



**County of San Diego
HEALTH SERVICES ADVISORY BOARD
Meeting | Zoom | CAC Rm 302
Tuesday, April 7, 2026, 3:00pm to 5:00pm**

MEETING MINUTES

BOARD MEMBER	SEAT	DISTRICT	ATTENDANCE	PRESENTERS	HHSA SUPPORT
Abrams, Lauren (Alternate)	13			Lauren Brookshire, MSW, MPH, Assistant Medical Services Administrator, HIV, STD, and Hepatitis Branch	Sayone Thihalolipavan, MD, MPH., Public Health Officer, PHS, HHSA
Afflalo, Dr. Suzanne	2	1	In Person		
Alexander-Myers, Deanna	6	3		Charissa Japlit, Executive Finance Director, Health and Human Services Agency	Adrienne Yancey, MPH, Interim Director, PHS, HHSA
Alexiou, Dimitrios	12				
Arroyo, Geysil (Vice-chair)	8	4	Zoom	Sayone Thihalolipavan, MD, MPH, Public Health Officer, Public Health Services Administration	Anuj Bhatia, DrPH, Deputy Director, PHS, HHSA
Clark Manson, Minola	15		In Person		
Coda, Besma (Alternate)	20	2		Adrienne Yancey, MPH, Interim Director, Public Health Services Administration	Kathrina Fulgueras, Administrative Secretary III, PHS Admin, HHSA
Dailey, Jack	17		In Person		
Floyd, Victoria	4	2		Adrienne Yancey, MPH, Interim Director, Public Health Services Administration	Joshua Beidler, Administrative Secretary II, PHS Admin, HHSA
Franciscus, Joanne	14		In Person		
Fraser, Tim	13		In Person	Talq Tera, Information Technology Analyst, PHS Admin, HHSA	
Galindez, Aida (Alternate)	19	3	In Person		
Greene, Dorothy (Alternate)	18	3			
Hegy, Paul	11				
Ilango, Samhita	1	1	In Person		
Jacobs, Kris (Alternate)	14				
Jantz, Barry (Chair)	3	2	In Person		
Lepanto, James	7	4	In Person		
Ohmstede, Jennipher (Alternate)	11				
Perez, Alex (Alternate)	17				
Seldin, Dr. Harriet	16		In Person		
Sly, Kelsey	9	4	In Person		
Sumek, Caryn (Alternate)	12		Zoom		
Tellez, Dr. Patrick (Alternate)	16				
Walters, Todd	5	3			

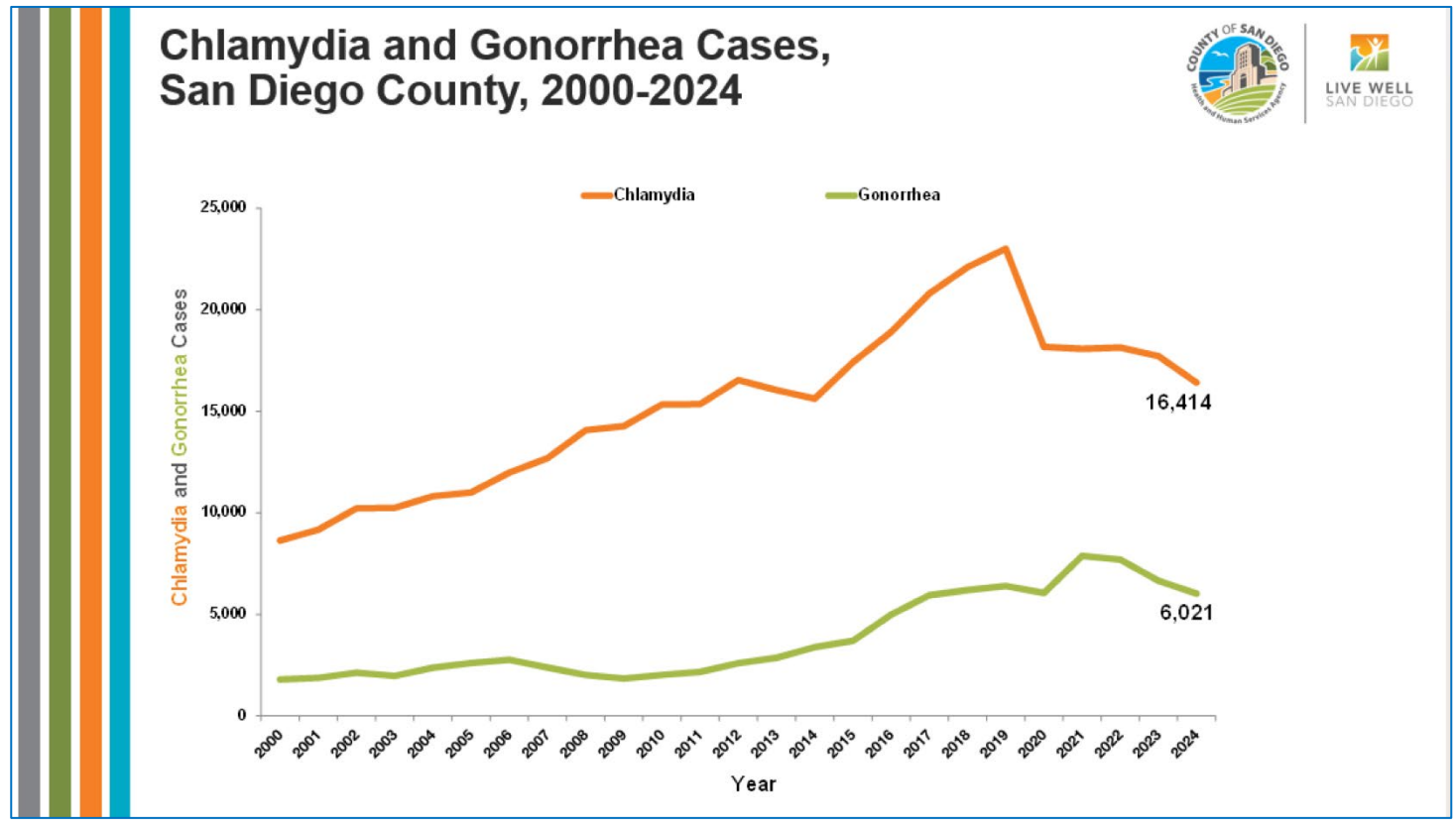
<p>I. WELCOME & INTRODUCTIONS</p>	<p>A. Roll Call</p> <ul style="list-style-type: none">a. Barry Jantz called the meeting to order at 3:00 PM.b. Roll Call: All members in attendance indicated “here.” <p>B. Remarks from the Chairperson</p> <ul style="list-style-type: none">• text <p>C. Approval of April Agenda</p> <ul style="list-style-type: none">a. Barry Jantz amended the agenda to add item <i>E. Report from Dr. Jennifer Tuteur, Chief Medical Officer</i> under part V. <i>Reports</i>.b. The motion to approve the agenda was made by Dr. Suzanne Afflalo and seconded by James Lepanto.c. Roll Call: All members in attendance voted Aye. <p>D. Approval of March Meeting Minutes</p> <ul style="list-style-type: none">a. Correction: Aida Galindez noted that she was present in person at the March meeting. Tim Fraser stated that some of his comments were omitted, but as he was unable to reflect them, he did not request to amend the minutes.b. The motion to approve the March minutes with the addition that Aida Galindez was present was made by Dr. Suzanne Afflalo and seconded by Joanne Franciscus.c. Roll Call: All members in attendance voted aye, except for Tim Fraser, Minola Clarke Manson, Samhita Ilango, and Caryn Sumek, who abstained. <p>E. HSAB Attendance Confirmation</p> <ul style="list-style-type: none">a. No HSAB members were absent due to just cause.
<p>II. PUBLIC COMMENT</p>	<p>There was no public comment.</p>
<p>III. CONSENT ITEMS</p> <p>A. Authorize Acceptance of Funding to Address Sexually Transmitted Infections and Apply for Future Funding Opportunities, Lauren Brookshire, MSW, MPH, Assistant Medical Services Administrator, HIV, STD, and Hepatitis Branch</p>	<p>The motion to approve both consent items was made by Joanne Franciscus and seconded by Dr. Suzanne Afflalo. The motion was approved by all in attendance, with no nays or abstentions.</p>

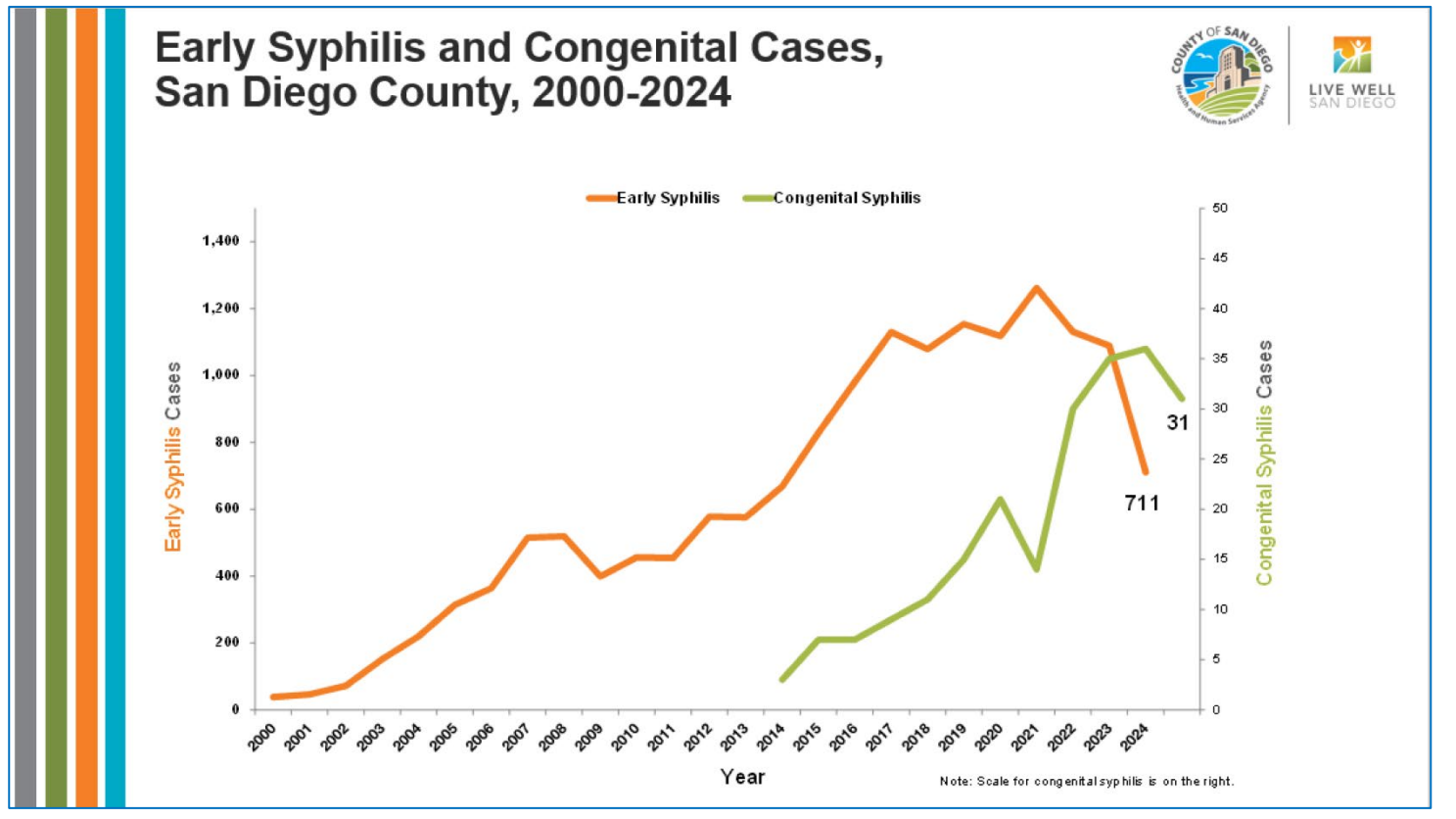
ITEM XX: AUTHORIZE ACCEPTANCE OF FUNDING TO ADDRESS SEXUALLY TRANSMITTED INFECTIONS AND APPLY FOR FUTURE FUNDING OPPORTUNITIES.

Lauren Brookshire, MSW, MPH, Assistant Medical Services Administrator
HIV, STD, and Hepatitis Branch

April 7, 2026







Recommendations



- Authorize the acceptance of \$5,736,290 in STI Prevention and Collaboration Grant funding from the California Department of Public Health for the period July 1, 2026, through June 30, 2031.
- Authorize the Chief Administrative Officer or designee to apply for additional funding opportunity announcements/

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Questions and Comments

James Lepanto: I'd like to hear an update in the future. As you know, several years ago the Board was very interested in the increasing STD rate. We did a very thorough white paper and sent that forward. I'm curious to hear an update on whether we're making progress in that area.

Lauren Brookshire: We'd absolutely be willing to give an update. I can give some brief highlights now. We've actually had some good news in the last couple of years. After seeing increases from 2000 through 2022, we've seen decreases over the last two years in all areas except congenital syphilis. We've seen decreases in gonorrhea, chlamydia, and infectious syphilis. Last year we weren't sure if it was a fluke or a real downward trend, two years in a row now we have had some decreases, as has California, as has the United States. That's a high-level overview. We're happy to come back with a thorough presentation. I can ask Dr. Tilghman to join us as well.

	<p>Barry Jantz: Next month we'll have a listening session and a budget discussion, so why don't we play it by ear whether we do it next month or the month after.</p> <p>Dr. Suzanne Afflalo: And can we ask Lauren to bring some demographic breakdowns? I'd be curious to know whether the African American population has seen an improvement.</p> <p>Lauren Brookshire: Yes. We have our 2024 data slides, which I can send out. I'll work with Dr. Tilghman, and we're happy to present. If there are any other questions or specifics you'd like, just let us know. I'll send the slides to Dr. Bhatia to send out to everybody.</p> <p>James Lepanto: I'm also specifically interested in hearing what's working—where we are with funding, and what the future looks like. Thank you, and congratulations. I'm glad things are improving.</p>
<p>B. Authorization to Accept Funding for Refugee Health Programs and Apply for Additional Funding Opportunities, Jeffrey Percak, MD, Medical Director, Tuberculosis Prevention and Care Branch.</p>	

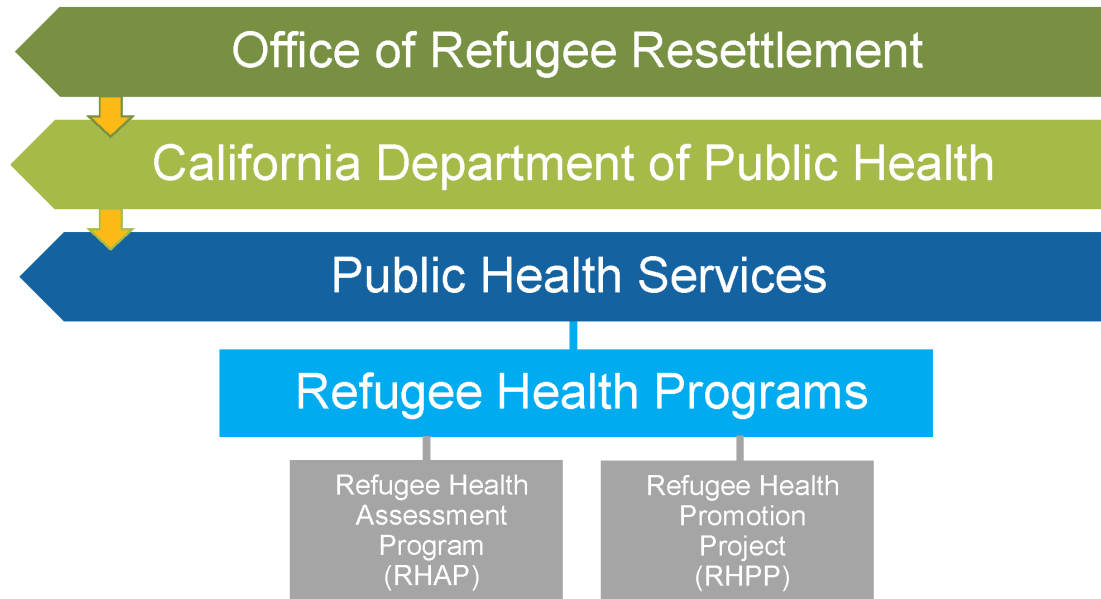
Item #xx: Authorization to Accept Funding for Refugee Health Programs and Apply for Additional Funding Opportunities

Jeffrey Percak, MD, Medical Director,
Tuberculosis Prevention and Care Branch

April 7, 2026



Refugee Health Programs



Refugee Health Programs



Refugee Health Assessment Program (RHAP):

- provides newly arrived refugees, asylees, victims of trafficking, and other eligible entrants with comprehensive medical assessments within the first 90 days of arrival

Refugee Health Promotion Project (RHPP):

- provides additional resources to support RHAP-eligible persons who are identified to have serious physical and mental health conditions

Refugee Health Programs Funding

Program	Award Amount
Refugee Health Assessment Program (RHAP)	\$367,911
Refugee Health Promotion Project (RHPP)	\$45,000
Total	\$412,911



Recommendations



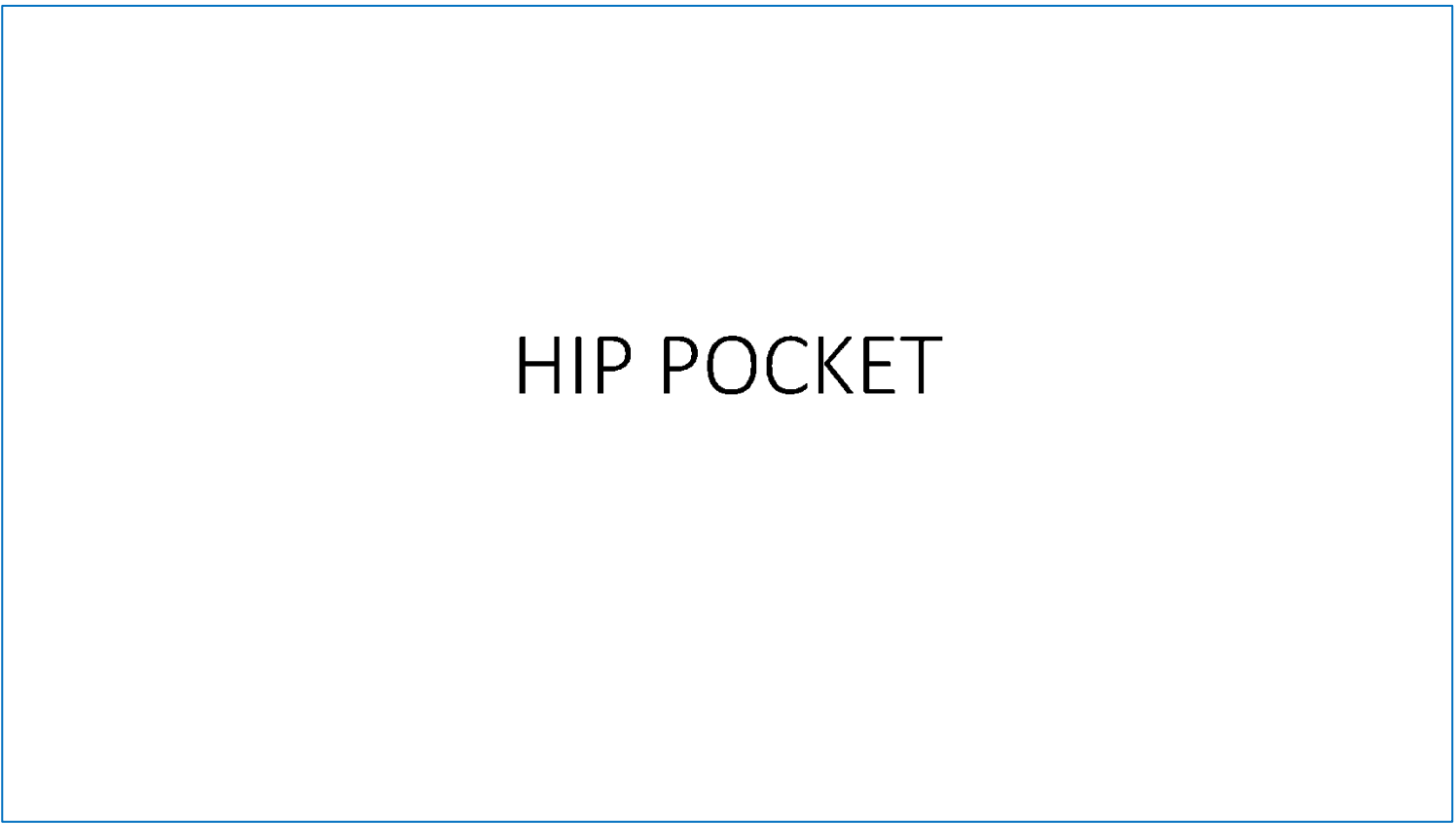
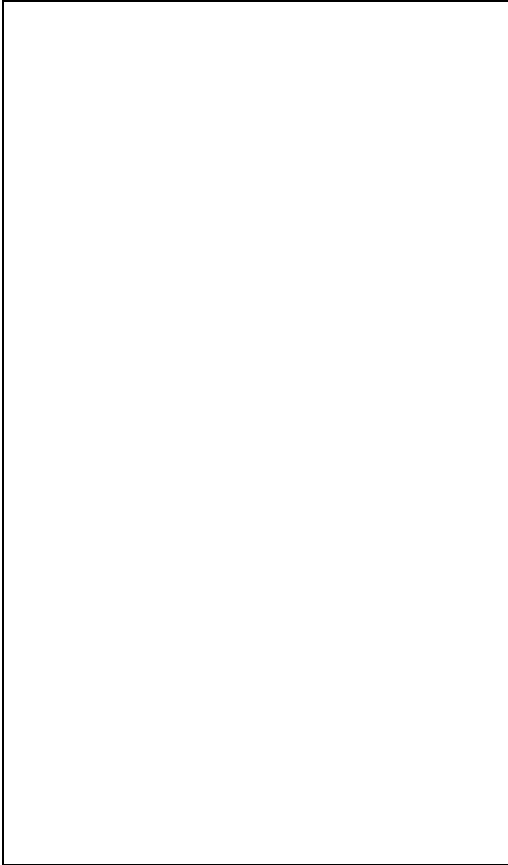
1. Waive Board Policy B-29 Fees, Grants, Revenue, Contracts - Department responsibility for cost recovery.
2. Accept approximately \$367,911 in funds from the California Department of Public Health (CDPH) for the Refugee Health Assessment Program (RHAP).
3. Accept approximately \$45,000 in funds from the California Department of Public Health (CDPH) for the Refugee Health Promotion Project (RHPP).
4. Pursue future funding opportunities to support the Refugee Health Programs.

Item #xx: Authorization to Accept Funding for Refugee Health Programs and Apply for Additional Funding Opportunities

Elizabeth A. Hernandez, Ph.D., Interim Deputy Chief Administrative Officer, Health and Human Services Agency
Adrienne Yancey, Interim Director, Public Health Services

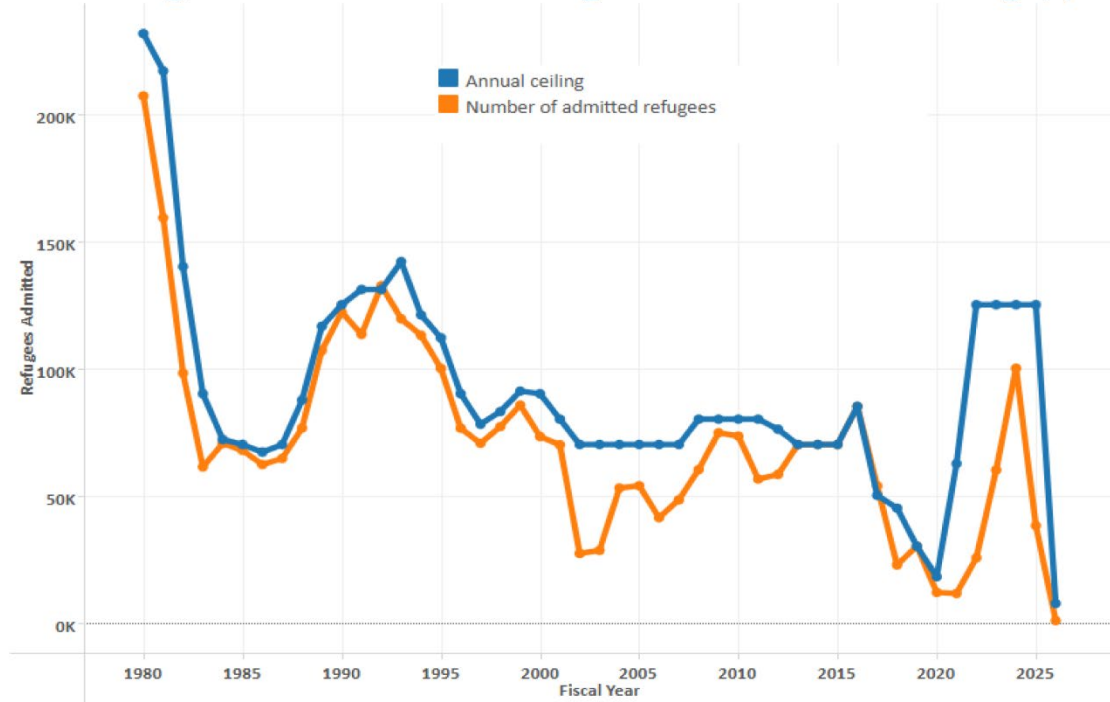
April 21, 2026





HIP POCKET

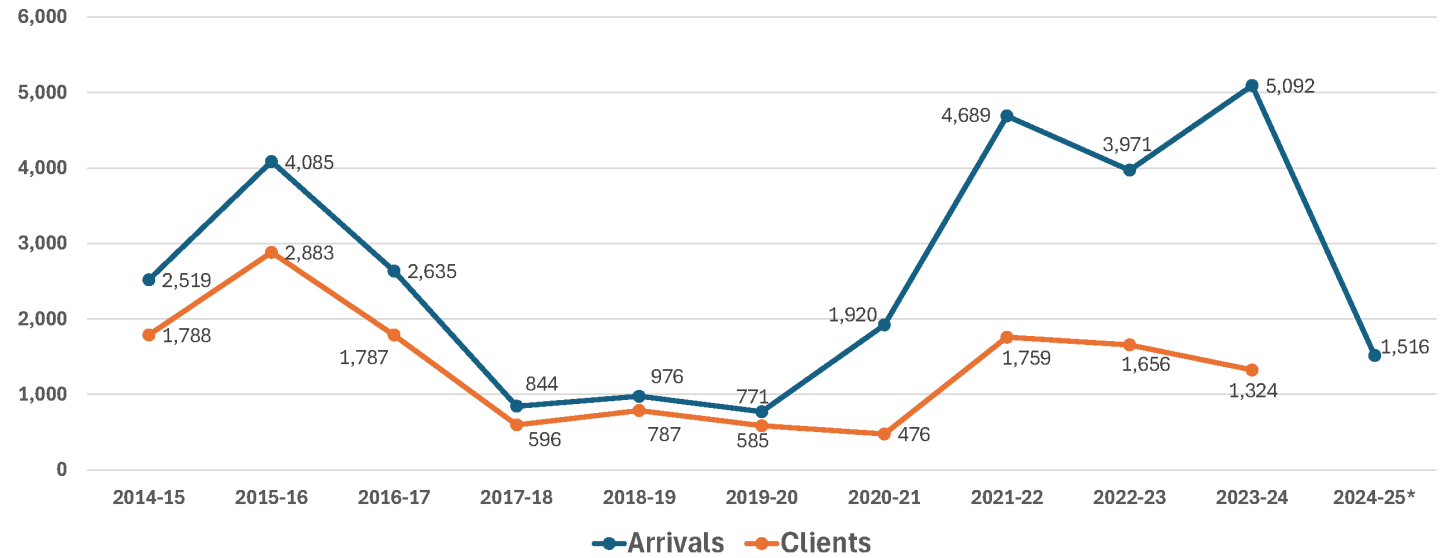
U.S. Refugee Admissions & Refugee Resettlement Ceilings, (FFY 1980-2026* (Q1))



Migration Policy Institute (MPI) Data Hub
<http://migrationpolicy.org/programs/data-hub>



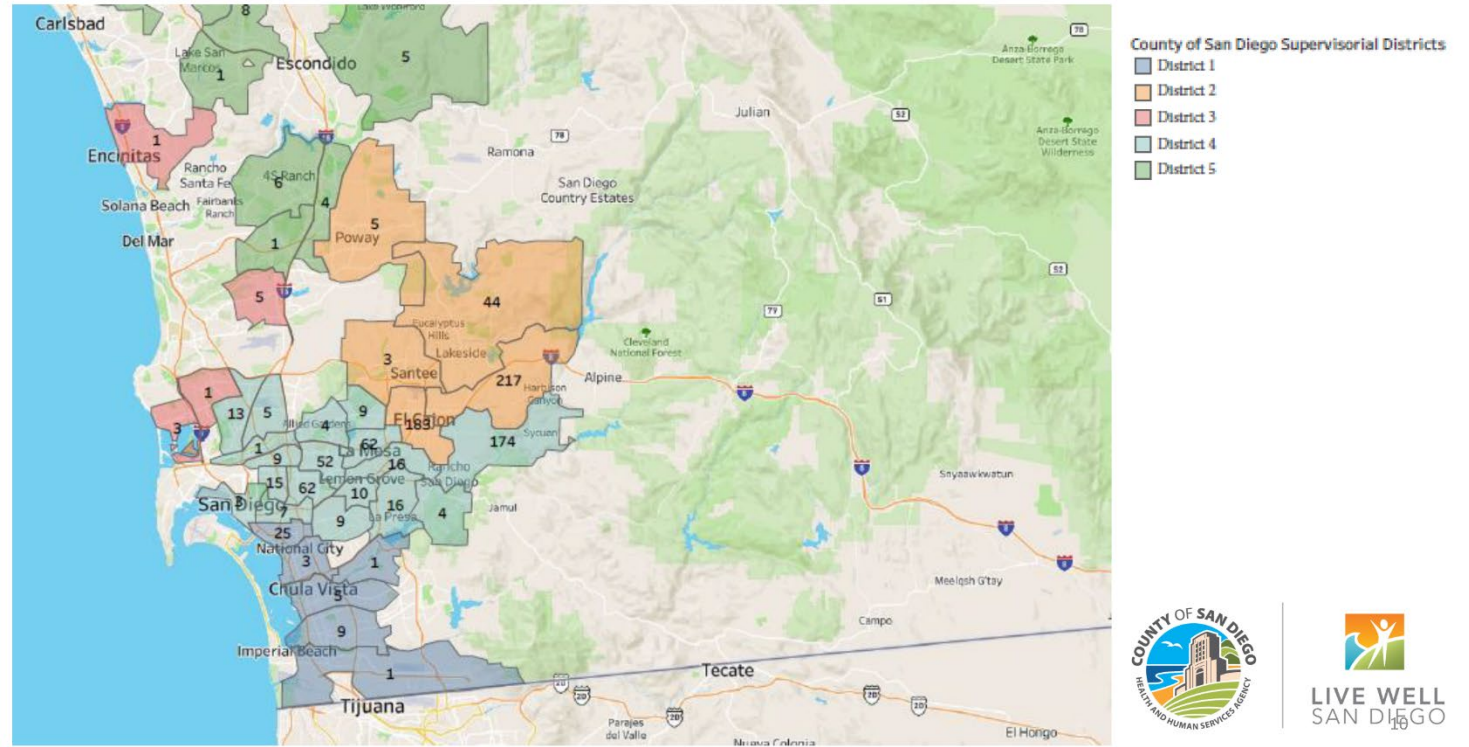
Arrivals to San Diego County and RHAP Clients



* Refers to FFY 2024-25 (Q1 – Q3), October - June



RHAP Clients by BOS District (FFY 24-25 – Current)



B-29 Waiver



	RHAP	RHPP	Total
COSTS			
FY 25-26 (9 months (Oct - June))	\$ 300,997	\$ 38,449	\$ 339,446
FY 26-27 (3 months (July - Sept))	\$ 100,332	\$ 12,816	\$ 113,149
Total	\$ 401,330	\$ 51,265	\$ 452,595
REVENUE			
FY 25-26 (9 months (Oct - June))	\$ 275,933	\$ 33,750	\$ 309,683
FY 26-27 (3 months (July - Sept))	\$ 91,978	\$ 11,250	\$ 103,228
Total	\$367,911	45,000	\$412,911
Total B-29 Waiver			
FY 25-26 (9 months (Oct - June))	\$25,064	\$4,699	\$29,763
FY 26-27 (3 months (July - Sept))	\$8,355	\$1,566	\$9,921
Total	\$33,419	\$6,265	\$39,684

Questions and Comments: None

IV. INFORMATIONAL ITEM

- A. HHSA Executive Office Fiscal Year 26-27 Public Health Services Fees Update Presentation, Charissa Japlit, Executive Finance Director, Health and Human Services Agency.**

HHSA Cost Recovery Proposed Fee Changes

**Health Services Advisory Board
April 7, 2026**

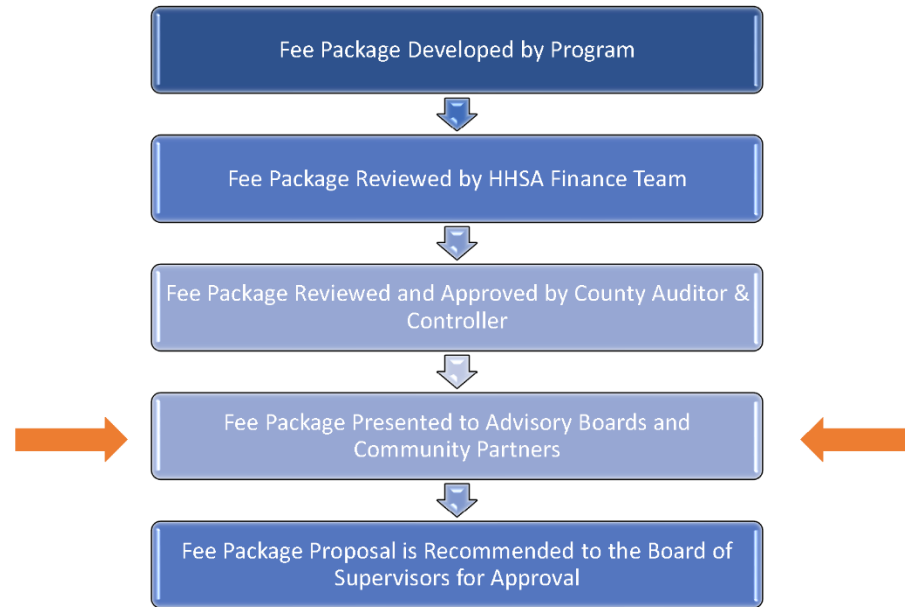


Need for Current Proposal



- Compliance with Board Policy B-29
- HHSA will present a comprehensive fee package to the Board of Supervisors (May 5, 2026):
 - Public Health Services
 - Behavioral Health Services
- Review of 132 fees:
 - 54 fees recommended for Board action for FY 26-27

APPROVAL Process



Fees & rates proposed for Board approval



Action	Number of Fees/Rates	Division Impact
Increases	24	<ul style="list-style-type: none"> Public Health Services - Lab (24)
Decreases	11	<ul style="list-style-type: none"> Public Health Services - Lab (10) Behavioral Health Services (1)
New	7	<ul style="list-style-type: none"> Public Health Services - Lab (7)
Delete	12	<ul style="list-style-type: none"> Public Health Services - Lab (12)
Total Fees	54	



PHS Fees

Action	Number of Fees/Rates	Division Impact
Increases	24	<ul style="list-style-type: none"> Public Health Services - Lab (24)
Decreases	10	<ul style="list-style-type: none"> Public Health Services - Lab (10)
New	7	<ul style="list-style-type: none"> Public Health Services - Lab (6) Public Health Services – Vital Records (1)
Delete	12	<ul style="list-style-type: none"> Public Health Services - Lab (12)
Total Fees	53	



BHS Fees & Rates

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

Contact Info



Rissa Japlit, Exec Finance Director, HHSA

(619) 531-5409

charissa.japlit@sdcounty.ca.gov



Proposed Fees & rates

Division	Number of Fees/Rates	Description	Net Revenue Impact
PHS - Lab	52	Laboratory fees	(\$28,090)
PHS Vital Records	1	Non-Contagious Diseases Letter	\$15,918
BHS	1	Edgemoor Private Pay Rate	\$0
Total	54		(\$12,172)



Public Health Laboratory

Action	Count	Fee Description
Increases	24	<ul style="list-style-type: none"> Water (13), Food-Borne (2), Rabies test) (1), Clinical (5), Non-Diagnostic General Health Assessment (3)
Decreases	10	<ul style="list-style-type: none"> Water (6), Clinical (3), Save Body Carcass Return (post-negative Rabies test) (1)
New	6	<ul style="list-style-type: none"> Clinical (5), Rabies Testing Extraction (1)
Delete	12	<ul style="list-style-type: none"> Clinical (12)
Total Fees	52	

Questions & Comments

James Lepanto: Usually when we have this, we've had this for several years. This is fairly new for the County, doing this annually; it wasn't that way before. I know this isn't a revenue generator, but do we see any revenue changes for this?

Charissa Japlit: Yeah, so we actually have a slide in the hip pocket. What's the detail—change to slide eight? We're actually decreasing overall revenue. These are decreasing within laboratories, so that's our big driver tied to the rate changes, and then it's offset by an increase because of this new fee within Vital Records. And then you see zero for Edgemoor private pay rate because this calculation was based on us not having any private-pay payers right now.

Minola Clarke Manson: Will the separation of BHS from HHSA affect any rate changes?

Charissa Japlit: I don't know what the future will hold, but not right now. We usually base our costs on our best information that we have right now. Some things I could see changing would be anything related to the overhead calculation, because with that separation in the future, that will change. Whether that's higher or lower remains to be seen. That component—the indirect cost—is done in collaboration with our business group. So HHSA, BHS will be considered technically a business group on its own. Auditor & Controller will work with them on that calculation, so that could change—could increase or decrease, but I'm not sure. In terms of other operating costs, I'm really not sure. I would imagine they'd remain the same because Edgemoor is based on their own standalone budget. If you look in our budgeting system, they have contained costs there.

Minola Clarke Manson: And connected to that—and you may have answered it—but the new complex that's going to be built on Rosecrans, will that shift fees as well? I know that's not going to be built for a couple of years.

Charissa Japlit: Those costs, I would imagine, would stay outside the fee calculation because they're not associated with Edgemoor, so they should stay isolated from any fee calculation that we have.

Barry Jantz: Mine's a general question. Because this is an informational item and we're not taking any action, how many of these do you get to do?

Charissa Japlit: I actually only come to you for the fee update itself.

Barry Jantz: So the other health-related advisory boards and commissions—do they see it, or are we seeing it as the umbrella organization?

Charissa Japlit: You are seeing it as the umbrella organization. We don't go to BHAB because Edgemoor is primarily in terms of behavioral health services rather than the skilled nursing side.

Barry Jantz: It was just a curiosity. I'm actually glad. I always love transparency, and I'm guessing none of the other boards are pining for a report like this. But I'm pleased you don't have to go through all of them doing the same thing over and over again, in a case like this. In other cases, I might say they all really should, but thank you.

Charissa Japlit: I do want to caveat, just to acknowledge, that this is a very high-level presentation because we are still going through the Auditor & Controller review process. So we tend not to put the numbers out there because in their review, numbers can change, potentially, even if it's a small amount based on any tweaks to any methodology or things they find. We've been going through this process and we've stuck to the same methodology, but that's just us being extra cautious.

James Lepanto: Are we having our budget next month? I can't remember the May revise, when that comes out. Will that be to be reflective of prior to the Governor's May revise or post?

	<p>Charissa Japlit: It will be prior. The budget is released in May, and then usually we revise right afterwards and if there are any significant changes, we evaluate whether or not we would address them in the change letter.</p>
<p>V. REPORTS</p>	<p style="text-align: center;">A. Youth Engagement</p> <p>Barry Jantz: We're still plugging away. Geysil and James and I did finish our responses to the County's initial input. We did send that back and we're waiting for the County to reply now. And we were hoping when that went back, that if there was going to be more input from the County on any changes, it wouldn't constitute another circular go-round for a month or so, but that we could maybe have a meeting and knock it out. So I think we're waiting to hear, correct?</p> <p>Anuj Bhatia: The comments that have been made so far have been very minor, so it doesn't seem like it would constitute the need for a meeting. We're just waiting on a few other members to finalize any comments they may have, but we're expecting to have a response to you very soon.</p> <p>James Lepanto: Is it possible to send a reminder out to those folks who have not replied, or is that asking too much?</p> <p>Anuj Bhatia: No, it's been done.</p> <p>Barry Jantz: I was reminding them yesterday. And of course, what we're talking about is our communication to the Board of Supervisors, laying out in detail what we want to do with our youth engagement piece. So we can get any input from them and then, at some point, finalize the process—which we have a goal to complete this year.</p> <p>James Lepanto: We started this before COVID. And then COVID—we kind of took a time-out. It's a long-term process. I'm hoping we can wrap it up pretty quickly.</p> <p style="text-align: center;">B. Meetings with Supervisor Offices</p> <p>Barry Jantz: So last month—thank you, James, and Geysil, I know you're online—for reporting out on a meeting with your supervisor. And I know, Dr. Afflalo, you had chimed in as well, saying you were doing some—just a reminder, that's a goal for this year. We're hoping you all take some time to do that. So we're going to leave it under Reports as “Meetings with Supervisors’ Offices,” if anybody wants to report out. I'm not going to report out on a conversation I had with my supervisor because there will still be a meeting. But I did have a little bit of a conversation with County Supervisor Anderson about part of the proposal the County is looking at for the November ballot, an initiative or measure—about changes in the makeup of supervisorial seats. I thought that was part of it. I think they were talking about the CAO being an elected position instead of a hired position. Some of you may be tracking that. And those two seemed to be generating the most interest. But there was a third item that jumped out at me, and that was an increased number of advisory boards and commissions. So my conversation with Supervisor Anderson was simply, “As you track that, I hope you'll take into account that sometimes we feel you don't pay enough attention to your advisory boards and commissions already.” So it's curious to me what would be</p>

behind adding more. And there was no answer from him, because I don't think he knows what that proposal is about right now. But that constitutes—not an official meeting—but at least a conversation related to what we've been talking about.

James: Well, I do want to point out that we have Michael Kennedy here again, from Supervisor Montgomery Steppe's office.

Barry Jantz: When Michael finds himself here, he finds himself in some great discussions. And my purpose in telling you that was just to let you know where I was coming from.

James: I just want to thank you for being here, Michael. We had talked about supervisors' staff or the supervisors coming, and Michael's been here twice already, so I appreciate that.

Barry Jantz: Anybody else would like to report out any conversations or discussions they've had? And when we say "supervisor offices," that could be the supervisor or staff in their office.

Tim Fraser: I'll just report—as an institutional seat, we don't have an assigned supervisor—but we were in conversations with at least three of the offices in regards to the Safety Net Bridge Program over the last month or two.

Barry Jantz: And Minola, you're getting here after we did this kind of strategic plan thing a couple of years ago, and then we set some goals for this year. Specifically, the goal was that the ten of us (I think it's nine of us right now) who are actually appointed by supervisors would have a goal of trying to meet with those offices, to talk about what we do and remind them that we're here, and those sorts of things. And so it wasn't so much for those of you that aren't appointed by supervisors—but certainly it helps to know you're meeting with them as well.

Minola Clarke Manson: So I just wanted to reinforce that we've done the same thing on the Behavioral Health Advisory Board, and it is helpful in two ways to have regular conversations. One, as supervisors, we're actually doing our job being liaisons. But also, they have a better idea of what they are going to support or not support by what we're saying to them and how we're giving them that information. It's really valuable for them. So I appreciate that it's encouraged here as well.

Barry Jantz: Yeah. And I don't think you were online for the last meeting. So Heyse and James reported out on their meeting—which included Michael sitting back here. So it was very positive.

James: Yeah. Great meeting.

Barry Jantz: And all of a sudden he's here two meetings in a row.

Adrienne Yancey: Mr. Chair, a member of the public has stated that he has a question, if you're entertaining.

Member of Public: I think I found the answer to my question, but my question was: Anytime that you would change the charter regarding the CAO's position, does that require a vote from the citizens? A majority approval from the citizens of the County?

Barry Jantz: Yeah, there's been some discussion. There's been a little bit of it in the news. It's certainly not within our purview. It was more kind of, I know some folks here in their jobs are probably tracking things like that. And there was some discussion about the CAO, who is the single lead employee for the County that works for the Board of Supervisors, to be an elected position instead of an appointed one. Is that the way I understood it? Anybody else want to nod their head up and down or shake? So where that is—an extension of term limits for supervisors was the other part of it. I'm not clear where that is right now, but the way I heard it, it was potentially being looked at for the November election—not the election coming up in two months.

Tim Fraser: In addition to the half-cent sales tax.

Barry Jantz: So we're really getting off our mark here in what we do. It's just part of the conversation I was having with my supervisor.

C. SB 707 Update

Barry Jantz: As you know, last month we talked about the changes to the Brown Act, we talked about the potential changes for us. We approved sending a letter to the Board of Supervisors asking us to be included when they give that consideration. That has gone—I believe we attached it to the agenda. It means nothing until the Board of Supervisors takes action, and the requirement is they have to take action, and then we would have to take an official action that we really want to be part of it or no. So we'd have a full-length discussion then about it. There are positives and negatives as I see it, and we could be all over the place on what that may mean for us. We'll see what happens. Any news on how many other advisory boards and commissions have sent similar letters?

Dr. Anuj Bhatia: So I know that the memo that went forward from the HSAB was the only such memo request that went forward from HHSA. And I was told by the Clerk of the Board that this memo request will be included in a combined board letter for all advisory boards for the County, going before the Board of Supervisors at the April 21st meeting.

Barry Jantz: Do we know if other health-related advisory boards and commissions had considered—but decided they didn't want to send one?

Dr. Anuj Bhatia: Some have, yes. Some others decided not to, for various reasons.

Minola Clarke Manson: What is the request?

Barry Jantz: So there have been some changes to the Brown Act—the state open meeting law. The changes that would affect advisory boards and commissions at the County would be an allowance to have our meetings and get a quorum by meeting online, virtually. That’s the main change. So we’ve simply sent a memo requesting us to potentially be included. It’s not a final decision whether we want to go there or not. Obviously, a downside is that if we can get to a quorum by meeting virtually, I’m thinking we’re going to start to see an empty room here. You still have to have a place where the public comes and where staff is conducting the meeting; you can’t do it all online. That’s part of the Brown Act as well. So I can see the chair being here, even though there’s no requirement that the chair be here. That’s a downside. The upside is what we were facing a few years ago, which we haven’t had in a couple of years: we were having difficulty getting to an in-person quorum. We’ve increased our numbers, I think we’ve injected some interest, and we haven’t had that problem now, I don’t even think we’ve been close to it for several months.

Adrienne Yancey: So as Dr. Bhatia has stated, for Health and Human Services Agency at this time, you are the only board that put forward a letter saying that you would like to be considered for this. And as stated, that will be heard April 21st. Now, this is something that advisory boards will have to do every six months. So there’s an option for the other advisory boards—including the Behavioral Health Advisory Board—to consider whether they want to report in that way. And if so, then in October, it will be heard at that time.

James Lepanto: Basically, sending the letter just says we’d like to be involved for our board in the discussions, and come to a choice within our board to either do that or not do that.

Adrienne Yancey: Correct. A letter had to be submitted to the Board, and the board letter heard on the 21st, before you can officially consider that as an option. So the other boards can’t do that at this time, but they can in October if they submit such a letter.

Barry Jantz: Yeah, but first the Board of Supervisors needs to do something on April 21st that would allow us to even take the next step.

Adrienne Yancey: And I can say that the BHAB is not a concern.

Barry Jantz: It’s not a concern because you’ve got a quorum that’s willing to meet in person. Possibly.

Jack Dailey: And I’ll just note that in Healthy San Diego, it was discussed briefly, but the council wasn’t ready, I think, to fully brief the group on it. And so we decided to punt effectively until the next round, where they could put their hat in the ring for consideration.

D. Public Health Lab Tour Update: on 4/9/26

Barry Jantz: The Public Health Lab tour is taking place in two days, on Thursday, at 11. Some of you have signed up. Some of us have signed up and now can't go, such as me. But the other day you asked if some staff wanted to attend, and I didn't even think you needed to ask. I mean, it was like, the more the merrier as far as I'm concerned. But if anybody hasn't signed up and would like to attend, do so.

Dr. Anuj Bhatia: At this point, we are not at quorum. We have not noticed this. We're at five members at this point, Barry, who will be attending. So if we do increase our numbers and hit quorum, we would need to notice it, which would complicate things because it would require a 72-hour notice. But if anyone is interested, please do.

Barry Jantz: I think when the lab opened, a few of us were there. We did a group photo. I don't think I saw the group photo after that, but it would be nice to do a group photo for those who are there, and we could splash that out a little bit somehow.

James Lepanto: I think it's going to be an interesting tour. It's a beautiful facility, and state-of-the-art. I think we should be very proud of it. It's probably one of the best public health labs in the country now.

E. Report from Dr. Jennifer Tuteur, Chief Medical Officer

James Lepanto: What is the classification for work? Does that also involve some volunteering in the community? Can you clarify that?

Dr. Tuteur: Yes, I would give you the webpage, but I always just Google it myself. I Google "San Diego County eligibility," or "work requirements," or "HR1," and it comes up. There are three things: you can be in school, you can work, or you can do community service/volunteer. Working needs to be 20 hours a month for CalFresh, and school, I believe, is part-time. And I believe—the volunteer—is 20 hours a month as well. I'm so sorry—20 hours a *week*. It's 40 hours a month. Thank you very much.

Dr. Seldin: I have a question about this volunteer thing, because this is forced upon people, in a way. They really want this benefit, and if they do, they have to volunteer—some may have volunteered anyway—but to sign up for something in order to get some food they used to get before without doing that. But what we have now, I'm assuming, is a whole cadre of people doing this part-time volunteer work. And how is that being handled? Is there a particular way they register so that there a record of legitimate type volunteering and how it's checked? And then is that a source of things being done that are good for the population as a whole?

Dr. Tuteur: Once the June 1st requirements start with CalFresh, we'll have a little more information. And certainly once it starts for Medi-Cal on January 1st—because that affects 314,000 people—then we'll have more information. We don't even

know yet from Medi-Cal—the feds haven’t told the state, and the state hasn’t told us, what that documentation needs to look like. I know they’re tracking a lot of metrics, and I will pass that along to you, Dr. Seldin. It’s something they’re already planning.

Samhita Ilango: Are there programs helping folks get jobs or connecting them with volunteer programs or job programs?

Dr. Tuteur: Yes. So 2-1-1 is the central navigation hub. For folks on Medi-Cal, there are community supports, enhanced care management, legal aid, navigators, and through our Office of Homeless Solutions—because people experiencing homelessness are no longer exempt from work requirements. So yes, there are several ways people can get assistance. And if folks call Self-Sufficiency Services, they’ll get connected. If they call their Medi-Cal managed care plan, they’ll get connected. But not only has there been more training with our self-sufficiency services, but also with 2-1-1 to handle that.

Minola Clarke Manson: I’m concerned about all of it. I was going to say I’m concerned about one particular portion, but I realize I’m concerned about all of it. I’m concerned about organizations—I’m thinking about Lemon Grove. Lemon Grove has 27,000 people and 18 community service organizations. All of them are nonprofits, and none of them are registered with 2-1-1—and they’re not going to be, because it’s too much work. If I’m not registered, but I have tons of work I need volunteers for, will I be able to use any of these people—especially people who are homeless who are in Lemon Grove?

Dr. Tuteur: That’s a great question. Basically, how would people in Lemon Grove who have transportation barriers to volunteer in Lemon Grove know about these 18 CBOs? Wonderful question—I don’t know the answer, but I can look into it and we can chat later. The first thing that comes to mind is our Live Well partners and our Live Well regional partners. We have that Clinical Leadership Team (CLT) that is comprised of CBOs. And I know that some Medi-Cal managed care plans are looking to find out how we can connect members to volunteer services and get that documentation. So we’ve lobbied—the supervisors have lobbied—we’ve all been really working to get that information, to get the requirements from the feds and state as soon as possible so we can put together those networks. KellyAnne Rodriguez is the East County regional lead. I’m happy to connect you with her so we can start thinking about what would work in that community, and how can we get that information out in some of the Federally Qualified Health Centers, some of the libraries, so that we can connect folks. And that’s what we’re really trying to do throughout the whole county.

James Lepanto: I think this is also an opportunity. There are a lot of nonprofits that need volunteers and aren’t able to recruit enough. So I was going to mention Live Well—the County has an excellent connection and contact list. I’d be curious to know the strategy not only to inform people who need volunteer work to qualify, but also to reach different sectors and not-for-profits that could benefit from the volunteer hours and help people meet the requirements for CalFresh.

Dr. Tuteur: Our director, Liz Hernandez—who you all know well—has stood up an Incident Command Center in HHSA, and we’ve we’ve gone back to sector work like we did in COVID. We will have all-sector meetings, and some meetings that are specific to municipalities, and to faith-based organizations, and healthcare sectors. I think that through the Incident Command organization, those conversations will continue. It’s a very broad endeavor.

	<p>James Lepanto: And sometimes people who volunteer for organizations eventually become employees of those organizations. It's a domino effect, possibly.</p> <p>Dr. Seldin: Since you brought it up, I want to mention SaveOurDentalCare.org. They explain what will happen if Medi-Cal Dental support drops. It will affect so many things—oral health, emergency rooms. We saw this in 2009–10 when benefits were cut. It's being fought, but so far we don't know. People should look at the site and join the coalition. This is a sleeper issue—most people aren't aware, and it will impact enormous numbers of Medi-Cal dental recipients.</p> <p>James Lepanto: And this isn't only going to affect adults. Another tragic piece of this is that's going to impact children's health dramatically—dental health affects everything.</p> <p>Dr. Tuteur: So the able-bodied adults are the 18 to 64 without dependents, but definitely CalFresh are households, and the renewals are households.</p> <p>Tim Fraser: It's important to note the advocacy work that's happening around medical frailty—trying to get two chronic conditions to qualify as medical frailty. That would take some of the 314,000 people off the ABOD rolls. The rule is sitting with OMB now. We should get an answer soon about what will be required for work-requirement validation. That should be coming in the next month.</p>
<p>VI. PUBLIC HEALTH SERVICES LEADERSHIP REPORT</p> <p>Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS</p> <p>Adrienne Yancey, MPH, Interim Director, PHS</p>	<p>Health Services Advisory Board Meeting Public Health Services Report Sayone Thihalolipavan, M.D., M.P.H., Public Health Officer, PHS</p>



Health Services Advisory Board Meeting Public Health Services Report

April 7, 2026





Public Health Officer Update

Sayone Thihalolipavan, M.D., M.P.H.
Public Health Officer
Public Health Services



Respiratory Virus Surveillance

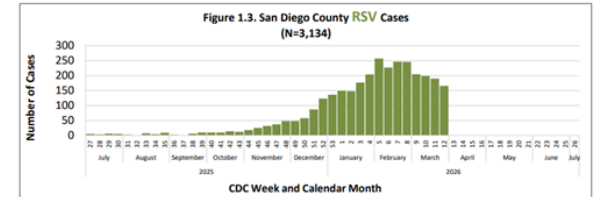
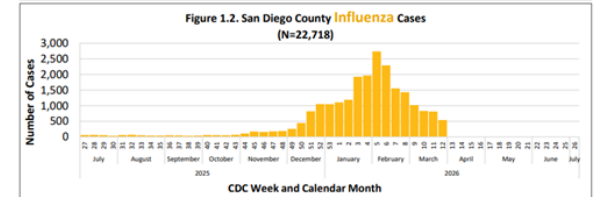
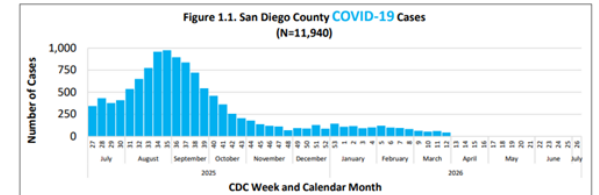
Highlights
**San Diego County
Respiratory Virus Surveillance Report**
Prepared by Epidemiology and Immunization Services Branch
www.sdepi.org

April 2, 2026

COVID-19	Influenza	RSV
Hospitalizations 2,204	Hospitalizations 2,561	Hospitalizations 651
Deaths 84	Deaths 60	Deaths 10
Outbreaks* 110	Outbreaks* 32	Outbreaks* 6
6/29/2025 – 3/28/2026	6/29/2025 – 3/28/2026	6/29/2025 – 3/28/2026

*In residential congregate settings

COVID-19, Influenza, and RSV Cases by CDC Episode Week, * 2025-26 Season-to-Date



*Episode date is the earliest available of symptom onset date, specimen collection date, date of death, date reported. Data for the most recent week may be incomplete.

Updated April 2, 2026. Data through March 28, 2026. Data are preliminary and subject to change.
https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/respiratoryviruses/surveillance.html
https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/phs/Epidemiology/SDC_Respiratory_Virus_Surveillance_Report.pdf



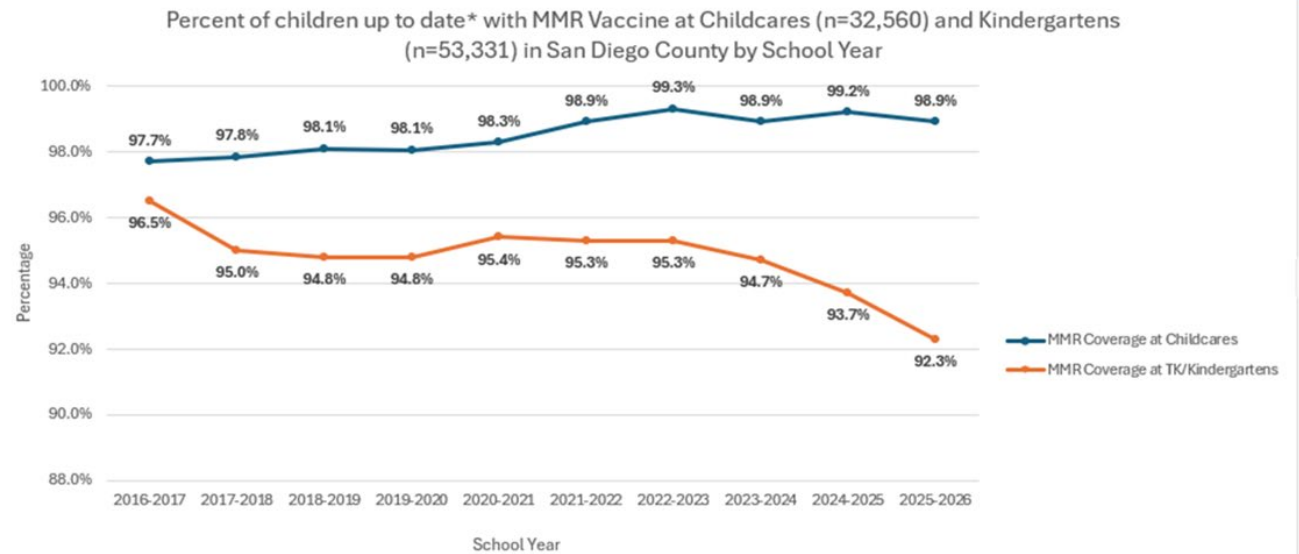
March 12 Health Alert: CDPH Recommends Immunizing Infants with RSV Monoclonal Antibodies through April 2026

Key Messages

- Respiratory Syncytial Virus (RSV) transmission is continuing throughout California. In [San Diego County](#), the 2025-2026 RSV season started late and RSV activity remains elevated. For the week ending March 7, 2026, RSV test positivity was 8% among all ages.
- The California Department of Public Health (CDPH) issued a [health alert](#) on March 10, 2026, extending RSV immunization of eligible infants and young children with RSV monoclonal antibody products through April 30, 2026.
- The Vaccines for Children (VFC) program provides nirsevimab and clesrovimab at no cost for providers immunizing children who are: Medi-Cal eligible, uninsured, underinsured, and American Indian/Alaska Native.
- Under [AB144](#), California regulated health plans are required to cover RSV immunization based on CDPH guidance.



2016-2026 Kindergarten Immunization Coverage Over Time



*The data shown above reflects self-reported data by childcares and schools with Kindergarten and 7th grade levels who are eligible to report. UTD means children in childcare ages 18 months to 5 years who have received 1 dose MMR and in Kindergarten ages 4 years and older who have 2 doses of MMR. Doses must be given on or after the 1st birthday to count toward the

Data Source: CAIR Hub Immunization Reporting Portal

HEALTH

County Urges Residents Throw Out Cheddar Cheese Linked to E.coli Outbreak



By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office
Apr. 2, 2026 | 5:28 PM

- County Public Health officials are warning people not to eat RAW FARM raw cheddar cheese because it has been linked to a Shiga-toxin producing E.coli outbreak that has made two people in San Diego sick.
- On April 2, [the company issued a voluntary recall](#) on its raw milk cheddar cheese (original and jalapeno flavored), shredded and block products.
- County health officials recommend people throw away any RAW FARM raw cheddar cheese products (original and jalapeno flavored) purchased after Jan. 4, 2026.
- RAW FARM has been linked to previous outbreaks involving unpasteurized, or [“raw,” milk products](#). The largest raw milk outbreak in U.S. history was identified in San Diego in 2023–24.

[County Urges Residents Throw Out Cheddar Cheese Linked to E.coli Outbreak | News | San Diego County News Center](#)

HEALTH

County Employees Start Donating to 42nd Annual Blood Drive



County Employees Start Donating to 42nd Annual Blood Drive
From a US county public health authority

Watch on YouTube

Video by José Eli Villanueva

By [Cassie N. Saunders](#), County of San Diego Communications Office
Apr. 1, 2026 | 2:24 PM

- The 42nd annual County Blood Drive event kicked off Wednesday outside the downtown County Administration Center in front of the San Diego Blood Bank's mobile donation center.
- It is the third longest running blood drive in the San Diego Blood Bank's history and helps supply the approximately 350 pints of blood local hospitals need each day. One in seven people entering a hospital need blood.
- The County's annual blood drive is among the largest collection events organized by the San Diego Blood Bank. Both County and non-County employees are welcome to sign up and donate.
- [Book and appointment today.](#)

[County Employees Start Donating to 42nd Annual Blood Drive | News | San Diego County News Center](#)



- The County has launched a new [interactive dashboard](#) that gives residents a real-time look at the region’s affordable housing inventory.
- The dashboard offers users a clearer picture of how affordable housing is growing across the region, including for those with income restrictions, people experiencing or at risk of homelessness and those with disabilities.
- The Affordable Housing Inventory dashboard is viewable as part of the County’s new [Housing for All Hub](#), a one-stop site for housing resources, services, data. It also features the [Affordable Housing Map](#) showing eligibility guidelines and property information.

[County Launches New Dashboard Showing Affordable Housing Inventory | News | San Diego County News Center](#)

Your Local Epidemiologist



We all need to become better science storytellers. Here's why and how.

- Stories are not the default way most people communicate about science and public health. Health professionals are taught to take all the emotion out of data. However, if people can't see themselves in it, feel themselves in it, or influence it, how can we ask them to support it?
 - Scientific evidence [shows](#) that when people listen to a story (versus a jumbled, out-of-order version), more of their brain lights up, and their brain patterns start to match those of other listeners and even the [person telling the story](#). This mental sync-up is actually a good predictor of how much someone will remember later.
- [Study](#) after [study backs this up](#): *people remember information better when it's delivered as a story rather than a list of facts or **statistics**.*

High-level tips for scientists to become better storytellers

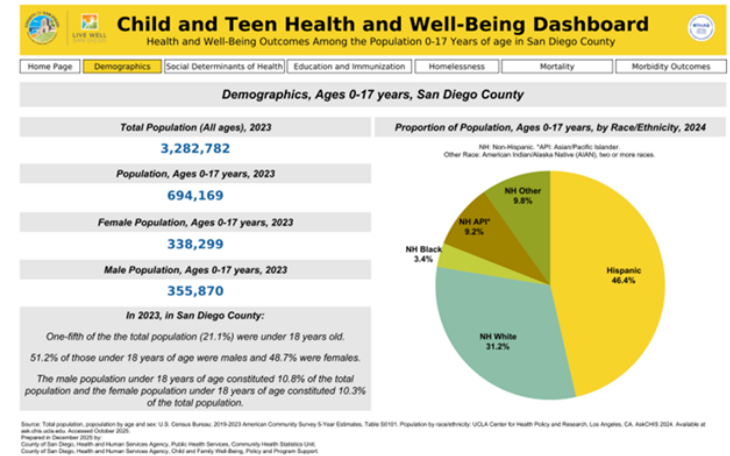
1. **Just Start:** Try writing and telling stories. Practice speaking it and edit from there.
2. **Know Your One Thing:** Build your story around piece(s) of information someone will remember.
3. **Find Your Story:** Tell your story that connects to the thing you want someone to learn.
4. **Craft the Narrative:** Start with a hook, then tell the story. Add detailed setting and emotion. End strong.
5. **Let the Science Emerge from the Story:** Don't lead with data or definitions. Tell the human experience first.

Source: [Elisabeth Marnik, M.D., Your Local Epidemiologist: We all need to become better science storytellers. Here's why and how. \(April 3, 2026\)](#)



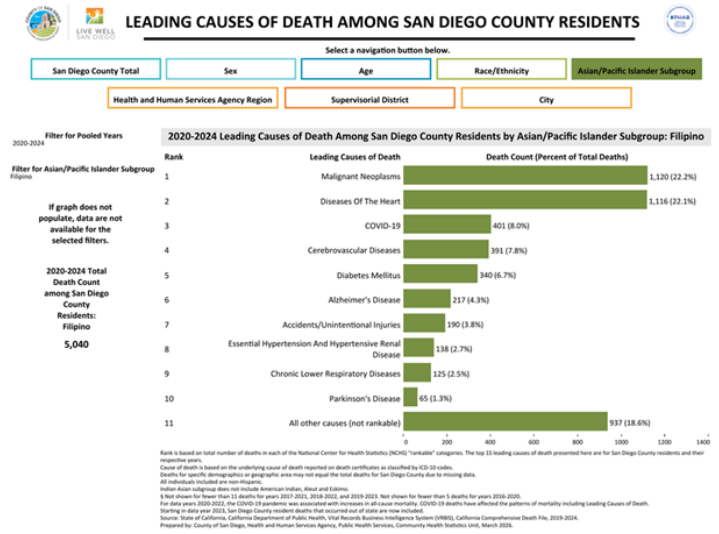
Child and Teen Health and Well-Being

- The **Child and Teen Health and Well-Being dashboard** and brief highlight data for the population 0-17 years of age in San Diego County, including demographics, social determinants of health, education, immunization, homelessness, mortality and morbidity outcomes.
- Dashboard: [Child and Teen Health and Well-Being Dashboard | Tableau Public](#)
- Brief: [Child and Teen Health and Well-Being Brief](#)



Leading Causes of Death

- The **Leading Causes of Death dashboard and tables** display the top causes of death among San Diego County residents by year, sex, age group, race/ethnicity, Asian/Pacific Islander subgroup, and HHS Region, Supervisorial District and City.
- Dashboard: [Leading Causes of Death Among San Diego County Residents | Tableau Public](#)
- Tables: [CHSU Mortality Data - Leading Causes of Death](#)



Regional Health Status Reports

- The **Regional Health Status Reports** provide an overview of each HHS Region and its subregional areas, highlighting key takeaways from health and sociodemographic data.
- [Central Region Health Status Report](#)
- [East Region Health Status Report](#)
- [North Central Region Health Status Report](#)
- [North Coastal Region Health Status Report](#)
- [North Inland Region Health Status Report](#)
- [South Region Health Status Report](#)





DHCS Hosting Public Best Practices Webinar on April 17



▶ *PATH Upcoming Events*

Friday, April 17, 2026, 10 to 11 a.m. PDT

"Accelerating Improvement with the California Advancing and Innovating Medical (CalAIM) Collaborative Planning and Implementation (CPI) Best Practices and Sustainability Toolkits"

The webinar is part of a biannual series of PATH CPI webinars designed to highlight best practices for implementing Enhanced Care Management (ECM) and Community Supports, increase providers' successful participation in CalAIM, and improve collaboration with Medi-Cal health plans, state and local government agencies, providers, and community-based organizations to build and deliver quality benefits and services to Medi-Cal members.

Accelerating Improvement with the CalAIM CPI Best Practices and Sustainability Toolkits

Friday, April 17, 2026 | 10 to 11 a.m. PDT

Register at: [Webinar Registration - Zoom](#)




Tijuana River Valley Sewage Crisis Updates



HEALTH

Weekend Tijuana River Valley H2S Emissions Exceeded Federal Guideline



By [Fernanda Lopez Halvorson](#), County of San Diego Communications Office
Apr. 6, 2026 | 5:05 PM

- People in the South Bay this past weekend, especially those living near the Tijuana River Valley (TJRV), experienced high hydrogen sulfide (H2S) emissions, often recognized by a strong rotten egg smell.
- San Diego Air Pollution Control District monitors reported the average hydrogen sulfide emissions in the Tijuana River Valley in the four-hour period between 9 p.m. Sunday and 1 a.m.
- The County continues to work together with SDAPCD and other partners to monitor conditions and update the public the affected South Bay communities.

[Weekend Tijuana River Valley H2S Emissions Exceeded Federal Guideline | News | San Diego County News Center](#)

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Questions & Comments

James Lepanto: You were talking about an index of affordable housing. How are you defining affordable housing? I didn't hear "low-income housing." The benchmark for "affordable housing" is actually quite a bit of money in San Diego. Are you using a state or federal standard?

Dr. Thihalolipavan: Can someone go back to that slide? And James—I'm sorry, this is not my content area, so I can't definitively answer, but I will follow up. And James, I did put in the chat the press release from last month about STI rates going down—I agree it would be wonderful do a deeper dive.

Tim Fraser: I have a quick question on the Tijuana River. I know we declared an economic emergency and an environmental emergency, but we did not declare a health emergency. Has that changed?

Dr. Thihalolipavan: No, I have not proclaimed a local health emergency. But in my opinion, a “local emergency,” which is what is currently declared, is broader than a health emergency—it encompasses it. I’m not leaving that off the table, but there’s no additional funding or benefits that would come along with it. We would also have to return to the Board every 30 days for renewal, which is a little bit more challenging. I’ve spoken to the state health officer, and they said it would not help the state declare an emergency, which they’ve been reluctant to do. If it would add value, I’d gladly do it—especially if we exceeded Level 2 of hydrogen sulfide, where it has irreversible health damages, or we needed to do evacuations. Does that help?

Tim Fraser: It does. I wish the state would be responding better. They say no, it doesn’t help to declare a health emergency, but I think it should at least be able to shake some dollars or something from them when we say it’s not just environmental, people’s health could be at irreparable risk, or at least help folks down the line with a class-action lawsuit. But I defer to the County.

Minola Clarke Manson: I have a concern along the same lines. Would a health emergency help staff? One of the things that we do in any organization is that we provide some service outside, and we forget to provide the same service inside. We provide services to the community, but what are we doing to help the people who are providing services to the community—the social workers, the health educators, the navigators—who go into the community, not having masks and all those things because it’s not a health emergency. I’m thinking maybe it helps with providing safety for our staff.

Dr. Thihalolipavan: Thank you, Minola—very reasonable point. There is value in labeling it from a different angle, even if it doesn’t change funding. Our hydrogen sulfide guidance applies to anyone, whether it’s staff and community. Internally, we’ve talked about monitors, air purifiers, etc., for County Parks & Rec staff working in the area. Every organization should adapt community guidance for their staff. The good news is that although levels are higher than before, the EPA still classifies them at Level 1, which are reversible. I think that for people living there, it doesn’t *feel* reversible because you’re dealing with it chronically. The IBWC is turning on the pump—over three days—which should reduce flows to roughly 20 million gallons a day that are coming over the border, and that should reduce levels, just by cutting the volume in half.

Dr. Tuteur: I have a Google answer to a previous question: affordable housing in San Diego is defined as housing costing no more than 30% of your household income, including utilities.

Joanne Franciscus: I’ll just say that the 30% standard may be increasing due to deficits in the Section 8 program. I know for a fact that many Section 8 households now pay 40%. With the expiration of Emergency Housing Vouchers after COVID-19, PHAs are making changes—people can now pay up to 40% of their income in subsidized housing. With LIHTC units, rents are fixed and not tied to the household’s income—your income can go down, but you’re still paying the same rent. These are considered affordable, but the percentage paid may be substantially higher.



Public Health Director Update

Adrienne Yancey, M.P.H.
Interim Public Health Director
Public Health Services



Public Health Services



BOARD LETTER FORECAST

Board Meeting Date	Subject
April 21, 2026	Authorize acceptance of funding for the Refugee Health Programs (RHAP/RHPP) and apply for future funding opportunities
April 21, 2026	Authorize acceptance of funding for Sexually Transmitted Infection Prevention and Collaboration, from CDPH
May 19, 2026	Authorize acceptance of funding from California Department of Public Health for Future of Public Health Funding
July 14, 2026	Authorize acceptance of funding from California Department of Public Health for the Maternal, Child, and Adolescent Health Program and the California Home Visiting Program Innovation 3.0 Funding Award
July 14, 2026	Authorize acceptance of funding from California Department of Public Health for the Black Infant Health Program and the Perinatal Equity Initiative
August 18, 2026	Authorize acceptance of funding from the CDC for Strengthening US Public Health Infrastructure and Workforce via the Public Health Infrastructure Grant
September 15, 2026	Authorize Certification Statements for California Children's Services Programs

Confidential: Subject to the deliberative process.

Highlight: 2026 Binational Symposium for Emergency Care for Pediatrics and Adults

- The Office of Border Health coordinated the 1st Binational Symposium on Emergency Care for Pediatric and Adult Patients at CECUT (Tijuana Cultural Center), Baja California, on both Wednesday and Thursday, January 21st through 22nd, 2026 from 8:00 a.m. to 3:00 p.m. (PST).
- This symposium was a collaborative effort with Hospital Florence, Florence Health, UC San Diego Health, Center for Regulatory Emergencies (CRUM) Baja California, and Rady Children's Health.
- With **295 total attendees**, this symposium brought together emergency medicine physicians, pediatricians, public health professionals, medical students, and community leaders committed to advancing emergency care for pediatric and adult health through shared knowledge, clinical workshops, and binational partnerships.



2026

Ready. Set. Action!

Live Well San Diego Public Health Champion Awards Ceremony

Celebrating 25 Years of Public Health Champions

RSVP at: <https://www.surveymonkey.com/r/Q9WJJ7V>



April 10, 2026
12:30 PM – 2:30 PM
Board Chambers
1600 Pacific Highway
3rd Floor, Room 310



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:

Tim Fraser: Can I just ask about the May 19th board letter?

Adrienne Yancey: Future of Public Health Funding. That will probably be sent to you later in the year. If we've been asked not to do July 14th, it'll be moved August 18th. Your question is?

Tim Fraser: Maybe we don't put it on consent until we have a presentation on it. With the May revise, we may find out what other money will be coming into the County and we may want to review it.

Adrienne Yancey: Absolutely, that would be fine. We are waiting for final word, but I was at the County Health Executives of California meeting last week. And we were told by the state that our allocation should be the same. However, we have not

	<p>received that in writing. So hopefully that will hold true. But we'll have to wait till the May revise to see if there's been any of the changes to that.</p> <p>Barry Jantz: I mean, based on some of the discussions we've had, it's pretty consistent with something we'd want to discuss, right?</p> <p>Adrienne Yancey: We'd be happy to give you an update of what we've been able to do. This has been funding that has put us to, one, increase our staffing for the public health department, and as other grant sources have been eliminated, it allows us to shift some staff over.</p>
<p>VII. ROUNDTABLE</p>	<p>Barry Jantz: Suzanne, tell us about your movie.</p> <p>Dr. Suzanne Afflalo: It was a documentary on the life and legacy of me. I'm the star. No, I'm just kidding. It really is just a compilation of the work I've been doing in the community for the last 20, 30 years since I got here to San Diego. And the filmmaker did an amazing job putting it all together. Also highlighting the things at the health fair. So we had an aerial through the health fair, the services that are there, for other things that I did. So there is an opportunity for you that weren't able to make it to the Gala, which was amazing. We were in the <i>Voice and Viewpoint</i>. But anyway, I felt like a little princess that day. But they are going to have a showing again on Saturday, April 25th, if they can get all that scaffolding down from out of the main first floor of the Natural History Museum. They're planning on doing like three showings, six, seven, and eight o'clock.</p> <p>Barry Jantz: And I had seen an email on that. Is that something we can share with the group?</p> <p>Dr. Suzanne Afflalo: Absolutely. I will say that we continue to work really hard at the monthly community health and resource fair. We're actually increasing the services, especially for the bridge gap, because there are going to be people that are gonna lose their calfresh so we actually fed about 430 families last week with food from Phoenix San Diego and San Diego Food Bank. But also other services are are being added. So we just had this past week liver scan. So for people looking for steatosis and cirrhosis and things like that, which is amazing, free to the community. There's also the blood test, Shield, for colon cancer. The LWOW Mobile comes there to provide services. Shiley Eye Mobile is there. Humane Society is coming quarterly. But we just find that the need is greater and we plan to be there as long as we can because now we have to help with the bridge safety, at least in terms of food security and maybe screening, because we're finding a lot of people that are undiagnosed hypertensives, undiagnosed diabetics with A1Cs of 12 and things like that. So we need to find somewhere to send them, but identifying it is half the battle. So if you know of any other services, please send them my way so we can add them to the to the roster. There's at least 50 vendors that come out each time along with all of the other mobiles that are out there.</p> <p>Dr. Anuj Bhatia: So Dr. Thihalolipavan had actually entered the chat definition of affordable housing from the Director of Housing and Community Development Services. So I just wanted to read it: "Affordable permanent housing is a long-term</p>

	stable housing that costs no more than 30% of a household's income, often paired with supportive services for vulnerable populations.”
VIII. PUBLIC COMMENT	None.
IX. ADJOURN	Meeting adjourned at 4:40 PM.
Next Meeting	HSAB Monthly Meeting: Tuesday, May 12, 2026 CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm