



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

**Tuesday, March 10, 2026, 3:00pm to 5:00pm**

**MEETING MINUTES**

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSa SUPPORT
13			Abrams, Lauren (Alternate)		Janet Barragan, Chief, Departmental Operations, Department of Strategy and Community Engagement	Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS, HHSa
2	1		Afflalo, Dr. Suzanne (Alternate)			
6	3	Alexander-Myers, Deanna		Z	Assmaa Elayyat, MPA, Deputy Director, Departmental Operations, Self Sufficiency Services.	Anuj Bhatia, DrPH., Deputy Director, PHS, HHSa
12		Alexiou, Dimitrios		IP		
8	4		Arroyo, Geysil (Vice-chair)	IP	Jamie Beam, MPA, Director of Clinical and Safety Net Coordination Division, Health and Human Services Agency Executive Office.	Tina Emmerick, MPH, Interim Assistant Director, PHS, HHSa
20	2		Coda, Bema (Alternate)			
17		Dailey, Jack		IP		
4	2	Floyd, Victoria		IP		
14		Franciscus, Joanne		IP		
13		Fraser, Tim		IP		
9	3		Galindez, Aida (Alternate)	IP		
18	3		Greene, Dorothy (Alternate)			
11		Hegy, Paul		IP		
2	1	Ilango, Samhita				
14			Jacobs, Kris (Alternate)		Sayone Thihalolipavan, MD, MPH, Public Health Officer, Public Health Services Administration	Joshua Beidler, Administrative Secretary II, PHS Admin, HHSa
3	2	Jantz, Barry (Chair)		IP		
7	4	Lepanto, James		IP	Tina Emmerick, MPH, Interim Assistant Director, Public Health Services Administration	Kathrina Fulgueras, Administrative Secretary III, PHS Admin, HHSa
11			Ohmstede, Jennipher (Alternate)			
17			Perez, Alex (Alternate)			
16		Seldin, Dr. Harriet				
	2	Sly, Kelsey		IP		
					Michael Kennedy, Legislative Assistant II (B/S), Board/Supervisors District 4	Talq Tera, Information Technology Analyst, PHS Admin, HHSa

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
12			Sumek, Caryn (Alternate)			
5	3	Walters, Todd				
16			Tellez, Dr. Patrick (Alternate)	IP		

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

<b>I. WELCOME &amp; INTRODUCTIONS</b>	<p><b>A. Roll Call</b></p> <ul style="list-style-type: none"><li>a. <b>Barry Jantz</b> called the meeting to order at 3:00 PM.</li><li>b. <b>Roll Call:</b> All members in attendance indicated “here”. <b>Board Members in person:</b> Barry Jantz, Kelsey Sly, James Lepanto, Dr. Suzanne Afflalo, Jack Dailey, Joanne Franciscus, Tim Fraser, Aida Galindez, Dr. Patrick Tellez, Dimitrios Alexiou, Paul Hegyi</li></ul> <p><b>B. Board Members attending virtually:</b> Deanna Alexander-Myers, Geysil Arroyo</p> <p><b>C. Remarks from the Chairperson.</b></p> <ul style="list-style-type: none"><li>a. Introduction of Dr. Patrick Tellez, alternate to Dr. Harriet Seldin</li><li>b. Board of Supervisors took action last week on exploring reforms to County Medical Services, waving the Board Policy A-72, which means it didn't have to come to HSAB.</li></ul> <p><b>D. Approval of March Agenda</b></p> <ul style="list-style-type: none"><li>a. The motion to approve the agenda was made by Tim Fraser and seconded by Joanne Franciscus.</li><li>b. <b>Roll Call:</b> All other members in attendance voted Aye. <b>Board Members in person:</b> Barry Jantz, Kelsey Sly, James Lepanto, Dr. Suzanne Afflalo, Jack Dailey, Joanne Franciscus, Tim Frasier, Aida Galindez, Dr. Patrick Tellez, Dimitrios Alexiou, Paul Hegyi <b>Board Members attending virtually:</b> Deanna Alexander-Myers, Geysil Arroyo</li></ul> <p><b>E. Approval of February Meeting Minutes</b></p> <ul style="list-style-type: none"><li>a. The motion to approve the minutes was made by Joanne Franciscus and seconded by Jack Dailey.</li><li>b. <b>Roll Call:</b> Tim Fraser, Dr. Suzanne Afflalo, Dimitrios Alexiou, Deanna Alexander-Myers abstained. All other members in attendance voted Aye. <b>Board Members in person:</b> Barry Jantz, Kelsey Sly, James Lepanto, Dr. Suzanne Afflalo, Jack Dailey, Joanne Franciscus, Tim Frasier, Aida Galindez, Dr. Patrick Tellez, Dimitrios Alexiou, Paul Hegyi <b>Board Members attending virtually:</b> Deanna Alexander-Myers, Geysil Arroyo</li></ul> <p><b>F. HSAB Attendance Confirmation</b></p> <ul style="list-style-type: none"><li>a. No HSAB member are not in attendance today due to Just Cause.</li></ul>
<b>II. PUBLIC COMMENT</b>	There was no public comment.

### III. INFORMATIONAL ITEMS

#### A. HR1 Update

**Janet Barragan**, Chief, Departmental Operations, Department of Strategy and Community Engagement

**Assmaa Elayyat**, MPA, Deputy Director, Departmental Operations, Self Sufficiency Services.

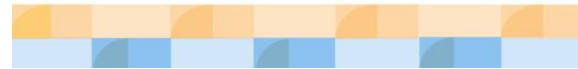
#### HR1 Update

Janet Barragan, Chief, Departmental Operations, Department of Strategy and Community Engagement  
Assmaa Elayyat, MPA, Deputy Director, Departmental Operations, Self Sufficiency Services.



### Helping You Navigate Upcoming Changes to CalFresh & Medi-Cal Benefits

March 2026



## What is Changing?



House Resolution 1 (H.R. 1) or the "One Big Beautiful Bill Act" was signed into law on July 4, 2025. This law includes changes to CalFresh and Medi-Cal for some individuals.

#### CalFresh Changes

**April 1, 2026:** CalFresh enrollment will stop for people with "Unsatisfactory Immigration Status" (UIS)

**June 1, 2026:** Work requirements start for "Able-Bodied Adults Without Dependents" (ABAWD)

#### Medi-Cal Changes

**January 1, 2026:** Full-scope Medi-Cal enrollment stopped for people with UIS\*

**October 1, 2026:** Fed gov will change how immigration statuses are classified for full-scope Medi-Cal benefits

**January 1, 2027:** Medi-Cal work requirements begin. New six-month eligibility checks.

\*Pregnant people and their infants are eligible for full-scope Medi-Cal during pregnancy and for one year after birth, regardless of immigration status.



## CalFresh Changes due to H.R. 1

Eligibility for Non-Citizens	
<b>Before H.R. 1</b> <ul style="list-style-type: none"> <li>Certain lawful non-citizens were eligible to receive CalFresh, such as asylees, refugees, and parolees.</li> </ul>	<b>After H.R. 1</b> <ul style="list-style-type: none"> <li>Certain lawful non-citizens are no longer eligible to receive CalFresh benefits, such as Deportation withheld, Refugees, Asylees, and Parolees.</li> </ul>
Work Requirements for Able-Bodied Adults Without Dependents (ABAWD)	
<b>Before H.R. 1</b> None (in San Diego specifically)	<b>After H.R. 1</b> <ul style="list-style-type: none"> <li>Age Range: 18 to 64 years old</li> <li>Exempt if a parent/guardian of a dependent child <b>under 14</b> in the home</li> <li>Exemptions have been removed for veterans, individuals experiencing homelessness, and former foster youth</li> </ul>



## Changes to CalFresh Work Requirements

Starting June 1, 2026 people who must meet work requirements include:

- Adults 18-64
- Do not have children under 14 at home
- Are physically and mentally able to work

Work requirements require that beneficiary prove they are:

Working





Enrolled in an Approved Training Program

Volunteering

OR combination of these for 20 hours per week or 80 hours monthly to get or keep CalFresh benefits



### What should I do next?

<b>BenefitsCal Account: Update contact info</b>  Visit your BenefitsCal account and make sure your contact information is up to date.	<b>Family Resource Centers: visit for in-person support</b>  Visit a Family Resource Center.
<b>Website</b>  Visit the Changes to CalFresh and Medi-Cal webpage view changes to benefits.	<b>Access Customer Service: call for phone support</b>  Call 1-866-262-9881.
<p><i>If you are impacted by any of these changes, you will be contacted or informed during your intake interview or next re-certification.</i></p>	



## What should I do next?



If you are using a County of San Diego P.O. Box, check your mail at least monthly to ensure you do not miss any communication.



Respond to communications that come from County of San Diego staff.

*If you are impacted by any of these changes, you will be contacted or informed during your intake interview or next re-certification*

## Additional Community & Food Resources

[Self-Sufficiency Programs](#)



[211sandiego.org](http://211sandiego.org)



[San Diego Hunger Coalition](#)



[San Diego Food Bank](#)



[Feeding San Diego](#)



## Call to Action for Organizations



 <p><b>Inform</b></p> <p>Share information with your clients and staff: <a href="#">CalFresh and Medi-Cal Work Requirements</a> <a href="#">Self-Sufficiency Programs website</a></p>	 <p><b>Create or Promote Volunteer Opportunities</b></p> <p>Partner with organizations that promote volunteer opportunities like <a href="#">HandsOn San Diego</a></p>
 <p><b>Enrollment Support</b></p> <p>See if your organization is a good fit for the <a href="#">Access CBO Line</a> Request the <a href="#">Live Well on Wheels</a> for events</p>	 <p><b>Stay Engaged</b></p> <p>Sign up for <a href="#">Newsletter Updates</a></p>
 <p><b>Create or Promote Work Opportunities</b></p> <p>List open job opportunities with San Diego Workforce Partnership (SDWP) <a href="#">Employer Job Posting Website</a> See if you are a good fit to <a href="#">Become an Eligible Training Provider</a> with SDWP</p>	 <p><b>Request HR1 Presentation</b></p> <p><a href="#">Request a presentation</a></p> <p>Check out the <a href="#">Community Partner Resource Toolkit</a></p>

**Question and Answer**

**Barry Jantz :** On Medicaid ABOD waiver requirement, if unemployment in California reached 10%, is that an automatic waiver?

**Assmaa Elayyat:** No, that is for SNAP CalFresh, that is not for Medi-Cal. I don't know yet what rules CMS the federal government's going to be putting out for Medicaid. This is all through F&S.

**Barry:** Is it clear yet that if people do not meet a requirement and therefore fall off, because they haven't worked in a particular period, is it clear yet that HR1 would require any of that data to be shared with the feds? I know California's going to be collecting that data, and I'm sure the County is. But is HR1 looking for that kind of data?

**Assmaa Elayyat:** I have not seen any provisions. Potentially there may be a request for that.

**Tim Fraser:** In relation to staffing. The latest NBC news segment did a report saying there'd be about 400,000 people at risk on CalFresh. How many total applications does the County process?

**Assmaa Elayyat:** In San Diego County, we have about 400,000 people on CalFresh. We have run our own estimated numbers, and it is potentially about 90,000 to 93,000 individuals that could potentially be impacted, both on the non-citizen piece and the work requirement or the ABOD piece, so really that's the full population. And the reason why I say potentially impacted is because we still will be reviewing each individual case to determine whether or not ongoing eligibility exists. So, for example, with our non-citizen population, when maybe someone came in a year ago or two years ago to apply, perhaps their immigration status at that time was that of a refugee. But now, when we're working on renewing their eligibility on the case, they may have adjusted their immigration status, and are no longer a refugee, they could be a lawful permanent resident, or a green card holder. So, if that's the case, then that individual would not lose benefits.

Likewise, with our work requirement, or the ABOD piece, we would also have to review for exemption criteria, or that the individual is meeting the work hours. So, for example, when, you know, maybe someone applied last year, she wasn't pregnant, but, you know, now she is. So, when we're doing the annual recertification, that's criteria that we would be checking for to see if we can, basically find every possible way to maintain coverage for the individual before they would get discontinued. So, really, the entire number that we're looking at that's potentially impacted is around 90,000 to 93,000, but overall, it's a little under 400,000 total CalFresh recipients in San Diego County. So, absolutely not. They all will not be impacted; it's just going to be a portion of them that are potentially impacted.

**Tim Fraser:** How many applications does the County process and how many staff are working on it? My question is more on, because you have to process all applications, whether they're at risk or not, and that you'll need to be starting to do it on a six-month rolling basis very soon, how many applications does the County actually process per year at the moment, and then how much staff are required?

**Assmaa Elayyat:** You're talking about Medi-Cal, right? We do not have the Medi-Cal information yet, we haven't gotten there. The six-month eligibility renewals, that's for Medi-Cal, that's not for CalFresh. I'm sure a staff analysis and cost analysis on that will be coming, but because we don't know all of those provisions and what the regulations around that will look like, we don't have that information just yet.

**Tim Fraser:** Do you have separate staff to process CalFresh, opposed to staff that process Medi-Cal, or is it one staff process?

**Assmaa Elayyat:** All of our staff are cross-trained, they're combo workers, which they're actually required by California state law to be cross-trained on both CalFresh and Medi-Cal, so all of our staff are what we call generic or combo workers, so they do all the programs.

**Tim Fraser:** How much staff will be required to do both the CalFresh the annual Medi-Cal. And what is your current staff level at?

**Assmaa Elayyat:** For sure we would need additional staff, but again, because we haven't received all of the provisions on the Medi-Cal piece, we're not sure what that's going to total, but that is something that our Budget Office and our Executive Office are taking a closer look at.

**James Lepanto:** I am glad the County is proactive. We know it is going to take more staffing and that is financially challenging. I hope this is something in the works. I would request to the Chair that we have regular updates on the budget and the funding implications to the County. I think this is going to be extremely confusing and take a lot of planning.

**Dimitrius Alexiou:** How hard it is for these staffing positions to fill? Only because my concern is, if we wait until October to get numbers, and you know there's quite a lag in hiring, we're already going to be way behind by the time we get to that place and train them.

**Assma Elayyat:** Usually in San Diego County, with what are called Health and Human Services Specialist staff, we maintain usually about a zero to maybe a three percent vacancy rate, so for us, the hiring is not a problem. I know that in some other Counties, backlogs, call center wait times, lobby wait times, chronic understaffing tend to be issues, but historically, for Self-Sufficiency Services, that's not a problem. We do maintain a very low, or no vacancy rate. So, we are able to bring in, you know, staff on board and get them trained and do all that.

**Victoria Floyd:** A clarifying question: Either a year or two ago, I think it was 78 or so Self-Sufficiency positions were either terminated or, redirected to CMS. The total was estimated at 104. Are these people still working for the County, and can their training be salvaged in some way, or at least used for some cost savings there?

**Assma Elayyat:** The positions were just frozen. Right now, we are working on getting those unfrozen. Staff were not shifted around, laid off, let go; nothing like that. They were attritioned out. We had staff leaving, or promoting, or transferring, or moving into other positions that were not back filled and that is where those 104 positions came from. Right now, we've been operating without those positions, but that is something that in the budget process, they are looking at unfreezing those positions so that we can start filling.

**Dr. Anuj Bhatia:** Likely in May, our Agency Budget Office will come, as they annually do, to speak on the budget.

**Tim Frasier:** Is that going to be enough time for us to be able to review the budget and write the letter? Because we have had those issues in the past, where we got briefed on a budget that was being voted upon the next week, and we had no time to react. Will we have time this time?

**Dr. Sayone Thihalolipavan:** You can write the letter now. You don't have to wait until the presentation, etc. And then there's, <https://www.engage.sandiegocounty.gov/> where they're taking follow-up feedback. Either of those.

**Barry Jantz:** We can write a letter but what are we going to write now? It is best to, if we're going to write a letter, do it based on a budget presentation. I just say we need to put it all in that short time frame as much as we can.

**Jamie Beam:** What we know right now is that the CAO's recommended budget that gets released each year, the first draft, that will be the first week of May, as it's scheduled right now. And that is usually why the budget presentation to all of the Advisory Boards comes at that time. However, I think that throughout the year, when I've attended this Advisory Board, there's a number of issues that have come up as priority to make sure that the County invests resources. And I think that you could still do that, because even at our next presentation, where we talk about Safety Net Bridge, that's a recurring theme, like ensuring we can handle the administrative workload. Of the redeterminations and checking work requirements, so I think it still has value if we put the priorities, and then it can be refined, maybe, at the time of the revision. At the time that we have our Budget Office come and share the proposal, I think we also can accommodate an HR1 update at each meeting and having that understanding act as well.

**Jack Dailey:** The Counties always have really great data. Eligibility by the numbers is something we all know. Will you be adding metrics specific to the termination reasons related to these changes? ABODs on CalFresh, ABOD noncompliance, and then on the Medi-Cal side, either renewal, noncompliance, failure to provide, excess assets, or are we already in that space right now? Are those metrics being updated and tracked and then published?

**Asmma Elayyat:** That's actually the first request that I've gotten to add that to something like eligibility by the numbers. Now, of course, it's important information that we would like to share with you all. Historically, when we've updated metrics and things on eligibility by the numbers, it's for either Federal or State budget items. For example, there's information on there about SSI cash out for CalFresh, or the ACA expansion population. However, potentially, we could maybe look at doing a secondary, like HR1 dashboard, or something like that, because I know also our Social Services Advisory Board for Self-Sufficiency, they always have a lot of interest in that and we do track some of these metrics, but of course we're not tracking to the HR1 pieces, because those haven't been implemented yet. But yes, we can definitely chat later to see what some of those things, or metrics are that folks are interested in for us to track, and we can certainly get some information together on that. It doesn't have to be within eligibility by the members, it could be a separate entity, but, just, that's what I thought it would.

**B. Safety Net Bridge Program**

**Jamie Beam,** MPA, Director of Clinical and Safety Net Coordination Division, Health and Human Services Agency Executive Office.

**Safety Net Bridge Program**

Jamie Beam, MPA, Director of Clinical and Safety Net Coordination Division,  
Health and Human Services Agency Executive Office.

EXPLORING OPTIONS TO ESTABLISH A SAFETY NET  
BRIDGE PROGRAM TO ADDRESS ANTICIPATED GAPS  
IN SERVICES FOR RESIDENTS DISENROLLED FROM  
BENEFIT PROGRAMS

SANDIEGOCOUNTY.GOV

Presentation for Health Services Advisory Board (HSAB)  
March 10, 2026



## BOARD DIRECTION



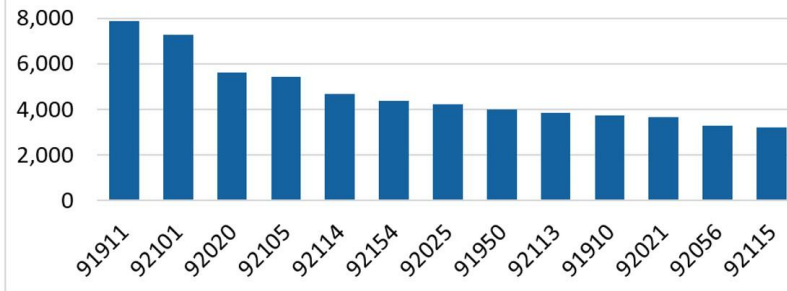
Explore opportunities to establish a Safety Net Bridge Program to address anticipated gaps in services due to barriers created by shifts in federal policy, specifically, implementation of work requirements.

The Program would provide the following services at no cost to persons who experience a temporary gap in Medi-Cal benefits:

- Primary care medical services
- Prescription medication
- Access to fresh food

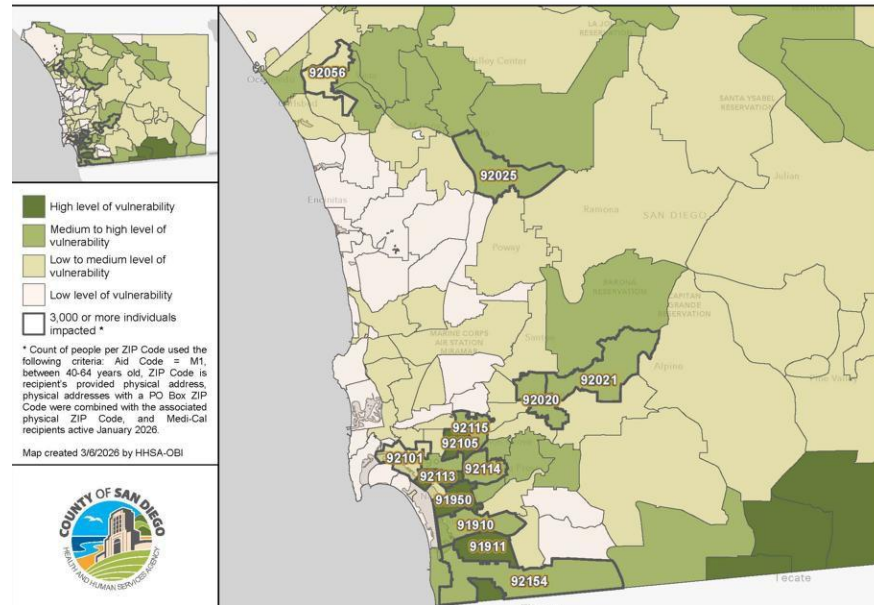


### ZIP Codes with the Most People Likely to Be Impacted by New Medi-Cal Work Requirements



Note: Count of people per ZIP code used the following criteria: Aid Code = M1, between 40-64 years old, and ZIP code is recipient's provided physical address. Recipients using a Family Resource Center (FRC) as their address (primarily people experiencing homelessness) were combined with the associated physical ZIP code of that FRC. Medi-Cal recipients active January 2026.  
Source: County of San Diego, Health and Human Services Agency, Self Sufficiency Services. CalSAWS. February 27, 2026.

### ZIP Codes with the Most People Likely to Be Impacted by New Medi-Cal Work Requirements



### SUMMARY OF PRIMARY CARE TRANSITIONAL ACCESS CLINIC OPTIONS



Transitional Access Clinic Option	Description
1. Telehealth Transitional Access Clinic	A low-barrier, scalable virtual model leveraging County volunteers or Community Health Centers with minimal facility requirements but requires investment in telehealth platforms and pharmacy strategies.
2. Expand Capacity at Existing Free Clinics	Builds on two existing free clinic networks to add clinic sites, medication support, and eligibility assistance.
3. Mobile Medical Units at Live Well Centers	Deploys mobile clinics at County Live Well Centers. Timelines are shorter than brick-and-mortar clinics but require pharmacy solutions and staffing.
4. County-Operated Clinics at Live Well Centers	Establishes permanent primary care clinics within existing County facilities. Requires the most significant infrastructure, licensing, and IT investments.
5. Mobile Medical Units at Community Health Fairs	Can be deployed quickly and provides flexible, geographically targeted services through mobile medical units in partnership with community health centers to "meet people where they are."
6. Contract with Community Health Centers for Medical Care and Linkage to Social Services	Subsidizes visits, medication, and food through existing clinic contracts (similar to CMS model), enabling residents to remain with their established primary care providers.

## 1. TELEHEALTH TRANSITIONAL ACCESS CLINIC



A low-barrier, scalable virtual model that leverages County volunteers or Community Health Centers

Provide care via telehealth with County volunteer providers	Provide care via telehealth with Community Health Center(s)
<p>Primary Care Services</p> <ul style="list-style-type: none"> <li>Operated by volunteer providers</li> </ul> <p>Medication</p> <ul style="list-style-type: none"> <li>Purchase and mail medications to patients via next day delivery at County's wholesale pricing and pharmacy staffing</li> </ul> <p>Eligibility Services</p> <ul style="list-style-type: none"> <li>Warm handoff to Self Sufficiency Services</li> </ul> <p>Case Management</p> <ul style="list-style-type: none"> <li>Community health workers or patient navigators</li> </ul>	<p>Primary Care Services</p> <ul style="list-style-type: none"> <li>Operated by Community Health Centers</li> </ul> <p>Medication</p> <ul style="list-style-type: none"> <li>Purchase and mail medications to patients via next day delivery leveraging Section 340-B drug pricing discounts</li> </ul> <p>Eligibility Services</p> <ul style="list-style-type: none"> <li>Connect with County SSS staff through CBO line</li> </ul> <p>Case Management</p> <ul style="list-style-type: none"> <li>Community health workers or patient navigators</li> </ul>

## 2. EXPAND CAPACITY AT EXISTING FREE CLINICS



- Build on two existing free clinic networks to add clinic sites for primary care, medication support, eligibility assistance, and case management
- Currently, five free clinic sites provide primary care, medication, and behavioral health services, as well as limited specialty services, including dental.



Modular clinic located in East region



Four sites located in churches and schools in Central and East regions

## 3. MOBILE MEDICAL UNITS AT LIVE WELL CENTERS



Deploy mobile clinics at County Live Well Centers to expand services offered onsite

Partner with a Community Health Center to Operate a Mobile Clinic at Live Well Center(s)	Operate a County-operated mobile clinic at Live Well Center(s)
<p>Primary Care Services</p> <ul style="list-style-type: none"> <li>Partner CHC with mobile unit to provide services outside a Live Well Center</li> </ul> <p>Medication</p> <ul style="list-style-type: none"> <li>Partner with a CHC for Section 340-B pricing</li> <li>Utilize LiveWOW as a mobile pharmacy with limited formulary</li> <li>County Pharmacy to mail medications to patients</li> </ul> <p>Eligibility Services</p> <ul style="list-style-type: none"> <li>On site at Live Well Centers</li> </ul> <p>Case Management</p> <ul style="list-style-type: none"> <li>Community health workers or patient navigators</li> </ul>	<p>Primary Care Services</p> <ul style="list-style-type: none"> <li>County LiveWOW mobile unit to provide primary care services at Live Well Center</li> </ul> <p>Medication</p> <ul style="list-style-type: none"> <li>Utilize LiveWOW as a mobile pharmacy with limited formulary</li> <li>County Pharmacy to mail medications to patients</li> </ul> <p>Eligibility Services</p> <ul style="list-style-type: none"> <li>On site at Live Well Centers</li> </ul> <p>Case Management</p> <ul style="list-style-type: none"> <li>Community health workers or patient navigators</li> </ul>

## 4. COUNTY-OPERATED CLINICS AT LIVE WELL CENTERS



Establish permanent primary care clinics within existing County Live Well Centers to operate a primary care clinic, pharmacy, and food distribution site.

Requires the most significant infrastructure, licensing, and IT investments.

Service Areas:

- Primary Care Services
  - Establish primary care clinic within PHC at Live Well Center operated by County staff and volunteers
- Medication
  - Build out and license a retail pharmacy and provide medications onsite
- Eligibility Services
  - Currently onsite
- Case Management
  - Provide CHWs or patient navigators to assist with linkage and follow up



## 5. MOBILE MEDICAL UNITS AT COMMUNITY HEALTH FAIRS



Provides flexible, geographically targeted services through mobile medical units in partnership with community health centers to "meet people where they are."

Partner with a Community Health Center to Operate a Mobile Clinic at community sites	Operate a County-operated mobile clinic at community sites
<p><b>Primary Care Services</b></p> <ul style="list-style-type: none"> <li>• Add capacity to existing community-based free clinics</li> </ul> <p><b>Medication</b></p> <ul style="list-style-type: none"> <li>• Partner with a CHC for Section 340-B pricing</li> <li>• Utilize LiveWOW as a mobile pharmacy with limited formulary</li> <li>• County Pharmacy to mail medications to patients</li> </ul> <p><b>Eligibility Services</b></p> <ul style="list-style-type: none"> <li>• Utilize a LiveWOW for onsite eligibility staff</li> </ul> <p><b>Case Management</b></p> <ul style="list-style-type: none"> <li>• Community health workers or patient navigators</li> </ul>	<p><b>Primary Care Services</b></p> <ul style="list-style-type: none"> <li>• County LiveWOW mobile unit to provide primary care services at community sites</li> </ul> <p><b>Medication</b></p> <ul style="list-style-type: none"> <li>• Utilize LiveWOW as a mobile pharmacy with limited formulary</li> <li>• County Pharmacy to mail medications to patients</li> </ul> <p><b>Eligibility Services</b></p> <ul style="list-style-type: none"> <li>• Utilize a LiveWOW for onsite eligibility staff</li> </ul> <p><b>Case Management</b></p> <ul style="list-style-type: none"> <li>• Community health workers or patient navigators</li> </ul>

## 6. CONTRACT WITH COMMUNITY HEALTH CENTERS FOR MEDICAL CARE AND LINKAGE TO SOCIAL SERVICES



Subsidizes visits, medication, and food through existing clinic contracts, enabling residents to maintain continuity of care and remain with their established primary care providers.

Service Areas:

- Primary Care Services
  - Contract with existing primary care providers to cover the cost of medical visits, medication, and food
- Medication
  - Provider reimbursed for costs
- Eligibility Services
  - Dedicated CBO telephone line for direct access to Self Sufficiency Services
- Case Management
  - County or contracted community health worker or patient navigator



## FOOD ACCESS OPTIONS



- Add purchased or leased cold storage capacity at a County owned facility, either within the facility or with a refrigerated container immediately outside the facility
- Purchase or lease a refrigerated truck for County mobile use
- Support local food bank/pantry/hub with purchase of a new refrigerated truck
- Support local food distribution organizations to increase cold food storage capacity
- Support local food distribution organizations to expand the number of households served through increased number of events/sites
- Support local food distribution organizations through increased storage of non-perishable food options



### Question and Answer

**Barry Jantz:** Are you partnering with local clinics?

**Jamie Beam:** There is no partnering yet. We are exploring our options. There are a few free clinic networks, separate from community health centers that are working with the organizations that are already serving these patients.

**Jack Dailey:** How does this fit with CMS Program re-evaluation?

**Jamie Beam:** They both speak about County's role in addressing indigent care. And the board, on 3/3/26, approved basically, a study to re-look and make recommendations on how we operate County Medical Services and meet the requirements of Welfare and Institutions Code 17,000. I think that part of the reason that we are not coming back to the Board right now with a recommendation to implement is because we want to look at that closer and come back at the same time that we talk about our CMS and Safety Net Bridge recommendations, because although they are aligned, they are slightly different. CMS covers those that meet the requirements that are currently in operation, and do not qualify for Medi-Cal. And the Safety Net Bridge is really intended to be that a bridge for those that might lose coverage temporarily due to just the churn of having to meet work requirements and complete their paperwork.

**Michael Kennedy:** This program is envisioned as a way to be a short-term bridge for people who we know are, despite our best efforts, there is going to be churn, Medi-Cal and CalFresh churn. I think the reasoning of the Board in having these two different paths is that the Safety Net Bridge is not meant to be a long-term solution. It's meant to meet people's needs today. The Safety Net Bridge was a rushed board letter. We pushed it through very quickly, because the urgency is now. We need to meet people's needs today. The reforms that we're making to County Medical Services are long-term, because we are expecting these changes are not going to significantly change, even if politically, we're in a different environment in four years. It is going to take a while to get back to where we were. So, we're going to see a lot of people who will lose ACA coverage, unsatisfactory, current immigration status, who will not qualify for anything at all. Those people do not fall into

the Safety Net Bridge Program so we need another program that addresses that longer-term need. And so, these are both related, but different programs.

**James Lepanto:** When do you think the costs that are associated with this will be available, are you starting to work on that now, even though these are conceptual?

**Jamie Beam:** The report that will be docketed, I think, later this week, will have some initial cost estimates, but what we will do from here is detail out what a pilot would look like in those zip codes with realistic costs. If we do this once a week, twice a week, in each zip code of the score that we identified, what is that really going to look like? And that will come back to the Board, I believe, in probably September. I will say for the County Medical Services discussion, I think we're happy to come back here for that and have longer discussion on that as well. I anticipate the timeline for that, I think, is to report back to that ad hoc subcommittee 60 days for budget adoption, so that's late Summer, and so I anticipate after that we can come back here as well, before something goes to the Board.

**Jack Dailey:** With both the Safety Net Bridge Program and the CMS reevaluation, what is the stakeholder engagement plan?

**Michael Kennedy:** Similar to the Safety Net Bridge Board letter, it directed the County to explore all options. And we are going through the Ad Hoc Subcommittee, just because that's already set up and the work's already been done there. Frequent updates will come to you as we have a better picture of where this is going, but literally the Board just passed this, and it takes more options.

**Jamie Beam:** Our CMS return will also have an engagement plan. We will develop one.

**Dr. Anuj Bhatia:** We got a response from Self-Sufficiency regarding ACA discontinuance saying that it will be made available once policies are in place and appropriate action is taken on a case per individual.

### C. Update on the Tobacco Retail Licensing Program

**Kirk Bloomfield, MPH, Health Planning and Program Specialist, Maternal Child and Family Health Services Branch**

#### Update on the Tobacco Retail Licensing Program

Kirk Bloomfield, MPH, Health Planning and Program Specialist,  
Maternal Child and Family Health Services Branch

#### UPDATE ON THE TOBACCO RETAIL LICENSING PROGRAM



Health Services Advisory Board Meeting  
March 10, 2026

**Kirk Bloomfield, MPH, Health Planning and Program Specialist**  
Maternal Child and Family Health Services Branch

[SANDIEGOCOUNTY.GOV/HHSA](http://SANDIEGOCOUNTY.GOV/HHSA)



## OVERVIEW



- Background and Program Funding
- Highlights, Collaborative Efforts, Key Findings and Accomplishments
- Looking to the Future



[SANDIEGOCOUNTY.GOV/HHSA](https://sandiegocounty.gov/hhsa)



## BACKGROUND AND PROGRAM FUNDING

### BACKGROUND



- In December of 2020, the San Diego County Board of Supervisors approved a new Tobacco Retail Licensing Ordinance.
- The Tobacco Retail Licensing Program in Public Health Services is responsible for oversight of the County's Tobacco Retail Licensing Ordinance.
- Oversight includes administration, education, compliance verification and enforcement activities.
- The goal is to limit youth access to tobacco products and reduce the initiation of overall tobacco use by County residents.



## PROGRAM FUNDING

### WHERE IT COMES FROM

The Tobacco Retail Licensing Program is funded by two sources:

- Revenue from the annual Tobacco Retail Licensing fee.
- Three grants from the California Department of Justice.



## PROGRAM FUNDING

### WHAT IT COVERS

#### Fee Revenue

- Process application
- Issue license and/or renewals
- Conduct retailer education
- Conduct Compliance Inspections
- Process findings from Compliance Inspections and Minor Decoy Operations
- Conduct enforcement activities and issue penalties

#### Grant Funds

- Conduct annual Compliance Inspections
- Create a networking group on enforcement
- Create a data management system
- Conduct annual Minor Decoy Operations
- Create a retailer education option for violations
- Expand data management system



## HIGHLIGHTS, COLLABORATIVE EFFORTS, KEY FINDINGS AND ACCOMPLISHMENTS



## PROGRAM HIGHLIGHTS



The Tobacco Retail Licensing Program launched in Winter 2020 and was phased in over several years.

- FY 21/22: Focus on retailer education; licenses issued with no fee.
- FY 22/23: Annual license fee introduced at \$730, half of the calculated full cost of \$1,460.
- FY 23/24: Compliance inspections began for all licensed retailers.
- FY 24/25: Enforcement began, including administrative citations and suspensions for sales to minors.
- FY 25/26: Preparing to launch a new data management system to streamline applications, renewals, and reporting.

## COLLABORATIVE EFFORTS



Since its inception the program has:

- Participated in joint compliance inspections with the California (CA) Department of Tax and Fee Administration.
- Led quarterly SD County TRL Enforcement Network; supported new TRL ordinances.
- Participated as a panelist at 2025 National Association of Attorney General Conference on Tobacco Product Responsible Retailing.
- Presented at 2026 CA DOJ Enforcement Training: “Realities of Local Enforcement.”
- Created Unflavored Tobacco List retailer flyer; selected for State tobacco library.



## KEY FINDINGS



Over the past four years the program has noted:

- A decrease in the percentage of retailers in the incorporated area of the County who sold to minors from 45% for FY 22/23 to 24% for FY 24/25.
- During FY 24/25 about 65% (162/251) of retailers were found to be out of compliance with the Ordinance (95% surveyed/inspected). Most common infractions included:
  - Offering flavored products (22%)
  - Not displaying prices (16%)
  - Not adhering to minimum package size for cigars and little cigars (15%)



## ACCOMPLISHMENTS



Over the past four years the program has successfully:

- Educated and licensed over 265 retailers.
- Ensured that an average of 260 retailers remain licensed each year.
- Created and implemented an appeals process for retailers disputing fines, licenses denials and license suspensions.
  - Since FY23/24 over 50 appeal hearings have been conducted.
- Created as a retailer education option as one-time alternative to serving a suspension for selling tobacco to minors.

## LOOKING TO THE FUTURE



In the upcoming years, the program looks to:

- Automate several processes to improve program efficiency and reporting.
- Implement a new tobacco sales curriculum for retailers with first-time offenses of selling to minors.
- Possibly impose stricter penalties for repeated tobacco sales to minors.

### Question and Answer

**Barry Janz:** Do you contract the decoys?

**Kirk Bloomfield:** Yes.

**Dr. Suzanne Afflalo:** When a retailer loses their license what will it take to get it back?

**Kirk Bloomfield:** A 30-day suspension is what you're supposed to get for sales to minors. That is waived if you hadn't had any previous suspensions. If you do it again, it's 60 days. Then, after that, it's 90 days, then we revoke the license.

## IV. REPORTS

### A. Youth Engagement

#### Youth Engagement

- The County Staff have provided significant input on our proposal and the Board of Superintendents of what our proposal is. Response to the County is in progress. If the County has a lot of comments back, a meeting may be held instead of email communication with letter edits.

### B. Meetings with Supervisor Offices

#### Meetings with Supervisor Offices

- James Lepanto and Geysil Arroyo had a 30-minute meeting with Supervisor Montgomery Steppe and Michael Kennedy of District 4 who were very gracious, welcoming, and engaging.

**C. SB 707 Update – Discussion and Possible Action**

**Agenda includes:**

- HSAB packet with overview and how it can be of value.
- The organizations that are part of the Board, as well as the Supervisor District's appointees.
- Youth engagement initiative. Informed that a letter will be coming to the Supervisor's offices for their review and their input.
- Community Inspiration Awards was discussed, that we've done to really recognize grassroots people, individuals, and organizations within neighborhoods and communities.
- Invited Michael Kennedy to attend one of HSAB Meetings.
- Inquired about Supervisor Montgomery Steppe's priorities and what they were working on, and how can we use our expertise to also help that, or our input, or recommendation.

Supervisors have an upcoming mixer that Geysil Arroyo will attend.

- Dr. Suzanne Afflalo was acknowledged at Women of Color breakfast and able to introduce herself. Will schedule a meeting.

**SB 707 Update – Discussion and Possible Action**

- Dr. Anuj Bhatia reported last month the most significant change to the Brown Act that we've seen in the state open meeting law in several years and how that impacts us. When the staff is ready, they will come to us and let us know.
- If we are interested in going to hybrid meetings, where right now we have to have a quorum in the room, even though people can be online, we still have to establish a quorum in the room. If we want to be in the first round of requests to Boards and Commissions, to be allowed a hybrid meeting, we should submit the request now for a deadline of 3/27/26 to the Clerk of the Board, that will be included in a Board Letter on 4/21/26. It doesn't mean there's not going to be additional rounds.
- The motion to move forward with SB 707 was made by Paul Heygi and seconded by James Lepanto.
- **Roll Call:** All other members in attendance voted Aye.

**Board Members in person:** Barry Jantz, Kelsey Sly, James Lepanto, Dr. Suzanne Afflalo, Jack Dailey, Joanne Franciscus, Tim Frasier, Aida Galindez, Dr. Patrick Tellez, Dimitrios Alexiou, Victoria Floyd, Paul Heygi, Geysil Arroyo

**Board Members attending virtually:** Deanna Alexander-Myers

**D. Public Health Lab Tour Updates:  
4/9/26 and 4/10/26**

**Public Health Lab Tour Updates: 4/9/26 and 4/10/26  
Doodle poll will go out to vote for date and time (1.5 hours)**

- A Doodle Poll will be sent with options of April 9 or 10 in the afternoon for 1 or 1.5 hours.

**V. PUBLIC HEALTH SERVICES  
LEADERSHIP REPORT**

**Sayone Thihalolipavan, MD, MPH,**  
Public Health Officer, PHS

**Tina Emmerick, MPH,** Interim Assistant  
Director, PHS

**Public Health Officer Update**

Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS

**2024 Life Expectancy in the United States,  
California, and San Diego County**



Geography	2024 Life Expectancy
United States	79.0
California	81.2
San Diego County	81.5

[Brief: 2024 Life Expectancy in San Diego County](#)

Data Sources: United States: Xu JQ, Murphy SL, Kocharek KD, Arias E. Mortality in the United States, 2024. NCHS Data Brief. 2026;Jan;(548):1-14. DOI: https://dx.doi.org/10.15620/d010174941. (Accessed February 2, 2026). California: California Department of Public Health, Community Burden of Disease Engine (CDB), California Life Expectancy, 2024 (Accessed February 2, 2026). San Diego: State of California, California Department of Public Health, Vital Records Business Intelligence System (VRBIS), California Comprehensive Death File, 2024, created on September 15, 2025. California Department of Finance, Demographic Research Unit, Report P-3: Population Projections, California, 2020-2070 (Baseline 2024 Population Projections; Vintage 2025 Release). Sacramento: California, September 30, 2025. Esri Updated Demographics, 2024, Vintage 2024. United States Mortality Database, 2020-2022 California State Life Tables. (Accessed December 2025). Starting with 2023, life expectancy utilizes California Department of Finance and Esri population estimates. 2023-2024 vintage should not be trended back to previous years. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.



**2024 Life Expectancy in San Diego County**



Sex	2024 Life Expectancy
Male	79.0
Female	84.0

Race/Ethnicity	2024 Life Expectancy
Asian	87.6
Black	75.2
Hispanic	82.3
White	80.7

Health and Human Services Agency (HSA) Regions	2024 Life Expectancy
Central Region	81.3
East Region	79.9
North Central Region	84.2
North Coastal Region	84.5
North Inland Region	82.8
South Region	83.0

[Brief: 2024 Life Expectancy in San Diego County](#)

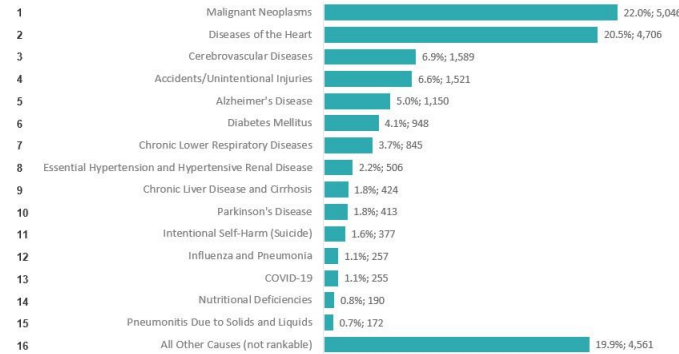
Data Sources: State of California, California Department of Public Health, Vital Records Business Intelligence System (VRBIS), California Comprehensive Death File, 2024, created on September 15, 2025. California Department of Finance, Demographic Research Unit, Report P-3: Population Projections, California, 2020-2070 (Baseline 2024 Population Projections; Vintage 2025 Release). Sacramento: California, September 30, 2025. Esri Updated Demographics, 2024, Vintage 2024. United States Mortality Database, 2020-2022 California State Life Tables. (Accessed December 2025). Starting with 2023, life expectancy utilizes California Department of Finance and Esri population estimates. 2023-2024 vintage should not be trended back to previous years. Prepared by: County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, 2026.



# Leading Causes of Death Among San Diego Residents



## Leading Causes of Death Among San Diego County Residents in 2024



2024 Total Death Count among San Diego County Residents: San Diego County Total 22,960

In 2024, cancer was the number one leading cause of death in San Diego County.

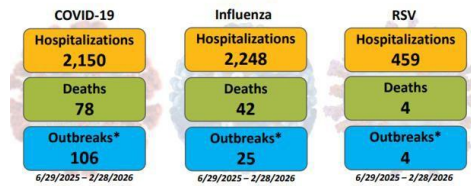
In San Diego County, 8 out of the top 10 leading causes of death were due to chronic disease in 2024.

[Leading Causes of Death among San Diego County Residents by Year, 2020-2024](#)

# Respiratory Virus Surveillance

## San Diego County Respiratory Virus Surveillance Report

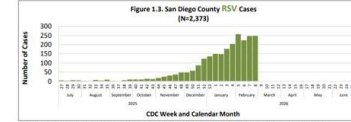
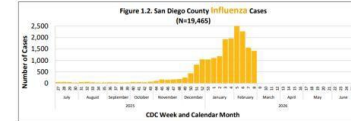
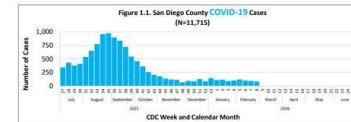
Prepared by Epidemiology and Immunization Services Branch  
[www.sdcpi.org](http://www.sdcpi.org)



\*In residential congregato settings

Updated March 5, 2026. Data through February 28, 2026. Data are preliminary and subject to change.  
[https://www.sandiegocounty.gov/content/dam/sdc/pia/programs/ehc/community\\_epidemiology/docs/respiratoryviruses/surveillance.html](https://www.sandiegocounty.gov/content/dam/sdc/pia/programs/ehc/community_epidemiology/docs/respiratoryviruses/surveillance.html)  
[https://www.sandiegocounty.gov/content/dam/sdc/pia/programs/ehc/Epidemiology/SDC\\_Respiratory\\_Virus\\_Surveillance\\_Report.pdf](https://www.sandiegocounty.gov/content/dam/sdc/pia/programs/ehc/Epidemiology/SDC_Respiratory_Virus_Surveillance_Report.pdf)

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.

**Sexually Transmitted Infections Continue to Fall in San Diego County**



Gonorrhea culture at the County's Public Health Lab  
By Anita Lightfoot, County of San Diego Communications Office  
Mar. 2, 2026 | 8:30 AM

- For the second consecutive year, SD County has reported a decline in sexually transmitted infections (STIs), like California.
- Congenital Syphilis rates are still a major concern as three stillbirths or neonatal deaths occurred in 2024, which is the highest since 2019.
- Some of the most commonly reported STIs in San Diego County are chlamydia, gonorrhea, and syphilis.
  - **Chlamydia:** Down 7.4%, from 17,720 cases in 2023 to 16,414 in 2024. Women ages 20–24 have the highest infection rates.
  - **Gonorrhea:** Decreased 9.5%, from 6,651 cases in 2023 to 6,021 in 2024. Men ages 25–29 show the highest rates.
  - **Syphilis (Primary & Secondary):** Dropped 35.8%, from 481 cases in 2023 to 309 in 2024. Infection rates are highest among men ages 25–34.

[Sexually Transmitted Infections Continue to Fall in San Diego County](#)  
| News | San Diego County News Center



**February 18 Health Advisory: Increasing Measles Activity in California**

**Key Messages**

- As of February 16, 2026, there are [19 confirmed measles cases](#) in CA. New cases include eight among [Shasta County](#) residents following a visit to Disneyland and a child in [Riverside County](#) with no known exposure.
- As of February 12, 2026, [904 confirmed measles cases](#) were reported in the U.S., up from 588 on Jan 29th.
- Measles should be considered in patients with an acute febrile illness and characteristic maculopapular rash, especially if there is exposure to a known measles case or other risk factors.
- All patients with fever and rash should be screened at the point of entry to a healthcare facility. Providers **should immediately institute airborne precautions** on patients suspected of measles to prevent healthcare associated exposures.
- A nasopharyngeal (NP) or oropharyngeal swab (OP) for measles PCR testing is sufficient to diagnose acute measles. **A urine sample may improve sensitivity but is no longer required.**



**More Illness, Greater Cost Spotlight Brief:**  
*Childhood Immunizations*

- Declines in childhood vaccination will carry substantial human and economic consequences, using measles as a case study.
- This modeling analysis, conducted by the Yale School of Public Health, finds that a **sustained 1% annual decline** in measles, mumps, and rubella (MMR) vaccine coverage could lead to more than **17,000 measles cases, 4,000 hospitalizations, and 36 preventable deaths** each year, while adding billions in avoidable costs across the United States health system and economy by 2030.
- Over the next five years, declining measles vaccination rates could cost **\$1.5 billion annually** and add approximately **\$7.8 billion in cumulative costs** (a range of \$5.6 billion to \$11.6 billion).



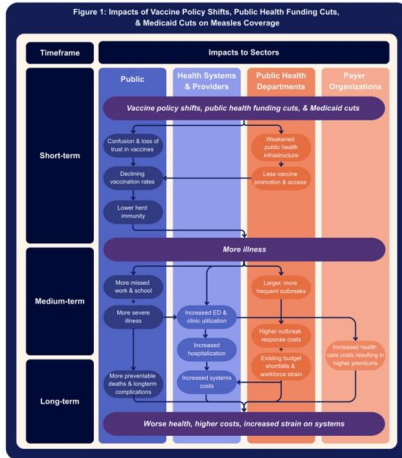
### More Illness, Greater Cost Spotlight Brief: Childhood Immunizations

**\$1.5 Billion Added in Annual Costs**

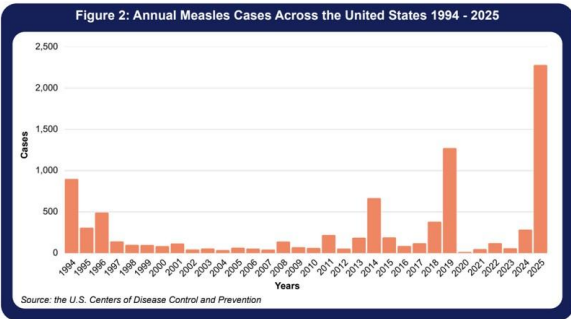
- \$41.1M** in Direct Medical Costs
  - \$26.5M borne by private insurers, \$5.4M borne by public insurance programs, and \$9.2M borne by uninsured individuals. These costs do not include health care operational costs, such as isolation protocols and dedicated beds, staff exclusions, staff testing, hospital exposure protocols, etc.
- \$947.0M** in Public Health Outbreak Response Costs
  - For public health, these costs manifest through surveillance and case investigation, contact tracing, community outreach, risk communication, and vaccination clinics, among other impacts. As modeled, these costs do not include health care costs related to outbreak operations. If public health is unable to respond at the level required due to budget constraints and staffing limitations, the direct and indirect medical costs, and costs due to productivity loss and missed work may grow substantially as measles cases increase.
- \$510.4M** in Productivity & Missed Work Costs
  - Economic costs associated with lost productivity in the workforce, for example, missed work due to having to care for sick children.

- The potential for cascading impacts from declining vaccine uptake (fig. 1) is concerning but not inevitable
- Coordinated action can prevent this projected suffering, disruption, and resulting costs.
- Cross-sector collaboration – such as local and regional immunization coalitions, as well as health system-public health partnerships – will be essential.

[ChildImmsBrief\\_02.25.26](#)



### Common Health Coalition More Illness, Greater Cost Spotlight Brief: Childhood Immunizations



- Childhood immunization, one of the most successful public health achievements of the past half-century, is at a critical inflection point.
- Rising vaccine hesitancy and policy-driven weakening of the childhood immunization infrastructure are contributing to declining vaccination rates, with recent [measles](#) and [pertussis](#) outbreaks signaling early consequences.



### February 26 Health Advisory: Update on Bicillin® L-A (penicillin G benzathine injectable suspension) Shortage

**Key Messages**

- Pfizer recently updated the estimated recovery of the Bicillin® L-A shortage to the 4th Quarter of 2026.
- Healthcare providers should continue to prioritize long-acting penicillin-based treatments such as Bicillin® L-A and Lentocilin® for the treatment of pregnant people with syphilis and infants exposed to syphilis in utero.
- Extencilline® is no longer available for distribution in the United States.
- Oral doxycycline is an acceptable alternative treatment for non-pregnant adults with most stages of syphilis. Additional alternative medications have limited data supporting their use for treatment of syphilis.



**County Launches Aging Dashboard to Support Older Adults**



Credit: Adobe Express  
By [Casale N. Saunders](#), County of San Diego Communications Office  
Feb. 12, 2026 | 3:09 PM

- The County launched a new Aging Dashboard this week, providing the public and policymakers an interactive way to track key metrics impacting the region's growing population of older adults.
- Modeled after California's Master Plan for Aging, the dashboard features data on more than 50 indicators related to housing, health, inclusion and equity, caregiving, and affordability.
- The number of adults aged 60 and older in San Diego County is projected to increase to more than 824,500 by 2029.
- The [dashboard](#) is available on the Community Health Statistics Unit website

[County Launches Aging Dashboard to Support Older Adults | News | San Diego County News Center](#)

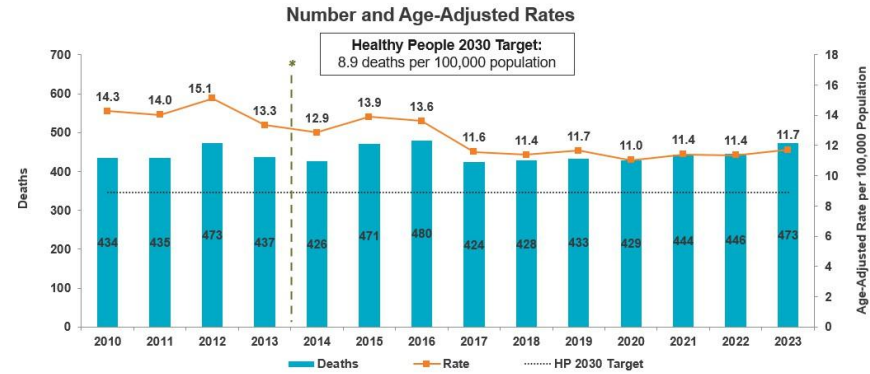
## RIP James Van Der Beek (1977-2026)

**On February 11, 2026**, James Van Der Beek, the actor best known for starring in the teen TV drama "Dawson's Creek" and films including "Varsity Blues," had died. He was 48.

- Announced in November 2024, he'd been diagnosed with Stage 3 colorectal cancer after the actor received the diagnosis after a colonoscopy.
- Van Der Beek made his television debut on an episode of the Melissa Joan Hart Nickelodeon series "Clarissa Explains It All,"
- His film credits also include the western "Texas Rangers," the dark comedy "The Rules of Attraction," the 2009 thriller "Formosa Betrayed," 2013's "Labor Day," with Kate Winslet and Josh Brolin, and the 2019 comedy "Jay and Silent Bob Reboot."



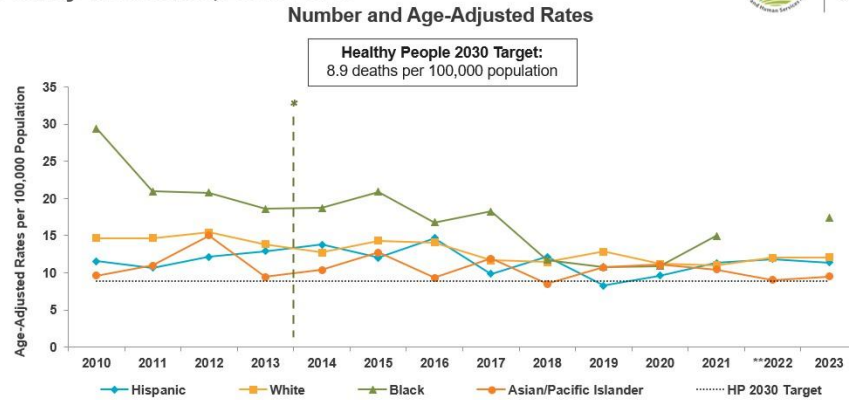
### Colorectal Cancer Deaths, San Diego County Residents, 2010-2023



All rates are per 100,000 population. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.  
Healthy People 2030 colorectal cancer deaths include any of the following underlying causes of death ICD-10 mortality codes: C18-C21 and C26.0.  
Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2010-2010 Death Statistical Master Files and 2014-2023 Vital Records Business Intelligence System. Starting in data year 2022, San Diego County resident deaths that occurred out of state are now included. 2010-2023 SANDAG population estimates (2010-2016 vintage: 03/2017, 2017 vintage: 02/2019, 2018 vintage: 07/2019, 2019 vintage: 06/2020, 2020-2021 vintage: 08/2022, 2022 vintage: 11/2023, and 2023 vintage 01/2025).  
2020 and 2021 population estimates were derived using the 2010 Census and data should be considered preliminary. 2022-2023 SANDAG population estimates were derived from the 2020 decennial census.  
California switched from DSHP to VRIS for deaths in 2014. VRIS data does not include San Diego County residents who died outside of California.  
For data years 2020-2022, the COVID-19 pandemic was associated with increases in all-cause mortality. COVID-19 deaths have affected the patterns of mortality including those of the mortality health disparity trends.  
Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, June 2025.



### Colorectal Deaths by Race/Ethnicity, among San Diego County Residents, 2010-2023



All rates are per 100,000 population. Age-adjusted rates are adjusted to 2000 U.S. Standard Population.  
Healthy People 2030 colorectal cancer deaths include any of the following underlying causes of death ICD-10 mortality codes: C18-C21 and C26.0.  
\*\*Starting with data year 2022, all rates based on events <20 are suppressed due to statistical instability. Events fewer than 11 are suppressed.  
Source: California Department of Public Health, Center for Health Statistics, Office of Health Information and Research, 2010-2013 Death Statistical Master Files and 2014-2023 Vital Records Business Intelligence System. Starting in data year 2022, San Diego County resident deaths that occurred out of state are now included. 2010-2023 SANDAG population estimates (2010-2016 vintage: 03/2017, 2017 vintage: 02/2019, 2018 vintage: 07/2019, 2019 vintage: 06/2020, 2020-2021 vintage: 08/2022, 2022 vintage: 11/2023, and 2023 vintage 01/2025).  
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Prepared by County of San Diego, Health and Human Services Agency, Public Health Services, Community Health Statistics Unit, June 2025.



## U.S. Preventive Services Task Force (USPSTF) Screening Recommendation Summary

Population	Recommendation	Grade
Adults aged 50 to 75 years	The USPSTF recommends screening for colorectal cancer in all adults aged 50 to 75 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	<b>A</b>
Adults aged 45 to 49 years	The USPSTF recommends screening for colorectal cancer in adults aged 45 to 49 years. See the "Practice Considerations" section and Table 1 for details about screening strategies.	<b>B</b>
Adults aged 76 to 85 years	The USPSTF recommends that clinicians selectively offer screening for colorectal cancer in adults aged 76 to 85 years. Evidence indicates that the net benefit of screening all persons in this age group is small. In determining whether this service is appropriate in individual cases, patients and clinicians should consider the patient's overall health, prior screening history, and preferences.	<b>C</b>

**To whom does this recommendation apply?** Adults 45 years or older who do not have signs or symptoms of colorectal cancer and who are at average risk for colorectal cancer (i.e., no prior diagnosis of colorectal cancer, adenomatous polyps, or inflammatory bowel disease; no personal diagnosis or family history of known genetic disorders that predispose them to a high lifetime risk of colorectal cancer [such as Lynch syndrome or familial adenomatous polyposis]).

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.

[Recommendation: Colorectal Cancer: Screening | United States Preventive Services Taskforce](#)



17

Save the Date!

## THE SAN DIEGO COLORECTAL CANCER SCREENING ROUNDTABLE

**Monday, March 23, 2026**  
**12-2PM PST via Zoom**

*Hear from these leading local experts in CRC screening, with more to come:*

**REGISTER  
HERE**

MOORES CANCER CENTER

California  
Colorectal  
Cancer  
Coalition

FAMILY HEALTH CENTERS  
OF SAN DIEGO

SAN YSIDRO  
HEALTH

### Tijuana River Valley Sewage Crisis Updates



## NEW WEBPAGE FOR HR.1 PROGRAM CHANGES



### [CalFresh and Medi-Cal Work Requirements](#)

Due to the passage of House Resolution 1 (HR 1) on July 4, 2025, important CalFresh and Medi-Cal updates are coming. Some households may see changes to their benefits. Make sure your clients update their contact information to receive important updates.

For questions or assistance

- Contact the [Access](#) Customer Service Center at [1-866-262-9881](tel:1-866-262-9881)
- Visit a local [Family Resource Center](#)
- Check online through [BenefitsCal](#) portal
- [CalFresh Work Requirements Resources](#)



### Public Health Director Update

Tina Emmerick, MPH, Interim Assistant Director, PHS



- The County of San Diego's Board of Supervisors received a financial update on their current budget Tuesday as the County works on building a new 2026-27 budget for approval in June.
- At the same time, the Board voted to spend \$8.8 million in unlocked reserves to improve conditions in South Bay regarding the ongoing Tijuana River Valley sewer crisis; and \$47.7 million for time-critical funds for housing, vulnerable populations, environmental habitat, and to maintain critical facilities and upgrade technology.
- The current plan includes 28 projects, nine of the 28 projects in the plan are estimated to require roughly \$81.5 million from the County's current 2026-27 budget.
- [County Shares Financial Update, Invites Residents to Help Shape 2026-27 Budget](#) | [News](#) | [San Diego County News Center](#)



#### Public Participation is Important

- Members of the public are encouraged to help shape the 2026-27 budget.
- **Now through March 22:**
  - Take the budget survey at [Engage San Diego County](#).
  - Use the Priority Tool to rank spending categories.
  - Choose how you want to receive budget updates (email, text, etc.).

**Joan Bracci Named Assistant Chief Administrative Officer/Chief Financial Officer**



L to R: Joan Bracci and Caroline Smith  
By County News Center, County of San Diego Communications Office  
Mar. 9, 2026 | 12:29 PM

[Joan Bracci Named Assistant Chief Administrative Officer/Chief Financial Officer | News | San Diego County News Center](#)

- Chief Financial Officer Joan Bracci will serve as the County's Assistant Chief Administrative Officer/Chief Financial Officer following the upcoming departure of Assistant Chief Administrative Officer Caroline Smith for a role in the private sector.
- Her appointment follows Assistant Chief Administrative Officer Caroline Smith's decision to depart the County after more than 20 years of dedicated service to pursue an opportunity in the private sector.
- Smith became the Assistant Chief Administrative Officer in 2024, and throughout her career has contributed her leadership, deep experience and true commitment to public service in many key roles.
- Smith's last day will be April 3.

23

## Leadership Changes

- **Heidi Aiem has been appointed to a Temporary Appointment to Higher Class (TAHC), where she will function as the Branch Chief of EISB.**
- Heidi has been in the Assistant Branch Chief position for several years and will be overseeing the various components of the Branch, including strategic and operational oversight across Epidemiology, the Immunizations Unit, the Office of Vital Records and Statistics, and providing support, as needed, to the Public Health Laboratory.
- Her tenure with the Epidemiology and Immunizations Services Branch began during the COVID-19 response where she played a key role in the investigations team while continuing to work with HSHB.
- In October of 2022, she took on an EISB TAHC for the Chief, Agency Operations (Assistant Branch Chief) through April 2023 and was hired into the permanent position in June of 2023.



## Assistant Director, Chief Strategy and Finance Officer for Behavioral Health Services.

- **Liberty Donnelly has been selected as the Assistant Director, Chief Strategy and Finance Officer for Behavioral Health Services.**
- Liberty has been serving in the Acting role in BHS since April 2025, where she has provided critical leadership and oversight, managing the Communications and Engagement, Finance, Data Science, and Grant Development teams.
- She will continue to be instrumental in leading efforts to improve BHS' financial health through improved Medi-Cal billing, revenue optimization, the transition of BHS to a standalone department, and implementation of new initiatives, including the Behavioral Health Services Act and BH-CONNECT.
- She will also oversee the nearly \$1.3 billion BHS budget.



## Distinguished Leader Spotlight

- This month, the **National Association of Latino Healthcare Executives SoCal Chapter** shone a light on **Alicia Espinoza, MPH, DrPH (cand.)**, the **Chief of the Office of Border Health**.
- Alicia is recognized as the first leader from our San Diego region featured in NALHE SoCal's Distinguished Leader Spotlight Series.
- We invite you to read her words of wisdom and join us in celebrating her impact, her vision, and her dedication to leadership in healthcare.
- The NALHE SoCal familia is proud to honor her work and story, and to continue shining a spotlight on outstanding leaders across Southern California. 🌟

#nalhesocal #nalhe #distinguishedleader | NALHE SoCal

**NATIONAL ASSOCIATION OF LATINO HEALTHCARE EXECUTIVES**  
SOCAL CHAPTER

### Distinguished Leader Spotlight

Alicia Espinoza, DrPH(c), MPH, currently serves as the Chief of the Office of Border Health (OBH) since 2022, under Public Health Services, Health and Human Services Agency, County of San Diego. She leads cross-border initiatives to strengthen collaboration among local, state, federal, and international organizations in the California-Baja California border region. This includes developing a five-year binational strategic plan and executing the Partner Ready program, which has a network of 700+ trained organizations that carry the same message to Limited English Proficiency (LEP) communities during emergencies. She also co-chairs the San Diego and Imperial Counties Border Health Collaborative and the Border Health Consortium of the California, which includes 200+ academic, clinical, and community partners, and chairs the Quince Proven Task Force to reduce risks from unregulated cash flows frequently imported from Mexico. Alicia manages strengths based leadership for a high performing OBH team.

Before her time with the County, she devoted 18 years to the non-profit sector, working with Latino youth and families and executing various prevention and education programs. A first-generation Latino and public health advocate, Alicia holds an MPH from California State University, San Marcos, and is pursuing a Doctorate in Public Health (Global Health) at SDSU. Ms. Espinoza is passionate about building new partnerships to promote a healthier California-Side California Region. Outside of work, she enjoys family time, running/fitness activities, and trying new coffee shops with friends.

**Alicia Espinoza**  
Chief of the Office of Border Health  
Public Health Services, Health and Human Services Agency, County of San Diego

www.NALHESoCal.com

## San Diego Mojo Partnership

- The San Diego Mojo Volleyball team hosted a Black History Month match on February 22, 2026, featuring special jerseys designed by Head Coach Alisha Glass-Childress.
- The team auctioned player-worn, signed jerseys and donated a portion of proceeds to PEI-Black Legacy Now and Black Infant Health program.
- Approximately \$2,500 would be donated to the PEI-BIH programs, further advancing their mission to improve health equity and outcomes.



Left to Right: Nil Jantongkarn (MCFHS Epidemiologist), Alisha Childress (Head Coach SD Mojo), and Rhonda Freeman (MCFHS Branch Chair)

## 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 26, 2025	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

	<b>Question and Answer:</b>
	None.
<b>VI. ROUNDTABLE</b>	<p><b>Geysil Arroyo:</b> San Diego State University School of Public Health will be having an alumni mixer on 3/23/26 at the North Star Brewery. Information will be sent. Second, there is a graduate student that is looking for interdisciplinary Public Health professionals at a career panel. If anyone is interested, please contact me.</p> <p><b>Susanne Afflalo:</b> I am getting recognized on 3/14/26 at the Legacy of Care Gala that will be held at the National History Museum. A documentary about my journey will be presented at the event.</p>
<b>VII. PUBLIC COMMENT</b>	None.
<b>VIII. ADJOURN</b>	Meeting adjourned at 5:11 PM.
<b>Next HSAB Meeting</b>	<p><b>Next HSAB Monthly Meeting:</b> April 7, 2026</p> <p><b>Location:</b> CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm</p>