



**County of San Diego  
HEALTH SERVICES ADVISORY BOARD  
Meeting | Zoom | CAC Rm 302**

**Tuesday, April 1, 2025 3:00pm to 5:00pm  
MEETING MINUTES**

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
1	1	Ana Melgoza			HHSA Executive Office Fiscal Year 25-26 Public Health Services Fees Update Presentation, <b>Rissa Japlit</b> , Assistant Group Finance Director, HHSA Budget Office	<b>Patty K. Danon</b> , COO, HHSA
2	1	Dr. Suzanne Afflalo <b>Z</b>	Samhita Ilango <b>IP</b>	✓		<b>Elizabeth Hernandez, Ph.D.</b> , Director, PHS
3	2	Barry Jantz, <b>CHAIR IP</b>		✓		<b>Jennifer Tuteur, MD, FAAFP</b> , Chief Medical Officer, MCS
4	2	Victoria Floyd <b>IP</b>		✓		<b>Jamie Beam, MPA</b> , Director, MCS
5	3	Todd Walters <b>IP</b>				<b>Adrienne Yancey, MPH</b> , Assistant Director, PHS
5	3	Deanna Alexander-Myers <b>IP</b>				<b>Anuj Bhatia, DrPH</b> , Deputy Director, PHS
6	3	Linda Correa				<b>Samantha Hallis, Ph.D.</b> , Assistant Public Health Lab Director, PHS
7	4	James Lepanto <b>IP</b>		✓		<b>Joy Bryers</b> , Executive Assistant, PHS
8	4	Geysil Arroyo, <b>VICE CHAIR IP</b>				<b>Joshua Beidler</b> , Administrative Secretary II, PHS
9	5					<b>Talq Tera</b> , Information Technology Analyst, PHS
10	5					<b>Max Endoso</b> , Principal Administrative Analyst, HHSA Budget Office
11	SDC Med Soc	Paul Hegyi <b>IP</b>	Jennipher Ohmstede			
12	HASDIC	Dimitrios Alexiou	Caryn Sumek <b>Z</b>	✓		
13	HC Partners	Tim Fraser <b>IP</b>	Lauren Abrams	✓		
14	Consumer Center	Joanne Franciscus <b>IP</b>	Kris Jacobs	✓		
15	BHAB	Judith Yates <b>IP</b>		✓		
16	Healthy SD-PRO	Dr. Harriet Seldin <b>IP</b>				
17	Healthy SD-Con	Jack Dailey	Alexander Perez <b>IP</b>	✓		
18	3		Dorothy Greene			
19	3		Aida Galindez <b>IP</b>	✓		
20	2		Besma Coda			

**Attendance Key:** **IP** = In person, **Z** = Zoom

<b>I. WELCOME &amp; INTRODUCTIONS</b>	<p><b>A. Roll Call</b></p> <p>a. <b>Barry Jantz</b> called the meeting to order at 3:00 PM.</p> <p><b>B. Remarks from the Chairperson:</b></p> <p>a. <b>Barry Jantz:</b> We now have a full complement of board members, except for the two unfilled seats in District 5. Current membership is 15, quorum is 8.</p> <p><b>C. Approval of April Agenda</b></p> <p>a. Motion to approve the April agenda was made by <b>Paul Heygi</b> and seconded by <b>Tim Fraser</b>.</p> <p>b. <b>Roll Call:</b> All HSAB members in attendance voted Aye.</p> <p><b>D. Approval of February Meeting Minutes</b></p> <p>a. Motion was made by <b>Todd Walters</b> and seconded by <b>Joanne Franciscus</b>.</p> <p>b. <b>Roll Call:</b> All HSAB members in attendance voted Aye.</p> <p><b>E. HSAB Attendance Confirmation</b></p> <p>a. No members absent due to just cause.</p>
<b>II. PUBLIC COMMENT</b>	None.
<b>III. CONSENT ITEM</b>  <b>A.</b> Authorize Competitive Solicitation for Evidence-Based Family Home Visiting Support Services, <b>Alethea Arguilez</b> , Executive Director, First Five Commission, Child and Family Well-Being.	<ul style="list-style-type: none"><li>• Motion to approve the consent item was made by <b>Paul Heygi</b> and seconded by <b>Barry Jantz</b>.</li><li>• <b>Roll Call:</b> All members in attendance voted Aye.</li></ul>
<b>IV. ITEM FOR APPROVAL</b>  <b>A.</b> HHSA Executive Office Fiscal Year 25-26 Public Health Services Fees Update Presentation, <b>Rissa Japlit</b> , Assistant Group Finance Director, HHSA Budget Office.	

# HHSA Cost Recovery Proposed Fee Changes

**Health Services Advisory Board**  
**April 1, 2025**

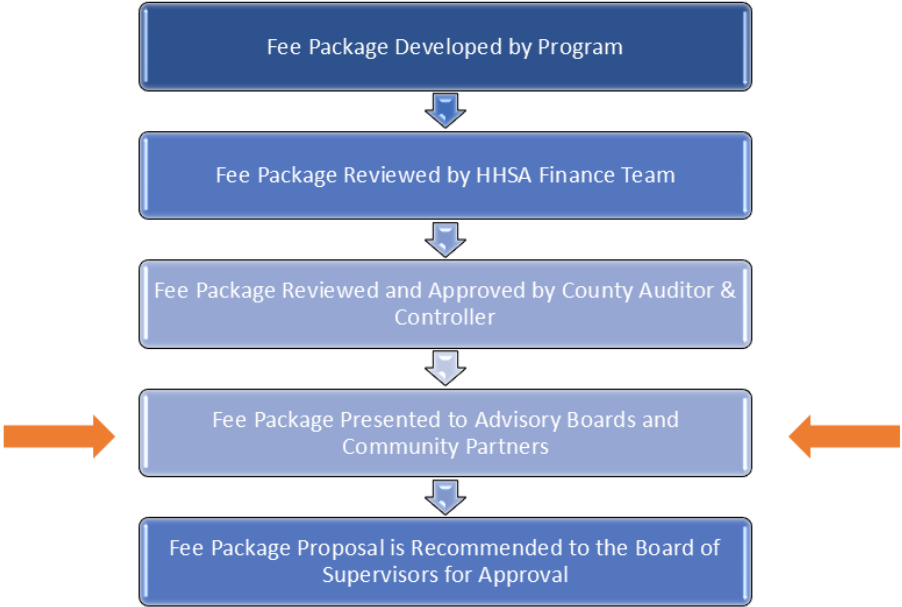


## Need for Current Proposal



- Compliance with Board Policy B-29
- HHSA will present a comprehensive fee package to the Board of Supervisors (April 22, 2025):
  - Public Health Services
  - Behavioral Health Services
- Review of 127 fees:
  - 41 fees recommended for Board action for FY 25-26

# APPROVAL Process



# Fees & rates proposed for Board approval



Action	Number of Fees/Rates	Division Impact
Increases	29	<ul style="list-style-type: none"><li>Public Health Services - Lab (28)</li><li>Behavioral Health Services (1)</li></ul>
Decreases	5	<ul style="list-style-type: none"><li>Public Health Services - Lab (5)</li></ul>
New	4	<ul style="list-style-type: none"><li>Public Health Services - Lab (4)</li></ul>
Delete	3	<ul style="list-style-type: none"><li>Public Health Services - Lab (3)</li></ul>
Total Fees	41	

# PHS Fees



Action	Number of Fees/Rates	Division Impact
Increases	28	<ul style="list-style-type: none"><li>Public Health Services - Lab (28)</li></ul>
Decreases	5	<ul style="list-style-type: none"><li>Public Health Services - Lab (5)</li></ul>
New	4	<ul style="list-style-type: none"><li>Public Health Services - Lab (4)</li></ul>
Delete	3	<ul style="list-style-type: none"><li>Public Health Services - Lab (3)</li></ul>
Total Fees	40	

### BHS Fees & Rates



Action	Number of Fees/Rates	Description
Increase	1	• Edgemoor Private Pay Fee
Total Fees	1	



	<div data-bbox="657 224 961 280"><p>Contact Info</p></div> <div data-bbox="1690 199 1820 316"></div> <div data-bbox="1871 199 2013 323"></div> <div data-bbox="735 435 1808 492"><p>Rissa Japlit, Asst Group Finance Director, HHSA</p></div> <div data-bbox="735 548 1079 605"><p>(619) 531-5409</p></div> <div data-bbox="735 662 1451 719"><p><a href="mailto:charissa.japlit@sdcounty.ca.gov">charissa.japlit@sdcounty.ca.gov</a></p></div> <div data-bbox="1961 954 1976 972"><p>7</p></div>
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# Proposed Fees & rates



Division	Number of Fees/Rates	Description	Net Revenue Impact
PHS - Lab	40	Laboratory fees	\$218,402
BHS	1	Edgemoor Private Pay Rate	\$51,100
Total	42		\$263,826

8

## Questions and Comments:

- James Lepanto:** In regards to the new lab that's coming online shortly, I'm assuming there's going to be new testing capabilities within that lab. Does this include some of those new capabilities of testing and fees or will that come later?
- Rissa Japlit:** This actually does include some of that capability. So that fee that I mentioned to be performed on the Panther equipment, that is one example of being reflective of the new public health lab. I also have Dr. Hallis on the line, the assistant director for the public health lab, if there's anything else you'd like to add as well.
- Sam Hallis:** Yes, so the fee package here covers many of the fees associated with the tests in the laboratory. There is the possibility of bringing on some new testing later in the year and possibly a need to do some fees out of cycle, but this covers the fees that we'll be doing initially.
- Tim Fraser:** Sorry, I might have missed it. So we're increasing 41 fees. Or adjusting. Who's paying the increase?

**Rissa Japlit:** So as I mentioned in the presentation, we have internal customers such as DEHQ, DPW, within our Public Health Services, our STDs. So really, I think for the most part, it is our LUEG partners. And then we also have our Public Safety Group partners. And then there's also some other jurisdictions that also file tests through our lab that will pay us for those services. So that's why I would say that it's not really a real revenue generator, but I think those examples that I listed are probably the most pertinent ones.

**Tim Fraser:** So while most of the fees aren't coming either from the county on the budget or from our partners, our hospital and clinic partners, we're not going to see an increase in fees?

**Rissa Japlit:** Well, our external [partners] will receive the adjusted fees. So those who are paying for the fees will receive the adjusted fee. But in terms of us, whether or not we worked it into our budget, it's usually about a year behind because we wait for the fee package to be approved. So we don't actually have this revenue included in our budget that will be going forward.

**Tim Fraser:** I'm just trying to figure out, the clinics do use some of the laboratory work. How much of an increase are we looking at?

**Rissa Japlit:** So I would say just generally when I was looking across the board, so many of our fees are tied to Medi-Cal, so those are really capped. Those that are adjusted within our fee package, I was seeing about like a 5 to 6% average increase. There were also fees that decreased as well, but on average I was seeing about 5 to 6% across the board looking at the fees that are in our package.

**Judith Yates:** You may have said this and I just missed it, but I'm trying to weave in, in my own mind, why the behavioral health fees are included in the public health fees.

**Rissa Japlit:** We just try to do a comprehensive presentation of all of our fees that will be included in the board letter. So we do it as a full package. So it will be an agency, HHSA fee package that goes forward to the board. And so it's all inclusive.

**Judith Yates:** Okay, and that explains why the hospitals are in there?

**Rissa Japlit:** We have some stakeholders, I believe, with some of our lab fees. But in terms of like Edgemoor, that's really specific to our Edgemoor private pay fee.

**Judith Yates:** But it's just because it's part of HHSA over all?

**Rissa Japlit:** Yes, that's why we're including it there. Yeah, we're just trying to be comprehensive with this agency.

**Joanne Franciscus:** Will the individual fees, like the amounts of the change, be included in the board letter?

**Rissa Japlit:** Yes, they will. And so the reason why I don't traditionally bring forward the fees during this meeting is because they're still under review by A&C. And so we want to ensure that we're putting forth the most accurate information. So once the board letter goes forward and is docketed, you'll see an itemized list of all of the fees.

**James Lepanto:** We don't have all the information as far as in the board letter. So what are we actually voting on with the action item for this?

**Barry Jantz:** It's listed as an item for approval to update the fee schedule, but it's a good question. Because we don't have the final fees. How is it typically done?

**Rissa Japlit:** I think traditionally when we've commented, you know, whether or not you are supportive of the fees conceptually, we don't normally come forward with, like I mentioned, with the fees themselves.

**Dr. Elizabeth Hernandez:** Sometimes we do. And in this case, we don't. But I think in this case, we can send the information as soon as it's ready to this group. And maybe in the board letter, we can say that it was reviewed at this advisory board if that works.

**Todd Walters:** I know a lot of medical facilities do their own testing. So what's the difference between this lab work and what's being done on site with the other facilities?

**Dr. Elizabeth Hernandez:** Dr. Hallis is online. She can talk about the various STD, TB testing that we do, the water testing.

**Dr. Sam Hallis:** So the public health laboratories are reference laboratories. We do some diagnostic testing, but we also do a lot of specialty testing that isn't necessarily available at traditional laboratories. In the public health laboratory, we do have our different sections, our bacteriology, tuberculosis, and other mycobacteria. We have an extensive pharma testing program, and we have our molecular virology and immunoserology testing. Some of the testing might be similar to that that can be found elsewhere, but typically when it's done in-house at our laboratory, the turnaround time is usually much faster, and in some cases, the cost of doing it in our laboratory may be cheaper than sending it out, depending on whether it's a capped rate or not. Does that get at your question, or would you like to further elaborate on what you wanted to know?

**Todd Walters:** No, I think that kind of gets at what I was trying to understand, is I know most of the hospitals have their own labs, so they're doing their own stuff, so trying to figure out how much is that resource? Yeah, are we talking like millions and millions of dollars, I guess?

**Dr. Elizabeth Hernandez:** No, it's not millions and millions of dollars. We also have our public health clinics that provide services as well, so the lab also services the clinics as well, and also those emerging diseases, like Shigella and Hep A, that

come infrequent, but do come, so our lab also tests for those as well, and as mentioned earlier, our lab is preparing from a business perspective to outsource to larger, maybe for-profits or non-profits, should the opportunity be presented in terms of lab testing, so from a business perspective, we're continuing to get ready, as this board has advised in the past.

**Judith Yates:** You said a few minutes ago that the increases are based on cost. That's a business decision, that you have to try to get as close to paying your cost, but I've been sitting here mulling over that and wondering, how do I know that that is the right assumption to apply to Edgemoor, where you're not talking about lab costs, you're talking about costs to patients that are private pay, and is that also answered by saying that their costs there have risen and it's not the payment from the paying source, which typically would be a private pay insurance, is it matching?

**Rissa Japlit:** The private pay fee for Edgemoor is really out of pocket, there's no match, and really it's aligned to our increased salaries and benefits, changes in the census bed day calculation, in addition, so when we're looking at our costs for Edgemoor and all of our fees across the board, we're really tracking what our actual costs are attributed to the activities that are centered around that particular activity, and in this case within Edgemoor, and looking at that data.

**Judith Yates:** Well, I still have some concern there, and the reason being is that, as we all know around this table, most of the people who need to go to Edgemoor have no other choice, and if we've got to the point now where we're saying, those people that you say are generally out of pocket, it's not an insurance company, might be the only out of pocket they could possibly afford, and are we then saying we're not going to serve them? And so that's where my concern is coming from.

**Caryn Sumek:** I was kind of holding back a little bit, because I mean, I'm going to have to abstain. We don't have fees in front of us. We know that there's major challenges that are coming from the federal and state level in terms of cut. I just feel like we would need some more specific information to be able to move forward, even if I do understand in the past maybe this would have gone through easier. I feel like right now we need more specifics to understand this, and then in terms of Edgemoor, Judith, I hear what you're saying, I think, but I'm not quite sure exactly how to help communicate what you're saying in terms of, I think it's a very complex thing when it's the county's facility, and I'm not quite sure exactly how they piece together their funding for patients to ensure full cost recovery.

**Judith Yates:** Well, Caryn, I appreciate the fact that you helped clarify for me that it's not clear, right? I mean, we're not real clear on that piece, so again, that adds to my concern over how to vote for this particular motion.

**Barry Jantz:** Let me ask a process question, because at the very outset, we referred to board policy B-29. Obviously, a comprehensive fee package with all the fees in it needs to go to the Board of Supervisors. The board policy requires that boards and commissions review it. So, does board policy B-29 get into any specifics about whether the fee schedule needs to be concrete, or is it conceptual? Does anybody know that?

- Rissa Japlit:** I think conceptually, and Liz, you look like you want to step in a little bit. So, we need to ensure adherence to B-29, and so conceptually, they ask that we recover all of our costs to the best of our ability in these situations. The specifics around having concrete examples, I wouldn't necessarily, I'm not sure if that's really...
- Barry Jantz:** It may not even speak to, does it speak to being presented to boards and commissions in B-29? I know the full cost recovery, that's a government standard across the board. We want full cost recovery, and actually, state law says you can't charge more than that, okay? So, there has to be an analysis of full cost recovery, too, but what about the presentation to the board of commissioners?
- Dr. Elizabeth Hernandez:** So, great questions. So, we're going to take your question back and look into that further. Same thing, Judith, with your Edgemoor question, and we'll follow up via email so that you can ask your questions.
- Motion to receive the report while abstaining from further action until more information is forthcoming was made by **Paul Heygi** and seconded **by Barry Jantz**.
  - **Roll Call:** All present voted Aye.

## V. CHAIR'S REPORT

### A. Youth Engagement:

**Barry Jantz:** We haven't forgotten this. We know about the frustrations we've had in the past. We now have an acting chair of the Board of Supervisors, as you know. I've been engaged with that office. I've had a great conversation with them. The person who was our contact there, who attended some of our meetings, Matthew Parr stole away from Tara's office, and that's Chrissy [Christina] Selder. So they do not have anybody who's designated as a policy advisor on health at Supervisor Lawson-Remer's office right now. However, my conversation was, I'm not going to wait around for that. We need to move the discussion of this youth engagement. And so I expect someone who I reached out to will be out of the office until Thursday and we'll get it moving, and Mr. Lepanto and I will be pushing for a meeting. If anybody's forgotten, James has led this charge for way too long.

**James Lepanto:** I just want to add that in the last meeting, I was also asked to update the county in the strategy and innovation regarding where we were. It had been a while as we were waiting for some of this ability to present it to the county, and that it's an important initiative for the county. So I did have that meeting. So I did meet with county staff just to give them an update of where we were and where we planned on going with it.

**Barry Jantz:** And was there any significant input from them other than, glad you're still looking at it?

**James Lepanto:** No, I think they understood, and we're trying to be comprehensive as far as communicating it to the Board of Supervisors and let them know that we're working on this.

### B. Process for Election of Officers:

**Barry Jantz:** So in February, I think it was reported out that in between January and February, none of our members here had reached out to Anuj to say they were interested in being an officer. I think Geysil and I both indicated we'd be willing to continue. That potentially meant we could have voted today. Without Geysil here, I just wanted to make sure everybody's on the same page. If everybody's on the same page, we won't see the nominating committee. We will just put it on next month's agenda.

### C. Process for Legislative Recommendations:

**Barry Jantz:** So in February, we had a report about the legislative process. And of course, there's twofold, two kind of parallel processes. And one is that the overall comprehensive legislative agenda that the Board of Supervisors wants to pursue a little later in the year, like we did last year, will be asked if we want to weigh in on that. The other part was the bills we typically weigh in on. And of course, the presentation we received two months ago was that we would, between February and March, we would seat the legislative subcommittee. Paul, I hope you're still going to share that. But he didn't say no. But anyway, between February and March, the legislative subcommittee would meet on bills and bring it to us at this meeting. Now, when we were sitting here in February, I wasn't really thinking about that timeline, because the deadline for

a bill being introduced in the legislature was February 21st. And of course, a lot of that is what we call spot bills, meaning there's no real language around it. You meet the deadline as a legislator by getting your bill in, but you haven't really put any language on it. And I'm guessing with what's going on federally and at the state level, there's way more spot bills than we've ever seen. I did reach out to some of you last week to kind of ask where you were. I reached out to some health systems as well. And no one really came back to me with any specific legislation we should be looking at other than the CARE Act bills I know are coming. SB 16, that's an interesting one, although it was in spot form when I asked last week. The intent of it is that the county pick up 50 percent, counties in the state of California pick up 50 percent of the city's shelter costs. So obviously, the county is a little concerned about that one, but that was still kind of in spot form. So I didn't hear anybody come back and say, hey, we're ready for you to look at some real specific bills right now, maybe especially this year. So given, talking about being between a rock and a hard place on what we heard at this meeting, having some bills recommended out of the way, I guess I'd ask staff if we gave it another month and saw if we came up with anything too late, if we did that in May. I mean, given about that time, I don't know what the problem would be in doing it a little later. But Tim, you have an opinion on this?

**Tim Fraser:** I have a question for you. My apologies for not making it in February. They presented on how we made comments on legislation. What about budget advocacy? Because that is where most of our focus will be. And it's a much shorter timeline because we won't get until May. But we are looking at potential severe cuts within DHCS and several other programs that benefit our constituents and our members. And I'd like to play more in that game, less concerned about legislation.

**Barry Jantz:** And I think that's maybe where I was going. So thank you. You remember last year, there was budget concerns. The budget concerns last year were probably mild compared to this year. But I remember last year we had thought we were going to weigh in with the state legislature on that and that we were reminded, hey, you're not the policy makers in the county of San Diego, you're just an advisory board. So and it was kind of like even redundant that we weigh in with the board of supervisors on budget recommendations that they were already recommending themselves at the state level. But it doesn't preclude us from weighing in somehow with the board of supervisors. I think everyone's concerns are probably going to be the same. James, you and I talked about this out of the corner a little bit. So I'm going to ask the question maybe you were going to ask. And that is, if county staff says it's too soon, what would next month, we want to hear it, but what would next month look like given the May revise won't be out yet, when we're meeting a month from now? What would a county presentation on budget ramifications look like next month, if at all? Zero? Okay, be fair.

**Dr. Hernandez:** Yeah, I think it'd be too soon. And I know Amy Thompson usually comes to this board to present on the overall budget. We also have some community feedback opportunities on the budget as well that is coming up that will make sure that this board is aware of. So if you have any feedback on any budget components, that your voices are heard. Um, so I do think it's too soon.

**Paul Heygi:** I think we're cross-talking. I think Tim's talking about state budget advocacy and talking about the county budget being put together in our comments.



**Tim Fraser:** I was talking about state budget.

**Paul Heygi:** I think that answer was about the county's budget.

**Dr. Hernandez:** Understood.

**Barry Jantz:** But the county budget is tied to what is going to happen from others.

**Dr. Hernandez:** We can have Matthew Parr come next time just to talk about the state's advocacy piece that he's been leading. And so that might be helpful.

**Paul Heygi:** And that's my sidebar outside the meeting, but for on the record was the same. Our main priority is state budget actions from a legislative advocacy perspective this year. The legislation that we're prioritizing and stuff I don't think would be relevant to this group outside of those main priorities. And that was the sense I was getting from others as well.

**Judith Yates:** I just wanted to run this up the flagpole because I'm hearing that it's very likely that even with the May budget revised that we had normally figured will be a real hard stake in the ground of where we're going. That's not going to happen this year.

**Dr. Hernandez:** Let me be clear. We will always bring a county budget presentation to this board along with the board of supervisors. And so I know Amy is scheduled to present to this board. And I misheard you. The state budget advocacy piece, Matthew Parr can come next month to talk about our lanes in that area and what we typically do. And so that might provide some additional opportunity.

**Barry Jantz:** I think that would be helpful for you.

**Victoria Floyd:** Just a clarifying question. For the legislative program, you don't necessarily have to have vehicles with bills attached, right? You can generally approve of or disapprove of something like a cut to Medicaid. Is that something that's already within the scope of the existing legislative program? And if not, do we intend on weighing in on that?

**Dr. Hernandez:** I know that the Economic Development and Governmental Affairs is focused on the Medicaid cuts. And so, again, I think Matthew Parr might be able to provide more clarity on what we're doing in that area.

**Barry Jantz:** Let me just remind myself of the other piece of what Matthew presented two months ago. And I think the timeline for the broader kind of legislative program was a couple months from now, maybe. June, July. Yeah. So I think next month would help us, even if we take a couple of months to do something. So, okay. So I think I've got a sense of where to go on that, if everybody's comfortable. We'll ask Matthew to come next month. And if it would be helpful for me to talk to

him in advance. So if he needs a better understanding of what he was saying. Because he was just here. But that was kind of on a timeline. And I think it was setting the tone for when we do weigh in. It goes through a process. And I don't just haul off and email the supervisors like I did a couple years ago. Yes.

**James Lepanto:** I just want to say, I think, obviously, this is challenging. To say the least, this is challenging. And I know it's challenging for the county. I know it's challenging for the state. There's a lot of moving pieces now. I think the request is, let's keep us informed. I know that you guys are kind of in the dark sometimes as well. Things are happening quickly here and changing pretty rapidly. But for us to be able to give feedback, it's going to be important for us to be in the loop. And as much as we can be in the loop to be updated on whether it's federal funding or it's state funding, obviously, the revise for the state should be interesting in May. But there's a lot of unknowns at this point. But keep us in the loop for this so that we can give recommendations and advice that are timely and value-added.

**Tim Fraser:** I guess I'm just, because what we're hearing is the undocumented population may be losing coverage of some kind. They're looking to cut occupational therapies, so acupuncture, physical therapy, chiropractic. You know, service lines that patients are really benefiting from and actually addressing more than just their chronic pain, but also some of the opioid issues they have. But given the tight timeline that we're going to find out and then when it needs to get passed, but what is the feasibility here of how do we best advocate and get messaging from HSAB to the legislative office to get to the supervisors to submit letters of support? Because it's a six-week window. And given what I read in the minutes, that doesn't really provide an opportunity. On that time.

**Barry Jantz:** Exactly. I think my initial point, even the timeline of bills, we're not even talking specific legislation now. We're just talking overall, right? But still, we're under a crunch.

**Tim Fraser:** But those are the health services that we're watching. That's right. Providing for our constituents that we need to be speaking clearly for.

**Barry Jantz:** Did, Dr. Hernandez, did I see you wanted to try to handle that?

**Dr. Hernandez:** That's a tough one. And I understand that the timeline is crunched. And so we will do our best to do what we can with the timeframe.

**Tim Fraser:** I think regardless of the outcome this year, this is going to be moving forward an evergreen problem that we have and that looking at how the county's process is, how this board works with the legislative affairs office and the timelines moving forward. We will run into this problem year in and year out unless we all look at the actual process. Not, regardless of this year.

**Dr. Hernandez:** And we're happy to take that back.

**Tim Fraser:** I think we've always been challenged with that time frame. And we've always raised it year over year. Yeah, but we actually haven't seen any action. But this also presents additional challenges, even beyond what we've experienced before.

**Barry Jantz:** Right. We've had challenges in the past. I think we have now a more defined timeline that we're supposed to work with within. And yet there are more unknowns on the front end. And so all those things thrown in a basket together and you know what, here we are. So, but yeah.

**Tim Fraser:** They set the timeline. And they're setting it up so that we can't participate in the process.

**Barry Jantz:** Again, against the fact that if we wanted to weigh in on legislation, February 21st was the deadline for even bills we know about. So, I mean, there's always going to be a crunch. And I don't have an answer. I'm not rebutting you. I just don't have, I don't have an answer. But please carry it back. I'm sure you've heard this from others. Have they heard it from BHAB?

**Judith:** Not yet. In addition, what they have always done is the same thing we've done here, which is to say we're never a productive part of the process because we get told not to get involved. And so, you know, it's presented in May and it's a done deal. Done deal. So, you know, if you may like to say, gosh, the emphasis seems to be here and we wish it were there. You know, we just listen to what's told us in May, knowing that over the years, decades, we're always told the same thing. So, effectively, the advisory boards are not actually considered as advisory when it comes to the county budget. And they might as well just say that. I'd rather have them just say it. Just say it. You know, and then when we talk about the budget, we do it within that scope.

**Caryn Sumek:** I put it up a while ago, so I don't want to repeat what has been said, but I do want to just reiterate what Tim has said, and I don't know how we fit this in the bigger picture, but reality is the state's got a 6.2 billion dollar Medi-Cal shortfall, right? We know federal cuts are coming. What we've heard in other county meetings is that potentially 400,000 folks are going to lose coverage in Medi-Cal, and so I just think it's really important for this board to keep that on their radar, because ultimately all of that will mean that you're going to have more folks going to public health services, potentially for services that they can't get because they don't have coverage. So, not to be the doomsday person over here, but just to reiterate the fears and concerns, and I know we want to have an action plan for moving forward, and how do we insert ourselves in the process, but I think just we're going to have some big picture ticket items that I think we need to work with, Healthy San Diego, Behavioral Health Advisory Board, etc., to support the county in advocacy, because we're going to have a lot of folks that are going to start losing coverage soon, and a lot of providers that are going to be struggling because of uncompensated care.

**Barry Jantz:** Thanks, Caryn, and that's not being doomsday, that's just being realistic in your state and the federal government.

	<p><b>D. Updates on Polling for Cancelled Room Reservations for HSAB Meeting dates for May, June and November of 2025</b></p> <p><b>Anuj Bhatia:</b> So, several months ago, we had pre-existing reservations for the CAC for HSAB meetings in May, June, and November. And, due to a new policy for supervisors, those meetings fell on the same day as supervisor meetings, and due to security concerns, our reservations for those days were canceled for the HSAB meeting. Those include May 6th, June 3rd, and November 4th of this year. And so, we conducted some polling of members to see what was preferred in terms of rescheduling the meeting, and the majority of members indicated that they would prefer to keep the meeting at the CAC, but a week later, so the following Tuesday, when this meeting is. So, based on that, we have made reservations for this room, room 302, for May 13th, 2025, which is the following Tuesday, as well as June 10th of 2025, which is the following Tuesday from the original June scheduled meeting. For November, it was a bit more complicated. The original date for HSAB meeting in November was the 4th of November. When we looked to move it to the 11th, that turned out to be a county holiday, November 11th, and so we have moved that tentatively. We were going to move it to November 18th, however, that's another Board of Supervisors meeting, and so we have moved it now tentatively to Wednesday, November 19th, 2025, in room 402A.</p>
<b>VI. INFORMATIONAL ITEMS</b>	<p><b>A. Subcommittee and Work Group Updates: None</b></p>

**VII. PUBLIC HEALTH SERVICES  
LEADERSHIP REPORT**

**Dr. Elizabeth Hernandez, Director, PHS**



# Health Services Advisory Board Meeting Public Health Services Report

April 1, 2025





# Public Health Director Update

Elizabeth A. Hernandez, Ph.D.  
Public Health Director  
Public Health Services



Public Health Services

BOARD LETTER FORECAST	
Board Meeting Date	Subject
May 20, 2025	Accept HRSA funding for Ryan White Part A and Ending the HIV Epidemic funding.
May 20, 2025	Sustainable, Equitable, and Local Food Sourcing Program and Policy B-75
May 20, 2025	UCSD CDC Resilient Shield

Confidential: Subject to the deliberative process.



# Media/Community Events

Targeted Date and Time	Description & Location of Event
November 2023 and ongoing	<b>Perinatal Equity Initiative (PEI) radio ads run on local radio stations</b> , Z90 and Magic 92.5. Digital banners pop up on high-traffic websites. Both the radio and digital ads are played for the target audience and will redirect listeners and viewers to the Black Legacy Now website.
June 2024 and ongoing	<b>PEI creatives</b> (brochures, door hangars, and postcards) are being distributed in the community to promote educating African-American mothers on the importance of advocating for equitable and dignified maternity health treatment for themselves and their babies.
April 1, 2025 – April 30, 2025	41 <sup>st</sup> Annual County Employee Blood Drive
April 9, 2025	California Children's Services Tabling SDSY Health Expo
April 11, 2025 12:30 PM – 2:20 PM	2025 <i>Live Well San Diego</i> 24 <sup>th</sup> Annual Public Health Champion Awards Ceremony
May TBD	New Public Health Laboratory Ribbon Cutting







1. Epidemiology and Laboratory Capacity Enhancing Detection
2. Epidemiology and Laboratory Capacity Enhancing Detection Expansion
3. Epidemiology and Laboratory Capacity Infection Prevention Control
4. Epidemiology and Laboratory Capacity Coronavirus Aid, Relief, and Economic Security
5. Epidemiology and Laboratory Capacity, SHARP 2+
6. National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities (CERI)
7. Immunization and Vaccines for Children – COVID Supplemental Rounds 1-4 (IZ)

# Highlights

## SDSU Health and Human Services Week

- **Date:** March 25, 2025
- **Time:** 5:00 PM – 7:00 PM
- **Location:** Parma Payne Goodall Alumni Center at SDSU
- **Description:** This event offered students and alumni, from all colleges and degrees, the opportunity to participate in professional development, career exploration, and networking with County of San Diego professionals.
- County HHSA staff participated on the first day, with the SDSU School of Public Health, for this 2<sup>nd</sup> Public Health Career Fair.



# AWARD RECIPIENTS

<u>THEME</u> April A. Fernández, M.A.S.	<u>INDIVIDUAL</u> Ronnie Whitehorse, R.N. Antoinette Marengo, M.D., F.A.C.O.G.	<u>ORGANIZATION</u> DHA Immunization Healthcare Division, Pacific Region Team
<u>HHS DIRECTOR</u> Sharia's Closet Foundation for Senior Care	<u>AGING &amp; INDEPENDENCE SERVICES</u> Amy Abrams, M.S.W./M.P.H., M.L.I.S.	<u>MEDICAL CARE SERVICES</u> Sarah St. John, B.S.D.H., R.D.H., R.D.H.A.P.
<u>SOUTH REGION</u> Karen Clay	<u>CENTRAL REGION</u> Fern Street Circus	<u>EAST REGION</u> David R. Shorey
<u>NORTH CENTRAL REGION</u> San Diego Military Family Collaborative	<u>NORTH COASTAL REGION</u> Gaby B. Love	<u>NORTH INLAND REGION</u> Backcountry Communities Thriving



# Health Services Advisory Board Meeting



Thank you!



*The Public Health Services department, County of San Diego Health and Human Services Agency, has maintained national public health accreditation, since May 17, 2016, and was re-accredited by the Public Health Accreditation Board on August 21, 2023.*

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**Questions and Comments:**

**James:** So, I understand this, Dr. Hernandez. We originally had 174 million. We have 40 million of that grant left. I was going to ask, in terms of the service that are provided, what population in North America could be hit with this?

**Dr. H;** We're still looking at the particulars. You should know that the larger part of the grant is the regulatory services. We're still looking at the particulars and details.

	<p><b>Tim Fraser:</b> The 40 million that's left, was the money already moved over so that you could do some quick spendouts?</p> <p><b>Dr. Hernandez:</b> No, because it was an abrupt elimination. So the money was not moved. It wasn't sitting with us at the time. We're going through the same thing and trying to figure out some quick spendouts. We have 30 days to invoice.</p> <p><b>Tim Fraser:</b> Anything you can post into that new laboratory?</p> <p><b>Dr. Hernandez:</b> We are looking at all options.</p> <p><b>James Lepanto:</b> Just for clarification, Dr. Hernandez, I saw that Ryan White funding was up there, and I'm trying to remember what Patrick has presented. Ryan White funding is federal, but they give it to the state, correct? It comes from the state? Is that the way that works, or is it directly federal to us?</p> <p><b>Dr. Hernandez:</b> It comes right from the HRSA, which is a federal agency, to us.</p> <p><b>James Lepanto:</b> And do we have any indication of where that might be at this point?</p> <p><b>Dr. Hernandez:</b> We don't at this time.</p>
<b>VIII. ROUNDTABLE</b>	<p><b>Barry Jantz:</b> I had public health lab on my agenda to bring up. Has everyone here received an invitation to that opening? We have some new people here, so maybe just send it out again.</p> <p><b>Dr. Bhatia:</b> We'll add them, and so everyone knows, we've given a timeline of April 18th to respond to the poll. So far, seven members have indicated for me.</p> <p><b>Barry Jantz:</b> Has everyone received an invitation to the April 11th awards?</p> <p><b>Dr. Hernandez:</b> We'll send it out again. Okay, that would be helpful. Actually, I see a couple people I recognize, so that's exciting.</p> <p><b>Barry Jantz:</b> So last month, and I thought it was clear at the beginning of last meeting when we had all the TV cameras in the room, that our excitement about being more engaged with the public and inviting the public to be involved in our meetings means that maybe we'd go out and get people here, but that shouldn't preclude us from talking to the county about what their communication strategy is. This was on the Tijuana River Valley report, and I think in my exuberance of going out and inviting a lot of people, the word got out, people shared it, and all of a sudden the press is here, and there's television cameras, and Dr. Kadakia, despite going out and making presentations several places in the community with some of the same folks I had invited, was sitting here going, "Well, usually your meetings are a little low-key," is probably what she was thinking. And then, of course, I had an email during the meeting saying, hey, can we get Dr. Kadakia on the radio in the</p>

morning? So that one I handled by going to Tim McClain, which is probably the way he handled it, and she did. I guess she was on the radio the next day. So anyway, I thought she did a great job here despite all the television cameras, and I heard she did a great job the next morning on the radio, so I appreciate her. She's on vacation. Please communicate that. But again, I guess it's on me mostly, but I guess for all of us, if there's a communication strategy the County's already working on, maybe it's just a phone call to find out, hey, we don't want to step in if you're already doing something and we're overlapping. So I just wanted to reiterate that again and leave it at that.

**Judith Yates:** Well, mine is not really so much a question as just a statement for representing the Behavioral Health Advisory Board just to make sure that you're aware that this whole round of budgeting, etc., is heightened not only by a lot of things we've already talked about, but about the fact that the Director for Behavioral Health Services has stepped down. And so it leaves us in a very awkward time to be leaderless in that respect. And I know I tried to get in touch with you to let you know so I didn't catch you behind on this one, but I don't think that this has been discussed in any of our boards in terms of just the ripple effect in terms of where we stand. And so I raise it only for your awareness, not because I have an opinion one way or the other. It is what it is. But it's coming at a very, very difficult time for everybody. But when you add into that your Director stepping down, it's basically [inaudible]. So just so you're aware, a partner advisory board is deeply concerned.

**Barry Jantz:** And there was a question posed to me about whether everybody here knew that or not. Is everyone here aware Dr. Hernandez, what can you report?

**Dr. Hernandez:** One, we can pass this information on to our agency director, Dr. Kim Giardina, in terms of some of your concerns. And two, exactly what you've shared. Dr. Bergman has resigned from being a Behavioral Health Director. So we'll again pass this information back on to you.

**Judith Yates:** She is, I will say this, she's been very open to meeting with the Chair and myself with regard to this issue. So she's well aware of what our concerns are and why we're concerned. It's not questioning anybody's decisions. Please let me be clear about that. That's not the point at all. It's just April 11th is coming up real fast and so is the budget and everything else that's going on. So it's just being aware that you have a partner advisory board that is faced with this kind of major, major upheaval. And I say that not only for the County staff who are impacted, but I also say that for the people that we serve, right, whether it's physical or behavioral health. And our constituents are fragile people. And so any big change for them, they feel it sometimes very differently than perhaps you or I who are blessed not to have a behavioral health challenge. So I do think that we should all kind of be aware, one thing, if they can't get services through one door, they'll be knocking on another door. And so I just think again, it's more for awareness and I'm not one to say sit on things and wait for somebody else to talk about it. I'd rather bring it up because it's very obvious. And so just being prepared, particularly for the people we serve, the constituents that, again, we share. You know, health patients are also behavioral health patients. It's from that perspective that I'm speaking.

**James Lepanto:** Well, I think it's also important to thank the county staff who are going through lots of changes, not only the Public Health Officer, but now with Dr. Bergman as well. And there's a lot of pressure on the County, and obviously the

stress and change. And so I really want to thank the County staff for navigating all of these changes currently in an environment that's already challenging. So thank you for that.

**Judith Yates:** And just for clarity, we've all been thinking there must be an interim plan. You know, what do we do between now and then? The then being the usual process for finding a new person, which is you all know in the County it will be months long. I don't have to tell you all. We still don't have a Public Health Director. So I think that right now things are just a little bit askew from what we had normally expected. And right now we don't even have that interim plan. I mean, there may be and I don't know it. But, you know, and I'm saying an interim plan. It could be called a transition plan. You know what I mean? It's no fair on my part to label something. But what I'm talking about is what is our short term how do we get from here to there. That there being a process for replacing someone, which has always been extremely important in the behavioral health field because the requirements related to that process are not just your bylaws like ours. It's WIC codes. It's state codes. What our responsibilities are. So we might take a little bit more active interest in well what are we doing? Where are we going? And how are we going to get there?

**Dr. Hernandez:** We'll pass on that information to Dr. Giardina.

**Judith Yates:** Well, she's heard it. You can put it in the context of why I brought it up here. Because again, that's my point is trying to weave together where our concern is really your concern too.

**Barry Jantz:** And in case we forgot, there is another vacancy in which there is a transition plan in place. It's called an election. And that will be happening here shortly or at least in phase one of that process. And I know Samhita and Suzanne are here for that seat. And so we'll see what happens when that takes place. You continue to serve until replaced. But James and Geysil did a pretty good job advocating with the new supervisor and their situation to keep them on board. So maybe we can continue that. It would be nice to have some continuity. Especially now that we're having a full complement. We're just trying to fill a couple of vacancies. Does anybody else have anything they'd like to mention during round table?

**Suzanne Afflalo:** Well, thank you for that lead in. Yes, that's why I'm here working on last minute things, pulling everything together. But our monthly health fairs at the Jackie Robinson YMCA from 10 to 3, open to anyone in San Diego County. We've got lots of resources, but obviously the most important things are getting their constituents or participants screened for blood pressure, diabetes, cholesterol, A1C. We actually have UCSD's Shiley Eye Mobile that does free eye exams and free glasses. We have San Ysidro Health who got the contract for the vaccinations. They come now each month to do vaccinations, so now we have COVID flu and Tdap. Actually, I needed to ask somebody if they're going to bring measles out, but I haven't gotten ahold of anyone. And let's see, produce, lots of produce for at least 400 families, and that is from Feeding San Diego and San Diego Food Bank. So there's at least 15 vendors that are out there. It's a great event. We're encouraging people to continue to come out. We're seeing about 350 each month. Hopefully, that will continue to improve. And I did like the idea that, not that it's an inconvenience for you guys, but now I get to attend some of those meetings that's not on the first Tuesday of the month, the day right before the health fair. So I will see you guys in person at the next one.

	<b>Victoria Floyd:</b> We are doing our legislative summit. UC San Diego and UC San Diego Health on Thursday from 9:00 to 1:30. If anyone's interested, we're going to talk a lot about NIH and the impacts to the university. I invited a few of you, but let me know if you're interesting.
<b>IX. PUBLIC COMMENT</b>	None.
<b>X. ADJOURN</b>	Meeting adjourned at 4:20 PM.
<b>Next Meeting</b>	<b>HSAB Monthly Meeting:</b> Tuesday, May 13, 2025 <b>CAC:</b> 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm