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

Tuesday, July 21, 2026, 3:00pm to 5:00pm
MEETING MINUTES

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
13			Abrams, Lauren (Alternate)		**Tina Emmerick,** MPH, Assistant Medical Services Administrator, Public Health Services, HHSA **Sayone Thihalolipavan,** MD, MPH, Public Health Officer, Public Health Services Administration **Patrick Loose**, Interim Assistant Director, Public Health Services Administration, HHSA	Sayone Thihalolipavan, MD, MPH, Public Health Officer, PHS, HHSA Patrick Loose, Interim Assistant Director, PHS, HHSA Anuj Bhatia, DrPH, Deputy Director, PHS, HHSA Tina Emmerick, MPH, Chief, PHS, HHSA Nora Bota, MPH, Performance Improvement Manager PHS, HHSA Talq Tera, Information Technology Analyst, PHS Admin, HHSA Joshua Beidler, Administrative Secretary II, PHS Admin, HHSA Kathrina Fulgueras, Administrative Secretary III, 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		**IP**		
14		Franciscus, Joanne		**IP**		
13		Fraser, Tim		**IP**		
9	3		Galindez, Aida (Alternate)			
18	3		Greene, Dorothy (Alternate)			
11		Hegyi, Paul		**IP**		
2	1	Ilango, Samhita		**Z**		
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**		

SEAT	DISTRICT	PRIMARY	ALTERNATE	ATTEND	PRESENTERS	HHSA SUPPORT
	2	Sly, Kelsey		**IP**		
12			Sumek, Caryn (Alternate)	**IP**		
5	3	Walters, Todd		**IP**		
16			Tellez, Dr. Patrick (Alternate)	**IP**		
		Clark Manson, Minola		**IP**		

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

I. WELCOME & INTRODUCTIONS	**A. Roll Call** a. **Barry Jantz** called the meeting to order at 3:00 PM. b. **Roll Call:** All members in attendance indicated "here". **Board Members in person:** Barry Jantz, Joanne Franciscus, Dr. Suzanne Afflalo, Dr. Harriet Seldin, Minola Clark Manson, Kelsey Sly, James Lepanto, Caryn Sumek, Jack Dailey, Todd Walters, Paul Heygi, Victoria Floyd, Geysil Arroyo, Dr. Patrick Tellez, Tim Fraser **Board Members attending virtually:** Samhita Ilango **B. Remarks from the Chairperson.** a. A few months prior, the Board of Supervisors granted authorization for the establishment of a quorum either virtually or in person. The group agreed to proceed with this approach. Anuj subsequently reported that inquiries have already been made regarding whether an additional six-month extension should be requested from the Board of Supervisors. This matter is not included on the current agenda and does not require immediate placement; it may be scheduled within the next two months. However, if the option is to be continued, a formal request must be submitted by October. HHSA is expected to issue a decision in August or September. **C. Approval of July Agenda** a. The motion to approve the agenda was made by Joanne Franciscus and seconded by Jack Dailey b. **Roll Call:** All other members in attendance voted Aye. **Board Members in person:** Barry Jantz, Joanne Franciscus, Dr. Suzanne Afflalo, Dr. Harriet Seldin, Minola Clark Manson, Kelsey Sly, James Lepanto, Caryn Sumek, Jack Dailey, Todd Walters, Paul Heygi, Victoria Floyd, Geysil Arroyo, Tim Fraser **Board Members attending virtually:** Samhita Ilango **D. Approval of June Meeting Minutes** a. The motion to approve the minutes was made by Dr. Harriet Seldin and seconded by Minola Clark Manson. **Roll Call:** Geysil Arroyo and Tim Fraser abstained. All other members in attendance voted Aye. **Board Members in person:** Barry Jantz, Joanne Franciscus, Dr. Suzanne Afflalo, Dr. Harriet Seldin, Minola Clark Manson, Kelsey Sly, James Lepanto, Caryn Sumek, Jack Dailey, Todd Walters, Paul Heygi, Victoria Floyd, Geysil Arroyo, Tim Fraser **Board Members attending virtually:** Samhita Ilango **E. HSAB Attendance Confirmation** a. No HSAB members are out due to Just Cause.
II. PUBLIC COMMENT	There was no public comment.

III. DISCUSSION ITEMS

A. Update on Safety Net Bridge Food Distribution Efforts Beginning in August of 2026, Tina Emmerick, MPH, Asst Medical Services Admin, Public Health Services, HHSA

Update on Safety Net Bridge Food Distribution Efforts Beginning in August of 2026,
Tina Emmerick, MPH, Asst Medical Services Admin, Public Health Services, HHSA



Overview & Purpose

- Safety Net Bridge Program: Food Component
- Federal policy changes (H.R. 1) create new work-reporting requirements, risking access to CalFresh and Medi-Cal for San Diego County residents.
- An estimated 93,500 residents in San Diego County may face reduction or elimination of CalFresh benefits.
- 6/25/26: The Board of Supervisors unanimously approved a board letter to expand food distribution and benefit enrollment support in high-need areas for one year

  Authorizing Partner Food Distribution Pilots at Strategic County Facilities in High-need Areas to Mitigate CalFresh Work Requirement Displacements

Program Design

1. $500,000 to fund food distribution events across identified high-impact zip codes for one year
   - Agreements with San Diego Food Bank and Feeding San Diego
   - Six proposed County facilities will serve as hubs for food access and benefit enrollment.
   - 12–24 events per site, each site to serve 1,200–2,400 households

2. $500,000 for food distribution to fill additional service gaps, such as home delivery or distribution through trusted community providers
   - Portion to be used to address gaps in Mountain Empire and Lincoln Acres communities

- Real-time data will guide adjustments to services.
- Supports County goals in equity, sustainability, and empowerment.

Tentative Schedule for Pilot Sites

Updated 7/21/2026 **Subject to change**

Pilot Center / Location	Address	Type	Schedule	Start date/time	Food Bank Partner
South Region Live Well Center	690 Oxford St Chula Vista, CA 91911	Drive-through	2nd Saturday	8/8/2026, 9am	San Diego Food Bank
El Cajon Family Resource Center	220 S 1st St El Cajon, CA 92019	Walk-up	3rd Saturday	8/15/2026, 9am	San Diego Food Bank
Spring Valley Community Center	8735 Jamacha Blvd. Spring Valley, CA 91977	Walk-up	1st and 3rd Fridays	8/21/2026, afternoon	Feeding San Diego
Spring Valley Library	836 Kempton Street Spring Valley, CA 91977	TBD	2nd and 4th Fridays	8/28/2026, 5-7pm	Feeding San Diego
North Central Live Well Center	5055 Ruffin Rd San Diego, CA 92123	Drive-through	1st Saturday	9/5/2026, 9am	San Diego Food Bank
North Coastal Live Well Center	3708 Ocean Ranch Blvd Oceanside, CA 92056	Walk-up and drive-through combo	4th Saturday	9/26/2026, 9am	San Diego Food Bank

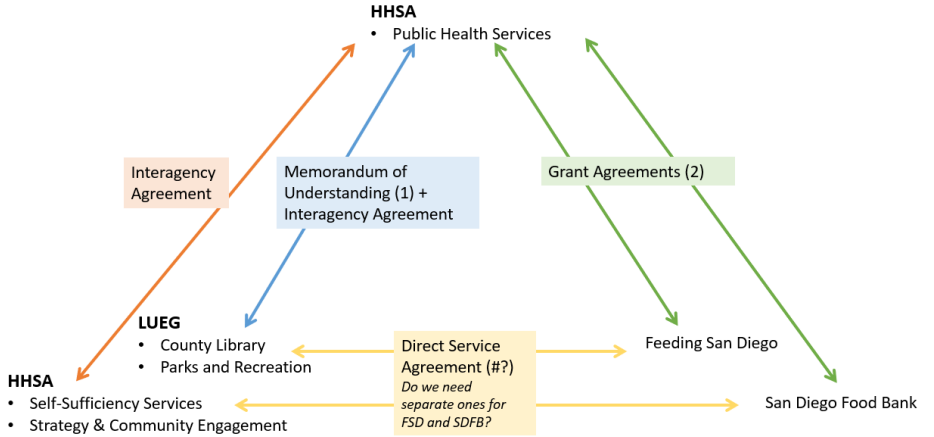
Draft Flyer



High-Level Action Plan/Gantt Chart

Activity	Details	7/12-7/18	7/19-7/25	7/26-8/1	8/2-8/8	8/9-8/15	8/16-8/22	8/23-8/29	8/30-9/5	9/6-9/12	9/13-9/19	9/20-9/26	Oct-on
Meetings	Meetings with stakeholders (Internal County offices and Food Banks)												
Administration	Finalize and route agreements												
Administration	Execute Grant Agreements				8/6								
Administration	Execute MOU with LUEG				8/6								
Communications	Finalize and translate flyer												
Communications	Post event details on County website, update as needed (partners will also update 2-1-1)												
Communications	Press conference at the CAC				8/7?								
Event	Distribution: South Region Live Well Center				8/8					9/12			
Event	Distribution: El Cajon Family Resource Center					8/15					9/19		
Event	Distribution: Spring Valley Community Center						8/21		9/4		9/18		
Event	Distribution: Spring Valley Library							8/28		9/11		9/25	
Event	Distribution: North Central Family Resource Center								9/5				
Event	Distribution: North Coastal Family Resource Center											9/26	
Program Planning	Develop and finalize plan to fill service gaps, including communities in Mountain Empire and Lincoln Acres												
Program Planning	Implement plan and revisit as appropriate												
Data/Reporting	Develop and update data dashboard												

Agree on Agreements



Question and Answer:

Tim Fraser: Looking also at the secondary program of the Safety Net Bridge that's going to involve the healthcare portion, will these be the same sites that will be providing the healthcare as well, so that whoever's going for both services will only have one place to go, or will there be different site locations? Because I'm seeing some of the zip codes not matching up with the Safety Net for healthcare.

Tina Emmerick: I will get back to you with the answer for that. These locations were identified using data from Self-Sufficiency Services related to kind of the number of people identified to potentially fall off their CalFresh benefits.
Todd Walters: So far as the people that can get the food, is it only folks that were on food assistance before, or is this going to be open to the public?
Tina Emmerick: It will be open to the public. We are not going to have any set kind of criteria to be eligible to come drive through or walk up to pick up that food, but part of the promotion will be some targeted text campaigns with Self-Sufficiency Services to really try and hone in on those individuals we know fell off of benefits. No one will be turned away.
Todd Walters: What's interesting is that California just signed that law where they changed the food labeling on the code dates, and the purpose was to eliminate waste, and all of your independent non-profit food banks, which there's a bunch of them out there, depend on grocery stores for their food. And I think that law went into effect in July, so those folks are going to probably see a shortage of food, and you guys might have more impact than previously thought.
Tina Emmerick: Thank you for that, I'll make note of that, I didn't know that.
Todd Walters: The law just took effect July 1st. It's interesting, there's a lot of confusion about sell-by dates. And so that's what changed. And so I know for the grocery stores and a lot of these food retailers, the idea was to eliminate food waste, and to them, that will shrink. They're losing money, so they're going to do everything they can. I think you're definitely going to see a lot of independence going down or not having the food.

James Lepanto: You mentioned that you're going to be reaching out, and Self-Sufficiency is going to be reaching out. What's the plan to get this information out to the public?
Tina Emmerick: Self-Sufficiency will be doing a text campaign, to promote this to the individuals we know have fallen off benefits or are about to fall off benefits. We showed a flyer earlier on the screen. We're making a couple more edits to that, but that will be pushed out widely. I'm happy to send it to this group as well, and our Board offices are ready to jump on this and send this out. D4 will be hosting a press event prior to August 8th to promote that the kickoff has started.
James Lepanto: As you get into this, will you be looking at this on a regular basis to adapt locations if other areas need it as well? Will you be looking at that, or is this permanent as far as the number of distribution sites?
Tina Emmerick: The goal is to try to be nimble where we can, so that's why we're trying to strike that balance not a static flyer that can't be changed but also recognizing the access. Not everybody can look at that QR code, know what to do with it, and be able to access those sites, so we're actively trying to navigate that. We will be pulling data from Self-Sufficiency monthly to look at how many individuals have kind of fallen off. Knowing that some of that data could just be that people moved, but just to give us an idea. And then also tracking how many kinds of points of contact of people engaging with our self-sufficiency staff at the events to ask questions. In addition to numbers of individuals or families served, picking up those distributions and pounds of food distributed will be collected at the events and then looked at on a monthly basis with us at the County, as well as our Feeding San Diego and Food Bank partners, to really look at, do we need to make any adjustments?

Minola Clark Manson: Was there any consideration, with the distance to public transportation, as well as how long it takes to get to wherever you are?
Tina Emmerick: The sites were selected based on the kind of the zip code areas where most people we knew were going to fall off benefits. As far as I know, we didn't consider access to public transportation, but one piece of data that was

	requested that we collect at the events is zip code that people live in when they pick up the food, because we want to start to see, too, are people travelingfurther than the area to access, these distributions? **Minola Clark Manson:** At some point, that has to be considered, because my follow-up question is, is the food that is going to be handed out portable? It's one of the problems that we have in Lemon Grove. We have a Lemon Grove-specific distribution, and we don't allow people to come to walk up, because they literally cannot carry the food. **Tina Emmerick:** Thank you for this feedback. We have weekly meetings with both San Diego Food Bank and Feeding San Diego; I've written this down to find out if they've thought about this and what the plan is, and so I can gather that information and bring it back to this group. **Joanne Franciscus:** If the County is funding this and the County's policy is known and will be turned away, will that be implemented by the partners? Because as I understand it, some of the partners of the bigger organizations do have their own eligibility requirements. **Tina Emmerick:** I can speak about these particular locations. The way the grant agreements are being put in place, the San Diego Food Bank and Feeding San Diego know that you come, you get food. **Suzanne Afflalo:** Will we have access to promote these entities? It would be nice to have a printout of the schedule at our monthly health fair, so that they know the County is doing these pilot programs, and if they're in those areas, they can also go to those on those specific days. **Barry Jantz**: Tina, you are collecting this feedback. So, can you come back to us with some of this? **Tina Emmerick:** We are going to start August 8th, so possibly give maybe a month report back, so give you a little bit of data on how it's going so far. **James Lepanto**: How do we eliminate barriers? In the back of all this planning is to make this an easy process for these folks, because it's going to be difficult enough emotionally, and sometimes physically, for people to grow. **Tim Fraser:** Looking at the creation of Safety Net Bridge, how can the County ensure that those who are about to lose benefits are prioritized than the general public? **Tina Emmerick:** Thank you for that feedback. **Barry Jantz**: Okay, Tina, I think we've given you some things to think about. Do what you need to do with it, and we'll see you in a couple of months.
IV. CONSENT ITEMS **A. Authorize Acceptance of Funding from Centers for Disease Control and Prevention for Strengthening U.S. Public Health Infrastructure and Workforce, Trenae Carter-Hollinger, Administrative Analyst, Public Health Services**	**Authorize Acceptance of Funding from Centers for Disease Control and Prevention for Strengthening U.S. Public Health Infrastructure and Workforce, Trenae Carter-Hollinger, Administrative Analyst, Public Health Services Departmental Administration Division**

Departmental Administration Division

ITEM XX: AUTHORIZE ACCEPTANCE OF ADDITIONAL FUNDING FROM CENTERS FOR DISEASE CONTROL AND PREVENTION FOR STRENGTHENING U.S. PUBLIC HEALTH INFRASTRUCTURE AND WORKFORCE GRANT STRATEGY A2: FOUNDATIONAL CAPABILITIES (ALL DISTRICTS)

Trenae Carter-Hollinger, Administrative Analyst, Public Health Services Departmental Administration Division

July 21, 2026

GRANT OVERVIEW

- Centers for Disease Control and Prevention funding
- Funding strategies:
  - Strategy A1: Workforce
    - Recruit, retain, train, and strengthen
  - Strategy A2: Foundational Capabilities
    - Strengthen systems, processes, and policies



KEY ACTIVITIES

Strategy A2: Foundational Capabilities
Accountability, performance management and agency accreditation
Organizational administrative competencies
Community Partnership

FUNDING OVERVIEW

Period of Performance 12/01/2022-11/30/2027	Anticipated Award	Actual Award	Award Variance
Year 1 FY 2022-23	$1,265,723	$1,265,723	$-
Year 2 FY 2023-24	$1,265,723	$2,214,995	$949,272
Year 3 FY 2024-25	$1,265,723	$2,214,995	$949,272
Year 4 FY 2025-26	$1,265,723	$2,214,995	$949,272
Year 5 FY 2026-27	$1,265,723	$2,217,517	$951,794
TOTAL	$6,328,615	$10,128,225	$3,799,610

Recommendations

1. Authorize the acceptance of an additional $3,799,610 in grant funds from the Centers for Disease Control and Prevention for the period of December 1, 2022, through November 30, 2027, for Strengthening U.S. Public Health Infrastructure and Workforce Strategy A2, totaling $10,128,225 over five years due to supplemental funding available by funder.
2. Authorize the Chief Administrative Officer, or designee, to apply for any additional funding opportunities, if available, to further develop and strengthen the public health workforce and infrastructure

Approval of Consent Item

a. The motion to approve the consent item was made by Joanne Franciscus and seconded by Jack Dailey.
Roll Call: All members in attendance voted Aye.
Board Members in person: Barry Jantz, Joanne Franciscus, Dr. Suzanne Afflalo, Dr. Harriet Seldin, Minola Clark Manson, Kelsey Sly, James Lepanto, Caryn Sumek, Jack Dailey, Todd Walters, Paul Heygi, Victoria Floyd, Geysil Arroyo, Dr. Patrick Tellez, Tim Fraser
Board Members attending virtually: Samhita Ilango

V. REPORTS

A. Youth Engagement

Youth Engagement

On May 8th, we sent a letter to the Board of Supervisors outlining our proposal for youth engagement within the Health Services Advisory Board. We requested their feedback before finalizing our next steps, as we want to ensure we are moving in the right direction. I did hear back from one supervisor's office, but only because someone from their team happened to be online with us and took the initiative to look up the email internally. It wasn't someone who had originally received the message. I have not heard back from the other offices yet.

B. HSAB Budget Letter

HSAB Budget Letter

- Minute Attachment A: FY 2026-27 HSAB Budget Letter

Barry Jantz: There is a copy of the Budget Letter in your packet that was sent out right after our last HSAB meeting. Yesterday, I sent a follow-up—going back to the youth engagement effort—to the supervisors' offices. I tried to be thoughtful in the message, acknowledging that the budget has now been finalized for a couple of weeks, and noting that we wanted to bring this item back to the forefront. This time, I sent the follow-up directly to the Chief of Staff and cc'd the policy aides, recognizing that one Supervisor's office—Supervisor Anderson's—had previously reached out to me. My goal was simply to highlight the importance of the proposal and reiterate that we would greatly appreciate their input. We're currently waiting to hear back. For context, the Budget Letter went out on June 10th, and two days later the CEO released the revised budget. As you know, the Board of Supervisors adopted the budget at the end of June. At this point, I have no indication one way or the other that our recommendations were seen or considered.

James Lepanto: I just thought it was time to discuss this. This has been a pattern. I am disappointed by this, and this is not the first time this happened. Regarding the Youth Engagement plan and the budget, letter, we are going through the channels, respectfully, that we should be going through, and to get input, and to be able to make recommendations. I understand that the Board of Supervisors are extremely busy. They have been extremely busy lately, and they get a lot of information coming from different people. But, in all honesty, we should not have to chase down the Board of Supervisors offices to bring this to their attention. And I feel like a lot of this has been in development for a long, long, long time.
And even more so, that this Youth Engagement project has been a collaborative effort with the County of San Diego, with staff, with teams, with youth. We take our work seriously, and with members putting in dedicated time and effort to our obligations to advise and make recommendations to the Board of Supervisors. But I have to say, it's incredibly discouraging not to have the attention to, or courtesy of a response or feedback, whether that be the Budget Letter that we know is kind of difficult, because we have such limited time to get it before they make the decision. This lack of response and/or input creates an impression that our expertise and value are not seen as a priority, and we have talked about this in a number of things that we've discussed, and items that we've had on the agenda. So, one of the things is, I think we need to bring this to the Board of Supervisors' attention and go through the channels to do it. I'd like to suggest that we possibly schedule a

meeting with Dr. Hernandez, our interim HHSA director, to discuss options for collaboratively bringing this to the Board of Supervisors' attention. We cannot be the only Board experiencing this.

Tim Fraser: I say this as an institutional seat, not being able to actually influence this, is looking at those that were appointed by the Supervisors. And we were asking those appointed by Supervisors to meet with their staff, maybe quarterly or twice a year, to bring this exact type of information and feedback back to them. And I wonder where we are at self-checking ourselves to see, is that actually occurring? Are our District Representatives trying to schedule meetings and not being able to get it calendared, or not scheduling the meetings? Because I think that's where we might be able to mitigate some of this if the letter is sent by the Chair. Having it followed up by the District Representative could actually get it flagged instead.

Barry Jantz: It did occur to me that even though we're following the process that the County has established for us to send these letters, that when it hits an inbox. It's just another email. I think the meeting with Dr. Hernandez should be to ask whether there's a process for those that are actually advising the County of San Diego. Not that we should be looked at differently than a constituent, but those that are actually advising the Board of Supervisors, there be some kind of more established process for our letters.

Samhita Ilango: The contact that I got, he was so clear at the District 1: Social and Commissions gathering about himself being the point person, that if we ever want our Supervisor to see anything, he's the person to get it to. It sounded really responsive, so I was surprised to not hear anything after I sent the letter, and then even after your follow-up yesterday. I'm not really sure what a next step would be for me to hear from them or to get some sort of acknowledgement.

Dr. Harriet Seldin: We went through all this before, right? The contrast with what I saw with, Healthy San Diego, but also here on Medi-Cal Dental is completely different. I mean, that process, it was listened to instantly, things happened really fast, everyone was coordinating, and we got the result of having input in that. I don't know the system here. I think it's a matter of urgency and prioritizing. I just wanted that out there, just because I had such a totally different experience dealing with the Medi-Cal dental crisis. It is a totally different tone.

Joanne Franciscus: Specific to the Youth Engagement, procedurally. Could we present it to the Supervisors this way: we'd appreciate their input in selecting someone, but if they don't have anyone in mind or don't have the time to decide, we can handle it by gathering names and voting. This gives them an easy option while still keeping the process moving.

Caryn Sumek: On the budget, since we have gone through this a couple times, could we proactively start the letters sooner, because I think that's part of our issue, too. I feel like sometimes we're having to try to figure out when do we have meetings that we can approve, etc., but if we just approved as a group, that there's either a subcommittee or something that would work on that letter. I think if we got it in sooner, that might also help.

Barry Jantz: It's a good point. We've been waiting for the budget presentation so we can respond to the recommended budget before the CAO releases the revised version, which puts us in a bit of a holding pattern. I suppose we could send a budget letter before seeing the presentation, but that's the challenge. Most of the time the information is posted, but that

	would mean asking the group to work outside our usual timeline. I just wanted to offer it as an option, because in our advocacy work, having a little more lead time often leads to better participation. So, it might be something to consider. **Minola Clark Manson**: I think waiting until we get a projected budget is too late, because it's already decided. If we talked about it before, so that people can incorporate it into what the projected budget will be, I think we're in a better place. **Tim Fraser:** I think there's a different theme here, because we are using the budget as one example, but everything on our agenda relates to healthcare, and at some point, we'll be going before the Board for a vote, whether it is Budget, Youth Engagement, CMS program, Safety Net Bridge, it's all going through them, but they're not hearing anything from us because the staff aren't in the room, and we're not meeting with the staff. Now, there has been staff turnover, and we need to recognize it. They all turned over in the last couple of months, and I'm still building new relationships with them. I think it's incumbent upon us, again, to give the new staff a little bit of leeway, and maybe a new invitation to come to check out the Board, see what we all have to talk about, and how we can be a resource to them. I think the main point is the lack of engagement there; right now, it is one-sided. We have to find a way to get it two-sided, and that's getting them maybe here to actually park the site and listen. **James Lepanto:** In the past, we did approach the County about being able to get into the process earlier. Could we have presentations earlier? Could we meet with Department Heads to hear what their needs were? And the answer was no. Not until that budget is complete. Not until the revised. Not until that is finalized. We tried. I did that in multiple meetings and discussions, and the answer came back, no. Now, I don't know if that'll change from the County, but we made that attempt many times to get in the process earlier. **Jack Dailey:** We can get ahead of this by coming to a decision about who is on the Budget Committee. We can come up with a lot of feedback. Perhaps we hold it as a plate, we submit a letter early based on the published edition, then we get our presentation, and we say, hey, we've got follow-up points after we've had this wonderful presentation. But starting early and often, starting the dialogue makes sense to me. **Tim Fraser:** I wonder if we will submit the letter, and as part of the presentation, we ask them to address our concerns. Is there a report that's supposed to occur? I guess such a question is, we set it as a goal. How are we assessing the goal? **Barry Jantz:** We can put that back on the agenda. **Dr. Anuj Bhatia**: Samhita just commented online that she can follow up about having a meeting with District 1 staff or supervisor.
C. Meetings with Supervisor Offices	**Meetings with Supervisor Offices** **Barry Jantz:** It was a goal for the year to engage our supervisors more often, and that included some things such as trying to get a supervisor here on occasion, trying to get staffers here. I will look at the list. Goal details will be shared with Minola. **Minola Clark Manson**: The less structure, the less likely will happen.

D. HR1 Updates, Shelly Tregembo, Chief, Agency Operations, Department of Strategy and Communications • **Safety Net Bridge,** • **CMS Reform**	**James Lepanto:** I don't think it's a mandate. I think we discussed that, and the comment was, is everybody willing to meet with their representative by the first quarter, then when the group comes together and does an affirmative the expectation is that it's going to be built up. **HR1 Updates** **Shelly Tregembo**, Chief, Agency Operations, Department of Strategy and Community Engagement • **Safety Net Bridge** - Updates given by Tina Emmerick in earlier presentation. • **CMS Reform** - Right now, the team is reviewing the information and numbers and developing recommendations based on the feedback from the CMS presentation. Before the report goes to the Board, the expectation is that it will return to HSAB for another review to ensure it reflects those recommendations. We anticipate it will go to the ADHOC Committee in September and then come back to HSAB with their feedback. **Question and Answer:** **James Lepanto**: Last meeting, we had a conversation with Dr. Tuteur about simplifying the application process. Has the application process been considered? Is that being worked on at this point? **Shelly Tregembo:** Yes, it is being considered, and it was a recommendation from more than just this group. It is a complicated process. There are some pieces that can be looked at. A lot of the feedback that we got from the various groups was really about trying to align with Medi-Cal as much as possible. **Tim Frasier:** Thank you for both listening sessions and I highly encourage as many more listening sessions as we can. It is important to continue to have that two-way conversation. I appreciate what you all have done so far and coming back and saying, this is what we heard, is this correct? So that you can then go forward and make your next iteration and your next draft. And just one more comment, now that the budget is complete and is signed off, there is money allocated to CMS services and to the Safety Net Bridge, and it may be beneficial if the County comes back, because when we got the last presentation, the State didn't solidify their Budget. There's been new money put in that, saved off a lot of potential cuts and others, and I know Supervisor Lawson-Reamer recently put out about $43.7 million dollars, I think, into that. How is that money going to be spent? It would be great to get an update there. **Barry Jantz:** That doesn't have to be next season, that can be sooner than later. Would that be something you could present on? Considering our next meeting is two weeks away, coordinate with Anuj when good timing on that should be.

V. PUBLIC HEALTH SERVICES LEADERSHIP REPORT

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

Patrick Loose, Interim Director, PHS

Public Health Officer Update

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

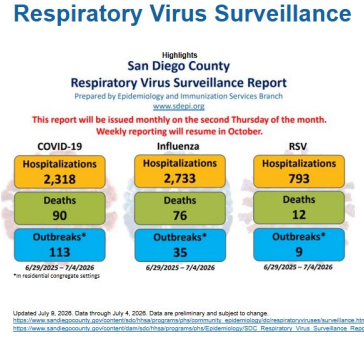
Health Services Advisory Board Meeting
Public Health Services Report

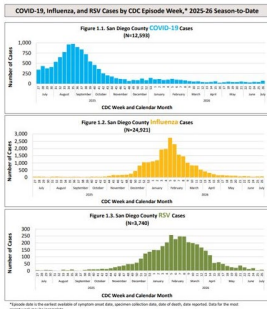
July 21, 2026

Public Health Officer Update

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

Respiratory Virus Surveillance





CA HAN San Diego
California HEALTH ALERT NETWORK

July 13 Health Alert: First Locally Acquired Chagas Case and Chronic Chagas Disease in San Diego County

Key Messages

- A case of locally acquired Chagas disease has been detected in a resident of San Diego County.
- Chagas disease is transmitted by the infected fecal matter of triatomine or "kissing" bugs, which are commonly found in the county.
- The case confirms that local triatomine bugs are a competent vector for the causative parasite, Trypanosoma cruzi, and underscores the need for public education and preventive measures.
- Locally acquired Chagas disease has occurred rarely in California; the risk of widespread transmission in the county remains low.
- Chagas was made locally reportable in San Diego County in 2024. Providers are required to report any cases with positive laboratory results indicating Chagas disease to the County Epidemiology Unit within 7 days.
- If Chagas disease is suspected, providers can consult the Epidemiology Unit by calling 619-692-8499 (Monday-Friday 8 AM-5 PM) or 858-565-5255 (after hours and holidays).

LIVE WELL SAN DIEGO

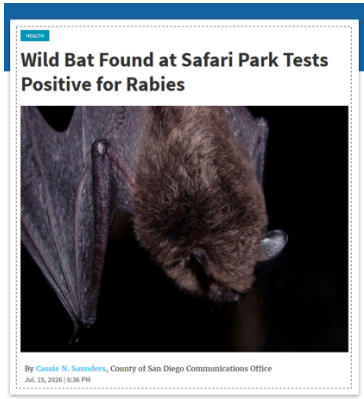

HEALTH

County Monitoring Shows No Local Cyclosporiasis Outbreaks, Food Safety Recommended

By Cassie N. Saunders, County of San Diego Communications Office
Jul. 16, 2026 | 2:25 PM

- The intestinal illness, cyclosporiasis, is in the news nationwide, but County monitoring reports no local increase in cases. State health officials have also not seen an increase.
- Nationally, the Centers for Disease Control and Prevention is reporting 1,645 confirmed cases across 34 states, with more than 5,100 additional cases still under investigation. Data is as of July, 15, 2026.
- While there is not a local outbreak, the County has logged eight cases so far in 2026. The County sees 15 to 20 cyclosporiasis cases per year, most frequently are associated with international travel. County Public Health Services released a health alert to healthcare professionals this week.

County Monitoring Shows No Local Cyclosporiasis Outbreaks, Food Safety Recommended | News | San Diego County News Center [6]


HEALTH

Wild Bat Found at Safari Park Tests Positive for Rabies

By Cassie N. Saunders, County of San Diego Communications Office
Jul. 15, 2026 | 5:36 PM

- County public health officials are asking anyone who may have come into contact with a bat found Saturday, July 11 at the San Diego Zoo Safari Park to contact them after the animal tested positive for rabies.
- The deceased bat was found at 12:10 p.m. that day at the Oasis on the Rocks restaurant and was collected by a trained park employee. No human contact with the bat has been reported.
- If you or someone in your family or group had direct contact with the bat, or you know of someone who may have touched the bat, County Public Health Services urges you to call (619) 692-8499 as soon as possible.
- This is the 19th bat to test positive for rabies in San Diego County this year. In 2025, 21 bats tested positive.

Wild Bat Found at Safari Park Tests Positive for Rabies | News | San Diego County News Center [7]

HEALTH

Multi-Drug Resistant TB Exposure Reported at California State Universit San Marcos and Sprinter Train



Image Credit: CDC

By Fernanda Lopez Halvorson, County of San Diego Communications Office
Jul. 10, 2026 | 12:25 PM

- County health officials are working with California State University San Marcos to notify students and staff who may have been exposed to multidrug resistant tuberculosis (TB) between Dec. 15, 2025, and May 14, 2026.
- Officials say the exposure occurred on the CSU San Marcos main campus at 333 S. Twin Oaks Valley Road in San Marcos.
- Additional brief exposures were reported on the North County Transit District Sprinter, eastbound between the Melrose Drive and Civic Center – Vista stations at various times between 10 a.m. and 3 p.m. on May 18, 20, 26, and 27, 2026.
- The case is not linked to any previously announced multidrug-resistant TB exposures.

Multi-Drug Resistant TB Exposure Reported at California State University San Marcos and Sprinter Train | News | San Diego County News Center

HEALTH

County Health Officials Report First Locally Acquired Chagas Case



By Fernanda Lopez Halvorson, County of San Diego Communications Office
Jul. 6, 2026 | 1:34 PM

- County health officials have confirmed the region's first locally acquired case of Chagas disease, identified during routine blood donation screening in a donor without symptoms.
- Chagas is much more common in rural areas of Latin America, where the insect that spreads the infection, the kissing bug, hides in homes made of mud and straw.
- The bug species found in San Diego County typically lives in rodent nests, making camping and outdoor exposure potential risk factors.
- Health officials recommend travelers to areas where Chagas is endemic wear protective clothing and insect repellant, use insecticide-treated bed nets, sleep indoors, and avoid eating unpeeled or uncooked fruits and vegetables.
- People who have lived in Latin American should also consider being screened, especially pregnant women.

County Health Officials Report First Locally Acquired Chagas Case | News | San Diego County News Center

HEALTH

Mosquitoes Near San Carlos Test Positive for West Nile Virus, County Urges Prevention



By Donna Durckel, County of San Diego Communications Office
Jul. 2, 2026 | 3:14 PM

- Mosquitoes collected during routine monitoring near San Carlos have tested positive for West Nile virus, the first detection of the virus in San Diego County mosquitoes this year.
- For those spending time outdoors during the upcoming holiday, make sure to protect yourself against mosquito bites by following the County's "Prevent, Protect, Report" guidelines.
- Preventing mosquito bites is essential year-round in San Diego County.
- Visit the County's "Fight the Bite" website for more information on preventing West Nile virus.

Mosquitoes Near San Carlos Test Positive for West Nile Virus, County Urges Prevention | News | San Diego County News Center

HEALTH

Board Approves Food Distribution Program to Support Residents Facing CalFresh Reduction



By Fernanda Lopez Halvorson, County of San Diego Communications Office
Jun. 25, 2026 | 3:42 PM

- The County Board of Supervisors has approved a new food distribution program designed to help an estimated 93,500 people who may see their CalFresh benefits reduced or eliminated due to new federal work requirements.
- Under the plan, the County will partner with Feeding San Diego and the San Diego Food Bank to host regular food distribution events at County facilities across the 16 high impact ZIP codes where families face the greatest need.
- The program is expected to launch mid-summer. Event details will be posted on the County's website and shared by partner organizations.
- The $1 million program is funded through County reserves dedicated to safety-net services.

Board Approves Food Distribution Program to Support Residents Facing CalFresh Reduction | News | San Diego County News Center

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HEALTH

County Celebrates Pride in Full Color with Free Health Services and Community Activities



By Cassie N. Saunders, County of San Diego Communications Office
Jul. 13, 2026 | 2:17 PM

- County of San Diego employees were back at San Diego Pride this year, marching in the parade and offering a variety of community services and activities throughout Pride Festival weekend.
- County Public Health Services staffed the colorful Live Well on Wheels mobile unit at Marston Point in Balboa Park from noon to 7 p.m. on Saturday, and again on Sunday, July 19, from 11 a.m. to 6 p.m.
- PHS offered several free services including rapid HIV tests, Mpox vaccines, access to HIV pre- and post-exposure prophylaxis (PrEP and PEP), Narcan, and more.

County Celebrates Pride in Full Color with Free Health Services and Community Activities | News | San Diego County News Center

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HEALTH

Extreme Heat Forecasted, Here Are Tips to Stay Safe



By County News Center, County of San Diego Communications Office
Jul. 13, 2026 | 3:17 PM

- Extreme heat can cause body temperatures to soar. And that can cause heatstroke, exhaustion, dizziness, nausea, confusion, headache and even death. People who are particularly at risk are children, older adults, people with chronic medical conditions, someone who is pregnant, and outdoor workers.
- Cool Zones and Indoor Relief — Places to Stay Cool: The County's Cool Zones, including the County's 33 branch libraries, community centers and other locations, offer people safe, air-conditioned sanctuaries from the heat. Here is a complete list of County Cool Zone sites, their hours and locations.

To see more resources and tips, visit the County News Center:

Extreme Heat Forecasted, Here Are Tips to Stay Safe | News | San Diego County News Center

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Community Emergency Response Team (CERT) Receives Funding

On July 6, Governor Newsom announced $12.5 million in community emergency preparedness to help Californians get "Ready" for the next disaster

Grants expand disaster readiness for California's most vulnerable communities as federal cuts threaten local programs. California's nation-leading Ready California program has invested $100 million in community preparedness since 2019.

Community Emergency Response Team (CERT)

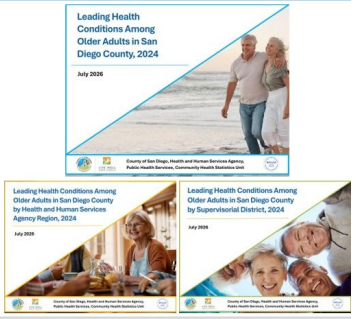
- Since becoming a grantee in 2022, the San Diego County CERT Program has strengthened disaster preparedness in rural communities through consistent, in-person outreach.
- Led by Program Coordinator Teresa Greenhalgh, the team delivers critical training in areas with limited connectivity, building trust through ongoing relationships.
- Through strong partnerships and interactive activities like go-bag drills and preparedness workshops, the program has expanded its reach and impact.
- Collaboration with tribal communities has further deepened engagement, growing from event outreach to dedicated trainings and regional sessions.

Governor Newsom announces $12.5 million in community emergency preparedness to help Californians get "Ready" for the next disaster | Governor of California 14

Leading Health Conditions Among Older Adults Briefs

All briefs identify the leading health conditions impacting older adults aged 60+ by the various geographies, while the San Diego County brief explores additional age groups (60-69, 70-79, and 80+) in 2024.

- Leading Health Conditions Among Older Adults in San Diego County, 2024
- Leading Health Conditions Among Older Adults in San Diego County by Health and Human Services Agency Region, 2024
- Leading Health Conditions Among Older Adults in San Diego County by Supervisorial District, 2024



Upcoming E-Bike Safety Classes and Helmet Fittings

- In response to the rise in e-bike injuries, the Chair's office has registration pages open for 3-hour bike courses, on Saturdays, at 5 different YMCAs.
- The classes will provide in-person safety training for young riders and families.
- San Diego Bike Coalition certified instructors will be leading the courses and Scripps Trauma Prevention will be fitting free e-bike rated helmets for all participants.
- The courses will be for 40 youth ages 12-16 each.

DATES

~~Carlsbad: 6/27, 1PM-4PM~~
~~Magdalena Ecke Family YMCA~~
~~Gymnastics Center~~
~~2261 Cosmos Ct, Carlsbad, CA 92011~~

Rancho Penasquitos: 7/25, 1PM-4PM
Rancho Family YMCA
9410 Fairgrove Ln,
San Diego, CA 92129

Encinitas: 8/22, 1PM-4PM
Magdalena Ecke Family YMCA
200 Saxony Rd, Encinitas, CA 92024

Point Loma: 7/11, 1PM-4PM
T. Claude & Gladys B. Ryan YMCA
4390 Valeta St, San Diego, CA 92107

La Jolla: 8/8, 1PM-4PM
Dan McKinney Family YMCA
8355 Cliffridge Ave, La Jolla, CA 92037

*Due to limited space and high demand, registration is limited to **one child per family**.*

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SAN DIEGO COUNTY SHERIFF'S OFFICE

Gun Safety Event - Encinitas

More than 100 weapons collected.

- This weekend, the San Diego County Sheriff's Office teamed up with its law enforcement partners to help get unwanted weapons off our streets through a Gun Safety Event in Encinitas.
- **A total of 105 unwanted firearms (45 handguns, 57 rifles/shotguns and three assault rifles) were turned in by the public during Saturday's event** at Encinitas City Hall, located at 505 South Vulcan Avenue.
- **Thanks to the generosity of our community partners, two firearm lock boxes and 56 gun cable locks were also given out for free.**
- The public can always turn in their unwanted weapons at any Sheriff's station or substation, as well as at any law enforcement agency. For your safety, keep the gun in the trunk of your car and await further instructions from a deputy. For a list of Sheriff's patrol stations, click here. You can also call the Sheriff's non-emergency line at (858) 868-3200.



CDPH California Department of Public Health

California Hospital Bed and EMS Data System (HBEDS)

HBEDS Launch Announcement

- The California Department of Public Health (CDPH) is pleased to announce the official launch of the California Hospital Bed and EMS Data System (HBEDS), a statewide platform that provides real-time visibility into hospital bed availability.
- This modernized system will support everyday hospital operations, patient transfers, and coordinated emergency response across California.
- Participation in this system is free of charge to participating healthcare facilities, EMS, and local governmental agencies.

Next Steps

- In the coming months, CDPH and HASC will begin outreach to GACHs, RDMHC/S, MHOACs, local public health agencies, and local EMS agencies to share onboarding details and implementation timelines.
- In addition, CDPH will convene statewide and regional governance meetings with partners to develop guidance on the effective use of HBEDS.
- GACHs have been notified of the HBEDS launch by AFL 26-26, which was distributed on July 20.
- The CDPH HBEDS webpage has more information on the program and will continue to be updated with answers to FAQs.

INTERNATIONAL
OVERDOSE AWARENESS DAY

SUNDAY, AUGUST 23
12:00 PM – 4:00 PM
1919 APPLE STREET OCEANSIDE, CA

Everyone is welcome.
Together we can reduce stigma,
support one another, and save lives.

matprogram@northcountycenter.org

NORTH COUNTY LGBTQ RESOURCE CENTER

WHAT TO EXPECT

- Free Narcan training and distribution
- Fentanyl test strips and overdose prevention supplies
- Community resources and support services
- Space to honor and remember loved ones

International Overdose Awareness Day

FOX NEWS HEALTH

American vaccines that transformed public health over 250 years: 'Outweighs harm'

17 vaccines that have dramatically cut disease and death rates

Before the first successful vaccine was developed in 1796, Americans had little protection against deadly infectious diseases like smallpox, measles and diphtheria.

Over the next 250 years, vaccines helped eliminate or dramatically reduce many vaccine-preventable infectious diseases, preventing millions of illnesses, infections and deaths.

1. **Smallpox**
2. **Rabies**
3. **Diphtheria**
4. **Tetanus**
5. **Influenza**
7. **Polio**
8. **Measles, Mumps, Rubella (MMR)**
9. **Hepatitis B**
10. **Haemophilus Influenzae Type B (Hib)**
11. **Chickenpox/varicella**
12. **Hepatitis A**
13. **Pneumococcal**
14. **Human Papillomavirus (HPV)**
15. **Rotavirus**
16. **Shingles**
17. **COVID-19**

Greatest vaccine breakthroughs in US history from smallpox to COVID | Fox News

FOX NEWS HEALTH

American vaccines that transformed public health over 250 years: 'Outweighs harm'

17 vaccines that have dramatically cut disease and death rates

1. **Smallpox**: The first vaccine against smallpox eradicated a disease that killed 5-10% of all humans who had ever lived for almost all human history.
2. **Rabies**: Once symptoms begin, rabies is almost always fatal. Although there is no cure, vaccination immediately after exposure can prevent the disease. It can also be given before exposure for people at high risk.
3. **Diphtheria**: Before the vaccine's introduction in the 1920s, diphtheria was one of the leading causes of illness and death among youth in the U.S. During that decade, there were 100,000 to 200,000 cases and 13,000 to 15,000 deaths recorded each year, mostly affecting children. Diphtheria is now extremely rare in the U.S. due to widespread vaccinations.
4. **Tetanus**: Before vaccination, tetanus was often fatal because severe muscle spasms could make it impossible to swallow or breathe. Although the disease is not spread from person to person, hundreds of Americans died from tetanus each year. Tetanus vaccination remains part of the routine childhood immunization schedule
5. **Pertussis**: Before widespread vaccination, the U.S. recorded more than 200,000 pertussis cases and thousands of youth hospitalizations each year. After widespread vaccination, cases fell by more than 90% and deaths from the disease became uncommon.
6. **Influenza**: During the 1918 influenza pandemic ("Spanish flu"), an estimated one-third of the world's population was infected and at least 50 million people died worldwide, including about 675,000 Americans. Widespread vaccination has significantly reduced the risk of flu illness, hospitalization and death. The vaccine is updated annually to target changing strains.

Greatest vaccine breakthroughs in US history from smallpox to COVID | Fox News

FOX NEWS HEALTH

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7. **Polio**: During the early 1950s, more than 15,000 cases of paralytic polio were reported each year in the U.S. In 1979, the U.S. was declared free of wild poliovirus, according to the World Health Organization.
8. **Measles, Mumps, Rubella (MMR)**: In 1971, the MMR (measles, mumps and rubella) vaccine became available, protecting against all three contagious viral diseases in a single shot.
   - Prior to the measles vaccine, nearly all American children contracted the highly contagious viral disease by age 15, according to the NIH. About 400 to 500 Americans died of measles each year, while about 1,000 experienced brain swelling and 48,000 were hospitalized.
   - Before the first mumps vaccine, about 186,000 cases were reported in the U.S. each year, and the disease was a common cause of children's meningitis.
   - Rubella epidemics also regularly occurred in the U.S. before vaccination. Between 1964 and 1965, about 12.5 million Americans were infected, resulting in approximately 2,100 newborn deaths and 20,000 babies born with congenital rubella syndrome, causing blindness, deafness, heart defects and developmental disabilities.
9. **Hepatitis B**: Before vaccination, hepatitis B was a major public health threat in the U.S. In the early 1980s, an estimated 200,000 to 300,000 Americans contracted the infection each year, the NIH states. Infants infected at birth were at particularly high risk, with about 90% developing chronic infection. Since then, acute hepatitis B cases have declined by more than 80% in the U.S., and infections among children and adolescents have fallen by more than 95%.
10. **Haemophilus Influenzae Type B (Hib)**: Hib was once the leading cause of bacterial meningitis in young children in the U.S., with around 20,000 serious infections and 1,000 deaths reported each year in those 5 and younger.

Greatest vaccine breakthroughs in US history from smallpox to COVID | Fox News

FOX NEWS HEALTH

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11. **Chickenpox/varicella**: Before the first chickenpox vaccine became available in the U.S. in 1995, about four million Americans were infected each year, with around 100 to 150 deaths and up to 13,000 hospitalizations. Since routine two-dose childhood vaccination began, hospitalizations and deaths have declined by more than 90%, and severe complications have become rare.
12. **Hepatitis A**: Before vaccination, outbreaks led to as many as 30,000 infections each year. Since routine childhood vaccination began, infection rates have dropped by more than 95%.
13. **Pneumococcal**: Before vaccination, pneumococcal disease caused thousands of cases of meningitis and bloodstream infections and hundreds of deaths among young children. Older adults also faced a high risk of hospitalization from bacterial pneumonia. Routine childhood vaccination has dramatically reduced disease rates, and newer vaccines have been developed to protect against emerging bacterial strains.
14. **Human Papillomavirus (HPV)**: The most common sexually transmitted infection in the U.S., the human papillomavirus (HPV) can cause cervical, anal, penile, vaginal, vulvar and oropharyngeal cancers. Since the vaccine became available, HPV infections, precancers and genital warts have declined significantly.
15. **Rotavirus**: Before the vaccine became available in 2006, nearly every child contracted the virus by age 5, often leading to severe dehydrating diarrhea, the CDC states. Up to 70,000 children were hospitalized and 20 to 60 died each year in the U.S. Since routine rotavirus vaccination began, hospitalizations, emergency room visits and severe illness have declined significantly.

Greatest vaccine breakthroughs in US history from smallpox to COVID | Fox News

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FOX NEWS HEALTH

American vaccines that transformed public health over 250 years: 'Outweighs harm'

17 vaccines that have dramatically cut disease and death rates

16. **Shingles**: Before the vaccine was available, about one million Americans developed shingles each year, with adults over age 50 at highest risk. The first shingles vaccine was licensed in 2006, and the more effective Shingrix vaccine was introduced in 2017, greatly reducing the risk of shingles and long-term nerve pain.
17. **COVID-19**: In the U.S., the contagious virus caused millions of hospitalizations and more than 1.2 million deaths. The first COVID-19 vaccines received emergency authorization in December 2020. Multiple studies have shown that the vaccines significantly reduce the risk of severe illness, hospitalization and death, particularly among high-risk groups. COVID vaccines saved millions of lives around the world during the COVID pandemic.

Greatest vaccine breakthroughs in US history from smallpox to COVID | Fox News

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Community Reinvestment Funds
Brief Overview to Health Services Advisory Board



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

July 21, 2026

SANDIEGOCOUNTY.GOV/HHSA

All Plan Letter (APL 25-004)

Base Community Reinvestment

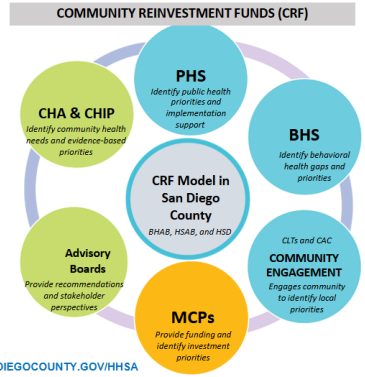
"Base Community Reinvestment"

- **Definition:** The minimum level of net income that an MCP with ***positive net income*** is required to invest ***into the community***.
- **Requirement:** MCP and/or qualifying subcontractor had a positive net income for the year.
- **Obligation amount:** 5% of annual net income that is less than or equal to 7.5% of Medi-Cal Contract Revenues for the year, and 7.5% of annual net income that is greater than 7.5% of Medi-Cal Contract Revenues for the year. **There is an additional "Quality Achievement Community Reinvestment"** that requires an additional 7.5% of annual net income that is greater than 7.5% of Medi-Cal Contract Revenues **for MCPs that do not meet minimum quality measure performance thresholds**.
- Community Reinvestment Plans must be submitted to DHCS for approval by September 1, 2026.



SANDIEGOCOUNTY.GOV/HHSA APL 25-004 Community Reinvestment-Technical Change

Model for CRF Collaboration



SANDIEGOCOUNTY.GOV/HHSA

Color Key	
County Department or Community Partner	PHS: Public Health Services BHS: Behavioraal Health Services CLT: Community Leadership Team CAC: Community Advisory Committee
Funding Source	MCPs: Managed Care Plans
Planning Guidance	CHA: Community Health Assessment CHIP: Community Health Improvement Plan **Both incorporate data and priorities from BHS* *BHAB: Behavioral Health Advisory Board* *HSAB: Health Services Advisory Board* *HSD: Healthy San Diego*

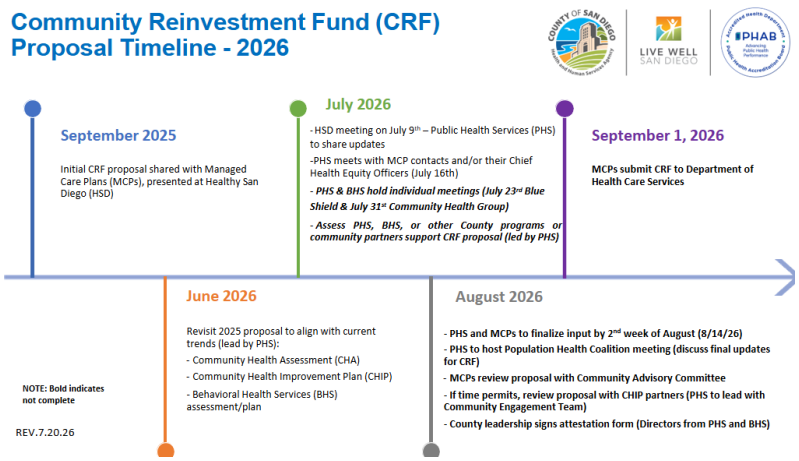
Overview of DHCS Categories with County of San Diego Suggestions

Aligned to CHA, CHIP, and BHS Assessment/Plan

REV. 7.7.26

+ indicates new suggestions from 2026; ⏭ indicates suggestions from 2025 | * indicates similar topics from 2025, but expanded

Neighborhoods and Built Environment	Health Care Workforce	Well-Being for Priority Population	Local Communities	Improved Health
+ Food/Nutrition Hub (construction) + Behavioral Health Wellness Center + (*) Increase housing infrastructure via Section 8 Training (trainings for landlords) ⏭ Build a complex of homes to support multiple populations (sponsored by each MCP) + Increase/improve emergency shelter infrastructure (Mountain Empire HS) + Tijuana River Valley (TJRV) Prevention efforts for Water (increase enrichment activities and resources)	+ (*) Strengthen rural healthcare workforce (train youth, pay licensing costs, pay background checks/equipment fees for volunteer and student workers, transportation support/gas assistance, fund facilitation of programs or no-cost CHW trainings (similar to RLA), tuition reimbursement ⏭ Increase nursing preceptors and training opportunities	+ Food/Nutrition Hub (support) + (*) Increased transportation support (used for medical appointments, training opportunities; could be ride share/app model) ⏭ Provide linkages to wrap-around services including long-term housing support and caregiver assistance for at-risk populations ⏭ Promote employment opportunities like TA and mentoring ⏭ Funding for AC and air purifiers ⏭ Relocation assistance during local emergencies ⏭ Food assistance for those displaced during local emergency	+ Efforts to increase access to benefits (Enhanced Care Management (ECM) enrollment/utilization, accessing transitional rent and food/nutrition + Initiatives to address social isolation (community recreation/exploration programs and events) + Mental Health Initiatives	+ E-Bike Safety Projects (safety trainings, helmet distribution, increased data collection) + Opioid Overdose Prevention (Narcan training and distribution, prescription drug take-back events, methadone treatment ⏭ Foster system resources for families at risk of entering ⏭ Expand health screenings ⏭ Have staff training to navigate and screen ED substance use disorders and mental health disorders ⏭ Support school-based dental services via mobile dental bus ⏭ Partner with tribal nations to provide upstream services



Question and Answer:

Jack Dailey: Do you know if the County, electively, will present those, plans in draft form to Healthy San Diego, or to Health Services Advisory Board, or to County Board of Supervisors prior to submitting to the Department of Healthcare Services?

Dr. Sayone Thihalolipavan: They have to submit by August 1st, I believe, so I don't know if we have time to go to the Board of Supervisors, but definitely, I think it's appropriate to come back to this group, although August 4th is two weeks away. This year is a little different, I would say, but I think we should definitely be transparent and share what we can share collectively. We don't have a Healthy San Diego meeting.

Jack Dailey: I was just curious about that feedback loop in general about the planning process, because like you said, that in the future, they'll be coordinating with the county CHNA, they'll be coordinating with the local health jurisdictions versus Public Health, Behavioral Health, but I'm not quite clear about this year's approach. There's been a feedback loop created.

Dr. Sayone Thihalolipavan: We'll be meeting with them and hearing what their plans are. We don't know that yet, just to be clear. But then making sure they're in alignment with what's in our Community Health Improvement Plan and Community Health Assessment, and we have worked with BHS, we've worked with Shelly's team in Department of Strategy and Community Engagement, just because they run the Community Leadership teams across the regions, and so we know that based on our Community Health Assessments, the Community Leadership teams in each of the regions have collectively thought, what are the priorities, for example, in South Region, in Central Region, etc., based on the data, which of those do they feel are the highest priorities, and things like that. We want to make sure that it's in line. What we want to do with you all is that, because of the limited time.

Nora Bota: In terms of this process, we want to make it very clear, this is not what elected officials or Executives from any Health System want. It's really focused on the voice of the community. So really piggybacking on what our community wants for the Community Health Assessment and the Community Health Improvement Plan and be it just assessment and plan. It's really taking the voice of the community and what they've identified as priorities, and we're trying to make sure, based on those priorities they have, we do have a list of them. We're trying to get feedback to see if there's already things going on that people are doing, so we're all working together upstream towards similar initiatives instead of working in silos.
And then in terms of the process or what this looks like, to be frank, this is the first year the state of California has ever done this, so all the 61 jurisdictions have never done this before in all the Health Plans. It's been a learning process, and really, the onus is on the managed care plans. What's expected of this year is that they're supposed to inform the Directors of Behavioral Health Services and Public Health Services of how they intend to spend the funds, and a few of them have already reached out. This week, they're going to start presenting how they intend to spend those funds, and I met with some of them last week, and they let me know that they want to partner with us, and if they have priorities identified that align to what we have, then we would collaborate.

Jack Dailey: It's helpful. Maybe reporting out to what extent their prior committed funds overlap with the priorities of the County and the Behavioral Health Plan.

Nora Bota: The Managed Care Plans are obliged to inform us of how they intend to spend the funds, and we have meetings starting this Thursday. Based on the list that they give us, we're going to compare it to the list we have of how the community intended if they have funds and what they think are a priority in the Community Health Improvement Plan and BHS Plan. We're going to review that in the next two weeks. Because they've told us, even though the deadline is September 1st, they need a few weeks to finalize everything, so I told them we'd try to align everything we have before mid-August.

James Lepanto: How collaborative and transparent are the plans being through this process? Is that a positive relationship that we're having? How transparent are they with the information they have?

Nora Bota: Two of the three organizations have already engaged with Executives regarding the transparent $17 million allocation, and progress is underway. The third group has not yet responded, likely because their funds are already committed elsewhere. Collaboration continues thanks to strong relationships managed by Dr. Tuteur and Heather Summers. Over the past two years, partnership with the Managed Care Plans has strengthened through population health work, and the County is viewed as a leader compared to other California jurisdictions. Looking ahead, plans are being coordinated for a unified timeline beginning September 1st. After that, internal teams and Managed Care Plans will align their efforts with hospitals to gather community feedback, present data, set priorities, and identify future funding cycles.

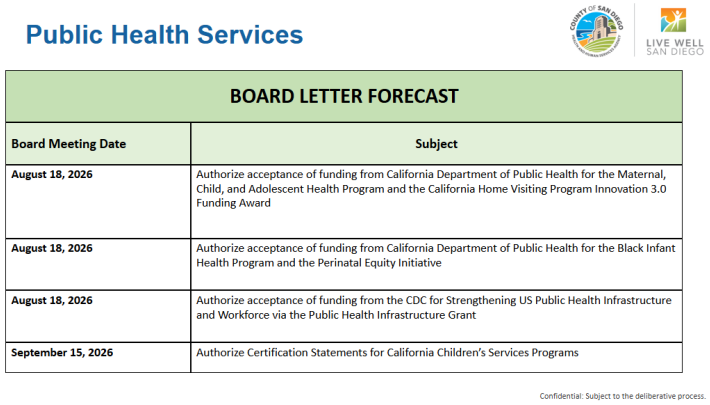
Minola Clark Manson: I did not see a whole lot of cool zones anywhere in a place that really needs it, like Emerald Hills. Is there an effort on the County to shift that or change that? I also didn't see things that are already there.
Dr. Sayone Thihalolipavan: I know the County Libraries are participating sites but they're not the only ones, and we're always trying to actively recruit more. We also would love more to allow for pets. We're also trying to expand the months in which

Cool Zones operate, so historically, they've only operated during the summertime, but we know with the change in climate that, like, we had a heat wave in February this year. I would have to get back at you, particularly Lemon Grove.
Dr. Suzanne Afflalo: Who takes on the electricity bill for cooling zones?
Dr. Sayone Thihalolipavan: We used to get more funding from SDG&E and that funding has significantly declined, so we can try to facilitate some conversations with SDG&E, but my understanding is that there's no additional funding, which is why we rely on the Libraries because we can control that.

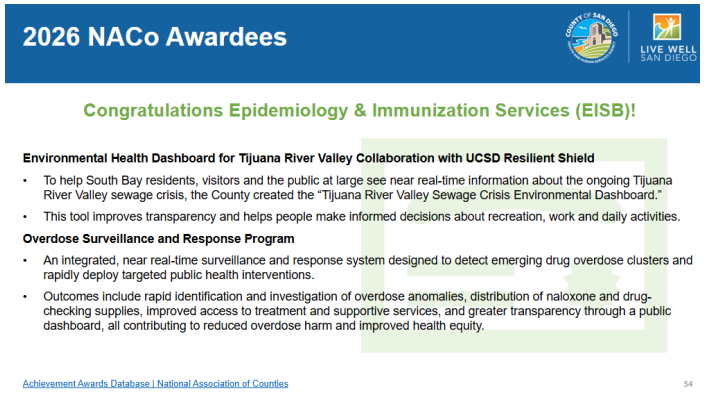
Public Health Director Update
Patrick Loose, Interim Assistant Director, PHS



- Minute Attachment B: PHIGBoard Letter Draft









VI. ROUNDTABLE	HSAB Members may choose to attend the August 4, 2026 HSAB meeting virtually, in accordance with SB707.

VII. PUBLIC COMMENT	None.
VIII. ADJOURN	Meeting adjourned at 4:58 PM.
Next Meeting	**HSAB Monthly Meeting:** Tuesday, August 4, 2026 **CAC:** 1600 Pacific Hwy San Diego, CA 92101, Room 302, from 3:00 pm to 5:00 pm

Attachment A: FY 2026-27 HSAB Budget Letter

County of San Diego

BARRY JANTZ
CHAIR

HEALTH SERVICES ADVISORY BOARD

June 10, 2026

Supervisor Terra Lawson-Remer, Chair
Supervisor Monica Montgomery Steppe, Vice Chair
Supervisor Paloma Aguirre
Supervisor Joel Anderson
Supervisor Jim Desmond

Honorable Supervisors:

On behalf of the County of San Diego Health Services Advisory Board (HSAB), I am pleased to provide our input regarding the FY 2026-27 County of San Diego Health and Human Services Agency (HHSA) Operational Plan Budget. The HSAB members are proud of the advisory role we play in assisting you in providing quality health and wellness for all the people of San Diego County.

HSAB commends the Board of Supervisors, as well as the County's HHSA leadership and staff on all of your efforts to provide quality services during the most challenging of times, while navigating the substantial budget impacts resulting from ongoing federal and state policy changes. In reviewing the FY 2026-27 Operations Plan, we are acutely aware that any budget adopted prior to next fiscal year will be amidst many unknowns, with financial assumptions continuing to change in the months ahead.

It is difficult for HSAB to make recommendations in this climate, just as we know it is difficult for you to adopt a meaningful budget against a backdrop of moving targets.

We therefore request that HHSA leadership keep us informed throughout the year as developments continue to unfold.

Moreso, we ask that you truly leverage our membership as thought leaders and health advisors as you face these ongoing challenging decisions. Our mission is to "provide the Board of Supervisors expert, timely advice and options to advance an integrated wellness and health care system where all residents have access to affordable, comprehensive and quality care." We are appointed to serve you, and we are here to help guide you through these challenges.

In the meantime, HSAB requests that you take into consideration the following general concerns as you deliberate the overall budget for FY 2026-27:

- The potential elimination of Mobile Crisis Response Teams. Statistics show the success of the program.
- Continued focus on the Tijuana River Valley crisis.
- Additional needs at the Public Health Laboratory. Adequate funding for reagents and supplies to continue the capacity and services that are now established at this state-of-the-art facility.
- H.R. 1 and other budget-related impacts on the CalFresh and Medi-Cal programs. Funding sources in support of various public health system initiatives are both uncertain and inconsistent.
- Safety Net Bridge Pilot Program and County Medical Services (CMS) program revisions. What is to be presented to the Board of Supervisors in September of this year; status of the Pilot Program if no additional funding is realized.
- Even with proposed additional Self-Sufficiency staffing to mitigate H.R. 1 impacts, we have concerns about references to realigning staff performance requirements to lesser standards. The recognized high standards by the County of San Diego are applauded and should be championed.
- Given the significant use of reserves in this Budget proposal, the longer-term, future years' plan for fiscal sustainability.
- Adequate funding for an e-bike safety education program.

More specifically, regarding some of the above items:

Retaining High County Standards

While acknowledging the immense administrative challenge of implementing the Medi-Cal and CalFresh policy changes stemming from H.R. 1 – and that the state budget is unlikely to allocate sufficient funds to offset the costs to the County – HSAB urges you to avoid the temptation to let quality and service standards fall to state and federal minimums.

HHSA Self-Sufficiency has made significant strides in improving the quality and efficiency of their administration of vital public benefits, even during the pandemic. Call center wait times and application processing timelines are among the best in the state. Federal and state policies

already have impacted and will continue to impact and/or create fear, questions and concerns that necessitate efficient access to County staff and prompt administration of public benefits.

However, in the proposed Operational Plan the CAO indicates the "budget mitigation strategies" will include "...aligning operations to State performance requirements where the County may be exceeding State standards." While the Operational Plan identifies increased Self-Sufficiency staffing, HSAB urges that staffing continue to be prioritized as necessary to maintain its current level of high performance and accessibility, avoiding the slide to more mediocre state minimums in the name of budget mitigation.

Budget Forecasting for CMS Program Redesign and Safety Net Bridge Program

The proposed Operational Plan did not attempt to estimate the budget impact of implementing Board of Supervisor programs aimed at mitigating H.R. 1 impacts, including assessing revisions to CMS and the Safety Net Bridge Program. While it's clear these policies may not yet have been finalized, it seems likely there will be costs associated with those efforts in the FY 26-27 budget year (and beyond), even if only the cost of program design and initial implementation.

It might be prudent for forecasting the range of expenses associated with these efforts; the minimum range at least identifying the administrative costs associated with policy development, design, and initial implementation efforts; the maximum range defined by cost estimates relating to an “all in” scenario, including policy options prepared for both the Safety Net Bridge Program and the CMS program redesign. This would provide some consideration for what lies ahead.

Public Health Lab

HSAB is delighted the new Public Health Lab and its team are providing cutting edge services for now and into the future. Funding was used initially to purchase new equipment, as well as to set up testing and sequencing. Moving forward the lab will need to rely on County funding and/or future grants to meet capacity and emerging needs. HSAB recommends the County provide necessary funding for reagents and supplies to meet capacity and the services the lab has been built to provide.

E-Bikes

The region is seeing exponential increases in e-bike associated injuries. In the year 2024 there were 865 Emergency Department visits and 186 hospitalizations; it can be expected these statistics will continue to rise without proactive intervention. As a result the County has recently issued a Public Health Warning. Parents and children are often unaware of the dangers associated with e-bikes. HSAB recommends the Public Health Department be provided adequate funding to provide community outreach and increased education to both parents and children, helping to increase safety while decreasing risks and potential injuries.

In conclusion, HSAB remains committed to our continuing work in collaboration with the Board of Supervisors and HHSA leadership, as well as our shared mission of continuing to enhance and advance healthcare and wellness within our San Diego County communities. Thank you for the opportunity for HSAB and its members to provide input on these matters.

We look forward to working together to address these challenges.

Respectfully,



Barry Jantz, Chair
Health Services Advisory Board

cc: Ebony Shelton, Chief Administrative Officer
Elizabeth Hernandez, Interim Deputy Chief Administrative Officer
Adrienne Collins Yancey, PHS Interim Director
Sayone Thihalolipavan, PHS Public Health Officer
Anuj Bhatia, PHS Deputy Director
Health Policy Staff:
Lyle Pavuk, District 1
Virginia Casey, District 2
Matthew Tillyer, District 3
Jenny Yoo Williams, District 4
Megan Ewart, District 5
Members - Health Services Advisory Board

Attachment B: PHIG_Board Letter Draft

COUNTY OF SAN DIEGO

AGENDA ITEM

BOARD OF SUPERVISORS
PALOMA AGUIRRE
First District
JOEL ANDERSON
Second District
TERRA LAWSON-REMER
Third District
MONICA MONTGOMERY STEPPE
Fourth District
JIM DESMOND
Fifth District

DATE: **August 18, 2026** **XX**

TO: Board of Supervisors

SUBJECT
Authorize Acceptance of Additional Public Health Infrastructure and Workforce Grant Funding.

OVERVIEW
The Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant (PHIG) is a groundbreaking investment that supports critical public health infrastructure needs of jurisdictions across the United States. This funding is intended to modernize public health jurisdictions to expand, improve, and strengthen public health services to better prepare and respond to future emergencies. The County of San Diego (County) Public Health Services Department (PHS) aligns with this action through it's commitment to promote health and improve quality of life by preventing disease, injury and disability and by protecting against and responding to health threats and disasters. This action aligns with the County of San Diego's broader commitment to residents of building better health, living safely and thriving.

On January 24, 2023 (07), the San Diego County Board of Supervisors (Board) authorized the acceptance of $33,336,020 in Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems from the Centers for Disease Control and Prevention (CDC) for the term of December 1, 2022, through November 30, 2027. The $33,336,020 included $27,007,405 for PHIG *Strategy A1: Workforce* and $6,328,615 for PHIG *Strategy A2: Foundational Capabilities*.

For PHIG *Strategy A2: Foundational Capabilities*, the actual award is more than the originally anticipated amount. With this additional funding, the County of San Diego (County) has exceeded the amount authorized in the prior Board action. This funding will enable us to sustain our current Public Health Infrastructure Initiatives by maintaining existing staff levels and supporting efforts necessary to continue delivering critical services. It will also ensure uninterrupted implementation of program activities while preserving the capacity needed to meet project objectives and community needs.
Today's action requests the Board authorize acceptance of an additional estimated $3,799,610 in funding for PHIG *Strategy A2: Foundational Capabilities*, for a revised award amount of $10,128,225 for the period of December 1, 2022 through November 30, 2027 and to apply for additional funding opportunities to further develop and strengthen the public health workforce.

SUBJECT: **Authorize acceptance of additional Public Health Infrastructure and Workforce Grant Funding.**

Today's action supports the County vision of a just, sustainable, and resilient future for all, specifically, those communities and populations in San Diego County that have been historically left behind as well as our ongoing commitment to the regional *Live Well San Diego* vision of healthy, safe, and thriving communities. This will be accomplished by ensuring the local health department can continue to proficiently improve the health and well-being of San Diego County residents

RECOMMENDATION(S)
CHIEF ADMINISTRATIVE OFFICER

1. Authorize acceptance of an additional estimated $3,799,610 in Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems Grant-*Strategy A2: Foundational Capabilities* from the Centers for Disease Control and Prevention, for a revised total award of $10,128,225 for the period of December 1, 2022, through November 30, 2027, to modernize public health jurisdictions to expand, improve, and strengthen public health services to better prepare and respond to future emergencies, and authorize the Chief Administrative Officer, or designee, to execute all required funding 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 opportunities, if available, to further develop and strengthen the public health workforce and infrastructure.

EQUITY IMPACT STATEMENT
The COVID-19 pandemic highlighted the importance of a robust public health workforce to address historical and current health inequities and disparities. In 2020, the Centers for Disease Control and Prevention (CDC) updated the 10 Essential Public Health Services framework, with 'equity' as the center. In 2021 the Council on Linkages updated the Core Competencies for Public Health Professionals to include a health equity skills domain. Additionally, in 2022 the Foundational Capabilities of Public Health were updated by the Public Health National Center for Innovations, and equity was underscored as a key component and foundational element of the capabilities. As such, the County of San Diego (County) Health and Human Services Agency, Public Health Services (PHS) intends to strengthen foundational capabilities through training, technical assistance, working group meetings, sharing of tools and resources as well as program and project-based efforts.

The health equity goal of the grant funding will support local equity advancements in the community, improve data and health literacy, and will provide access to participate in a national health equity working group to share best practices. In addition, PHS will expand the provision of forums and opportunities for direct access, conversation, and engagement with communities to identify and understand key health needs, gaps, and opportunities. Through the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant, PHS will have the opportunity to be part of a national consortium of experts on health equity with other local health departments and the CDC. Acceptance of this grant funding allows for a more robust public health workforce to advance health equity, diversity, and inclusion in San Diego County. Grant funds will also assist

SUBJECT: **Authorize acceptance of additional Public Health Infrastructure and Workforce Grant Funding.**

the County's public health workforce to receive training in the ten essential services, foundational capabilities, and core competencies, including equity skills such as data literacy, health literacy, cultural responsiveness, and racial equity.

SUSTAINABILITY IMPACT STATEMENT

Today's actions support the County of San Diego's (County) Sustainability Goal #1 to collaborate with community partners and advocate for environmental justice for communities that have been disproportionately impacted by pandemics, such as COVID-19, by expanding the provision of forums and opportunities for direct access, conversation, and engagement with communities and populations to identify and understand key health needs, gaps, and opportunities. Additionally, today's actions support Sustainability Goal #2 to provide just and equitable access to services and Sustainability Goal #4 to protect health and wellbeing of everyone in the region by sustaining the capacity of County Health and Human Services Agency, Public Health Services to support the region during public health emergencies or infectious disease outbreaks.

FISCAL IMPACT

Funds for this request are included in the Fiscal Year (FY) 2026-28 Operational Plan in the Health and Human Services Agency. If approved, this request will result in estimated costs and revenue of $2,217,517 in FY 2026-27 and estimated costs and revenue of $925,437 in FY 2027-28. This additional grant funding of $3,799,610 would bring the total grant award to $10,128,225. The funding source is the Centers for Disease Control and Prevention's Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant. There will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ADVISORY BOARD STATEMENT

The Health Services Advisory Board recommended approval or not of the recommendations at their meeting on July 21, 2026.

BACKGROUND

The COVID-19 pandemic accentuated the disparities and gaps in the U.S. public health infrastructure and demonstrated the critical importance of a strong public health system for future public health emergencies. A robust U.S. public health system depends on multiple factors, some of which include sufficient and sustained funding, expanded preparedness for future public health emergencies, and a diverse, well-trained, and supported workforce. The Centers for Disease Control and Prevention (CDC) developed the Strengthening U.S. Public Health Infrastructure, Workforce, and Data Systems grant (PHIG) to address some of these factors. All program work conducted as part of this grant falls under two strategies: *Strategy A1: Workforce* and *Strategy A2: Foundational Capabilities*. All work done as part of this grant has been grounded on three key principles: 1) Data and evidence driving planning and implementation; 2) Partnerships playing a critical role in grant program success; and 3) The imperative to continue to direct these resources in a way that supports diversity and health equity.

SUBJECT: **Authorize acceptance of additional Public Health Infrastructure and Workforce Grant Funding.**

The County of San Diego (County) Health and Human Services Agency (HHSA), Public Health Services (PHS) utilizes this grant to secure additional years of support for staff years currently funded through the Epidemiology Laboratory Capacity Enhancing Detection Original & Expansion grant (ELC), as approved by the San Diego County Board of Supervisors (Board) on September 15, 2020 (7) and April 6, 2021 (5). The ELC funding is one-time COVID-19 funding and will end on July 31, 2026. As required by CDC, recipients of the PHIG grant must support, at a minimum, one (1.00) staff year to effectively manage the work under this grant. This individual must report to the highest level of the recipient organization, be able to represent the recipient organization, and participate actively in discussions and meetings with other recipients and the CDC about the grant and their experiences under it. Recipients must also dedicate at least one (1.00) staff year to program evaluation and performance measurement for all work proposed under the grant. The CDC also strongly recommends dedicating additional evaluation staff to support the project. Evaluation staff will facilitate progress reporting, use of grant performance measures, internal evaluation activities, collaboration with national partners on evaluation of the grant, and participation in relevant national organizational and workforce assessments.

Under *Strategy A2: Foundational Capabilities*, the County is improving infrastructure systems, processes, and policies by strengthening the public health foundational capabilities. PHS is achieving this goal through the following three CDC key activity areas:

1. ***Accountability/performance management/agency accreditation.*** PHS applied for reaccreditation in 2022 and will use the grant period to strengthen its accreditation status and process and prepare for the next round of reaccreditation.
2. ***Organizational administrative competencies.*** PHS will continue to assess its foundational capabilities of financial management, contract, and procurement services, including facilities and operations, and information technology services. The assessments will be used to inform, develop, and implement plans to improve the administrative competencies across PHS.
3. ***Community partnership.*** PHS will continue working collaboratively across the county to strengthen and align the Community Health Worker model aimed at identifying, prioritizing, and addressing key health needs during public health emergencies.

Additionally, this grant provides the unique opportunity to address the gaps identified during the COVID-19 pandemic, particularly as they relate to mobilizing during future public health emergencies and addressing inequities. Activities proposed under *Strategy A1: Workforce* -have resulted in short-term outcomes of increased hiring of diverse public health staff and improved employee wellness; and intermediate outcomes of an increased size of the public health workforce and higher retention of public health staff. Activities proposed under *Strategy A2: Foundational Capabilities* will continue to support or current short-term outcomes of improved organizational systems and processes, and intermediate outcomes of stronger public health foundational capabilities.

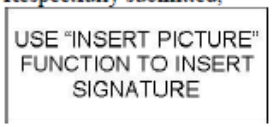
Today's action requests the Board authorize the acceptance of an estimated $3,799,610 in additional funding from CDC for PHIG-*Strategy A2: Foundational Capabilities*, for a revised cumulative total of $10,128,225 for the period of December 1, 2022, through November 30, 2027. This additional funding of $3,799,610 is a result of supplemental funding available by funder.

SUBJECT: **Authorize acceptance of additional Public Health Infrastructure and Workforce Grant Funding.**

LINKAGE TO THE COUNTY OF SAN DIEGO STRATEGIC PLAN

Today's proposed action supports the Equity (Health) and Community (Quality of Life) initiatives in the County of San Diego's 2026-2031 Strategic Plan, as well as our commitment to the regional *Live Well San Diego* vision of healthy, safe and thriving communities. This is accomplished by ensuring that San Diego County is able to respond to future emergencies by developing and strengthening the public health workforce.

Respectfully submitted,



EBONY N. SHELTON
Chief Administrative Officer

ATTACHMENT(S)

N/A