Ad Hoc Subcommittee on Social Safety Net and Behavioral Health Systems Transformation

COMMITTEE MEETING MINUTES

October 22, 2026 | 3-4pm

Recording available here

Present: Chair Terra Lawson-Remer, Vice Chair Monica Montgomery Steppe, Bill York, Dimitrios Alexiou, Joanne Franciscus, Dr. Antionette Marengo, Janeen Burlison, Bob Kamensky, Casey Castillo, Jennette Shay, Dr. Liz Hernandez, Jamie Beam, Dr. Alberto Banuelos, Kyle Sand, Andrew Gregor, Matthew Parr

1) **Introductions and Opening Remarks**
   - Chair Lawson-Remer and Vice Chair Montgomery Steppe provided opening remarks, thanking speakers and expressing appreciation for collaborative efforts to prepare for and minimize harms of HR1.
   - Purpose of the meeting is to hear about how we can continue to work together.

2) **Community Preparedness Update**
   Topic: What is one significant success your organization has achieved in preparation for HR1, with or without the County of San Diego?

   a. Bill York, 211 San Diego:
      - Highlighted 5 keys categories: outreach, education, work readiness, screening for risk, and data project.
      - Encouraged that all are moving ahead to keep people on benefits.

   b. Dimitrios Alexiou, Hospital Association of San Diego and Imperial Counties (HASD&IC):
      - Appreciate HHSA and Subcommittee reports for support for health care community and protecting benefits and progress with addressing the community-based organization recommendations.
      - Particular appreciation for Self-Sufficiency Services and the

HOPE Program that allows for effective linkage points to go above and beyond to connect clients to benefits.
    - Challenge for hospitals is ability to see patient's Medi-Cal renewal dates to be proactive to keep people enrolled; encouraged by System Data Agreement.

c. Joanne Franciscus, Legal Aid Society of San Diego (LASSD):
    - Biggest success has been transformative partnerships and collaboration around County Medical Services.

d. Chair Lawson-Remer noted the upcoming 10/27/26 County Medical Services Board item.

Topic: Timely Data Sharing to Prevent Coverage Loss

e. Bill York, 211 San Diego:
    - This was strongest recommendation.
    - Appreciate County staff and County Counsel for helping with awareness of federal and State laws, understanding limits and potential actions.
    - Looking forward to enhanced visibility to Medi-Cal renewal dates while abiding by client privacy; including process to support client consent for release of information and enhancements to BenefitsCal system.
    - Knowing when a client renewal is coming is a game changer

f. Dr. Liz Hernandez, Health and Human Services Agency (HHSA):
    - Thanked partners for focus on prevention and no wrong door approach so no one loses benefits.
    - Working on a Memorandum of Agreement (MOA)/System Data Agreement in the next 30 days with organizations who help submit high volume of Medi-Cal and CalFresh applications to support shared clients with benefits navigation.
    - Will work through security and privacy for each partner.

g. Dr. Alberto Banuelos, HHSA Self-Sufficiency Services:
    - Echoed approach with MOAs; staff will be meeting with hospitals and partners to negotiate and onboard.

Action: Staff to provide 30-day update on data sharing to Ad Hoc Subcommittee

3) **Regional Trends and Impacts of HR1**

a. Bill York, 211 San Diego:

- 2 out of 5 callers to 211 have food needs.
- 211 San Diego doing proactive screening of HR1 needs to ensure upstream education and connection to resources.
- Enrollment is already declining: in July, CalFresh enrollment was down 9% in a year; Medi-Cal down 11%.
- 7 out of 10 ABAWDs who lost CalFresh in June did not complete renewal. Continued outreach is needed.
- Employment referrals are up 62%. 211 refers to 76 employment agencies.
- HR1 impacts have already begun.

b. Dimitrios Alexiou, Hospital Association of San Diego and Imperial Counties (HASD&IC):
    - At the peak, Medi-Cal cases were one million; now, at 781,000
    - Now seeing record emergency department volume.
    - 4,300 yesterday in emergency system; 4,000 is a strain, but this has become the new normal. Still meeting time thresholds.
    - Have had several instances of no ambulances available, the system is stressed.
    - Conditions can worsen without regular care (behavioral health, chronic disease, delivering a baby without prenatal care), but removing enrollment barriers can improve access to care and treatment.
    - Thanked Subcommittee for work on County Medical Services changes.
c. Dr. Liz Hernandez, HHSA:
    - June work requirements began, initially 2,220 timed out of the ABAWD time limit due to lack of compliance with able-bodied work requirements, but continued outreach worked – now down to 1,800 to 1,900.
d. Dr. Alberto Banuelos, HHSA Self-Sufficiency Services:
    - County has added 3 – 5 additional touch points throughout the renewal process, with direct calls, texts, robocalls, and turning on new CalSAWS features, with a status tracker so clients can see where they are in the renewal and semi-annual report processes.

Action: Staff to provide additional insights into Medi-Cal enrollment trends and

projections to Subcommittee. Provide Subcommittee insights around percentages of patients that come to Emergency Department are uninsured.

4) **Healthcare Safety Net Landscape**
    a. Dr. Antoinette Marengo and Janeen Burlison, Planned Parenthood of the Pacific Southwest:
        - Planned Parenthood is an essential part of the primary care network, with a variety of services for diverse population. Seeing rising need for care coverage. Losing Medi-Cal does not change health needs.
        - Shared vision for what $2M in funding can be used for Planned Parenthood of the Pacific Southwest (PPSW).
        - HR1 prevented Planned Parenthood from receiving Medicaid reimbursements, but Planned Parenthood did not close or bill patients.
        - Planned Parenthood provides 10 health centers in San Diego County, care coordination program, connecting people to resources like food, behavioral health care, and Medi-Cal enrollment; served 9,000 patients in the past 2 years with care coordination.
        - Serves people regardless of ability to pay. Last year, 115,000 patient visits; 70% were Medi-Cal-funded.
        - After federal defunding, State has helped with gaps but need longer-term solution.
        - If 25% of PPSW patients who rely on Medi-Cal lose it, it will cost $2.5 million in uncompensated care each year.
        - Asking County for $2 million over 2 years to help stabilize access to care.

5) **Hunger and Food Insecurity in San Diego County**
Topic: 1,900 lost access to CalFresh. What are the gaps? Successful strategies?

    a. Bob Kamensky, Feeding San Diego:
        - Encouraging to see County leaders being proactive in response to HR1. Seeing results of the response.
        - Seeing sustained high level of food insecurity across the U.S. The hunger relief ecosystem is responding with food pop-ups, mobile pantries, distribution.

- Proposal: Look at investment strategy to support sustained food sourcing and operations, such as food rescue (including retail rescue), more vehicles and drivers, more cold storage capacity.
- Investment is needed. Data shows a 4:1 value investment.

b. Casey Castillo, Jacobs & Cushman San Diego Food Bank:
   - Using the $1M from County to procure truckloads of food, including proteins and fresh produce.
   - Partnerships with County's Safety Net Bridge are going well; served more than 1,000 households at 6 distributions in addition to Food Bank's regular 200 distributions.
   - Despite all these efforts, need is growing. Food requests are up 24% in one month from partners. Reached all-time high at food choice pantry.
   - With 500 non-profit partners, there is a need to build additional capacity to distribute in strategic locations, with increased levels of food and distribution capacity.
   - Asking for more funding support to purchase food and support capacity building for partners.

6) **Regional Philanthropic Initiatives**

a. Jennette Shay, Price Philanthropies:
   - Coalition of philanthropic organizations with Prebys, San Diego Foundation, and Price is a great collaboration, with funding $74M above typical levels in response to HR1.
   - Philanthropic investment is most powerful with strategic partnerships.
   - Supporting patient access funds, grants to 211 and others so far.
   - Price started pilot for patients who fell off Covered CA coverage, supported 450 people so far.
   - On Jan. 1, 2027, legal permanent residents will lose Advanced Premium Tax Credit subsidy due to HR1. Will impact 3,510 people, increasing premium by $450+ a month on average.
   - Many are 200% below federal poverty level; they are currently paying a premium but won't be able to afford without subsidy. Estimated cost is $16.5M to cover subsidies for this group.
   - Asking County to contribute up to $10M to augment philanthropic commitments.

7) **CLOSING REMARKS**

a. Chair Lawson-Remer:
    - The purpose of this meeting was to follow up from previously identified ideas. There has been great progress, especially on County Medical Services, data sharing, and County being a better backstop around food and healthcare.
    - Supports high-touch interventions; need to support up front.
    - Heartened to see that we're being aggressive and proactive.

b. Vice Chair Montgomery Steppe:
    - We've been proactive with projections and due diligence, but that was the start.
    - Noted that other counties are looking to us.
    - It's all hands on deck.