



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

**Tuesday, May 12, 2026, 3:00pm to 5:00pm
MEETING MINUTES**

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
13			Abrams, Lauren (Alternate)		Monica Lopez, BSN RN PHN, PHN Supervisor, CLPPP Program Coordinator Lizbeth Lopez, MPH, Health Planning & Program Specialist Jennifer Tuteur, MD, FAAFP Chief Medical Officer, Medical Care Services Sayone Thihalolipavan, MD, M.P.H, Public Health Officer, Public Health Services Administration Adrienne Yancey, Interim Director, Public Health Services Administration	Sayone Thihalolipavan, M.D., M.P.H., Public Health Officer, PHS, HHSA Adrienne Yancey, MPH, Interim Director, PHS, HHSA Anuj Bhatia, DrP.H., Deputy Director, PHS, HHSA Charissa Japlit, Executive Finance Officer, HHSA Jamie Beam, MPA, Director of Clinical and Safety Net Coordination Division, Health and Human Services Agency Executive Office Joshua Beidler, Administrative Secretary II, PHS Admin, HHSA Kathrina Fulgueras, Administrative Secretary III, PHS Admin, HHSA Talq Tera, Information Technology Analyst, PHS Admin, HHSA
2	1		Afflalo, Dr. Suzanne (Alternate)	IP		
6	3	Alexander-Myers, Deanna				
12		Alexiou, Dimitrios				
8	4		Arroyo, Geysil (Vice-chair)	IP		
20	2		Coda, Besma (Alternate)			
17		Dailey, Jack		IP		
4	2	Floyd, Victoria				
14		Franciscus, Joanne		IP		
13		Fraser, Tim		IP		
9	3		Galindez, Aida (Alternate)			
18	3		Greene, Dorothy (Alternate)			
11		Hegy, Paul		IP		
2	1	Ilango, Samhita				
14			Jacobs, Kris (Alternate)			
3	2	Jantz, Barry (Chair)		IP		
7	4	Lepanto, James		IP		
11			Ohmstede, Jennipher (Alternate)			
17			Perez, Alex (Alternate)			
16		Seldin, Dr. Harriet		IP		
	2	Sly, Kelsey				

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

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

I. WELCOME & INTRODUCTIONS	<p>A. Roll Call</p> <p>a. Barry Jantz called the meeting to order at 3:04 PM.</p> <p>b. Roll Call: All members in attendance indicated “here”.</p> <p>Board Members in person: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Joanne Franciscus, Dr. Harriet Seldin, Caryn Sumek, Tim Fraser, Jack Dailey, Paul Hegyi</p> <p>Board Members attending virtually: None</p> <p>B. Remarks from the Chairperson.</p> <p>a. The 2026-27 Recommended Budget will be released on May 18th.</p> <p>C. Approval of May Agenda</p> <p>a. The motion to approve the agenda was made by Tim Fraser and seconded by Paul Hegyi.</p> <p>b. Roll Call: All other members in attendance voted Aye.</p> <p>Board Members in person: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Joanne Franciscus, Dr. Harriet Seldin, Caryn Sumek, Tim Fraser, Jack Dailey, Paul Hegyi</p> <p>Board Members attending virtually: None</p> <p>D. Approval of April Meeting Minutes</p> <p>a. The motion to approve the minutes was made by Dr. Harriet Seldin and seconded by Jack Dailey.</p> <p>b. Roll Call: All other members in attendance voted Aye.</p> <p>Board Members in person: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Joanne Franciscus, Dr. Harriet Seldin, Caryn Sumek, Tim Fraser, Jack Dailey, Paul Hegyi</p> <p>Board Members attending virtually: None</p> <p>E. HSAB Attendance Confirmation</p> <p>a. One HSAB member is out and not in attendance today due to just cause.</p>
II. PUBLIC COMMENT	There was no public comment.

III. DISCUSSION ITEMS

A. Process and Timeline for HHSA Budget Recommendation

Process and Timeline for HHSA Budget Recommendation

The 2026-27 Recommended Budget will be released on May 18th. Next HSAB Meeting is June 2nd where a budget letter will be approved.

Charissa Japlit, HHSA Executive Finance Officer, will provide Budget materials for HSAB to review.

Barry Jantz, Tim Fraser, Jack Dailey, and James Lepanto agreed to be in Budget Finance Committee to review the Budget and formulate aspects for consideration for June 2nd HSAB Meeting. Other interested members may reach out to Barry.

B. Listening Session with the HSAB on Exploring Transformation of the County Medical Services Program, Jennifer M. Tuteur, MD, FAAFP, Chief Medical Officer, Medical Care Services

Listening Session with the HSAB on Exploring Transformation of the County Medical Services Program

Jennifer M. Tuteur, MD, FAAFP, Chief Medical Officer, Medical Care Services

Dr. Jennifer Tuteur: We are working on dates for the three official listening sessions to start, and they will be later this month. You will get a notice very soon for May. We're going to have one for everyone, the whole group of stakeholders, and that'll start at 5.30 in the afternoon. Then we'll have one for contracted hospitals for CMS, and then we'll have one for all other contracted entities as well. And then we will continue as we have done with other ones being available to listen to, to continually come to the boards for feedback. I know we have an agenda item for Healthy San Diego. I'm now joining you with an update or listening, every month here for HSAB as well. This was just an opportunity for people to start by sharing what you all, are thinking, what you recommend, and then we'll have those formal listening sessions, by the Board of Supervisors, plan and the stakeholder assessment plan, and we'll get started with those more this month.

Barry Jantz: Is this our official listening session or is this for you to kind of report on the Board of Student Advisors said they would like listening sessions, and we're rolling those out?

Dr. Jennifer Tuteur: It is going to be anything you want. If it is your official, it will be one of many, because I'm here every month continuing to do updates and to listen.

Barry Jantz: Is this something then we should list as a standing item while this process is going on?

Dr. Jennifer Tuteur: I think we had CMO update as a standing item.

Barry Jantz: Safety Net Update, that is on our agenda today. If anybody would like to provide any input now on any ideas they have as the County explores transformation of the Medical Services Department.

Dr. Jennifer Tuteur: There are three different areas that we're looking at: what is the administration of county medical services, any barriers, what makes it easy to access; what the eligibility criteria are, and; what the services or the benefits of County Medical Services are. Those are our three buckets.

Dr. Harriet Seldin: I think the numbers are lower because of the cutbacks and other things, right? There are less people on this program that otherwise would be Medi-Cal or whatever, right?

Dr. Jennifer Tuteur: So, the current number of County Medical Services since the implementation of ACA is much lower. We've gone from 40,000 or so to now less than 100 people per year, and so those numbers are lower because people are able to access other benefits, other services, and the eligibility is increased for those. So, for example, Medi-Cal now allows people who are 18 to 64, able-bodied adults without dependents. Medi-Cal expansion, however you want to call it, yes, so those folks used to only have County Medical Services as a recourse. Now they're on Medi-Cal, that now we have changes with HR1 to Medi-Cal, and that's just one group, but yes.

Dr. Harriet Seldin: That's what I'm getting at, is it had been less than it was more, but then now that's all being threatened. So that that would mean that people who would be kicked off of Medi-Cal would then be on CMS, right?

Dr. Jennifer Tuteur: That would be a question. Okay. So, there is a population that we anticipate will no longer meet eligibility criteria for Medi-Cal with the new changes. And if they're not eligible under current CMS rules, well, what might be an opportunity to change the current CMS rules to allow those individuals to be eligible? And what is the cost of making that change? What are the benefits of making that change? And what are kind of trade-offs to make that change? So that's what we've been asked to look at.

Jack Dailey: I've been doing CMS advocacy for 20-plus years and had hundreds of individual spaces that I've represented clients on, and so I feel this is an area that I have some insight into. One of the things that I'm curious about are some of the data sources that you are using for anticipating kind of impacts of CMS. And so, if you can speak to that, that's of interest to me, just curious about what data sources you are looking at to anticipate potential CMS populations, and then beyond that, when thinking about what the CMS program looks like going forward, the cost of each of those populations. That's no small task, so hats off to you all. But what are the data sources that underline that?

Dr. Jennifer Tuteur: It's been 29 years for me. So, to start with the easiest answer as far as what we're estimating for cost of CMS, the state has a rubric of, a formula of looking at how many people are in this classification, for example, an M1 class of, adults, without dependents and Medi-Cal expansion. And then they take a certain percentage of that population who they think may not meet Medi-Cal requirements or work requirements, and then they take another percentage of that to see how many people who actually fall off Medi-Cal they think might, enroll in the Indigent care program, like CMS. So, we're using that to come up with that total N number in the different groups, and then for the cost, what we have already is we have our 2010 data, all the counties. Looked at their 2010 total costs, administrative as well as the patient care costs. And there is a formula to take that cost per individual per year, take that inflation up to what today's current cost would be, including, it's not a one-to-one, different things like pharmacy and other things have increased more than others. We are

using that number as a rough estimate right now. We do have the fiscal information for the past 4 years that we're working on with our ASO. There are more than a handful of people each year, so we're going to compare it to that and look at what the cost estimate and then we also know what the average cost in this classification in the M1 class for Medi-Cal is, so we know what that is. We know traditionally CMS has been a little bit more than that, and so we're looking at all of those to try to get the best estimate we can.

Jack Dailey: Can you speak to what collaboration you have with other counties on this topic, and what lessons learned taken from other counties that have made similar efforts?

Dr. Jennifer Tuteur: HHS has at least two meetings a week with other counties. I have a standing one, and then, a lot of other communication. And what we're doing right now, we've had larger meetings with CSAC and CHEAC and some of the statewide county organizations. We are really focused, we're what's called Article 13 County, because we don't have a public hospital. We are a payer county, like the other Article 13s. We don't have a hospital, so we're paying the hospital. We have contracts with the hospital and FQHCs, so we're really meeting a lot more closely with them and looking at what opportunities are to be more efficient. We have an Administrative Service Organization (ASO) that handles all of the billing and the claims, policies, and the pharmacy with the pharmacy benefit manager, and they have a client services desk, a provider services desk, and all of those kinds of things. We are looking forward to seeing if there are any opportunities for working together with some of the other counties. And then, of course, there's the excellent CHCF publication that looked at every single county, what their eligibility is, and what their service is, and things like that. We are looking at that as well and we are in touch with all the counties to see what different counties are doing as they model out what their costs are, and then looking at their budget, and what they might be doing, and what their supervisors are talking about.

Jack Dailey: There's a number of visions of the CMS program in our experience, from our casework have had kind of a chilling effect and have turned people away from the CMS program, including the lien requirements and the repayment agreement requirements. It will be interesting to see how counties navigate their interest in recouping funds from CMS beneficiaries versus the interest in delivering care. Certainly, I can vouch for the perspective of consumers that have turned away from the CMS program because it's easier to not have a lien registered against your property and or a repayment agreement that puts them into government debt, effectively. So anyways, appreciate everyone

Dr. Jennifer Tuteur: The question that you've just mentioned about you'd be interested to see, Self-Sufficiency has created a report of all the people who have at least started applications for County Medical Services and what has happened to them. We'll be able to present that at the stakeholder meeting. We will do very short presentations just to get everyone on the same page, and then we'll have plenty of time. That one will be an hour and a half, I believe. We'll have plenty of time then for questions and answers, but if there are things like that that you think would be helpful to have or questions you have, just please email me and then we can see if we can gather that data and have it ready, because I think that's really important. We want to be able to be as transparent as we can with what's happening right now and that's why we're having the stakeholder sessions, is to learn.

Jack Dailey: You're saying the community engagement plan is largely the three town hall listening sessions, or is the community engagement plan a broader array of listening sessions?

Dr. Jennifer Tuteur: That's all of the above. Yes. And we have open doors so that all the feedback from the stakeholders will be part of our report back to the Board. We never just limit something to three opportunities to talk so we've got the advisory boards and happy to do meetings as well.

Jack Dailey: Many years ago, before Medi-Cal expanded so significantly, I remember two lanes of access to care for mental health services from County, for those that had specialty mental health needs, or folks that had severe mental illness disorders. Will this effort in looking at CMS and the provision of, and payment of, typical medical care, also revitalize the delivery of County mental health services that are not funded by Medi-Cal. And I apologize if that's a really basic question, but it occurred to me the other day that I don't often hear folks going into the County mental health system and that aren't funded by Medi-Cal. That mechanism, it seems, for special mental health system services, seems to be occupying that pretty wholly.

Dr. Jennifer Tuteur: I believe that our county's responsibility in behavioral health services is for the SMI population. I can't answer the nuances of your question, but we as a county certainly don't only people folks for SMI treatment who have Medi-Cal.

Tim Fraser: When will the three stakeholder sessions be named?

Dr. Jennifer Tuteur: We've been asked to have the sessions in May: One's all comers, one's contracted hospitals, and one's contracted providers that aren't hospitals. And as soon as we get confirmations of the date, the emails are ready to go, the wire's ready to go.

Joanne Franciscus: Are the listening sessions in person or hybrid?

Dr. Jennifer Tuteur: The proposal is virtual. So that they're really easy to access for everyone. And we've done those, like, for the Medi-Cal ad hoc, we've done those with COVID, and we have platforms that allow us 500-plus people. Any feedback on that? Is there anything we're missing with that?

Jack Dailey: Getting virtual is incredibly easy for a lot of folks. I do know that some older adults, struggle with technology, and virtual isn't always the best option, and so it would be interesting and nice to see if there was an in-person option for folks or that there was a bit of a traveling roadshow that took this information to senior centers or other locations where folks that may be impacted may congregate. So just a thought, but I know there's limited resources, but, you know, ensuring access to the feedback process is super important, so appreciate those efforts to make it as accessible as possible.

Dr. Jennifer Tuteur: Thank you. We'll definitely take it back, and again, it doesn't mean we can't have others, or if you all have a group or a suggestion, for us to go in person. The other reason, we figure if we have lots of people, we want to, have

some interactive, like, polls or things like that, so we can capture a lot of data, and not just the people who raise their hands. We are trying to do a lot of different ways to capture feedback. And then, of course, be available, but it's a great suggestion, so thank you, we will take that back.

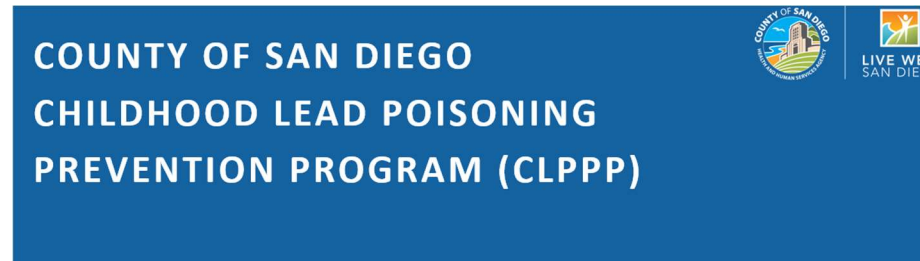
Barry Jantz: And we will look at this as a standing item for the time being. Looking forward to the updates. Thank you.

IV. CONSENT ITEM

A. Authorize Acceptance of California Department of Public Health Funding for Childhood Lead Poisoning Prevention Services, and Authorize Application for Future Funding Opportunities, Monica Lopez, BSN RN PHN, PHN Supervisor, CLPPP Program Coordinator Public Health Nurse Supervisor, Epidemiology and Immunizations Services Branch

Authorize Acceptance of California Department of Public Health Funding for Childhood Lead Poisoning Prevention Services, and Authorize Application for Future Funding Opportunities

Monica Lopez, BSN, RN, PHN, Public Health Nurse Supervisor, Epidemiology and Immunizations Services Branch



Monica Lopez, BSN RN PHN, PHN Supervisor, CLPPP Program Coordinator

May 12, 2026



OVERVIEW

The County of San Diego Childhood Lead Poisoning Prevention Program (CLPPP) helps keep children safe from lead.

CLPPP works to identify and stop lead exposure and ensure children with elevated blood lead levels (BLL) receive appropriate medical care and follow-up.

This is accomplished through nurse case management, engagement and education, identification and reduction of lead hazards and support.

WHAT IS LEAD?



Lead is a naturally occurring element found in the Earth's crust.



Can be found in all parts of our environment: air, soil, water, and even inside our homes.



Lead is useful, but it is toxic to humans and animals.



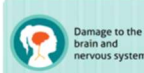
Lead is also added to some ceramic glazes and plumbing materials to name a few.

WHO IS AT RISK FOR LEAD POISONING?

- Children six years of age and under are at greatest risk
 - Ingestion is the main exposure route of lead entering the body in children
 - Frequently crawling on floors and furniture which may be contaminated
 - Frequent hand to mouth contact
 - Lead is absorbed and stored in their bodies at a faster rate than adults

HOW CAN LEAD HARM A CHILD?

Lead exposure can cause irreversible damage



Damage to the brain and nervous system

Development of behavior problems including inattention, impulsivity, aggression & hyperactivity



Hearing and speech problems

Affects child's behavior & ability to learn & function



Slowed growth and development

Permanent damage to a child's bones, kidneys and cardiovascular system as well as lowered IQ



Learning and behavior problems

Underperformance in school

COMMON SOURCES OF LEAD

Homes built before 1978: chipping, peeling or flaking paint & lead-based pipes

Imported spices such as turmeric and dried chilies

Imported glazed pottery

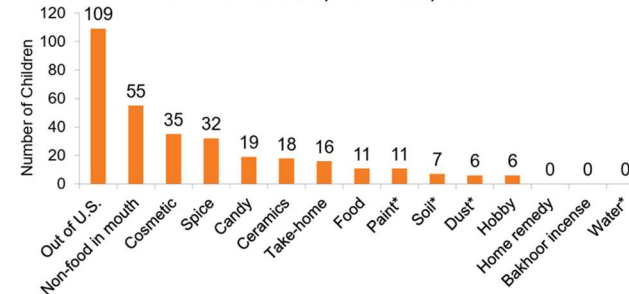
Lead contaminated soil or dust

Hobbies, work industries, shooting ranges, construction, mining, welding, plumbing, battery recycling and smelters



SOURCES OF LEAD EXPOSURE IN SAN DIEGO

Probable Exposures of Children Receiving CLPPP Services, 2020-2024, N=159

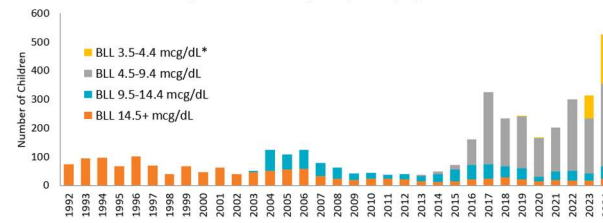


Includes children with a newly identified venous BLL 9.5 mcg/dL or greater. A case may have more than one exposure or there may be no source of exposure identified. Some cases were not assessed because a home visit was not done. The sources listed on this slide are not inclusive of all potential sources of exposure.

Prepared by San Diego County CLPPP, 9/9/2025

WHO IS AT RISK FOR LEAD POISONING?

Children Receiving Services From the County of San Diego Childhood Lead Poisoning Prevention Program (CLPPP) by Year, 1992-2024

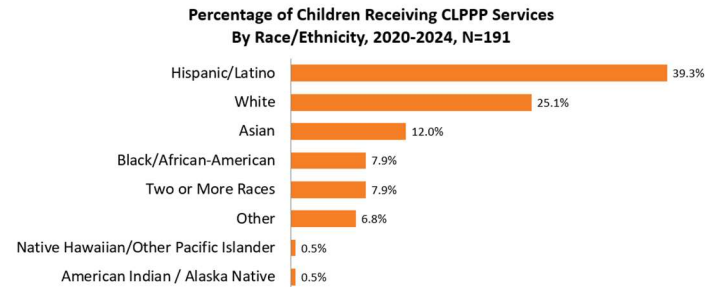


BLL = Blood lead level. Includes children under 21 years of age at case identification. Services to children with a BLL 9.5-14.4 mcg/dL began in 2004. Children with a BLL 5-9.4 mcg/dL started receiving information and follow-up from San Diego CLPPP in 2013 to ensure decreases in blood lead levels. Categorization by level is based on a newly identified venous BLL. Grouped by year that CLPPP was notified of the BLL which may not be the same year services were initiated. Counts are subject to change as additional information becomes available.

*In 2023, San Diego CLPPP began providing services to children with a BLL of 3.5 mcg/dL or higher in accordance with the CDC's updated blood reference value.

Prepared by San Diego County CLPPP, 9/9/2025

CHILDREN RECEIVING SERVICES BY RACE/ETHNICITY



Includes children with a newly identified venous BLL 9.5 mcg/dL or greater, excluding those with unknown race and ethnicity (N=50). Race and ethnicity are based on self-identification; those with unknown race/ethnicity are primarily those who did not receive a home visit where information could be obtained.

Prepared by San Diego County CLPPP, 9/9/2025

CALIFORNIA DEPARTMENT of PUBLIC HEALTH (CDPH) FUNDING

- San Diego County receives approximately \$1.7 million annually from the State of California to provide lead poisoning prevention related services.
- 95% of funding is received from taxes and fines imposed on current and past emitters of environmental lead (gasoline, paint, and air emitters).
- 5% of funding comes from Medi-Cal matching funds.

OUTCOMES AND ACTIVITIES FY24-25



STAFFING

Public Health Services

Public Health Nurse Supervisor (0.72 FTE)*
Public Health Nurses (2.19 FTE)*
Community Health Promotion Specialist (0.5 FTE)
Senior Health Info Management Technician (0.71 FTE)*
Senior Office Assistant (0.6 FTE)*
Epidemiologist II (0.07 FTE)
Administrative Analyst (0.07 FTE)
Code Enforcement Officer (0.5 FTE)

Department of Environmental Health & Quality

Supervising Industrial Hygienist (0.09 FTE)
Industrial Hygienist III (0.16 FTE)
Industrial Hygienist II (0.16 FTE)
Industrial Hygienist I (0.054 FTE)

**Other funding sources cover the balance of these FTEs who work 100% on CLPPP*



CONTRACTS

• Department of Environmental Health and Quality: \$289,500

- Conducts countywide home visits with CLPPP to identify and advise on removing lead hazards.
FY26/27- \$140,000
FY27/28- \$149,500

• City of San Diego: \$504,452

- Conducts home visits in the City of San Diego with CLPPP to identify lead hazards and advise on their removal.
FY26/27- \$255,976
FY27/28- \$248,476

• Family Health Centers of San Diego: \$300,000

- Provides countywide education and outreach services to help families identify lead hazards and prevent lead poisoning.
FY26/27- \$150,000
FY27/28- \$150,000



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RECOMMENDATIONS

1. Authorize the approval and acceptance of \$3,488,932 in funds for the period July 1, 2026, through June 30, 2028, for lead poisoning prevention related services.
2. Authorize the Deputy Chief Administrative Officer, Health and Human Services Agency, to pursue future funding opportunities related to lead poisoning prevention services efforts.



THANK YOU

For more information:

Monica.Lopez2@sdcounty.ca.gov

619-861-8980



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 recredited by the Public Health Accreditation Board on August 21, 2023.

Approval of Consent Item: The motion to approve the consent was made by Tim Fraser and seconded by Dr. Suzanne Afflalo.

Roll Call: All other members in attendance voted Aye.

Board Members in person: Barry Jantz, James Lepanto, Dr. Suzanne Afflalo, Joanne Franciscus, Dr. Harriet Seldin, Caryn Sumek, Tim Fraser, Jack Dailey, Paul Hegyi

V. ITEMS FOR APPROVAL

A. Future of Public Health Funding Board Letter Presentation,
Lizbeth Lopez, MPH, MCHES,
Health Planning & Program
Specialist, Public Health Services
Administration

Future of Public Health Funding Board Letter Presentation

Lizbeth Lopez, MPH, MCHES, Health Planning & Program Specialist, Public Health Services Administration

**Item #XX: AUTHORIZE ACCEPTANCE OF
CALIFORNIA DEPARTMENT OF PUBLIC
HEALTH FUTURE OF PUBLIC HEALTH
FUNDING ALLOCATION**





Lizbeth Lopez, MPH, Health Planning & Program Specialist

May 12, 2026



BACKGROUND



- Future of Public Health (FoPH)
 - An ongoing funding allocation that invests in and modernizes California's public health infrastructure.
- This funding stabilizes the foundational diversified personnel capacity at Public Health Services that
 -  Prevents disease,
 -  Improves living conditions,
 -  Extends life expectancy, and
 -  Addresses critical social issues that contribute to health.

IMPACTS



- Strong Public Health Workforce Capacity
- Modernized Lab & Surveillance Capacity
- Climate & Health Preparedness
- Enhanced Community Outreach and Communication
- Administration, Policy, and Systems Improvements

FUNDING & REQUIREMENTS



Funding Source: California Department of Public Health
Amount: \$14,181,313 per fiscal year
Total Allocation: \$42,543,939
Term: July 1, 2026, through June 30, 2029

RECOMMENDATIONS



1. Authorize the acceptance of \$42,543,939 in Future of Public Health funding allocation from the California Department of Public Health, for the period of July 1, 2026 through June 30, 2029, and authorize the Chief Administrative Officer, or designee, to execute all required funding allocation documents, upon receipt, including any extensions, amendments, and/or revisions thereto that do not materially impact or alter the services or funding level.
2. Authorize the Chief Administrative Officer, or designee, to apply for any additional funding opportunity announcements, if available, to further develop and strengthen the public health workforce.

Approval of Item: The motion to approve the item was made by Jack Daley and seconded by James Lepanto.

Roll Call: All other members in attendance voted Aye.

Board Members in person: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Joanne Franciscus, Dr. Harriet Seldin, Caryn Sumek, Tim Fraser, Jack Dailey, Paul Hegyi

B. Consideration of a Joint Letter from the Health Services Advisory Board and the Healthy San Diego Consumer and Professional Advisory Committee regarding the Status of Oral Health in San Diego County, James Lepanto & Dr. Harriet Seldin

Consideration of a Joint Letter from the Health Services Advisory Board and the Healthy San Diego Consumer and Professional Advisory Committee regarding the Status of Oral Health in San Diego County

Jack Dailey: Over the last several months, Healthy San Diego's Consumer Professional Advisory Committee (CPAC) has featured a number of conversations about changes in Medi-Cal related to dental status of overall oral health, other dental access barriers, and, in anticipation of a number of the changes coming up as a result of HR1, accumulation of these issues. There was an effort internally within CPAC to form a task force or an ad hoc committee tasking them with writing a letter to be issued to Dr. Liz Hernandez; and that has been completed. The letter is also intended to be sent to HSAB for consideration of either sign-on to this letter or if there's interest in evolving the letter, or making changes to a letter, or developing a wholly separate letter.

The letter outlines a number of current challenges. It touches on the expiration of 56 funds, which, if you're not familiar with it, had added several years ago, supplemental reimbursement rates for certain dental providers under the Medi-Cal program, encouraging, incentivizing additional providers, specialists to stay in the program or enroll in the program. With that expiry, they are anticipating significant cuts to those reimbursement rates, and there is a CDA survey, if you will, to put out a data point indicating that nearly half of all Medi-Cal providers providing those services may no longer provide Medi-Cal services. From an advocacy point of view, our clients often do have difficulty identifying providers that are willing to accept Medi-Cal and get timely appointments. Access can be challenging and that is a big concern.

State budget from 2025 in anticipation of implementation of HR1, eliminated dental coverage for adults in certain immigration categories starting July 1st, 2026. So, there has been a lot of outreach and education to folks that currently do have coverage for adult dental services that will no longer have that starting July 1st, to encourage folks to get needed care, and for providers to complete treatment plans, because the state's been very clear they will not provide coverage for services provided after July 1st, 2026 for these specific patients.

Other HR1 impacted populations may also lose coverage to dental services in addition to full-scope Medi-Cal coverage. For example, in October 2026, we've got the asylee refugee and TPS populations, which will be losing full-scope coverage, and also losing access to dental. A lot of loss of access to dental services.

On top of that, there is broad distrust to the kind of public health efforts in the national rhetoric these days. We're seeing that pop up in some water districts around the nation, where the anti- fluoridation is coming in. Access to operating rooms for complex procedures under the Medi-Cal program is another kind of challenge for certain populations, and I think there has been a lot of local discussion about that, and discussion with the state about how to improve that, but all these aggregate some of all these changes, I think the idea is that we're anticipating, increasingly less access to dental coverage. Health Services Advisory Board certainly has broad capital public health interest here in the County and that would be appropriate to bring it to this group for consideration.

Dr. Harriet Seldin: They want to go after prevention, such as water fluoridation and having access to topical fluoride. At the same time that there's going to be less treatment. The difference in the fees, Prop 56 or not, is basically taking, the fees are low anyway, it would bring it back to 1990s. It is not sustainable. It will not happen and no one can afford to take that. So, that's what the situation is. And so, what we are hoping is that we are trying to get the state and the state senate looking at it; it was supposed to be gone at a certain point, and they're extending the thought of trying to not take away the Prop 56 amounts yet, but we'd like to do what we can, that's why it's here, to let everybody here know, to try to do whatever it is totally in the County to get the Board of Supervisors to weigh in on it.

Now, separately, because we have that paper that you'll see, we have been talking to our legislators. So, I was with a group at California Dental Association. We visited four of our offices. They really appreciated that document that we had, and so hopefully, if everybody's doing that type of thing from around the state, it'll help, but we really have to do something. If we do nothing. It is going to be really bad.

One of the statistics was that because we already know what's going to happen. It already happened in 2009, when the adult Medi-Cal dental was taken away. The amount of care that was shifted to emergency rooms was significant. So, it's basically, it is an issue that affects the whole healthcare system, it is not just dental, it ends up in emergency rooms, it ends up in patients that can't be seen for anything else because they are at the emergency room. I think that covers it pretty much, as far as the background here, and I think probably most of you have seen some of this in other formats.

Jack Dailey: The goal of the letter sent to Dr. Liz Hearnandez is for initial awareness to be engaged and let us see what we can do together on this topic. It depends on the interest of HSAB

Barry Jantz: If there is an interest from this group potentially, it would be authorizing me to sign on behalf of us, a joint letter with some input for those who would like to be involved.

Geisill Arroyo: The letter was submitted April 17th, did you hear anything?

Jack Dailey: Yes, Dr. Hernandez did respond, acknowledging, she received the letter and said that they're preparing a more comprehensive response, and I think that's still in process.

James Lepanto: I have not seen the letter. So, are we going to sign off somehow after the fact?

Jack Dailey: It would be a brief cover letter, perhaps outlining the interest of HSAB in this topic, underscoring the importance of the points identified in the already sent letter. It is an addendum. It will indicate that we'd like to join this effort, and this is why it's relevant to us. That's my sense of it, that's how I would have suggested framing that.

James Lepanto: The impacts of what are addressed in this letter, are these going to affect just adults, or are these adults, children, and families?

Jack Dailey: There is data. A lot of the policy changes are directed at adults. The letter's so multifaceted, because fluoridation impacts children, and the elimination of adult dental services for certain immigration policies. The data shows that when you take away dental coverage for adults, it impacts children.

James Lepanto: And we've seen in this County what happens when statistics go down. For instance, for foster care for children, not always getting those dental exams and stuff, so I think the Board from history is well aware of the importance of this as well. So, kudos, because I think this is the creative and collaborating thing that was done and the collaborative thing that was done and some voice.

Barry Jantz: We started to get a motion. Did any of the further discussion clarify anything?

Tim Frasier: It is to write a cover letter outlining the importance of HSAB and the broad topics that are within the letter. I would also include the history behind oral health within HSAB. We took up senior oral health years ago as one of our main priorities, and that still remains a priority.

Dr. Sayone Thihalolipavan: I know that Dr. Hernandez just has to sign and send, but there is a response already created, so that should be coming. And then also one of the intents was that using Fadra Whyte, our Chief Dental Officer, we were going to have her brief and just updates on all the contents of the letter, wherever possible, in terms of progress.

Approval of Item: The motion to approve the letter was made by Tim Fraser and seconded by Dr. Harriet Seldin.

Roll Call: All other members in attendance voted Aye.

Board Members in person: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Jack Dailey, Joanne Franciscus, Tim Fraser, Paul Hegyi, Caryn Sumek, Dr. Harriet Seldin

Dr. Anuj Bhatia: There will be a follow up and will send the letter out.

V. REPORTS

- A. Youth Engagement**
- B. Meetings with Supervisor Offices**
- C. SB 707 Update**
- D. Safety Net Update**

Youth Engagement

A letter has been submitted to Terra Lawson-Remer’s office seeking their input on HSAB’s proposal for a youth engagement committee and we are waiting to hear back.

Meetings with Supervisor Offices

- No updates.

SB 707 Update

Barry Jantz: Under the New Brown Act, the Board of Supervisors allowed HSAB to decide whether to conduct meetings virtually or in person. This process has to be determined every six months. We are in the last part of that process, about whether we would like to consider it over the next 6 months or not. I think we all know what the benefits and negatives are, but if anybody's got any input, please share. We haven't had a problem with Quorum for some time now, so that is a good thing.

James Lepanto: I'm going to advocate that we continue to be in person. There's a lot lost in virtual meetings. You lose a sense of interactions and connection oftentimes. I think there's something inherent about being together in a room. You miss the kinesthetic communication, the nonverbal, and being able to see people, and being able to greet people; people can come off camera, that's another issue. There is a decreased level of attentiveness at times when you're not in the room. There is decreased interaction with people in the audience, or with presenters. And it's easier for people sometimes to go somewhere else and tune out. I think what's to be gained in meeting in person, there's this inherent value of coming together. Conversations are more robust and collaborative oftentimes, when we're sitting across from each other and talking. It helps board members to get to know each other better. I know there were times when we had new board members coming on during COVID, and it really made it difficult to really get to know those people and get a sense of those people. There are enhanced interactions with county staff, which we always appreciate. And, I think there's stronger relationships, and these boards trust each other, and they trust their rhythm, and they're comfortable having the debates that we have, and oftentimes that's more productive. In person, I think there's more engagement and fewer distractions. I think also being together is a faster decision-making process. There are fewer delays. And finally, I think it's better group of dynamics, of kind of alignment and reading the room. And as you recall, that's one of the reasons that we decided to allow

healthcare organization leadership members on the board to appoint alternates, so that they could attend, and they could be here in person, and I think we've seen the value of that in our meetings. So, my thought is, it's one meeting per month. I think the benefits of being together outweigh what the possible challenges are, and I would just advocate that we continue it. It's one meeting per month. I know everybody's busy in this room. It doesn't mean that if there's a reason to join virtually, health or whatever, so I would advocate that we continue to do it in person. Thank you.

Dr. Harriet Seldin: I agree that it should be in person, but if you can't make it in person, it used to be that unless you were, really sick, certain, very limited criteria, you couldn't be participating, and is the way it is now that there is an interim thing where you could do hybrid, you could be virtual if you have something that's a lesser impairment. Is there some middle ground that that there are sometimes where the person just isn't here, where maybe they could be here if they are remote. I was just asking because I was confused about what the new law meant.

Barry Jantz: Are talking about our current? With no change, what is the allowance to join virtually?

Dr. Harriet Seldin: Right. Yes.

Barry Jantz: We have to achieve a quorum in the room. As long as we've got a quorum sitting here, we can have folks online. Anuj, can you clarify what the HSAB attendance confirmation is?

Dr. Anuj Bhatia: Members who cannot make a meeting due to health reasons, other circumstances, it is classified as just cause

Dr. Harriet Seldin: When it's not just, when it's a minimal thing, it wouldn't meet that criteria. Can they now participate or not?

Dr. Anuj Bhatia: You can participate in the meeting virtually, as Barry said, if there is an in-person quorum, and if you are a member and you are participating virtually with that in-person quorum, your vote counts, so you can still vote on issues.

Barry Jantz: There is no requirement for Just Cause. There is only a requirement for Quorum. Say you were planning on attending, and something happened. Your car broke down, you had a life issue, which we all have every day, we have life issues, don't we? And you determine, oh, I just can't get there, but I want to participate. As long as we had a quorum here, you could participate.

Dr. Suzanne Afflalo: I think I am the perfect example of that meaning to not be here, because it's always on the Tuesday right before the health fair, and literally, I can't carve out 3 hours to come downtown, and then another hour to go downtown, when those are the hours I need to put everything together for the next day. So, I always text on days that it's like this. After the health fair, I love coming here, I love being in person, but I don't want to miss and not to not be able to keep up with things, so I do need to be present, but there is just no way of me being the only person organizing it, to be away for 3 hours of crucial time. I enjoy the fact that I can still participate, but I'd love it if it was ever on another Tuesday, I

would be here all the time, like I used to be. But now I just come when it's shifted over to the second Tuesday of the month instead of the first, or if the first Tuesday, the first Wednesday is the first, and then I can join you on the second, the first Tuesday, which is the following week.

Jack Dailey: I had a question about the waiver that we obtained. Am I framing that correctly that it's a waiver to have of the Brown Act policies to have more flexibility. How long does that waiver last?

Dr. Anuj Bhatia: Barry was saying earlier, for 6 months, and it would need to be, removed.

Jack Dailey: I wonder if it wouldn't be worth opening up flexibility on a trial run. It's a 6-month period, see how it goes, then we have the option when those life scenarios come up, Dr. Aflalo can participate a little bit more fully in those meetings, even remotely, and see how it goes, and then revisit by month 5, and say, do we want to continue this waiver, or it's been deleterious, and we just want to go back to how it was. It was about futureproofing in case we don't have quorum.

Paul Heygi: I think if we were to adopt SB707, the chair could schedule a meeting to be a virtual one, and a meeting to be an in-person one as the primary set of the meeting, and we could test that out.

Barry Jantz: I guess I'm not sure but it's a thought.

Dr. Suzanne Afflalo: I just remember the time a few years ago when we couldn't reach them two or three times, we just didn't have meetings and didn't have meetings, and that's not good either. I mean, we did our best, I think we missed a lot of information. It was at least 3 or 4 or 5 times, I remember we couldn't reach for them, and that was a struggle. It was frustrating.

Barry Jantz: We clarified the fact that each of you that are appointed by title can have an alternate. We did get that clarified, and we also encouraged those of us who were appointed to have alternatives. Is there a deadline for informing the Board of Supervisors, or staff, or whatever we have to do, we're doing this, or we're not?

Dr. Anuj Bhatia: We have 6-month time period until October for which you're approved. HCB would need to take a vote to hold fully virtual meetings.

Barry Jantz: And if we wanted to keep it the way it was, we don't have to take any kind of vote?

Paul Heygi: I move that we adopt the SB707 policy and direct the Chair to hold every other meeting in person.

Jack Dailey: Would the chair have flexibility to opt that a virtually scheduled meeting be in person?

Tim Fraser: The flexibility of SB707 is to allow those that are virtual to come towards quorum. It is not going to make us go permanently virtual. So, you all can be virtual whenever you want, and those that want to come in person, we can come whenever we want. We don't need to schedule all virtual, all-in person.

Barry Jantz: The motion, there is no second yet, so we're not getting into discussion, okay? I'm going to just clarify the motion. One meeting would be according to the rules we have now. At the next meeting, we could have a quorum in the room, but if we didn't, it would be we'd meet the requirements under SB707 that for a majority of us, or two-thirds of us, or three-quarters, or all of us, to be virtual if it ended up that way. That's kind of your motion, right? With my discretion to say, no, we're not going to do it this time to get this budget, or because we know, you know, Dr. T's going to have a really, really compelling report, or something like that. Okay. Is that your motion?

Paul Heygi: Yes.

Joanne Franciscus: What sets the cadence of the meetings on how frequently do we meet?

Barry Jantz: I figure not only our bylaws, but the, the ordinance speaks to monthly meetings, yes.

Joanne Franciscus: Can we do a motion on a report item?

Barry Jantz: It's listed under reports, not under action. If you get a second, why don't we make it that it comes back next time for it to formalize.

Paul Heygi: That works.

Barry Jantz: Is there a second?

Joanne Franciscus: I second that.

Barry Jantz: Okay, so there's a motion and a second. Could you make sure the motion includes the fact that we'd be taking formal action next month on this.

Dr. Harriet Seldin: I want to speak against motion and it is because I lived through times of this board, and maybe another board. Having the insanity of driving to something and not being able to do a thing. And I like the way it is now; it's working. I think that if we put this in, that will be less functional and not do the job for the citizens. So, I speak against it. Additional discussion, I don't think we can do a vote on this? We don't have it listed as an action. We are taking a vote to see if we want to bring back this next month. We're voting to put it on the agenda or not, actually.

Barry Jantz: We clarified that because it's not listed as an action item.

Dr. Anuj Bhatia: The board does have the option in these 6 months to assess, and if it determines that it's not meeting the needs or the efficiency of the board, they can forego requesting that again and go back to the way we're right now. So that option is there.

Barry Jantz: It's also true that if the Board of Supervisors doesn't continue to see requests from advisory boards and commissions, they may not even take it up every 6 months.

Jack Dailey: I understand, when they do, if we were to have the waiver, we hold a virtual meeting, there still has to be an in-person option, where the meeting's held so that the public can come and have this option. There will always be folks here. I don't know if it'd be in this room, but there would always be a room where people would have to be available, the County staff would be available and anyone else that wants to be in person to meet as a part of this meeting.

Barry Jantz: Absolutely, that's in the state law, in SB707.

Dr. Suzanne Afflalo: I think there's a happy medium between all of these. I think the thing is, we do want to come and participate. My one concern is on the occasion that we don't have a quorum here to cancel the meeting. So the flexibility is if we have only 8 instead of 9, whatever that is, SBS07 would give us that flexibility, if we have people online, to still have the quorum. But that does not take away what we have here. And given the flexibility of just everyone being at home, and you being here by yourself with the IT people, that we continue to carry it on the way we are, but on that occasion when we only have 7 or 8 or 9, or someone happens to not be here, that we don't cancel a meeting, and that we can still have it, because there's 3 people online, and that there's enough in the room to make the energy go, but we have a quorum between the two, but I say we keep it kind of this way, so that the people that are coming to present are not presented to an empty room.

Barry Jantz: What you're suggesting would require action for us to say yes, we're allowing virtual meetings, but it would be the spirit of all of us to be in person.

Dr. Suzanne Afflalo: Yes. We're trying to avoid the cancellation of a meeting.

Barry Jantz: Okay, so there is still a motion in the second on the floor. Is there any other discussion on Paul's motion to adopt the SB707 policy and direct the Chair to hold every other meeting in person. And second, to put it on the agenda next time.

Approval of Item: The motion to include adopting the SB707 policy and taking formal action in next month's agenda was made by Paul Heygi and seconded by Joanne Franciscus.

Roll Call: Members in attendance voted Aye: Joanne Franciscus, Caryn Sumek, Jack Dailey, Paul Heygi, Tim Fraser
Members in attendance voted Nay: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Dr. Harriet Seldin

Board Members in person: Barry Jantz, Geysil Arroyo, James Lepanto, Dr. Suzanne Afflalo, Jack Dailey, Joanne Franciscus, Tim Fraser, Paul Hegyi, Caryn Sumek, Dr. Harriet Seldin

Barry Jantz: We'll put it on the agenda so we can have formal action if we'd like.

Safety Net Update

Dr. Jennifer Tuteur: We are looking at what the Safety Net would be for people who are losing Medi-Cal, potentially, who are losing, Covered California or unable to pay, all kinds of things. That's the big Safety Net; CMS is one part of that. In addition, there is a Board initiative called the Safety Net Bridge. This topic was about HR1 changes.

Tim Fraser: I thought there's going to be stakeholder meetings where proposals would be introduced.

Jamie Beam: It is not large stakeholder meetings, but we will be reaching out to partners in the communities that were identified during the presentation that the Board would like to focus on to see how we can partner and what makes the most sense for the pilot. We are working with our contracts team and council to make sure we're clear to do that at this point.

Tim Fraser: When it's a Safety Net Update, that is the broader CMS Safety Net, but not Safety Net Bridge. Is that the report moving forward?

Barry Jantz: It may make sense for us to list them next to each other, somehow, on the agenda.

Dr. Jennifer Tuteur: We can list it as HR1 updates, is what we usually do, because then we include CalFresh and all of that, too

Barry Jantz: Going forward, with the broader HR1 update and underneath a couple of categories.

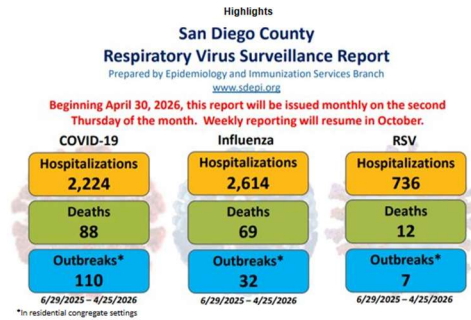
**V. PUBLIC HEALTH SERVICES
LEADERSHIP REPORT**

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

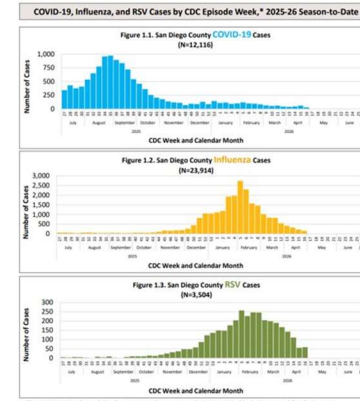
Adrienne Yancey, MPH, Interim
Director, PHS

Public Health Officer Update
Sayone Thihalolipavan, M.D., M.P.H., Public Health Officer, PHS

Respiratory Virus Surveillance



Updated April 30, 2026. Data through April 25, 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/sdc/hhsa/programs/phs/Epidemiology/SDC_Respiratory_Virus_Surveillance_Report.pdf



**Hantavirus cluster linked to cruise ship travel,
Multi-country**

- On May 2, a cluster of passengers with severe respiratory illness aboard a cruise ship was reported. The ship was carrying 147 passengers and crew.
- There were two California residents aboard the ship. One has return, and is in contact with the LHD, and another remains of the ship. Anyone who was on the ship is considered a high risk contact.
- The risk to the public in California is low.**
- The virus has been confirmed as the Andes virus species
 - Unlike the Sin Nombre virus (SNV), it can have limited person-to-person spread.
 - Presentation is like SNV:
 - Rapid progression from flu-like symptoms to severe respiratory failure and shock.
 - Initial 3- to 6-day prodrome of fever, severe muscle aches, headaches, and GI distress.
 - Sudden onset of pulmonary edema, hypotension, and potential cardiac failure.
 - Up to 50% mortality.

<https://www.who.int/emergencies/disease-outbreak-news/item/2026-DON589>



Hantavirus cluster linked to cruise ship travel, Multi-country

As per the [World Health Organization](#)

- Eight cases (three laboratory confirmed cases of hantavirus and five suspected cases) have been identified, including three deaths, one critically ill patient and three individuals reporting mild symptoms.
 - The first case had symptom onset on 6 April and died 11 April.
 - The assumption is that he was infected prior to boarding.
 - Likely human-to-human transmission on the boat.
 - All symptomatic passengers have been evacuated from the ship.

At the local level, Hantavirus has been detected in mice [earlier this year](#), and no human hantavirus cases have been detected since 2019 and 4 locally since 2004.

- For the latest data, see Public Health Services' [interactive page](#) with hantavirus data through 2024.
- Public Health Services continues to monitor the situation.

Hantavirus Timeline

Date	Situation
April 1	Embarkation in Argentina
April 6	Index case symptomatic
April 11	Index case dies at sea
April 24	Arrival at St. Helena, travel to Johannesburg
April 27	US citizens back in the US <ul style="list-style-type: none"> • Single California resident
May 2	Hanta cluster identified

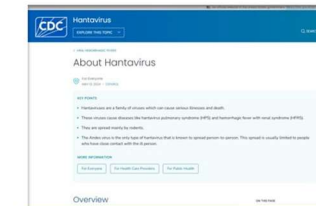
<https://www.who.int/news/item/27-05-2024-who-recognizes-hantavirus-cluster-linked-to-cruise-ship>
https://www.sandiegocounty.gov/content/sandiegocounty/gov/department/health/2024/05/02/hantavirus_2024.pdf
https://www.sandiegocounty.gov/content/sandiegocounty/gov/department/health/2024/05/02/hantavirus_2024.pdf

Hantavirus cluster linked to cruise ship travel, Multi-country

Current Federal and State Actions

- **CDC**
 - Activated Incident Management System
 - Working with other USG agencies to return US citizens still overseas
 - [Developed guidance for state and LHJs on monitoring, etc.](#)
- **CDPH**
 - [Issued press release on May 8](#)
 - Updated [Hantavirus Infection](#) page
 - Working with single LHJ to interview and monitor contact
 - Working with healthcare delivery to ensure contact has access to appropriate care
 - Lab testing

<https://www.cdc.gov/hantavirus/about/index.html>
<https://www.cdph.ca.gov/Programs/CID/DCDC/Pages/ID%20Diseases/Pages/HantavirusPulmonarySyndrome.aspx>



ONDCP DRUG THREAT NOTICE:

Cychlorphine, a synthetic opioid involved in at least 55 deaths, has potential to spread across Nation

April 30, 2026

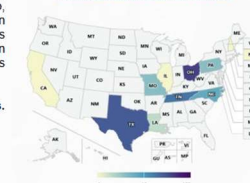
Pursuant to its authority to monitor evolving and emerging drug threats, the White House Office of National Drug Control Policy has identified cychlorphine, a synthetic opioid, as a dangerous substance with the potential to spread across the Nation.

Key Information: Cychlorphine (N-Propionitrile Chlorphine) has been identified in the illicit drug supply in states covering all four U.S. Census regions, with the greatest prevalence in Ohio, Texas, and Tennessee. Cychlorphine is [up to ten times more potent than fentanyl](#) and an overdose may require multiple doses of naloxone. It can be found mixed in with fentanyl or drugs such as methamphetamine, bromazolam, cocaine, and others, and it has also been detected on its own. Cychlorphine belongs to a class of synthetic opioids called orphines, which includes broprhine, spirochlorphine, chlorphine, and others.

Cychlorphine is not detected by drug test strips or in routine hospital opioid urine screens.

- What Can I Do?** EMS, clinicians, law enforcement, and the general public should:
1. Be Aware of the prevalence of cychlorphine in the illicit drug supply.
 2. Be Prepared to treat opioid overdoses with extra doses of naloxone.
 3. Seek Immediate Medical Care for people who may be overdosing – **call 9-1-1**.

Prevalence of Cychlorphine in Reports Submitted to the National Forensic Laboratory Information System, 2025



Data in which Cychlorphine has been detected: January 2025 – December 2025. Map courtesy of the Drug Enforcement Administration's National Forensic Laboratory Information System.

Tuberculosis Exposure Reported at Sunset Elementary School



By [Cassie N. Saunders](#), County of San Diego Communications Office
Apr. 29, 2025 | 3:59 PM

- County health officials are working with the San Ysidro Elementary School District to notify families and staff about a potential tuberculosis (TB) exposure at Sunset Elementary School between July 5, 2025, to Oct. 21, 2025.
- People at the highest risk of infection have already been contacted by the County and the school district.
- Free TB screening will be offered to students and staff who may have had increased risk of infection.
- TB cases in San Diego County have been increasing in recent years. Reported cases rose from 193 in 2020, to 265 in 2025.

[Tuberculosis Exposure Reported at Sunset Elementary School](#)
[News | San Diego County News Center](#)

Black Infant Health Program



About Black Infant Health (BIH)

- State-funded program addressing longstanding Black maternal and infant health disparities
- Services provided countywide, with program locations in Central and North County

Why This Work Matters

- Infants born to San Diego County African-American mothers are:
 - 60% more likely to be born preterm
 - 2x more likely to have low birth weight
 - 6x more likely to die before their first birthday



Black Infant Health Program



Eligibility

- African-American/Black
- 16 years of age or older
- Pregnant, or up to 6 months postpartum

Services

- Group sessions and one-on-one support services
- Pregnancy and postpartum education
- Stress management and emotional wellness support
- Case management and resource referrals



Black Infant Health Program



How to Refer

- Call BIH service locations
 - Central: 619-266-7566
 - North County: 760-231-1887
- Email Referrals
 - bih@neighborhoodhouse.org
- Download and Submit Referral Form
 - Referral form located at sdbih.org

Program Resources and Information

- San Diego County BIH Webpage: sdbih.org
- NHA BIH Webpage: <https://www.neighborhoodhouse.org/biac/kinfanthealth/>
- CDPH Webpage: <https://www.cdph.ca.gov/Programs/CFH/DMCAH/BIH/Pages/default.aspx>
- BIH Public Awareness Campaign Website: <https://blackinfanthealth.org/>

New Resource

- On April 8, PHS public the new [Vaccine Media Library](#) webpage.
- This page offers resources to encourage vaccinations, with flyers and social media available to help educate San Diegans.
- Share this information on social media platforms, websites, patient portals, emails, and other ways to reach your audience.
- The page is under the "Resources" section of the [What You Need to Know About Vaccines](#) webpage.

https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/immunization_branch/What_You_Need_to_Know_About_Vaccines/vaccine-media-library.html



New Resource

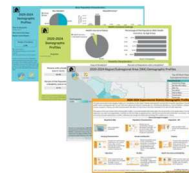
- HR-1 will change eligibility requirements for some recipients of CalFresh and Medicaid.**
- [This new form](#) is available for external partners who request a presentation to learn more about HR-1.
- Presentations are ~30 minutes and provide an overview of both CalFresh and Medi-Cal changes.
- At this time, presentations focus on the details of upcoming CalFresh changes.
- For information on changes to CalFresh and Medi-Cal, please visit: <https://www.sandiegocounty.gov/content/sdc/hhsa/programs/ssp/calfresh-medical-work-requirements.html>
- For resources to support the community you serve, please visit the Community Toolkit: <https://www.livewellsd.org/i-want-to/find-resources/calfresh-and-medi-cal-changes-community-toolkit>
- For additional questions about requesting a presentation, please email LWSD.HHSA@sdcounty.ca.gov.

<https://forms.office.com/Pages/ResponsePage.aspx?id=E69BRSnAsD93TJZ8juvPInYzm4NQRkuc2vnrR13UN01MRIFUT1JZMk5RWk9ZVkk4WEVDMhXMCQIQCNOPW7u>



Demographic Profiles

- The **Demographic Profiles** include the latest demographic and economic data available for San Diego County by census tract, Health and Human Services (HHS) region, city, and supervisorial district.
 - Data on age, gender, race/ethnicity, school enrollment, educational attainment, income, occupation, housing, and other social determinants of health (SDOH).
- Designed to help HHS staff and other local organizations, including *Live Well San Diego* recognized partners, identify and prioritize needs within their communities.



Interactive Tableau Dashboards available for:

- Census Tracts
- Regions and Subregional Areas
- Supervisorial Districts
- Cities and the Unincorporated Area



Demographic Profiles available in PDF format:

- Regions and Subregional Areas
- Supervisorial Districts
- Cities and the Unincorporated Area

[2024 Demographic Profiles](#)

14

San Diego County Middle Eastern and North African (MENA) Population

The profiles for the **San Diego County Middle Eastern and North African Population by Ancestry and Place of Birth** examines the Middle Eastern and North African (MENA) population through ancestry and place of birth in lieu of a direct method to estimate this population.



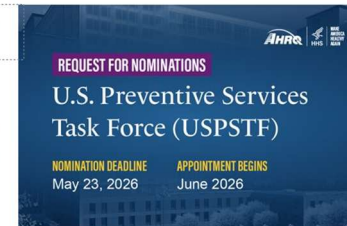
MENA Profiles:
[2024 San Diego County Middle Eastern and North African Population by Ancestry and Place of Birth](#)



15

AHRQ Seeks Nominations for U.S. Preventive Services Task Force

- AHRQ is inviting nominations of individuals qualified to serve as members of the U.S. Preventive Services Task Force (USPSTF).
- Convened and supported by AHRQ, the Task Force is an independent panel of national experts that develops evidence-based recommendations on clinical preventive services to improve the health of all Americans.
- Through its research, technical and administrative support, AHRQ enables the USPSTF to evaluate the latest scientific evidence and issue recommendations on screenings, counseling services and preventive medications used in primary care.
- These recommendations play a critical role in shaping clinical practice and advancing high-quality, evidence-based care nationwide.
- AHRQ is seeking nominations from clinicians and researchers with expertise in evidence-based medicine, clinical prevention and primary care. Individuals with backgrounds in cardiology, oncology, OB/GYN, pediatrics, family medicine, health economics and related fields are encouraged to apply. Self-nominations are welcome, and organizations may also nominate qualified candidates.
- Nominations must be submitted electronically by 11:59 p.m. ET, May 23, 2026.** Visit the AHRQ website to learn more about eligibility, the selection process and how to apply.



Nomination page for reference: <https://www.ahrq.gov/cpi/about/otherwebsites/uspstf/nominate.html>



16

NATIONAL PREVENTION WEEK **we**EK

A CELEBRATION OF POSSIBILITY

MAY 10-16 2026

National Prevention Week (May 10-16, 2026) is a public education platform showcasing the work of communities and organizations across the country that are preventing substance use — and promoting well-being.

Visit [National Prevention Week | SAMHSA](https://www.samhsa.gov/about/digital-toolkits/prevention-week) to learn about:

- Upcoming webinars
- How to get involved
- Activities
- Planning and promotional toolkit
- #MyPreventionStory

<https://www.samhsa.gov/about/digital-toolkits/prevention-week>



988 HOTLINE LINKED TO FEWER YOUTH SUICIDE DEATHS

Suicide deaths among 15 – 23-year-olds decreased since the launch of the 988 Suicide and Crisis Lifeline in 2022.

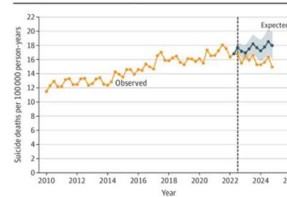
- Calls to the hotline doubled with the switch to the three-digit number.
- Suicide rate among young people in US dropped 11%.
- States with largest volume of 988 calls saw 18.2% reduction in suicides.
- States with lowest uptake saw 10.6% reduction.



Suicide Mortality Among Adolescents and Young Adults After Launch of a Suicide and Crisis Lifeline

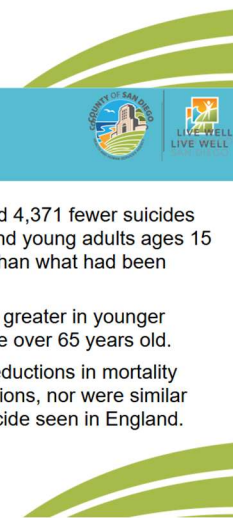
988 HOTLINE LINKED TO FEWER YOUTH SUICIDE DEATHS

Figure 1. Graph of Suicide Deaths After Launch of the 988 Lifeline Among Adolescents and Young Adults



Quarterly suicide mortality rate for individuals 15 to 34 years of age in the US is shown as suicide deaths per 100 000 person-years. The vertical dashed line indicates the national launch of the 988 Suicide and Crisis Lifeline in July 2022. Expected deaths were estimated using seasonal autoregressive integrated moving average models fit to data from January 1999 through June 2022. Shaded areas indicate 95% CIs around expected values.

- Results estimated 4,371 fewer suicides of adolescents and young adults ages 15 to 34 years old, than what had been projected.
- Reductions were greater in younger people than those over 65 years old.
- There were no reductions in mortality from other conditions, nor were similar reductions in suicide seen in England.



BRIGHTLIFE KIDS & SOLUNA



- The Department of Health Care Services (DHCS) encourages families and youth ages 0–25 to access free behavioral health support through [BrightLife Kids](#) and [Soluna](#).
- BrightLife Kids and Soluna offer free coaching, peer communities, personalized goal-setting tools, and care navigation.
- Services are available online, in mobile app stores, in English and Spanish, and through telephone-based coaching available in 17 languages.



Parent E-Bike Safety Webinar with Supervisor Lawson-Remer and Scripps Trauma Prevention

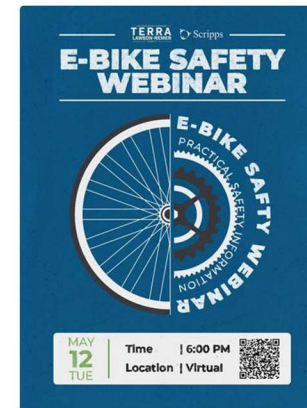
E-bikes are everywhere, and families deserve clear, practical safety information. This free webinar hosted by Supervisor Terra Lawson-Remer features Scripps Trauma Prevention and Beth Black, an e-bike safety expert and founder of The Bellemont Project.

They will cover what is driving youth injuries, how families can reduce risk right away, and how our region can move from crisis response to a proactive safety approach.

Topics include:

- What doctors are seeing right now in emergency rooms
- Tips for parents on helmets, road rules, and expectations
- Legal e-bikes vs. higher-powered electric motorcycles sold as "e-bikes"
- What needs to change to keep kids safe on our streets Know a family navigating e-bikes with their kids?

[Webinar Registration - Zoom](#)



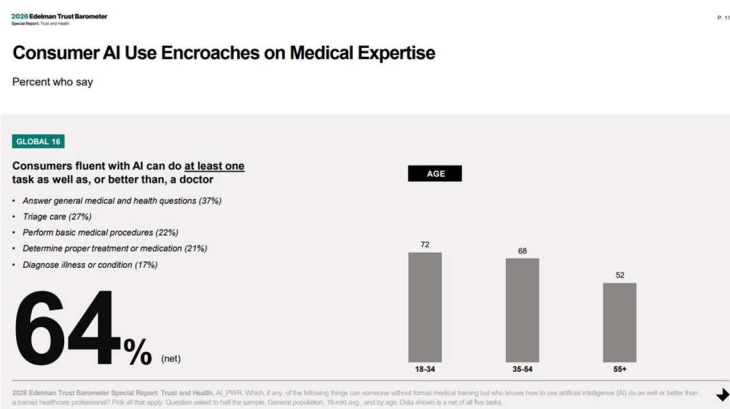
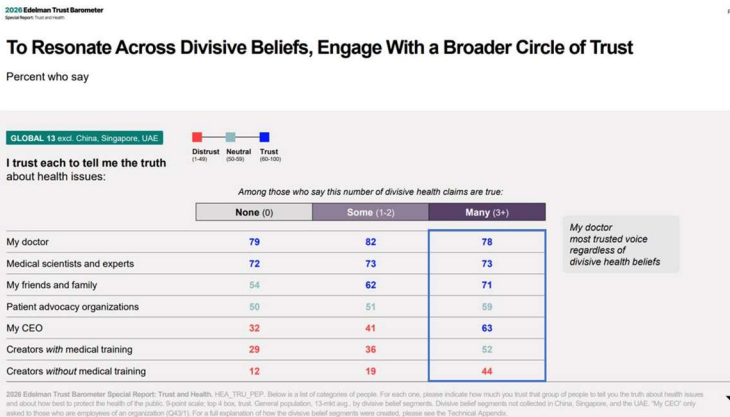
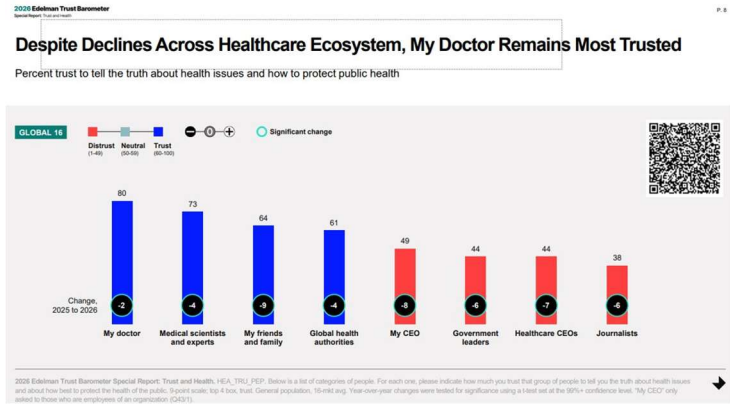
New Resource



- Published April 22, 2026
- The 5th annual [Edelman Trust Barometer Special Report: Trust and Health](#) reveals a fractured health landscape marked by division, declining trust, and widespread confusion.
- Across markets, most people believe at least one contested health claim, underscoring how uncertainty around health information has gone mainstream.
- Highlights include...

https://www.edelman.com/sites/g/files/akthss191/files/2026-04/2026-2026Edelman%20Trust%20Barometer%20Special%20Report%20Trust%20and%20Health_Final.pdf





Trust in Key Healthcare Institutions

Percent trust to do what is right

Significant change*

	Global 16	Australia	Brazil	Canada	China	France	Germany	India	Indonesia	Japan	Mexico	Singapore	S. Africa	S. Korea	UAE	UK	U.S.																	
Δ: 2025 to 2026	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%	%																	
Local health authorities	69	+2	74	+2	64	+11	74	+2	72	-7	60	0	62	+1	75	+2	77	-4	65	-3	64	+2	77	-8	59	+14	63	+5	90	+5	77	+10	63	+1
National health authorities	69	0	71	+1	67	+11	71	+2	73	-12	58	0	58	0	83	+1	77	-7	55	-2	62	+1	80	-3	64	+8	63	0	90	+4	77	+5	81	-9
The WHO	68	+1	64	0	69	+9	66	+1	72	-8	60	-1	58	0	83	0	77	-5	48	+1	70	+1	72	-1	68	+5	64	+1	85	+5	69	+6	59	+1
Healthcare companies	63	0	59	+1	66	+8	61	+6	67	-5	59	-1	51	-5	76	-2	78	-6	41	-8	71	+1	68	0	68	+6	45	-4	85	+7	61	+5	46	-4
Government agencies that oversee and regulate drugs, vaccines, and medical devices	63	0	63	0	64	+10	69	+9	73	-4	54	+1	49	-3	75	-2	67	-8	55	-1	61	+1	74	-3	66	+12	60	+1	85	0	64	-3	41	-11

2026 Edelman Trust Barometer Special Report: Trust and Health, TRU_HNS. Below is a list of institutions. For each one, please indicate how much you trust that institution to do what is right. 9-point scale, top 4 box, trust. General population: 16,000 avg. Some attributes asked to half the sample. Year-over-year changes were tested for significance using a t-test set at the 95% confidence level.

Tijuana River Valley Sewage Crisis Updates



South Bay Asthma Remediation Community Support Services

Asthma Remediation services offer air purifiers, air filters, and other supplies to help control severe/uncontrolled asthma.

No-cost support for eligible Medi-Cal members who:

- Have a Medi-Cal Health Plan,
- Has asthma symptoms that are hard to manage,
- Are impacted by the TJ River Valley sewage crisis,
- Completed home assessment through Asthma Preventive Services within the past 12 months.

Note: Patients must request air purifiers that have potassium permanganate to best trap gasses

For more information and languages visit [SanDiegoCounty.Gov/SDAIM](https://www.sandiegocounty.gov/sdaim)



[South Bay Asthma Remediation Community Support Flyer \(Spanish\)](#)



Question and Answer:

Susanne Afflalo: Do they do blood or respiratory test for Hanta?

Dr. Sayone Thihalolipavan: There is a PCR test.

James Lepanto: For the Black Infant Program, eligibility age is 16 and above; What about those who are 14- or 15-year-old?

Dr. Sayone Thihalolipavan: 16 is the state requirement.

Adrienne Yancey: Teenagers under 16, African American teenagers would be referred to our Home Visiting Program, or to Jewish Family Services, Adolescent Family Life Program. That program, unfortunately, though, is only going to be funded for one more year by the state, 26-27 is the next fiscal year; that'll be the last year for the program. Our Maternal Child and Adolescent Health Program is across the state. Those programs are working with the state health department to see how we continue providing services to teenagers. And then there's also San Diego Adolescent Pregnancy and Parenting Program, SANDAP, and the California School Age Families Education Program that are offered through the school districts that we would make referrals to.

Public Health Director Update
Adrienne Yancey, Interim Director, PHS

Public Health Services



BOARD LETTER FORECAST	
Board Meeting Date	Subject
May 19, 2026	Authorize acceptance of funding from California Department of Public Health for Future of Public Health Funding
August 18, 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
August 18, 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

County Budget



Date	Activity
January 27, 2026	3:00 PM-Budget Workshop at County Administration Center (CAC) 5:00 PM-Community input on budget priorities at CAC
May 18, 2026	CAO releases the Recommended Budget to the public and comment period begins
June 1, 2026	12:00 PM-Public Budget Hearing on CAO Recommended Budget at CAC: The public can provide comments during a public BOS meeting.
June 11, 2026	5:00 PM-Last day for written testimony on budget to Clerk of the Board (COB): Including change letter, budget board letter, resolution(s) to adopt budget, and any referrals to budget filed with the COB. Budget hearings formally end. Online comments close.
June 12, 2026	Revised Recommended budget available online
June 23, 2026	9:00 AM-Budget Deliberations and Adoption of CAO Recommended Budget at CAC: The BOS adopts a budget for Fiscal Year (FY) 2026-27 and tentatively approves a budget for FY 2027-28.

CA Governor's May Revision

Proposed Budget Released
Friday, January 9

Expected Release
Thursday, May 14

Expected Signing
Monday, June 15

The infographic is divided into three vertical columns with a background image of the California State Capitol building. The first column is blue and titled 'Governor's Proposed Budget (January)'. It states 'The Budget proposed by the Governor' and has buttons for 'Summary >' and 'Detail >'. The second column is orange and titled 'May Revision (May)'. It states 'Changes to the Governor's Proposed Budget based upon the latest economic forecasts'. The third column is green and titled 'Enacted Budget (Summer)'. It states 'The Budget passed by the Legislature and signed by the Governor'.

County, SDSU Partner to Inspire Future Health Professionals

By Anita Lightfoot, County of San Diego Communications Office
Apr. 22, 2026 | 9:44 AM

- The County of San Diego and San Diego State University continue to work together to inspire the region's next generation of health and human services professionals.
- The second annual Health Careers Week held April 13–15 at SDSU, connected students and alumni with leaders from the County's Health and Human Services Agency (HHS), early career alumni, and SDSU faculty and staff.
- During the three-day event, participants attended workshops, explored career paths in public health, community services, behavioral health and other fields, and built connections with industry professionals.

[County, SDSU Partner to Inspire Future Health Professionals | News | San Diego County News Center](#)

County Celebrates Local Leaders and 25 Years of Public Health Champions Awards

By Anita Lightfoot, County of San Diego Communications Office
Apr. 14, 2026 | 2:49 PM

- The County Health and Human Services Agency honored thirteen individuals and organizations for their commitment to improving community health, advancing wellness and helping communities thrive.
- The [Live Well San Diego Public Health Champions awards ceremony](#), held April 10, marked a major milestone: 25 years of recognizing outstanding public health leadership.
- The annual ceremony takes place during [National Public Health Week](#), when communities across the country highlight the importance of building the foundation for healthier lives.
- Since the event began, the County has recognized 507 Public Health Champions whose work has helped shape a stronger, healthier region.

[County Celebrates Local Leaders and 25 Years of Public Health Champions Awards | News | San Diego County News Center](#)



Question and Answer:

Geysil Arroyo: Applications for SDSU PHS are up for the MPH program.

Barry Jantz: Deputy CAO position is restarting the process. I received an E-mail from a different search firm.

Adrienne Yancey: For the DCAO, someone was offered a position, and they declined. So, they decided to go back out for a national search, and this is a new recruitment firm that reached out to you. That is soliciting input, and hopefully we'll have a candidate that will come on board over the summer. Expectation is Dr. Hernandez will do some overlap. And more than likely, return to Public Health in October.

VI. ROUNDTABLE

Barry Jantz: I know a few years ago, the Board of Supervisors at the time announced they would like a crisis stabilization unit in every one of the districts. I think it was before redistricting. One opened recently in El Cajon. Maybe in future agenda would just be to give an update on where we are as far as the supervisor's goals of crisis stabilization units throughout the County.

Tim Fraser: Next meeting is on June 2, Primary Day, will we be having our meeting that day? I won't be here.

Barry Jantz: If anybody has any concerns about primary date, please let me know.

VII. PUBLIC COMMENT

None.

VIII. ADJOURN

Meeting adjourned at 5:06 PM.

Next Meeting

HSAB Monthly Meeting: June 02, 2026
CAC: 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm