent CMS directives that could significantly impact healthcare access for individuals with unsatisfactory immigration status. It was clarified that a prior CMS directive aimed at restricting federally qualified health centers, such as CHC and county clinics, from serving undocumented individuals is currently paused and tied up in litigation, with further updates expected in the coming months. A newer CMS directive, however, may prove more impactful because it could require states to remove undocumented expansion populations from managed care programs like CenCal Health and place them back into fee-for-service state programs. Since roughly half of the funding for these services comes from federal Medicaid dollars, the state is evaluating how to remain compliant. Speakers emphasized that this change would reduce local managed care support, care coordination, provider networks, and enrollment assistance currently available to this population, affecting approximately 17% of CenCal Health members. Participants noted that communities and providers would face significant operational and billing challenges if such changes move forward. While no immediate implementation is expected, possibly not until October or January at the earliest, the issue is being closely monitored because the outcome remains largely outside local control and could reshape how healthcare services are delivered to vulnerable populations in the future.

Transitional Rent Update: Strategy
Blanca Zuniga, from CenCal Health, and Morgan Torell, from San Luis Obispo Behavioral Health, outlined the purpose and local strategy for implementing a Transitional Rent (TR) benefit focused on a prioritized subset of members with severe mental health needs or substance use disorders who are experiencing homelessness and cycling through key transition points such as jails, psychiatric hospitals, and acute care hospitals. Given limited housing resources, the strategy emphasizes intentional use of TR to stabilize members during critical transitions, reduce unnecessary institutional stays caused by lack of housing, bridge individuals from incarceration or hospitalization into interim or permanent housing, and provide ongoing, coordinated support through ECM, community supports, and County Behavioral Health services. In the local context, with a largely unsheltered homeless population and high behavioral health acuity, the approach prioritizes justice-involved and high-utilizer members most likely to benefit, targeting an estimated 100-300 participants annually. The strategy relies on strong cross-system partnerships (behavioral health, sheriff, probation, hospitals, and care management providers), data-informed identification and referrals, and continuous evaluation of outcomes to ensure this limited benefit reaches the right members and meaningfully improves individual stability and broader community impact.

Discussion Summary:
The discussion centers on clarifying how the new Transitional Rent (TR) benefit works, who qualifies, and how different providers coordinate within a complex, evolving system. A support provider describes trying to proactively streamline referrals and avoid unnecessary work while navigating confusion around eligibility, roles, and whether transitional supports, housing navigation, and rent assistance flow through behavioral health, HTNS/HTS providers, or managed care. County and plan representatives explain that TR is a new benefit (launched in January), managed by the health plan (CenCal Health), with eligibility based on county access criteria rather than enrollment alone, and that members authorized for TR also receive enhanced care management. Transitional rent can cover interim housing (e.g., motels, single-occupancy units, tiny homes) for up to six months while permanent housing barriers are resolved, with limited behavioral health housing resources and strong reliance on coordination with other housing systems. Throughout, participants emphasize system constraints, the need for clearer communication, educational materials, and referral pathways, concerns about sustainability after the six-month period, and the importance of identifying gaps, particularly for families and other vulnerable populations who may not neatly fit current criteria, while committing to continued collaboration and refinement as the program is implemented statewide.

Member Navigation Hub
The presentation emphasized the need for community-wide collaboration to mitigate upcoming federal and state policy changes that threaten health coverage, particularly for Medi-Cal members, by strengthening outreach, communication, retention, and care coordination at the local level. It highlighted the shift of responsibility to counties and community partners to design solutions that maintain access to care for both Medi-Cal and non–Medi-Cal populations and introduced the Member Navigation Hub as a concrete response to these challenges. The hub was created to help eligible members retain coverage amid policy changes such as population freezes, reinstated asset tests, immigration status reclassifications, and future work requirements and eligibility checks. Speakers underscored the importance of organized, unified outreach and cross-sector partnerships, including county agencies, Family Service Agency, community health organizations, the Food Bank, and United Way, to build the necessary infrastructure, expand awareness, and ensure a coordinated, community-driven retention strategy moving forward.

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Discussion Summary:
The discussion highlighted that the Volunteer Opportunity Network is still in a development phase, with a key need being capacity-building among community-based organizations to create meaningful volunteer opportunities, as some partners (such as the Food Bank) currently have more volunteers than they can absorb. Significant progress has been made through extensive outreach and collaboration with over 18 entities across cities, counties, CBOs, health agencies, and faith-based and service organizations, all of whom have shown strong interest and buy-in for a coordinated "hub" model. A navigation and member-support toolkit is actively being developed with input from partners including Family Service Agency, CenCal Health, DSS, Public Health, Probation, schools, and trusted community messengers, with an emphasis on warm handoffs, clear referral pathways, and culturally and linguistically appropriate outreach (including Mixteco communities). The group acknowledged ongoing challenges such as administrative burden, unclear definitions (e.g., "medically frail"), concerns for undocumented and vulnerable populations, and the urgency of preparing for upcoming policy changes, while stressing an all-hands-on-deck approach to education, communication, and shared responsibility. Overall, the tone was one of cautious urgency but optimism, gratitude for partnership, and commitment to refining concrete processes, outreach strategies, and referral systems to ensure member retention and effective community support as the initiative moves into implementation.

Discussion / Input Questions:
1. How would you use this tool?
2. What additional materials/communication tools would be helpful to engage clients/patients in maintaining their coverage?

Discussion / Input Report Out:
Across groups, participants emphasized the need to significantly expand capacity and coordination to support Medi-Cal enrollment and retention. Key recommendations included broadening participation beyond the current 18 agencies so this work becomes a standard ECM function; building dedicated staffing and workflows rather than adding to existing caseloads; clarifying referral pathways from clinics, hospitals, and community settings (including for non-ECM/non-CS clients who only need enrollment or renewal help); and strengthening CHC and CBO involvement. There was strong consensus that navigation efforts should prioritize enrolling clients in myBenefitsCal.com, including enabling CBO access to support clients who lack digital access, as this is the most effective way to maintain coverage and enable auto-renewals. Additional priorities included focusing outreach on non-exempt working adults and other vulnerable populations, integrating legal support for work-requirement appeals, expanding certified enrollment counselors across both counties, leveraging mobile units and clinic-based enrollment, and improving access to timely renewal data and proactive notifications through closer collaboration with county DSS partners.

Regional Hub Contacts

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Final Announcements

Next meeting to be held on Wednesday, August 19 at 1:30 to 3:30 p.m. at Embassy Suites San Luis Obispo, 333 Madonna Road, San Luis Obispo, CA 93405.

Meeting adjourned at 3:05pm